A QUALITATIVE EXPLORATION OF THE LIVED EXPERIENCES OF PARAMEDICS AND FIREFIGHTERS AS EMERGENCY MEDICAL SERVICES PERSONNEL

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Submitted in accordance with the requirements for the degree of

DOCTOR OF PHILOSOPHY

In the subject
PSYCHOLOGY
at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR
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February 2026

DECLARATION

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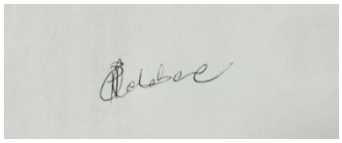
Degree: Doctor of Philosophy (PhD) in Psychology

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I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated or acknowledged by means of complete references.

I further declare that I submitted the thesis to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.



2026/02/20

……. **…….**

SIGNATURE **DATE**

ACKNOWLEDGEMENTS

I am grateful for the people who have contributed to the success of my study. Thank you for the support, love and patience you have shown me.

- First and foremost, I would like to thank God for the guidance and protection throughout my life.
- My supervisor, Professor M. Papaikonomou, for supporting and guiding me. I thank you for your willingness to share your knowledge with me, and your patience and the energy you have invested in ensuring that I complete my studies.
- I would like to thank the Tshwane Municipality for granting me the opportunity to interview their employees.
- A big thank you to our lifesavers/first responders at Mabopane, Roslyn and Jabulani. I thank each one of you for the warm welcome, the conversations, the laughter, and for trusting me with your personal information. My conversations with each one of you left me motivated.

  "*When you think of quitting, remember why you started. Your passion for what you do for the people is remarkable. A true hero is not measured by the size of his strength but the strength of his heart".*
- I would like to thank my mother for being my pillar of support and for believing in me.
- Thank you to all my friends who encouraged and motivated me throughout this journey. To the ones who walked this path before me and never gave up motivating me when I felt discouraged! We made it! To those who are still hard at work with their PhD, never give up, we are 100% behind you.
- To my beautiful children, knowledge is the new wealth that no one will ever take away from you. Learn from your mother and know that there is no other key to success than education. Thank you for understanding my absence during this journey. I love you.
- To my wonderful husband – thank you for your patience and understanding throughout this journey. Thank you for understanding my absence caused by my school commitments. I will forever truly appreciate you. I love you, always.

DEDICATION

I WOULD LIKE TO DEDICATE THIS STUDY TO ALL THE FIRST RESPONDERS WHO DIED IN THE LINE OF DUTY. ALL THE LIFESAVERS WHO SACRIFICED THEIR LIVES, HEALTH, AND MENTAL WELLBEING TO ENSURE THAT WE ARE SAFE.

"A true hero is not someone who thinks about doing what is right, but one who simply does what is right without thinking. Real heroes are men who fall and fail and are flawed but win out in the end because they stayed true to their ideals, beliefs and commitments."

(Dalai Lama)

THANK YOU.

YOU ARE AMAZING.

ABSTRACT

The research study provides an insight into the lived experiences of the EMS personnel (firefighters and paramedics). The study aims to explore the relationship between the traumatic symptoms and fatigue experienced at work, as well as suicidal ideation or attempts, among emergency medical services (EMS) personnel (or safekeepers). The impact the traumatic experiences have on their romantic and familial relationships and their coping mechanisms were also explored.

This qualitative research study employed purposive sampling to select eight participants. The sample was obtained during the COVID-19 pandemic but the country was on alert level one, therefore the restriction put in place were observed. The socio-demographic information from the participants varied according to professions, gender, years of service and age. The five firefighters' age ranged from 31-53years of age with 11-30years of working experience. Whilst the three paramedics were approximately 34-40 years of age, with 7-10 years of working experience.

A semi-structured interview was conducted with the participants. Thematic analysis was used to analyse the findings from the interactions the researcher had with the participants.

The eight participants believe that they were born to serve. The findings from this study suggest that EMS personnel risk their lives to save others. While they are vulnerable to robberies, attacks and physical injuries, they report a lack of adequate support from their management. Debriefing, for example, is not arranged for them following traumatic exposure. The employer is said to be more concerned about statistics and physical fitness than their psychological wellbeing. The lack of growth experienced by the participants is demoralising and they have become desensitised to the trauma they are exposed to daily. It was found that the safekeepers are not motivated to seek help and that they have insufficient knowledge about psychological services or the employee assistance programme (EAP) offered to them. Although they feel unappreciated by management, they expressed that the community members' level of gratitude encourages them to do more. Their interaction has defined their realities; however, their work has also had an impact on their family system. They take home the trauma they have experienced, and this is seen through the hypervigilance they display when around their loved ones. Participants presented with psychological problems that they had normalised as part of their lives, or they loosely labelled them as fatigue or stress.

Offering debriefing sessions for EMS personnel after traumatic incidents may assist in reducing their psychological distress. The debriefing may also assist them in being familiar

with the services the EAP offers and increase access to psychological interventions. Future researchers are also encouraged to explore possibilities of installing body or dashboard cameras to assist the police officials in capturing criminals targeting the EMS personnel.

Sixteen main themes were identified in the study: ***Sense of failure; Self-blame; Maladaptive coping mechanisms; Exposure to trauma; Psychological and psychosomatic symptoms; Withdrawal from family; Bringing the job home; Effect of trauma on work performance; Team members as the main source of support; Seeing their family in victims; Neglected mental health; Empathy versus sympathy/compassion; Motivation or attitude towards work; Job demand and stagnation; Safety; No knowledge of scope of EMS; Gender challenges.***

These themes are interlinked and are not mutually exclusive. The themes reflect the participants' personal life stories.

The EMS personnel are fixated on their trauma as the study revealed that they are unable to integrate their life experiences with their trauma. Their trauma manifests as physical symptoms, as they are avoidant in addressing it. Their duties interfere with their psychosocial functioning, leading them to eventually use maladaptive coping mechanisms such as alcohol consumption and illicit drugs, or even committing suicide. There is a lack of urgency in seeking psychological help, often because there are no visible physical symptoms. They consider their psychological problems as part of life, influenced by their social interactions and shared experiences. Since the EMS personnel spend more time with each other, their life stories are similar, indicating that their realities are socially constructed by their environment. Employers should ensure that the EMS personnel are psychologically fit before they are expected to perform certain duties. However, it became apparent that the main focus of the employers is on the physical fitness of the EMS personnel, as evident by the gyms provided in their departments.

Several sub-themes under the "Mental health neglected" theme emerged, including the absence of professional debriefing following exposure to traumatic scenes, lack of available counselling support, ineffectiveness of EAPs, prioritisation of physical fitness over mental health, and underutilisation of available counsellors. Participants expressed scepticism and distrust towards existing support services such as EAPs. They indicated that even when these services are available, they are not communicated or utilised effectively.

Recommendations for practical implementation include the encouragement of other researchers to conduct a quantitative study of a similar topic in order to analyse numerical data and generalise the finding to a wider population. Different themes may also emerge during

further investigation of a different population. A qualitative study may also be conducted at a geographical area where the sample and community members are of high class and reside in areas with infrastructures that are not restrictive. It is further recommended that managers also form part of the study to assess their level of insight into the EMS personnel's complaints. The outcome of this study is not a global or holistic representation of all EMS personnel.

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ACRONYMS AND ABBREVIATIONS

APA:	American Psychological Association
CBT:	Cognitive behavioural therapy
EAP:	Employee assistance programme
EBS:	Evidence-based practice
EFRs:	Emergency first responders
EMDR:	Eye movement desensitisation and reprocessing
EMS:	Emergency medical services
HAT:	Heart-assisted therapy
HPCSA:	Health Professions Council of South Africa
JD-R:	Job demands-resources (model)
JDCS:	Job demands-control-support (model)
MDD:	Major depressive disorder
NHS:	National Health Service
PFA:	Psychological first aid
PHWs:	Public health workers
PTG:	Post-traumatic growth
PTSD:	Post-traumatic stress disorder
SA:	South Africa
SAPS:	South African Police Service
STP:	State-trait process (model)
SWB:	Subjective wellbeing
TBI:	Traumatic brain injury
UK:	United Kingdom
USA:	United States of America
WHO:	World Health Organisation

CHAPTER 1

INTRODUCTION

"Even now, as broken as you may feel, you are still so strong. There's something to be said for how
you hold yourself together and keep moving, even though you feel like shattering. Don't stop. This is your healing. It doesn't have to be pretty, or graceful. You just have to keep going."
(Youth Dynamics)

1.1 PERSONAL STATEMENT

Considering the quote above, the researcher acknowledges that this study reflects both academic and personal interests. These interests were fostered by the researcher's love for strong family values and her curiosity as a practicing psychologist. Through her practice, she has met many individuals working in emergency services. Her interactions with them led her to identify similar trends and wonder how these experiences could be playing out in their family settings. Pursuing the study was more about the researcher trying to amplify a voice for those who are voiceless. Most of these emergency workers are dying inside, with no one to turn to, and some take it out on their family members. A healthy family setup is close to the researcher's heart and this is due to her personal experiences. These experiences have taught her that what you see is not always what you get. While a person may look tough and "macho", once you interact with them, you realise that they are crushed inside and their cries for help are louder internally than externally. Every one of us needs to be checked from time to time, especially men and women who have families of their own. Like Maya Angelou said, "People love a warm hug or just a friendly pat on the back." This even applies to our heroes in uniform, who risk their lives for the nation, who go into places from which everyone else runs, who appear strong, and whose emotions tend not to be considered after a stranger's life has been saved.

1.2 INTRODUCTION

Kent et al. (2020) affirm that the objective and subjective components of an individual need to be considered when defining trauma. Kumari and Mukhopadhyay (2020) and Morton (2021) define trauma as the response to an event that is distressing and has a potential to overwhelm a person's coping ability. This trauma may result in feelings of helplessness and

may also diminish the ability to fully feel emotions and experiences. In this study, the participants were considered experts as they shared their life stories as emergency medical service (EMS) personnel. According to Rosenberger et al. (2021) there are levels of EMS; namely the Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT) and the Advanced Emergency Technicians (AEMT). In South Africa, paramedics and firefighters are referred to as the EMS personnel. EMS refers to a system that responds to emergencies that are in need of a skilled pre-hospital clinician. They are usually recognised by their vehicles, workforce and helicopters that responds to emergency incidents. The EMS coordinates both paramedics and firefighters to identify a healthcare crisis or hazards. The purpose of the integration. Coordination is to ensure community health and safety hence they regularly work in partnership with the members of law enforcement (police) (Gausche-Hill et al., 2021). Reported that its chain of survival includes early access, early CPR, early defibrillation and advance care (Thannhauser, et al., 2022). In this study, the EMS personnel are often referred to as referred to as "safekeepers". The EMS personnel's experiences may overwhelm both biological and psychological coping mechanisms, as trauma is understood to be a primary source of psychopathology. According to Morton (2021), an individual may become fixated on trauma if it cannot be integrated with their life experiences. It is reported that while some individuals may attempt to avoid confronting their traumatic experiences, these experiences often resurface in the form of dreams or re-enactments (Katz, 2023). The EMS personnel's duties may interfere with their psychological functioning. As a result, they may find different forms of coping, some of which may not be beneficial. Substance abuse and sensation-seeking are some of the secondary reactions to trauma. In this study, the EMS personnel shared with the researcher how their lives have changed since they joined the profession. They also guided the researcher in identifying further intervention modalities that might assist them and other colleagues working in traumatic environments. This study aimed to provide insights into how the managers of EMS personnel can better understand their subordinates' feelings and how their traumatic work experiences may affect their overall functioning.

1.3 EXPLAINING THE TITLE

The study is titled: ***"A QUALITATIVE EXPLORATION OF THE LIVED EXPERIENCES OF PARAMEDICS AND FIREFIGHTERS AS EMERGENCY MEDICAL SERVICE PERSONNEL".***

As the title suggests, the study aimed to explore the traumatic experiences endured by paramedics and firefighters as EMS personnel in their line of duty. The focus was on how their lives have evolved since joining the EMS and how their daily exposure to trauma may have affected their overall functioning. Eight EMS personnel (four males and four females) shared their traumatic lived experiences as safekeepers. The participants' constructions of their trauma were elaborated in their narratives, as each experience affects individuals differently. Their narratives of reality may vary due to their mental interpretation of trauma, as there is no fixed reality. The safekeepers' narratives are also influenced by their context, the language used during interactions, and how they selectively perceive, rearrange, and negotiate their trauma interpersonally.

1.4 AIM AND RATIONALE OF THE STUDY

The study aimed at exploring the relationship between the traumatic symptoms and fatigue experienced at work, as well as suicidal ideation or attempts, among EMS personnel. The impact of the traumatic experiences on their romantic and familial relationships and their coping mechanisms was also explored. It also probed the impact the traumatic experiences affect their global functioning. The study also explored the motivations about their jobs. During an in-depth, semi structured interview, the researcher aimed to establish a safe space for participants to comfortably share the realities they constructed.

Many people assume that if you are not displaying or experiencing visible symptoms, you are healthy (De Baetselier et al., 2022). Johanna et al. (2022) assert that people may not feel a sense of urgency regarding their health when they lack physical symptoms. These authors suggest that some individuals might deny their symptoms because there is no tangible evidence or need for medication. This tendency could be attributed to the pervasive influence of the medical model's perspective on health, leading many to equate the absence of disease with overall wellbeing. Similarly, Kring and Johnson (2022) noted in their research that individuals often view certain psychological issues or stressors as typical aspects of life.

The researcher is of the view that wellness should be determined through a holistic approach in which all dimensions of life are explored. The wellness dimensions are inclusive

of environmental, emotional, cultural, spiritual, intellectual, physical and occupational satisfaction for a person. The person needs to be cognisant of the holistic view of self and all interactions among these dimensions should be balanced.

1.5 STUDY DESIGN

1.5.1 Target population

The study targeted EMS personnel (paramedics and firefighters) working in the Tshwane Municipality, Gauteng Province. According to City of Tshwane's website, city of Tshwane's work stations are grouped by regions. It comprises of seven regions (region1-7)

However, the current study focuses on the parts of region one and two situated at North part of Tshwane (Mabopane, Soshanguve and Roslyn). Region one was reported to be having an estimated population of 979 000 while region two comprised of an estimated population of 339 182. These two regions have low-income household and a strong presence of traditional leaders. Therefore, this may also be an indication of how the narratives during the interviews may have been socially constructed and influenced. According to Patel (2022) Tshwane and emergency department have announced that they will be gradually phasing out municipal paramedics and municipal ambulances and will primarily handle firefighting, rescue operations and disaster management. It was further stated that the emergency services will be provincialized and be the responsibility of the entire Gauteng emergency medical services. During the interview, paramedics were still part of the EMS in Tshwane. During the report Patel (2022) added that Gauteng had a total number of 257 ambulances and only 151 of them were functional. This adds to the participants' concern about the limited resources. According to the information obtained on Tshwane's website, there is no exact total number of firefighters and paramedics publicly itemised in the municipal reports.

1.5.2 Sampling method

This qualitative research study, used a sampling method known as non-probability sampling. According to Lehdonvirta et al. (2021), when employing this method, participants' chances of being selected are not equal. In this sampling method, participants need to be easily accessible. Therefore, the researcher had easy access to them at their various stations, all of which fall under the Tshwane Municipality. The type of the non-probability sampling method used for the study is purposive sampling. This type is considered to be selective, focused and goal orientated (Lehdonvirta, et al., 2021). Mthuli et al. (2022) emphasised the potential

benefits of utilising a purposive sampling method, particularly when the objective is to learn insights from a specific sample. All participants were over the age of 20 years and the sample comprised four males and four females, thus allowing for gender differences to be considered in terms of experiences and definitions of trauma. Campbell et al. (2020) stressed that once the sample has been identified, the subsequent steps involve data collection and analysis. In terms of the purposive sampling approach, eight EMS personnel (paramedics and firefighters) were identified for inclusion in the study. The participants were intentionally selected based on their knowledge and experience. Selecting a limited number of participants will also assist the researcher to focus on detailed stories and saturate data to avoid repetitive themes. Participants need to be easily accessible. Therefore, the researcher had easy access to them at their various stations, all of which fall under the Tshwane Municipality. When conducting qualitative research, natural methods such as interviews may be used without manipulating the area of interest, focusing instead on understanding the participants in the setting they consider their real world (Gray, 2021). Therefore, the EMS personnel were interviewed at their workstations

1.5.3 Data collection

Permission to conduct the research study was sought and obtained from the City of Tshwane-City Strategy and Organisational Performance (see Appendix B). The researcher received informed consent from the participants before the commencement of the interviews. The informed consent form (see Appendix C) was verbally explained to the participants before they were given the written document to read for themselves. The participants were afforded the opportunity to ask questions regarding the study. Permission was duly requested and granted by participants for the researcher to utilise a voice recorder during interviews. The interview schedule is attached as Appendix E. The signed informed consent and indemnity forms are not attached to protect the identity of the participants; however, an unsigned form can be found in Appendix D. The second step before the interviews was to collect the participants' personal information, such as age, gender, years of service, and profession. This information assisted the researcher during data analysis and in determining dominant themes. The participants emanated from different workstations (Mabopane, Soshanguve and Roslyn townships); were randomly selected and individually interviewed. During the interviews, the participants were asked predetermined questions, and based on their responses, the researcher, where necessary, probed further to seek clarity and gain a full understanding of the participants' lives and realities. The overall purpose was to gather in-depth and relevant data to answer

questions posed in the research study. According to Willson et al. (2014) data collection is a systemic process that involves measuring and gathering information obtained from both participants and literature reviewed.

1.5.4 Analysing data

- The methodological approach used in this study is Thematic analysis. It systematically uncovers and interprets patterns of meaning within qualitative data, providing a robust framework for understanding complex phenomena. There are six phases used to approach and understand thematic analysis, namely; familiarisation and immersion; coding/ generating codes; inducing themes; reviewing themes; defining and naming themes and producing a report
- The recorded interviews were transcribed.
- The transcribed interviews were analysed to identify and group emerging themes.
- The identified themes were then supported or linked to the reviewed literature and the theoretical framework adopted.

1.6 DELIMITATION AND STUDY SITE

This study is a qualitative exploration of the experiences of EMS personnel (paramedics and firefighters) and was delimited to the Mabopane, Soshanguve and Roslyn residential township in the Tshwane Municipality, Gauteng Province. Permission to conduct the research study was sought and obtained from the City of Tshwane-City Strategy and Organisational Performance. The participants emanated from different workstations and were individually interviewed. All participants were over the age of 20 years and, as noted above, the sample comprised four males and four females, thus allowing for gender differences to be considered in terms of experiences and definitions of trauma. This delimitation allowed the researcher to regulate the participants due to the type of method applied. (Lehdonvirta et al., 2021). It explored the traumatic experiences emergency medical service personnel endure in the line of duty. The main aim of this qualitative research study is to explore the relationship between the traumatic symptoms experienced at work, fatigue and suicidal ideation or attempts amongst emergency medical service personnel. The impact the traumatic experiences have on their romantic and familial relationships and their coping mechanisms were also explored further.

The researcher further explored if there is adequate support for the Emergency medical personnel at home or in their working environment. EMS personel working for private

institutions were excluded from the study as the focus was on the population employed by Tshwane Municipality in the North of Pretoria. Data was collected through semi structured interview to allow open ended questions. It was then analysed using thermatic analysis. Thematic analysis systematically identified and organised patterns of meaning, offering valuable insights into shared meanings and experiences. The method identified significant themes such as self blame, seeing their family in victims, empathy vs sympathy, neglected mental health, gender, team members as their support etc. The research questions have been addressed and commonalities in participant responses have also been uncovered. The theoretical framework of social constructionism was used to guide the researcher, understand certain viewpoints, and elaborate on relationships in the data. an overview of EMS personnel from both a global and South African perspective. Social constructionism also plays a role into how individuals percieve and interprete their realities. Individuals construct their lives through storytelling and in this regard, the researcher assisted in revealing glimpses of the participants' inner truths. Language plays a vital role in social constructionism. How people interact and articulate their lives and how their environments can influence their experiences was noted in the study. The individuals' realities are shaped through the use of language.

Based on the literature reviewed, most EMS personnel encounter traumatic events on a daily basis while on duty. Men were identified as less likely to share their emotional experiences due to the fear of being stigmatised as "weak". Instead, some may use humour to cope with the traumatic experiences, while others may dissociate from the trauma. According to the literature reviewed, the EMS personnel's lack of interest in accessing psychological services may result in psychological problems such as PTSD, depression and anxiety. This may lead to maladaptive coping mechanism such as substance abuse, suicide or isolation. Others struggle with burnout and fatigue due to the emotional labour, deep acting overwhelming job demand that seem to have limited reinforcement from the management.

Individuals define and understand trauma in different ways, often influenced by their personal perceptions and what they consider to be contributing factors to trauma.

1.7 FORMAT OF THE STUDY

To achieve an understanding of its purpose and how the researcher came to her conclusions, the study comprised two parts, namely, a theoretical and a practical component. The theoretical part of the study comprised of the literature review, the theoretical framework, and the transcripts. The literature review refers to studies that were previously conducted by

other researchers. The reviewed literature may be referenced extracts from books, research studies, and other articles. It assists in gaining an understanding of the existing research and stimulates debates that are relevant to the area of interest. The purpose of the theoretical framework is to minimise the scope of appropriate information by concentrating on specific variables and defining certain viewpoints that the researcher used in analysing and interpreting the gathered information. The transcripts can be described as the raw data, that is, the participants' exact spoken words and represent the dialogue between the participants and the researcher. They are verbatim to allow the reader to feel the emotions of the participants.

The practical component of the study entails the transcribed data obtained from the semi-structured interviews, that is, the participants' narratives of their traumatic experiences. This component provides insight into the participants' construction of reality and the language they use to describe their experiences. The language used in this component is not as formal as that used in the theoretical component. An individual's reality is constructed through their life experiences, background, culture, and interpretation of trauma (Chentsova-Dutton & Maercker, 2019). The language the participants used was casual; however, it was supported by the literature reviewed. For the researcher to understand human behaviour and experiences, she needed to focus on the language used by the study participants (EMS personnel) in their context (Bonvillain, 2019). The researcher, therefore, expressed her method through the analysis and interpretation of what the participants shared.

1.8 PRESENTATION OF THE THESIS

The remainder of the thesis is structured as follows:

Chapter 2

This chapter reviews the literature exploring safekeepers' (EMS personnel) traumatic experiences from both a global and South African perspective. It focuses on the individual's unique life stories regarding the trauma endured at work. The history of EMS is explored in detail. Literature from different sources is integrated and compared to support the current thesis.

Chapter 3

This chapter comprises the theoretical framework used to understand and support the reviewed literature together with the data obtained from participants. The theoretical framework of constructionism was used to guide the researcher, understand certain viewpoints, and elaborate on relationships in the data. The history of constructionism is explored. The

chapter provides an understanding of how language is formed and how individuals' realities are constructed and influenced by the interactions they have with other people. The constructionism of therapy, culture, and emotions is highlighted. Finally, gender as a contributing factor to the individuals' narratives and their constructed realities is discussed.

Chapter 4

This chapter outlines the research methodology adopted by the researcher. In doing so, how the data were collected and the instruments and procedures used are described. Sileyew (2019) contends that the research methodology involves outlining the scientific methods employed by the researcher to collect and analyse data in to address the problem statement and research question. Qualitative research methods are thus discussed including qualitative data collection instruments and analysis techniques. The ethical considerations of the research process are emphasised.

Chapters 5 to 12

In these chapters, verbatim extracts from the interviews with the eight participants are presented. Participants were granted the chance to narrate their personal, lived traumatic experiences. This provided insight into the relationship between their language and their reality, showing how they talk about themselves in the world. It also revealed how their experiences and constructions of reality are determined or shaped by their shared conventions, culture, and context.

Chapter 13

This chapter aims to analyse the data obtained from the semi-structured interviews. The data from the interviews were stratified and grouped into the identified themes. Thematic analysis was utilised to analyse responses by participants, given during personal interviews. The chapter will focus on comparing the themes and sub-themes which emerged during the conversations between the researcher and the participants. Relevant literature and the theoretical framework are incorporated into the narrative to facilitate understanding. The researcher listened to each individual express themselves in ways that made sense to them and formed part of their realities.

Chapter 14

This, the final chapter, discusses the limitations of the thesis to help future researchers address the identified gaps. Recommendations for the EMS on alternative support measures to assist safekeepers in alleviating work-related burnout, fatigue, absenteeism, substance abuse, and other psychological problems are provided.

1.9 SUMMARY

This thesis focused on the traumatic experiences endured daily by safekeepers (EMS personnel) in their line of duty. The researcher explored the impact these experiences may have had on their overall functioning, their relationship with their loved ones, and their motivation at work. The relationship between their reality and their mental health problems (for example, suicide, depression, anxiety, absenteeism, and substance abuse) is also explored. Whether support and appreciation could result in different outcomes if provided was considered. The safekeepers' narratives were treated as unique, as they are influenced by different factors and interpret trauma differently. Their knowledge and realities are constructed through the daily conversations they have with their colleagues, as realities are influenced by interactions (Ekström & Stevanovic, 2023). The researcher sought to understand them in their context and relate to them at the level of their experiences. The gap between safekeepers who joined the department with lower qualifications and those with higher qualifications was also explored to determine if it influenced their work commitment and ethics. The safekeepers' coping mechanisms were examined, as this thesis aimed to provide insight into how these traumatic experiences may have impacted their lives and how best to support them. The thesis also sought to raise awareness among the safekeepers about how they may have become desensitised to trauma, how trauma might affect their empathy, and how to care for their mental wellbeing.

CHAPTER 2

LITERATURE REVIEW

"Sometimes you are the toxic person. Sometimes you are the mean person, negative person you're looking to push away.
Sometimes the problem is you. And that doesn't make you less worthy. Keep on growing. Keep on checking yourself.
Mistakes are opportunities. Look at them, own them, grow from them and move on. Do better, be better. You're human. It's ok."
(Unknown)

2.1 INTRODUCTION

This chapter reviews the literature exploring the traumatic experiences of EMS personnel in the line of duty from both global and South African perspectives. The review provides an understanding of the psychological challenges (trauma) they face, focusing on how their daily routines might put them at risk of becoming victims. Moreover, it explores the mental health challenges that the EMS personnel encounter when attending to calls. These anxieties may be misunderstood, and due to the lack of psychoeducation, the EMS personnel may normalise them. However, fatigue, burnout, and constant exposure to traumatic scenes may make EMS personnel vulnerable to suicide. In this chapter trauma will be defined, and an understanding of its predictors will be highlighted. While EMS personnel have social lives and families, their jobs may sometimes interfere with their functioning at home. Therefore, the importance of social support from both employers and family members will be elaborated on, as it serves as a protective factor. It may be beneficial for EMS personnel to utilise the employee assistance programmes (EAPs) offered at their workplace; therefore, the contribution of these programmes to their wellbeing will be discussed. The relationship between resilience and post-traumatic growth (PTG) is examined and predictors of help-seeking behaviour among EMS personnel are discussed. The different theoretical approaches to occupational stress will also be explored. In addition, the chapter offers insight into the EMS's scope of practice. Finally, the importance of caring for the caregiver to ensure efficient services is explored.

2.2 EMERGENCY MEDICAL SERVICES: GLOBAL PERSPECTIVE

Givati, Markham and Street (2018) reported that the duties of paramedics have evolved since 1970. Simpson et al. (2012) and Givati et al. (2018) stated that previously paramedics were utilised as drivers; however, they were subsequently trained as prehospital carers. Their profession has since been medicalised and professionalised. Paramedics were initially labelled as "blue collar" professionals due to the hazardous incidents they came across during a call, the unpredictable and stressful encounters, poor working conditions, and the low incomes received (Simpson et al., 2012; Givati et al., 2018). Corman (2017) reported that countries such as Canada have since adapted the role of professional paramedics as there was an increasing need for emergency medical care service providers. Moreover, paramedics in Australia were also equipped with medical skills to enable them to provide rural communities with primary health care. Corman (2017) stated that eventually training programmes for paramedics were developed in higher education and the programmes were aligned with the medical professions.

According to Givati et al. (2018), when policies for paramedics were put into place in the United Kingdom (UK), the National Health Service (NHS) was also involved in the transformation leading to enhancing the medicalisation of ambulance work. England (2017) has thus reported that there is currently a high demand for ambulance services in the UK. Givati et al. (2018) report that EMS providers are currently subjected to a tertiary qualification and practical training before their registration with the regulatory board. This is contrary to previous employment practices, where they were allowed to assist in traumatic incidents with no specific skills or qualifications. Presently, their work culture and professional identity are constructed at hospitals through interaction or socialisation with colleagues. Givati et al. (2018) state that formalising the EMS profession and introducing it at a tertiary educational level has enhanced their reputation and sense of autonomy. However, since its formalisation, there has been an increase in the demand for the services it provides. According to Givati et al. (2018), the disciplinary boundaries of health professionals are dynamic. They are structured in such a way that they accommodate the expectations of society, their perception of culture and, lastly, the advancement of technology. Givati et al. (2018) add that EMS personnel find themselves being pressured to satisfy the demands of their occupation despite sometimes being short-staffed. As a result, the demands being placed on them lead to constant fatigue and absenteeism.

The duties of paramedics differ globally, with distinct models of care shaping their responsibilities. In the Anglo-American model, paramedics possess autonomy in decision

making. The Franco-German model, on the other hand, places physicians at the forefront of ambulance care. In countries like France, there is no direct paramedic equivalent, with ambulance staff being either highly qualified physicians or possessing basic first-aid training (Mahon & Rifino, 2024). Allana and Pinto (2021) assert that in Seattle in the United States of America (USA), paramedics with extensive training and physician guidance contribute to higher survival rates among cardiac arrest patients. Fire department first responders also play a vital role in establishing the chain of survival. In Dade County, Florida, mobile paramedic units promptly responded to emergencies under the direction of a physician and communication was via radio and telemetry. Non-medical personnel in Brighton, England, administered field care, with electrocardiographic data being recorded for subsequent review by a physician.

The French Red Cross initiated women's ambulance divisions in 1939, driven by wartime necessities, and this can be seen as a precursor to the development of the paramedic profession in the ambulance field, which later became a regulated occupation in the 1970s (Wanecq & Stevens, 2019). This development stands as a significant instance of creating a structured set of regulations for a profession in personal services. It was initially led by women but later largely assumed by men, shaping a different caregiving role. Every facet of ambulance services inherently involves caregiving, defined as the attention and precautions taken with vulnerable individuals such as the injured, those with chronic illnesses, the elderly, or the disabled. These aspects involve tasks such as transporting patients on stretchers, administering first-aid during transport, assisting with hospital admission paperwork, as well as providing personal attention, engaging in conversation, and offering reassurance to patients (Schmutz et al., 2022).

There has been gradual progress in the development of the paramedic profession in Switzerland. While the profession was originally viewed primarily as transporters, Swiss paramedics have now emerged as integral components of the country's extra-hospital emergency response system (Schmutz et al., 2022). The concept of paramedics in the UK as a legally recognised profession is relatively modern, spanning about two decades, although the history of paramedics extends much further back. The term "paramedic" implies people who work along with medical doctors, an exercise thought to have its origins during the Crusades of the 11th Century (Eaton, 2023). Traditionally, paramedics in the UK have been mostly linked to delivering emergency care within the EMS, responding to critical situations via the 999-call system. Over the last decade, shifts in healthcare accessibility have resulted in a growing dependence on the EMS.

Snooks et al. (2019) declare that since the establishment of paramedic policies, paramedics in the UK have been equipped with enhanced skills to handle a wide range of patients in community settings (Stott et al., 2024). This development has guided the growth of the paramedic role beyond emergency ambulance services. Paramedics now collaborate as part of multidisciplinary care teams and within primary care clinics (Eaton et al., 2020). Presently, only one-eighth of 999 calls pertain to life-threatening emergencies, highlighting that a considerable number of patients do not seek the assistance of the EMS for urgent matters. Thus, the role of paramedics has expanded to include not just progressive life support but also the management of chronic conditions, acute mental health crises, care evaluations, and a range of urgent care conditions (Eaton, 2023).

According to Willis and Peate (2024), the expanding role of paramedics in critical care in the UK aligns with the shift towards degree-level pre-registration programmes and the development of a career structure that allows paramedics to specialise in critical or acute care before progressing to broader roles through postgraduate education. The professionalisation of paramedics in the UK has become a global benchmark (Willis & Peate, 2024), with similar advancements taking place in other affluent nations such as Canada, Australia, and the USA (Shannon et al., 2023). These countries have also witnessed the transformation of paramedic responsibilities to incorporate critical care with emergency response, together with graduate entry courses for paramedics in Australia and Canada, as well as regulatory standards for paramedics in the former country (Eaton, 2023). Furthermore, in Australia, the field of paramedics has experienced substantial growth in recent years, resulting in its official recognition as a nationwide registered and accredited healthcare profession. This development is reflective of similar progressions transpiring on a global scale. Despite the advancements in paramedic education over time, there is an imperative need to evaluate if existing educational approaches can effectively support the continual professional advancement of paramedics (Bell, Hammer & Seymour-Walsh, 2021).

Due to intensifying pressures like ageing demographics, the prevalence of chronic illnesses, disparities in health care, and resource constraints, healthcare systems globally are moving towards a more disjointed approach to patient care (Shannon et al., 2022). This fragmentation often leads to coordination and integration challenges in patients' healthcare experiences, which can result in care gaps, missed chances for early intervention, and less-than-ideal health results (Hanson et al., 2022).

Researchers argue that the idea of having paramedics work in general practice has been discussed from different perspectives, including increasing capacity, providing faster services,

enabling general practitioners (GPs) to handle complex cases, and bringing additional skills (Schofield et al., 2020; Proctor, 2019; Hooker, Moloney-Johns & McFarland, 2019). Although there is evidence of patient satisfaction with paramedic care and substantial reports of positive outcomes, there is a lack of quantitative evidence supporting the rationale behind involving paramedics in general practice. The argument that the benefits of having paramedics in general practice outweigh potential obstacles due to primary care capacity issues is a complex one (Schofield et al., 2020). While the advantages of having primary care paramedics in general practice teams have been acknowledged, there is insufficient evidence to guide their training and practice in complex healthcare system interventions (Schofield et al., 2020).

According to Xi et al. (2021), most experienced clinicians left the ambulance services for roles in general practice. Surprisingly, there is little literature exploring the motivations of paramedics transitioning to general practice roles (Xi et al., 2021). According to Lawn et al. (2020), EMS personnel often face high levels of physical pain, mental distress and mental illness associated with psychological grievances. While this has been extensively documented in research, there is limited comprehension of how the nature of EMS work contributes to these issues. The significant toll that emergency medical response takes on individuals, especially regarding the late and cumulative development of work-related distress among this first responder workforce, remains particularly understudied. Moreover, the World Health Organisation (WHO), claims that paramedics recognise the growing significance of palliative and end-of-life care within their practice, aligning with the WHO's perspective that specialised palliative care services alone cannot adequately meet the rising demand (Carter, Harrison, Kryworuchko et al., 2022). This highlights the need for an integrated approach involving diverse clinical disciplines.

However, various barriers impede paramedics from delivering optimal palliative care. Among these barriers, a key challenge is breaking away from traditional hospital-centric care models. It is crucial to strengthen communication and support channels with multidisciplinary palliative care teams to enhance paramedics' capacity to deliver end-of-life care effectively (Juhrmann, et al., 2022; Lawn et al., 2020). Blackmore (2022) and Long (2019), concur that paramedics are highly respected for their perceived capacity to effectively manage crises. Nonetheless, when it comes to offering palliative care, both paramedics and other healthcare professionals may feel anxious and vulnerable. Juhrmann et al. (2023) argue that the move towards a palliative approach demands consent and a change from the culture of concentrating mainly on treatment. Paramedics can provide significant support as part of community-based palliative care efforts.

Givati et al. (2018) reported that although the introduction of paramedic programmes was a positive initiative for the emergency services, it had its own challenges. The challenges faced affected both the pre-forms (older people who have been in the department with no formal education but more years of working experience) and the graduates (younger individuals with tertiary qualifications). In their study, Givati et al. (2018) used in-depth interviews to obtain the narratives of the EMS providers. The formalisation of the profession and the emphasis on how education has enhanced the reputation and autonomy of EMS were also explored. According to Givati et al. (2018), it was reported in the EMS personnels' narratives that fatigue and intensity come with the job. The study found that service providers with longer service (pre-forms) find it challenging to integrate their working experience with the newly introduced academic programmes. Givati et al. (2018) added that participants in the study indicated the importance of evidence-based practice (EBP), which equipped them with valuable principles of scientific research. Moreover, EBP and the educational programme have been perceived as factors that reduced the spirit of socialisation in the professional relationship and practice. Most pre-forms interviewed opined that the introduction of EBP and the educational programme has made the work environment feel more isolated, domesticated, monitored, and individualised.

In a similar vein, Ashley et al. (2023) argue that the inequality between the two groups arises from the fact that pre-forms may not qualify for certain programmes or opportunities that require specific academic credentials, despite having valuable practical experience. This can create resentment and frustration among pre-forms, as they may feel undervalued or excluded from certain career paths due to their lack of formal education. Graduates, however, may face challenges in applying their theoretical knowledge to real-world situations, especially when dealing with pre-forms who have more practical experience. There may be a fear or reluctance to correct or guide pre-forms using scientific or academic methods, as the dynamics of the workplace may not always align with theoretical frameworks (Van Ryneveld et al., 2020). Furthermore, Herttuainen and Nordquist (2023) point out that newly graduated paramedics are more likely to experience advanced degrees of chronic stress and express plans to quit their profession. This tendency is particularly linked to stress stemming from organisational disparities, leadership difficulties, and the personal health impacts of their work.

The findings of Herttuainen and Nordquist (2023) point to the necessity for further research to address the retention of skilled paramedics. This includes an emphasis on understanding the leadership requirements of newly qualified paramedics, assessing fairness within organisational structures, and distinguishing between attitudinal issues and skill gaps

that could be remedied through training. Additionally, there is a need for added exploration of the unique stressors faced in prehospital EMS work, aiming to comprehend these challenges and formulate effective preventive strategies. There is a call for the development of inclusive support systems and targeted strategies specifically tailored to assist newly graduated paramedics in coping with the chronic stress associated with their profession (Afshari et al., 2023).

2.3 MENTAL HEALTH CHALLENGES AMONGST EMS PERSONNEL

According to Afshari et al. (2021), EMS workers confront critical situations and unpredictable stressors while offering care to patients. Due to the strenuous and demanding nature of the EMS worker, this exposure leads to elevated stress levels and the potential for chronic stress. Studies show that EMS providers face a range of stress-related challenges, such as anxiety, irritability, withdrawal, sleep disturbances, dissatisfaction with their job, burnout, uncivil behaviour in the workplace, professional attrition, suicidal tendencies, post-traumatic stress disorder (PTSD), engagement in risky behaviours, mental health issues, depressive symptoms, and a high risk of making medical errors (Rivard, 2020). Emergency service call-takers and dispatchers, who are part of the EMS system, also experience mental and physical health challenges due to the stressful and traumatic nature of their work (Goedken et al., 2022).

Bijani et al. (2021) elaborate that the challenges met by EMS personnel and the unpredictable environments in their line of duty, significantly impact their decision-making and overall performance. These professionals encounter hazardous scenarios where scene safety is not guaranteed, exposing them to risks like workplace violence and hostile environments (Koser et al., 2019). These dynamics may lead to absenteeism, poor sleep, burnout and anxiety (Afshari et al., 2021; Cash et al., 2020). Their struggle with psychological problems is common as they are faced with their patient's struggle of life and of death. These combined challenges underscore the demanding and unpredictable nature of EMS duties, emphasising the need for continuous support, training, and recognition within the EMS system to ensure optimal performance and wellbeing of personnel (Wan-Nor-Asyikeen et al., 2023).

The wellbeing of EMS personnel is also substantially affected by factors in the internal structure of the organisation and the nature of the occupation, including substantial work demands and inadequate opportunities for debriefing (Lawn et al., 2020). Diverse factors such as sleep irritations, insomnia, increased workloads, length of work, separation from family, irregular breaks due to work shifts and involvement in patient care, have been identified as

predictors for heightened level of stress, depression, and anxiety (Seo et al., 2023; Almutairi, Al-Rashdi & Almutairi, 2020). In their study of psychological factors that influence anxiety, PTSD and depression symptoms among emergency care workers, Feldman (2023) found that poorer sleep quality and diminished support at the study's outset predicted heightened symptoms of PTSD, depression, and anxiety three months later. Specifically, disturbances in sleep and perceived inadequacy of support were found to be the primary facilitators for these symptoms.

According to Sathiananthan, Crawford and Eliott (2021), some healthcare providers may often struggle with the demise of their patients, which can aggravate their mental health problems. Exposure to death of an adult patient may therefore trigger their personal loss if their own grief is not properly address. It is of importance to take into consideration that poor psychological health may have a negative impact on an individual's quality of life and may lead to poor performance. Consequently, it can also affect the quality of patient care and safety. In their assessment of paramedics' psychological wellness, Almutairi, Al-Rashdi & Almutairi (2020) found that the probability of experiencing depression and anxiety was proven to rise among individuals employed in high-pressure industries. EMS personnel, mainly individuals involved in prehospital interventions, confront emotional strain on a regular basis. According to Zsido et al. (2020), the Spielberger state-trait process (STP) model is widely employed to measure non-disorder-specific anxiety, addressing both temporary (state) and enduring (trait) aspects of anxiety. Based on Spielberger's seminal state-trait anxiety theory, anxiety is a singular concept. The theory suggests that both external stressors and internal experiences, such as physiological responses, are evaluated in a manner that could stimulate anxiety. This evaluation process is shaped by trait anxiety, which refers to an individual's inherent predisposition toward anxiety (Pretorius & Padmanabhanunni, 2023). Essentially, a higher level of common trait anxiety encourages an individual to experience heightened state anxiety when faced with situations perceived as threatening. The STAI remains the most stable and widely used self-report measure for anxiety. Consequently, much of the research on anxiety assessment predominantly adopts a unidimensional perspective (Zsido et al., 2020).

2.4 WORKPLACE VIOLENCE

Workplace violence directed at EMS personnel is a noteworthy concern globally (Maguire et al., 2018). As described by the WHO, workplace violence encompasses both physical and psychological forms, with verbal violence falling under the category of

psychological violence (WHO, 2023). Research indicates that EMS professionals encounter various forms of violence, with verbal threats being particularly common, especially during night shifts (Baratloo et al., 2022; Murray et al., 2020; Sheikhbardsiri et al., 2022; Maguire et al., 2018). In difficult environmental circumstances such as trauma scenes, paramedics often sustain physical wounds while interacting with violent people or in ambulance-related accidents. EMS personnel usually work in unrestrained environments where possible dangerous hazards may not be instantly obvious. These hazards could include exposure to chemicals, contact with sharp objects, and the risk of electric shock. In a survey across 13 countries, Maguire et al. (2018) found that the majority of EMS workers experienced physical violence during their duties. Similarly, a systematic review by Sahebi et al. (2019) indicated that over 60% of EMS workers were at risk of experiencing physical violence. EMS responders operate in high-risk, high-stress environments, exposing them to various hazards, including death (Murray et al., 2020).

Factors such as educational achievements and cultural background may influence the likelihood of EMS personnel being subjected to violence (Ekşi et al., 2022; Sahebi et al., 2019). This issue is especially troubling considering that EMS workers risk their lives to save others. Maguire et al. (2018) highlight the disturbing frequency of violence directed towards EMS personnel, particularly in the USA, where the rate of violence against them is 22 times higher than in other professions. Sheikhbardsiri et al. (2022) report that verbal and physical violence, as well as cultural factors, are forms of workplace violence perceived by paramedics. Paramedics often view workplace violence as a normal occurrence, echoing the findings of Sahebi et al. (2019). According to Sheikhbardsiri et al. (2022), public ignorance of emergency staff roles and a shortage of specialised personnel in prehospital settings are additional aspects that influence workplace violence.

Many paramedics believe that the lack of response to and respect for patients' and families' rights are common reactions to workplace violence. Tragically, more than one EMS professional in the USA loses their life as a result of violent incidents while on duty each year. The U.S. Centres for Disease Control and Prevention reports that approximately 2,000 EMS professionals suffer injuries annually as a result of violence (Taylor et al., 2022). Of particular concern is the heightened risk of violence-related injuries faced by female EMS personnel (Maguire et al., 2018). EMS personnel are expected to assist the public around the clock, irrespective of conditions or location (Smith, 2018). The hostility and violence faced by these professionals pose not only physical dangers but also affect the mental health of these professionals. They confront a spectrum of aggression and violence, ranging from verbal and

humiliating acts to destructive behaviours or harsh physical assaults (Olschowka & Möckel, 2021). EMS personnel occasionally respond to fake calls, where criminals pose as patients with the intent of harming or robbing them. Although their lives are frequently in danger, EMS personnel do not receive protection (Sheikhalipour et al., 2022).

Deceptive (or fake) calls create a significant obstacle for EMS personnel, leading to the redirection of resources away from genuine emergencies. Such calls may be deliberate, encouraged by intentions such as hiding criminal activities, seeking retaliation, or looking for public attention. Globally, fabricated reports made to emergency departments are a noted issue, as shown by cases where individuals abuse emergency services to target marginalised groups. According to Barnett (2022) and Sheikhalipour et al. (2022) various studies suggest that psychological issues may be a contributing factor for individuals who make false EMS calls. Socioeconomic factors, such as low income, have been found to correlate with the misuse of EMS, while age also plays a significant role, with individuals over 60 being more likely to make EMS calls (Sheikhalipour et al., 2022). Murray et al. (2020) note that the rise in violence can be attributed to the increased prevalence of handguns, the presence of chronically ill mental patients, gang activities, poor communication, and limited backup support. Koser, Siddiqui, and Kropp (2019) emphasise that during attacks, EMS personnel can effectively de-escalate the situation by showing respect, attentive listening, and adopting non-defensive postures while seeking a safe exit strategy. In the USA, paramedics are provided with panic buttons that instantly alert law enforcement authorities when they encounter danger (Lawn et al., 2020).

The most common danger experienced by paramedics is dealing with aggressive patients during emergency interventions. This threat encompasses various forms of aggression, including assault, verbal threats, and irritability shown by the patient. Studies suggest that the risk of dealing with aggressive patients is not exclusive to female paramedics but is also reported by their male counterparts (Haniš, 2022; Olschowka & Möckel, 2021). In contrast, Sefrin et al. (2021) argue that the paramedics impacted by workplace violence are predominantly male. Interestingly, research findings of Olschowka & Möckel (2021) show that female paramedics faced a significantly greater risk of experiencing humiliating aggressive behaviour compared to their male counterparts. This finding contrasts with a study involving nurses, which found no significant differences in most aspects of workplace violence between male and female participants. However, among the few items where differences were observed, instances of sexual harassment were more frequently reported (Olschowka & Möckel, 2021).

Violence is not solely limited to interactions with drug-addicts and alcoholic patients. Aggression and agitation, arising from fear for the patient's life, can also be demonstrated by

family members or bystanders. During emergency interventions, paramedics and rescuers face a heightened risk of injury or fatal accidents. These risks stem from car accidents, which may involve extricating the occupants from the wreckage, stabilising unstable crashed vehicles at the roadside, and navigating hazardous road conditions (Haniš, 2022).

According to Tamers et al. (2020), employers have both a moral and legal duty to safeguard the wellbeing of their employees. They emphasise that it is mandatory for employers to adopt a proactive stance aimed at preventing or mitigating workplace violence. Consequently, implementing policies becomes essential to prevent injuries, liabilities, and losses. Spelten et al. (2022) argue that EMS staff utilise various strategies to manage workplace violence, including reliance on institutional frameworks and the use of system-oriented interventions. Initiatives like the Stress and Violence in Fire-based EMS Responders (SAVER) aim to address stress and aggression within EMS establishments, ultimately enhancing organisational performance and reducing assaults. The use of formal interventions, providing training, and raising awareness are crucial steps in reducing workplace violence against EMS personnel (Sahebi et al., 2019).

2.5 FIREFIGHTERS

Firefighting is consistently ranked as one of the most hazardous occupations both locally and globally. This status is based on various factors that contribute to the dangerous nature of the job (Jo et al., 2018). The work of firefighters involves facing significant risks to their lives and physical wellbeing. This is primarily due to the exposure they have to various hazardous elements present in emergency situations, such as fires, smoke, and dangerous materials (Barros, Oliveira & Morais, 2021). According to Walker et al., (2019), firefighters' responsibilities encompass a wide range of tasks, including but not limited to responding to emergency calls, managing emergency medical treatment, extinguishing fires, and preventing further fire outbreaks. Moreover, their duties often expose them to life-threatening situations and activities that require their immediate physical intervention. Subsequently, this leads to firefighters suffering the fear of being victims in the process, as the focus of mental health care is usually provided to the victims as opposed to the rescue workers. Firefighters are constantly exposed to flames and smoke, which can pose immediate threats to their respiratory systems and overall health. Inhaling smoke can lead to serious respiratory issues and long-term health consequences.

Orr et al. (2019) report that firefighters undertake a variety of tasks, including suppressing fires, rescuing victims, advancing charged hoses, and navigating in and out of fire vehicles. Frequently, these duties are carried out in confined spaces with limited visibility and intense heat, where temperatures can range from 50.9°C to 571.5°C (Park et al., 2019). Apart from fire and smoke, firefighters also encounter hazardous materials at emergency scenes. These materials can range from toxic chemicals to flammable substances, increasing the risks of chemical burns, poisoning, and other health hazards (Barros et al., 2021). Barbosa et al. (2022) state that the combination of fire, smoke, hazardous materials, and other dangers present at emergency scenes creates a multitude of occupational hazards for firefighters. These hazards can result in injuries, illnesses, and even fatalities, highlighting the high level of risk associated with the profession. The various occupational hazards experienced by firefighters collectively impact the high ranking of their profession in terms of risk. The unpredictable nature of emergency situations, the need for quick decision-making, and the physical demands of the job further elevate the risks involved in firefighting (Cuenca-Lozano & Ramírez-García, 2023).

Jo et al. (2018) state that firefighters often face the risk of physical harm, grief, and mortality, resulting in elevated levels of both physiological and psychological distress. Depending on the nature of their exposure, individuals may develop symptoms of PTSD, which can manifest in job dissatisfaction, increased absenteeism, and early retirement. Oliveira et al. (2023) note that the duration and intensity of exposure to traumatic events may serve as predictors for the severity of PTSD and other psychiatric conditions, including depression, substance abuse, and psychosomatic symptoms. The demanding nature of firefighters' work often leads to high levels of psychological and physiological distress, increasing their vulnerability to mental health issues such as PTSD and other stress-related conditions (Behnke et al., 2019).

Firefighters, renowned for their bravery and selflessness, undertake multifaceted duties that place them at the forefront of emergency response. Their role exposes them to a myriad of challenges, including traumatic experiences, bodily harm, grief, and death. Lentz et al. (2021) point to the deficiency in effective support strategies for firefighters following traumatic missions, contributing to distress among firefighters. Consequently, firefighters may turn to substance abuse or mindfulness practices as coping mechanisms for their traumatic symptoms (Counson et al., 2019; Lentz et al. 2021). Smith et al. (2011) emphasise the importance of mindfulness in preventing PTSD, as it enhances emotional regulation in response to traumatic events. In developing a sense of detachment, mindfulness serves as a coping mechanism,

enabling individuals to manage traumatic experiences without resorting to substance abuse (Behnke et al., 2019).

2.5.1 Firefighters' risks and expectations

Firefighters are held in high regard for their bravery and dedication to public safety, yet the expectations placed upon them come with significant challenges and risks. Understanding these demands – including the latest statistics on firefighters in the USA and SA, their qualifications, and the unique pressures they face – is essential for appreciating the complexities of their profession. The National Fire Protection Association (NFPA), (2019) provides comprehensive data on firefighters in the USA. According to the NFPA, there were approximately 1.1 million firefighters in the USA in 2019, with the majority serving as volunteers (NFPA, 2019). However, the number of career firefighters has been steadily increasing over the years, reflecting the growing demand for professional emergency response services.

In SA, there is a cohort of 350 active firefighters who currently work within the Durban Metropolitan Fire Department (Albert, 2009; Ras & Leach, 2022b). An investigation done by the City of Cape Town Fire and Rescue Service identified a collective of 124 full-time firefighters, inclusive of both males and females (Ras et al., 2022b). Sithole (2019) conducted a study at Goodwood Fire Department in Cape Town that aimed at assessing the quality of work life of the municipal firefighters. Sithole (2019) it is stated that the city of Cape Town's Fire and rescue services consist of 32 fire stations and deal with different types of emergencies and rescue. The study indicated that the fire station comprised of one hundred and twenty firefighters who are constantly exposed to hazardous work life results in stress that had a negative impact on their quality work life. The dimensions of quality work life are health and wellbeing, job security, job satisfaction, competency development, work and non-work life balance. According to Fire Brigade Service Act, No. 99 of 1987 the functions of firefighters include rescue of life or property, extinguishing a fire and preventing an outbreak. Sithole (2019) further reported that it is common for firefighters to be exposed to violence resulting in poor mental health. The other risk that may affect the quality work life includes social bonding, depression and substance use. According to Sithole (2019) it is the responsibility of management as well as the society to ensure the quality work life of municipal firefighters as it creates inspiration, motivation and fulfilment. The municipal firefighters are faced with the responsibility to manage variety of flames such as veld flames, casual settlement flames,

vehicle and auxiliary flames. It is evident that the allocation of firefighters across the nation varies, with the highest incidence of fires noted in northeastern regions such as KwaZulu-Natal and Mpumalanga, and to the southwest, the Western Cape (Albert, 2009). These regions encounter unique fire seasons that are influenced by precipitation patterns, with the southwestern areas exhibiting heightened fire occurrences during the summer season, while the remaining parts of the country witness increased fire activities during the winter months (Kahanji et al., 2019). Veldfires occurs seasonally in South Africa (Jelvinger, 2014). According to Mangala et al., (2026) veldfires poses a significant environmental and socio-economic threat to South Africa. These threats may result in loss of life and livestock, human displacement and damage of infrastructure. These fires may be originating from dry conditions, negligence and natural factors (Mangala et al., 2016) and need to be handled professionally. According to Jelvinger (2014) there are three different stakeholders involved in the management of veldfires namely; fire brigade, Working on Fire (WoF) and Fire Protection Association (FPA). During the fire outbreak the stakeholders need to communicate through the two-way communication using a language that all the members involved in the management of the fire understands. This will promote an effective mission in managing the fire (Jelvinger, 2014).

Sithole (2019) study concluded that there is a lack of management support and that the different cultures in different work stations are influenced by the different management styles per station. Moreover, there was no job satisfaction and unrealistic workload leading to poor performance and reduced productivity was reported. The study results highlighted that they do not have flexible working hours although the hours are perceived as beneficial in building positive family relationships. Furthermore, it was reported that the management does not consider their health and safety and that they are not provided with relevant information that will aid them in performing their daily duties.

2.6 PARAMEDICS

According to Gonczaryk et al. (2022), paramedics serve as primary responders who voluntarily put themselves at risk to uphold public safety and provide vital on-scene prehospital medical assistance. Their duties demand physical resilience, requiring constant availability and, as outlined earlier, exposure to potential risks such as violence, fatalities, and environmental hazards. These challenges can lead to various health issues, including musculoskeletal discomfort, cognitive strain, and exposure-related illnesses such as influenza, tuberculosis, hepatitis B, or hepatitis C. Paramedics contend with occupational hazards such as

exposure to hazardous biological, chemical, physical, and psychological elements (Gonczaryk et al., 2022). The prevalence of PTSD among these frontline professionals' ranges from 8% to 32% and is influenced by factors such as the nature of the crisis, available support systems, training, and individual characteristics (Behnke et al., 2021). Persistent stress and unaddressed trauma can significantly impact paramedics' job performance, interactions, and overall wellbeing, potentially leading to heightened rates of illness and mortality. Traumatic stressors can disrupt neurophysiological processes and have an adverse effect on both psychological and physical health. To ensure the sustainability and vitality of paramedics, it is crucial that they receive equitable psychological assistance and support similar to the aid they provide to others. Psychological first aid, supportive measures, and cognitive behavioural techniques offer promising avenues for building resilience and mitigating stress and PTSD among paramedics (Behnke et al., 2021). Weibull, Lidestam, and Prytz (2023) observed that paramedics are susceptible to work-related injuries, with factors such as high-speed driving, violent confrontations, heavy lifting, and physical fatigue contributing to these risks.

Behnke et al. (2021) emphasise the importance of adhering to sanitation standards to prevent infections among paramedics, particularly when handling hepatotropic viruses, HIV, tuberculosis, and coronaviruses. Identifying necessary protective measures and implementing proper safety protocols are essential steps to mitigate these risks and ensure the wellbeing of paramedics (Gonczaryk et al., 2022). Due to the level of stress experienced at the workplace, some paramedics tend to abuse alcohol in an effort to cope with the stressful situation (Duschek et al., 2020). Geuzinge et al. (2020) report that paramedics find solace from trauma through their networks, which vary widely across different job sectors. These supportive connections differ between workplace and family environments, as well as within the workplace itself, spanning interactions with peers and supervisors.

2.7 FIREFIGHTERS, PARAMEDICS AND BURNOUT

Multiple studies confirm that both paramedics and firefighters are vulnerable to burnout, fatigue, and traumatic stress. Their roles in EMS are physically demanding, involving frequent exposure to violence and traumatic events (Braun et al., 2021; Stout & Kostamo, 2021; Bergen-Cico et al., 2020; Jo et al., 2018). Burnout can manifest in various ways, including diminished job performance, physical strain, psychological distress, decreased energy levels, reduced job satisfaction, poor interpersonal relationships, and a callous attitude (Braun et al., 2021; Jo et al., 2018). Furthermore, burnout may be exacerbated by factors such as work

structure, role conflict, job dissatisfaction, workload and a lack of support from management or the family system (Edú-Valsania, Laguía & Moriano, 2022). Although exposure to traumatic events in the field contributes to burnout, the management style within the EMS hierarchy also plays a significant role. Research indicates a lack of support from employers, with an emphasis on performance rather than personnel wellbeing (Abdelmotaleb & Saha, 2020). Consequently, EMS personnel face pressure to excel at work, often at the expense of their mental health. McCann (2022) emphasises the importance of management being attuned to the needs of employees, including their family responsibilities, and providing adequate support.

2.8 SUICIDALITY IN EMERGENCY MEDICAL PERSONNEL

The WHO (2019) reported that suicide is a significant global health concern, with approximately 800,000 individuals losing their lives to suicide each year. The repercussions of suicide are profound, with high financial and psychological costs. The WHO (2018) defines suicide as an intentional act of ending one's own life. Various factors contribute to the increased risk of suicide, such as mental illnesses, financial struggles, psychosocial stressors, relationship issues, medical conditions, conflict, abuse, occupational stress, and violence. It is a representation of unhappiness or dissatisfaction and it can also be precipitated by certain psychiatric disorders such as depression, borderline personality disorder and substance abuse disorder (Stanley et al., 2016). Additionally, neurological disorders, cancer, and HIV infection are also associated with a higher likelihood of suicide. Each year, nearly 800,000 individuals die by suicide, with 86% of these cases happening in low to middle-income countries (WHO, 2019). For every individual who dies by suicide, it is estimated that between six and 20 people often family members and acquaintances of the deceased experience adverse psychological and emotional effects (WHO, 2019; Andriessen et al., 2019). Every occurrence of suicide is a misfortune that does not affect individuals but also families, communities, and the whole nations, imprinting a lasting effect on those left behind (Andriessen et al., 2019). Mars et al. (2020) revealed an elevated levels of mental health issues, suicidal ideation, and suicide attempts, alongside low rates of seeking help within the EMS population. The predominant emotional motivations driving individuals towards suicide often include feelings of anger (dissatisfaction), sadness, and insecurity. These emotions can be exacerbated by various psychiatric disorders like depression, borderline personality disorder, and substance abuse disorder, further precipitating suicidal ideation (Onaemo et al., 2022; Barker et al., 2024; Tatebe et al., 2020). Emergency responders, comprising paramedics, firefighters, law

enforcement, and corrections officers, are experiencing a concerning increase in suicide rates.

Nonetheless, many of these professionals avoid seeking help for their mental health challenges due to the stigma associated with doing so (Tatebe et al., 2020). According to Kyron et al. (2020), perceptions of stigma surrounding mental health conditions at work, the negative impact of work-life balance, and a lack of satisfaction in one's job are linked to thoughts of suicide. Kyron et al. (2020) differentiated between those who planned or attempted suicide and those who only had suicidal thoughts. Higher levels of resilience and support are associated with lower rates of suicidal ideation, while intermittent explosive anger and illicit drug use increase the likelihood of such thoughts.

Among those who planned suicide, symptoms of PTSD are significant, while misuse of prescription drugs and psychological distress distinguishes between those who attempt suicide and those who only experience suicidal thoughts (Fox et al., 2021). A study conducted in North Carolina found that 24.5% of EMS personnel reported experiencing suicidality at some point in their lives, a rate more than double that of the general population in the USA. Almost a quarter of these individuals had personally contemplated suicide, while nearly half were aware of another EMS provider who had died by suicide (Renkiewicz & Hubble, 2022). According to Violanti and Steege (2020), suicide rates remain notably high across the different EMS categories, detectives, criminal investigators, police officers, and corrections officers.

This trend persists across different demographic groups, including race, ethnicity, and gender. The relatively higher number of suicides among male police officers reflects the fact that policing is a predominantly male-dominated profession. Vega et al. (2023) established that firefighters have shown a propensity to employ diverse suicide methods, presenting discrepancies based on gender. Males predominantly gravitate towards more aggressive techniques such as firearms and hanging, often resulting in significant traumatic brain injuries (TBIs) (Buttaro, 2016). Female firefighters, however, tend to resort to hanging as their primary approach, leading to severe TBI (de Almeida et al., 2022 and Buttaro, 2016). An analysis contrasting suicide cases among firefighters and non-firefighters revealed a higher percentage of firefighter cases involving firearms, indicating a troubling pattern within this demographic.

According to de Almeida et al. (2022), emphasis should be placed on psychosocial and environmental interventions to mitigate and counteract stress. Firefighters and paramedics are particularly vulnerable to suicide attempts due to stressors related to their work. Additionally, they have easy access to lethal weapons or hazardous chemicals, which can be used for suicide (Stanley et al., 2016). EMS personnel are expected to provide care for individuals who have

experienced trauma, often prioritising the wellbeing of others and neglecting their own self-care (Bozym, 2023). Firefighters and paramedics under-report their PTSD symptoms and perceive them as an ordinary way of life. As a result, suicidal behaviour may emerge (Houton, 2022). Studies have identified several themes suggesting that first responders, including firefighters and paramedics, may face an enhanced risk of suicide. These themes include access to lethal means, a reluctance to tolerate elevated physical pain, role transitions, occupational hazards inherent in their work, irregular and demanding shifts, and the stigma surrounding accessing mental health services.

Suicide remains a significant public health challenge, and preventing or reducing it involves raising awareness about mental health, ensuring limited access to the means of suicide, and educating on the impact suicide has on loved ones (WHO, 2018; de Almeida et al., 2022). There is a need to understand the specific suicide mechanisms utilised by firefighters to effectively tailor prevention strategies and offer targeted assistance in reducing suicide risk within this professional cohort (de Almeida et al., 2022; Pennington et al., 2020).

2.8.1 Suicide Risk Assessment

Suicide risk assessment is a pivotal and intricate responsibility for healthcare providers (Paulus et al., 2023). Hughes et al. (2023) affirm that the existing research highlights the significance of effective communication strategies and linguistic choices in the evaluation of suicidal ideation. The establishment of suicide risk management protocols (SRMPs) is a pressing national agenda, exemplified by the Texas Youth Depression and Suicide Research Network (TX-YDSRN), which provides a collaborative framework for addressing suicide risk among adolescent participants (Trivedi, Minhajuddin et al., 2023). The integration of various suicide assessment instruments can yield comparable outcomes, assisting mental health professionals in pinpointing individuals with elevated suicide risk (Lubas & Rode, 2022). Barker et al. (2024), contend that the absence of a standardised protocol for suicide risk assessment in psychiatric facilities prompted the creation of the Suicide Risk Assessment Protocol (PORS)which accentuates the evaluation of risk elements and protective factors to deter deliberate suicide endeavours. According to Barker et al. (2024), the use of instruments such as the IAPT Phobia Scale can enrich risk evaluation by detecting past suicide attempts and instances of non-suicidal self-harm, which serve as superior indicators of risk in comparison to current levels of suicidal ideation intensity.

The SAD PERSONS Scale (SPS) (a 10-item acronym scale) is a widely recognised instrument used to assess suicide risk in individuals presenting at emergency departments following suicide attempts. However, studies highlight the limitations of the SPS in accurately predicting future suicide attempts, with inconsistent levels of sensitivity and specificity (Warden et al., 2014; El Ammouri et al., 2022). Despite its utility in the decision-making process for patient admission or discharge, the SPS may not be sufficient as a sole predictor of suicide outcomes. The SPS's effectiveness has thus been questioned, with study findings showing non-significance in a sample size of 4,019 participants (Pattanaseri et al., 2021). Alternative tools such as the Modified SPS (MSPS), along with supplemental assessments like the Beck Scale for Suicide Ideation and the Columbia Suicide Severity Rating Scale (C-SSRS), have been identified as options that offer distinct advantages and disadvantages. The MSPS is a system of scaling created to evaluate the likelihood of suicide in adult individuals who have attempted suicide and are present in the emergency department (Giddens et al., 2014; Warden et al., 2014). According to Almaghrebi (2021) and Warden et al. 2014, the MSPS is based on 10 key demographic risk factors to establish whether hospitalisation or discharge is necessary. It has shown a sensitivity of 90% and a specificity of 84% in deciding hospitalisation needs, rather than primary health care relying on psychiatric assessment. Unlike the original SPS, the MSPS is designed specifically for cases of adult suicide, to offer a more dependable and unbiased assessment tool for healthcare providers working in emergency departments (Warden et al., 2014). The adjustments made to the scale improve its effectiveness in guiding crucial decisions related to admitting or discharging patients following a suicide attempt. In essence, while the SPS plays a crucial role in suicide risk appraisal, its efficacy can be enhanced by incorporating other assessment tools to achieve a more comprehensive evaluation (Warden et al., 2014; El Ammouri et al., 2022).

2.9 TRAUMA

2.9.1 Defining trauma

Trauma encompasses a broad spectrum of events, ranging from physical harm to psychological wounds. It may stem from overwhelming circumstances that challenge a person's coping mechanisms, leading to lasting negative effects on various aspects of their wellbeing (Jucá Moscardi et al., 2019). According to Mailloux (2014), trauma is a direct or indirect experience that involves life threatening events or threat to one's physical integrity. Additionally, it also involves hearing about one's experiences to the threat of death. The

person's reaction to the life-threatening events may involve fear and helplessness. Consequently, the reaction may also result in disorganised behaviour. According to Iddagoda et al. (2022), trauma can be a singular event or several life-threatening injuries brought by external factors such as accidents or violence. The physiological response to trauma is geared towards preventing further harm to tissues and ensuring the delivery of oxygen to cells (van Aswegen, 2024). Trauma can manifest in forms of personal, collective, or systemic suppression, influencing relationships and personal growth. Additionally, trauma can give rise to intricate issues like PTSD and disruptions in self-regulation. The identification and management of trauma are paramount in the healthcare sector to ensure that suitable care and assistance to individuals grappling with these distressing encounters are delivered (APA, 2022; Iddagoda et al., 2022; Abuse, 2022). According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2022), trauma also involves hearing about one's experiences with the threat of death. The person's reaction to the life-threatening events may involve fear and helplessness. Consequently, the reaction may also result in disorganised behaviour (Mailloux, 2014)

Psychological trauma is described as the emotional distress that an individual experiences as a result of an event that exceeds their ability to emotionally cope with it. Traumatic experiences can shatter a person's sense of safety in the world and instil a pervasive fear that disaster could occur at any moment (*Psychology Today*, 2019). According to the American Psychiatric Association's *(APA, 2013) Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* recognises overwhelming life experiences as PTSD. There are five features of the human response to traumatic incident and they are the trauma fixation, anger or aggressive outburst, irritability, constricted personality function, persisting of startled, and atypical dream life (Weisz-Lipton, 2020). However, Jones et al. (2014) reports that while the DSM-5 introduced improvements to PTSD diagnoses, it also brought considerable challenges and left many questions unanswered for counsellors and other mental health professionals. Consequently, it is essential for these professionals to receive thorough training in trauma-related areas and to continually seek professional education and guidance to stay abreast of ongoing developments in this field.

2.9.2 Understanding trauma

Jellestad et al. (2021) indicate that an individual's perception of a traumatic event plays a crucial role in how they cope with exposure to it. They suggest that the severity of the stress reaction during and following the traumatic event could be influenced by how the individual

evaluated the event before any intervention. Bryant and Guthrie (2005) reported that the perceptions that individuals may have about themselves and how they perceive the world may also influence how they interpret their traumatic experience. Moreover, the experienced trauma may negatively affect an individual's view of self and the world. Furthermore, based on the assessment an individual made about the trauma they are exposed to, their assumption of the world not being a safer space may be verified. An individual with maladaptive pattern of trauma assessment may feel helpless and stressful.

A study by Franklin et al. (2020) reveals that misperceptions among police officers regarding trauma can lead to negative outcomes for victims, case handling, and overall public safety. These misunderstandings often stem from a lack of broad knowledge and training on how trauma affects behaviour. Their study found that educating police personnel about the complications of trauma and the diverse ways trauma survivors may react to victimisation can improve police readiness and their interactions with victims. The definitions of trauma provided by the National Institute of Mental Health (NIMH) (2019), the WHO (2019), and the American Psychological Association (APA) (2021) suggest that PTSD can stem from exposure to acute trauma or chronic, repeated exposure to severe adverse events. According to Jellestad et al. (2021), PTSD is characterised by three hallmark features: (a) re-experiencing the traumatic event through flashbacks or nightmares, (b) avoidance of triggers and emotional numbing, and (c) changes in arousal levels.

Physiologists perceive trauma as a sudden tissue injury resulting from violence or accidents. This injury initiates responses within the hypothalamic–pituitary–adrenal axis, the immune system, and metabolic pathways, all working to restore the body's internal balance or homeostasis. Trauma can be classified into three main groups based on the mechanism of injury: penetrating trauma, blunt trauma, and deceleration trauma (Dumovich & Singh, 2022). Bodrug-Lungu et al. (2023) concur with Appiah-Marfo (2022) that individuals are significantly influenced by cultural and societal norms on how they perceive themselves after experiencing trauma. Each society has its unique way of addressing traumatic events, which in turn influences the development of personal identities. According to Lewis et al. (2020), in cases of PTSD, the primacy of self-stigma – characterised by the suppression of negative societal attitudes – is associated with different adverse outcomes, including depression, lower income, increased anxiety, and symptoms of traumatic stress. Additionally, the public's reception of trauma narratives can influence the mental wellbeing of survivors, particularly in cases of sexual violence, where stories may be met with less empathy due to cultural taboos and a preference for optimistic resolutions. Traumatic experiences can disrupt an individual's core

belief systems, emphasising the importance of sense-making within diverse cultural frameworks (Theisen-Womersley, 2021).

Bryant and Guthrie (2005) stated that there must be a clear distinction between PTSD and Catastrophic thinking patterns. Post-traumatic stress disorder is diagnosed when an individual does not recover from the experience or witnessing disturbing events while catastrophic thinking may be defined as cogitating about irrational or worst-case outcome.

Gilliam et al. (2019) conducted a study that lends support to the idea that pain catastrophising plays a role in how PTSD symptoms relate to pain outcomes. Their cross-sectional study comprised 203 chronic pain patients with trauma exposure who were beginning treatment in a comprehensive pain rehabilitation programme. The results show that pain catastrophising acts as a mediator between PTSD symptoms and self-reported pain severity and interference (Gilliam et al., 2019). Notably, even after adjusting for self-reported depressive symptoms, the mediating role of pain catastrophising remained significant. However, their analysis did not find evidence supporting PTSD symptoms as a mediator between pain catastrophising and pain outcomes. Thus, the study concludes that the link between PTSD symptoms and pain outcomes is largely explained by the influence of pain catastrophising (Böckelmann et al., 2022).

2.9.3 Predictors of trauma

Obuobi-Donkor et al. (2022) explored job-related stress in contributing to PTSD among firefighters and military personnel. They found that factors such as increased occupational stress and burnout were substantially associated with work-related PTSD. Exposure to traumatic events, whether directly related to job duties or experienced by military personnel during deployments in combat zones, has emerged as the most significant predictor of PTSD (Langtry et al., 2021). Additionally, there are indications that previous trauma unrelated to work could also make firefighters more susceptible to PTSD (Soravia et al., 2021). Research highlights connections between pre-employment injuries and the development of PTSD among EMS personnel.

The risk of PTSD is also linked to years of service, with longer periods of service increasing the likelihood of experiencing PTSD (Langtry et al., 2021; Soravia et al., 2021). In a study conducted by Chamberlin and Green (2010), predictors of stress such as demographic, grouping variables and coping mechanism of traumatic events were examined. The sample that

participated in their study included fire fighters who worked shifts, those who are employed on a permanent basis and those who were recently exposed to trauma during service delivery. Chamberlin and Green (2010) stated that the work incidents, the age and the experience of fire-fighters make them susceptible to the development of PTSD symptoms. However, the significant stress disorder is prevalent in the early years of the fire-fighter's careers. In the study it emerged that fire-fighters who were older with longer number of years in service presented with higher distress for both personal and work-related matters than traumatic stress symptoms. Low self-esteem, increased arousal, and hostility with a negative view of self may increase the risk for post-traumatic stress disorder.

Shi et al. (2021) confirmed that PTSD can be predicted among firefighters due to prior mental health conditions, physical ailments, substance abuse, and other psychological comorbidities. Emergency services involve professions that frequently encounter trauma, stress, and potential mortality as part of their daily work. This traumatic environment has been associated with various physical and mental health challenges for these individuals. According to Harvey et al. (2016) these mental challenges includes disorders such as depression, PTSD, adjustment disorder, anxiety and substance abuse. Harvey et al. (2016) indicated that fire-fighters who were employed on a full-time basis' deterioration in physical health may be associated with excessive alcohol consumption that is used as a coping mechanism for dealing with trauma. Additionally, fire-fighters who are already on retirement still have ongoing mental health problems that may have started while they were still employed on a full-time basis.

Studies have noted that EMS personnel, when faced with traumatic experiences, often fail to recognise these experiences or attempt to manage them independently (Soomro & Yanos, 2019).

2.9.4 Primary and secondary trauma

According to the study by Jo et al. (2018), PTSD experienced by first responders can either be classified as primary or secondary stress. The authors state that:

> "*Survivors of recent and serious disasters are subjected to primary traumatic stress, and fire-fighters who experience trauma related to disaster relief and recovery are exposed to secondary traumatic stress".*

Bradley and Hess (2021) assert that primary trauma refers to the initial and direct experience of a traumatic event by the victim whereas secondary traumatic stress is defined as the natural reaction from an individual resulting from the traumatic narrative by the victim(Acquadro

Maran et al., 2023) Primary trauma involves the immediate psychological and emotional impact caused by the event, often resulting in feelings of fear, helplessness or horror during or immediately following the traumatic experience. This direct exposure to the traumatic event can lead to significant psychological distress and can have a long-lasting impact on the person's mental and emotional wellbeing (Jo et al., 2018). Furthermore, emphasis is usually on primary traumatic stress while secondary stress disorder is neglected. Everyone is potentially exposed to at least one traumatic event during their lifetime; for people in helping professions, the likelihood increases because they are exposed to more stressful events (Acquadro Maran et al., 2023). Primary trauma can have a substantial long-term bearing on an individual's mental and physical wellbeing.

Research by Eskesen et al. (2023) indicates that exposure to trauma is linked to an increased risk of cancer, premature mortality, physical disabilities, and immune-related disorders. Furthermore, insights from Beyer et al. (2023) suggest that recurrent trauma, including past traumatic injuries, can result in adverse psychological, emotional, and behavioural outcomes. Accumulative childhood traumatic experiences have been associated with an elevated likelihood of developing conditions such as PTSD, depression, and complex chronic diseases, as highlighted by Kim et al. (2022). Moreover, as discussed by Mistry et al. (2022), healthcare professionals who face trauma in their work settings may experience burnout, compassion fatigue, and vicarious traumatisation, impacting their overall physical and psychological health over time. Herrera-Escobar et al. (2020) observed that primary long-term trauma involves anxiety, depression, and PTSD, leading to chronic pain, functional impairments, and diminished physical health, underscoring the broad mental health challenges that extend beyond the scope of PTSD alone (Eskesen et al., 2023). According to Branson (2019), Ashley-Binge and Cousins (2020) noted that McCann and Pearlman initiated the concept of vicarious traumatisation in 1990 and, since then, it has garnered growing attention from researchers. This hypothesis encompasses the idea of secondary traumatic stress, where individuals who have close and constant interactions with those who have experienced trauma directly are vulnerable to emotional distress, experiencing it as if they were indirect victims of the same traumatic events (Branson, 2019; Motta, 2008).

Given that most people are likely to encounter at least one traumatic event in their lifetime, individuals in helping professions face an elevated risk due to their exposure to multiple stressful events, both personally and through their work with others. This heightened exposure increases the likelihood of experiencing vicarious traumatisation and emotional decompensation. Working directly and indirectly with individuals who have experienced

trauma demands substantial commitment. Notwithstanding the knowledge about the risk factors linked to trauma, it is often inadequate to handle situations that lead to severe distress effectively (Hoff et al., 2023). There is a growing recognition that secondary traumatic stress is a prevalent, natural, and potentially detrimental reaction experienced by all professionals working with individuals affected by traumatic events (Sprang et al., 2019). Ogińska-Bulik et al. (2021) point out that a significant update in the DSM-5 is the expansion of the etiological factor to include indirect exposure to traumatic events. This includes scenarios such as witnessing patient deaths or engaging in difficult conversations with patients and their families, often resulting in stress, negative emotions, and distress among emergency professionals.

2.9.5. Dissociating from traumatic experiences

According to Vujanovic et al. (2022), firefighters are constantly faced with stressful and traumatic situations, making them more at risk of various psychological symptoms and disorders. Research indicates that due to chronic stress and exposure to potential trauma, firefighters are considered high-risk, and meet the criteria for PTSD, with many more experiencing significant subclinical PTSD symptoms. Additionally, firefighters are at risk for depression (Becker et al., 2023), and encounter serious thoughts of suicide, with 15.5% having attempted suicide during their time as firefighters.

In an attempt to understand this vulnerable population, Smith et al. (2011) conducted a study that explored mindfulness and resilience among firefighters. The study focused on their PTSD, physical symptoms, depression, alcohol abuse, support system and personal mastery. It is reported in their study that mindfulness may be important in the context of preventing PTSD as it augments the emotions associated with traumatic events and experiences, hence the EMS personnel do not perceive their symptoms as serious. According to Germer et al. (2016), mindfulness is a mental state that allows them to step outside their condition by being less reactive to what is happening with their feelings in the present moment and to seeing things freshly. In addition, during this state, their consciousness is kept alive to what is happening to those who are currently in need. The EMS personnel calmly acknowledge and accept the victim's present feelings, thoughts, and bodily sensations by reducing their overall suffering and increasing the victim's sense of wellbeing. Mindfulness allows the EMS personnel to maintain distance from the distressing emotions so that they can focus on the victim's trauma (Smith et al., 2011). Mindfulness allows individuals to maintain focus during emergencies and assists in recalling and tolerating the traumatic experience by maintaining a healthy distance

from distressing emotions (Smith et al., 2011). The EMS personnel prioritise the victim's life by focusing on achieving the goal which is to ensure the safety of victims and to achieve the target set for them by the management. As a result, their own feelings are neglected.

Schuman-Olivier et al. (2020) defined mindfulness as the awareness that arises when one pays attention to the present moment in a non-judgmental manner. They further described mindfulness self-regulation as the ability to adaptively regulate one's attention, emotions, cognition, and behaviour to effectively respond to both internal and external demands. Allen et al. (2021) referred to mindfulness as a practice characterised by conscious non-judgmental awareness of the present moment. They highlighted the critical role of Kabat-Zinn, who initiated work in integrating mindfulness into psychotherapy approximately four decades ago, marking the beginning of the scientific application of mindfulness for health and wellbeing tailored to specific contextual needs. Mindfulness is a valuable tool in a state of emergency, as it enhances focus, awareness, and resilience (Argyriadis et al., 2023). By employing mindfulness, individuals can develop the ability to recognise and accept their emotions, thoughts and physical sensations without becoming overwhelmed or distracted. This can lead to a peaceful nervous system, helping to control breathing, blood pressure and heart rate, ultimately easing the stress and trauma (Micklitz et al., 2021). Ducar et al. (2020) define mindfulness as a mental state that enables individuals to detach themselves from their personal conditions, becoming less reactive to their present emotions and seeing things with a fresh perspective. It involves fully attending to the current moment, their actions, and the surrounding environment, which is crucial given the tendency to become distracted.

For EMS personnel, mindfulness plays a crucial role in calming, acknowledging, and accepting the feelings, thoughts, and physical sensations of victims. This approach reduces overall suffering and enhances the wellbeing of the individuals they assist (Giaume et al., 2024). Mindfulness interventions offer benefits to caregivers and first responders alike, enabling EMS personnel to maintain a healthy distance from distressing emotions and focus on addressing the trauma experienced by victims (Ducar et al., 2020). This focus helps them maintain concentration during emergency situations, recall and tolerate traumatic experiences, and prioritise the safety and wellbeing of victims as their primary goal but this is often at the expense of their own emotions (Giaume et al., 2024). Mindfulness, as described here, involves being fully present in the moment, emphasising the here and now. By increasing awareness of the present through practices such as focused breathing and attention to bodily sensations, mindfulness can improve attention, emotional regulation, impulse control, and overall health of EMS personnel (Giaume et al., 2024).

2.9.6. Bringing trauma home

Emergency personnel work in environments where their safety is jeopardised. May et al. (2023) reported that international studies on PTSD among emergency first responders (EFRs) like firefighters, police, and ambulance personnel have mainly focused on exposure to mass casualty events or disasters. In a study conducted in Canada, participants across all groups, including correctional workers, firefighters, paramedics, and others, revealed that 23.2% were likely to have PTSD based on self-report measures. The existing literature indicates that family members often experience negative mental health and relational outcomes (Waddell et al., 2020; Waddell et al., 2023). Studies have also found that PTSD among service members can negatively impact interpersonal relationships and the mental health of other family members, including spouses and children (May et al., 2023). Furthermore, Uchida et al. (2018) assert that there are increased rates of PTSD and behavioural issues among children of EFRs who were exposed to events like the World Trade Centre attacks. Skeffington (2021) highlighted a significant impairment in family functioning associated with the mental health symptoms of emergency responders. The presence of comorbid affective and anxiety disorders, along with PTSD, has a considerable impact on the functioning of emergency responders in family contexts. A qualitative study in Australia (Waddell et al., 2020; Waddell et al., 2023) explored the experiences of partners of emergency responders and veterans living with PTSD, revealing significant impacts on both partners' mental health and overall family functioning. Partners often felt the need to shield their families from the PTSD symptoms, particularly the dysregulated emotions and behaviours frequently exhibited by their affected partner. There are notable similarities between military personnel and emergency responders in terms of occupational training, culture, and identity (Lane et al., 2020). Both groups undergo rigorous training focused on discipline and control to carry out tasks effectively even under stressful conditions while suppressing emotional responses. Military and emergency responder organisations foster strong bonds through shared purpose, camaraderie, and loyalty, leading to a closely-knit personal and occupational identity among members. This sense of identity also extends to family members, referred to as the "serving family," who share the lifestyle and the potential for sacrifices, injuries, and intense service during emergencies or conflicts (May et al., 2023). Studies indicate that the PTSD symptoms experienced by first responders extensively affect their families' functioning, as well as the mental health and wellbeing of their spouses and children. Moreover, these outcomes provide insights into the symptoms and

consequences of trauma transmission among children and spouses, offering valuable information for early identification and intervention processes (Sharp et al., 2022).

Health professionals working with EFR families need to increase their awareness and assessment of early signs of vicarious and secondary trauma in children and other family members. This improvement in understanding and recognition will enable better support and intervention strategies when required (Bountress et al., 2020; Cramm et al., 2019). A qualitative systematic review conducted by Cramm et al. (2022) focused on exploring the experiences of children from military families who are living with PTSD. Perceptions of PTSD in the families of EMS personnel are crucial for developing effective support strategies for service members. It is also essential to not only recognise similarities but also consider the cultural concepts that may differ between EMS and military populations and their families in order to support the implementation of interventions (Cramm et al., 2022).

2.10 COPING MECHANISMS USED BY EMS PERSONNEL: PROTECTIVE FACTORS

Díaz-Tamayo et al. (2022) observed that EMS practitioners effectively employ different strategies to navigate the innate stressors in their work. Studies indicate that while some emergency services personnel may resort to ineffective coping mechanisms like avoidance or emotional detachment, leading to adverse outcomes such as PTSD symptoms and burnout, others opt for positive strategies such as active problem-solving, acceptance, positive reframing, and seeking support, which can have a beneficial impact on their overall wellbeing (Rojas et al., 2022; Díaz-Tamayo et al., 2022). Additionally, factors like self-criticism have been reported to be connected to enhanced stress experiences and reduced job satisfaction among EMS professionals (Miller & Brown, 2021). Talking to colleagues, having positive thoughts and looking forward to knocking off are coping mechanisms linked to greater levels of compassion satisfaction (ALmutairi & El. Mahalli, 2020). Miller and Brown (2021) conducted a study examining factors related to the professional quality of life among EMS personnel. Their study explored the different coping mechanisms used by the EMS to maintain what they perceive as quality of life. In the findings, it was highlighted that there was a positive relationship between higher compassion and religion as ways of coping. Moreover, it was added that positive organisational support also led to increased compassion and satisfaction with the quality of life being led. Miller et al. (2021) further added that burnout, humour and behavioural disengagement were also found to be other forms of coping mechanisms used by

the EMS. Additionally, EMS personnel who used self-blame as a coping mechanism were said to be experiencing increased levels of secondary trauma.

Minnie et al. (2015) stated that sharing traumatic experiences with professionals and colleagues may be helpful. However, Bigham et al. (2014) argued that sharing traumatic experiences can be distressing to the listeners. According to the authors, professionals who deal with trauma counselling daily may be affected by their colleagues' narratives as they recreate images of the scene. Such exposure may lead to the development of terror, rage and the symptoms of PTSD including intrusion, avoidance, dissociation, and sleep disturbance. Therefore, professionals tend to limit reading and listening to traumatic narratives in an attempt to cope with secondary trauma. The higher rates of trauma symptoms in the families are due to poor mental adjustment.

According to Bigham et al. (2014), veterans who have worked in traumatic workplaces have higher levels of anger and hostility. They are unable to manage their anger and present with poor problem-solving skills and coping mechanisms. As a result, their family members are prone to domestic violence and unpleasant interactions such as parenting problems and violent behaviour. The partners of veterans who have been exposed to workplace trauma struggle with feelings of isolation, confusion, loneliness, and a sense of lack of control over their lives. Most relationships of EMS personnel are compromised due to their shift (work) patterns. This may result in them being unable to commit to any household responsibilities or even spending time with their children (Bigham et al., 2014).

Professional quality of life in the human services context refers to stability between positive compassion satisfaction and negative compassion fatigue, which includes burnout and secondary traumatic stress (Bahari et al., 2022). Compassion satisfaction is described as the sense of fulfilment derived from helping others (Shdaifat, 2023), while secondary traumatic stress manifests as PTSD-like symptoms, such as numbness and overwhelming feelings, following exposure to trauma (Sprang et al., 2019). This experience is often described by EMS personnel as a combination of emotional exhaustion, depersonalisation, and low personal accomplishment (Miller & Brown, 2021). Gender can also influence this dynamic, with female EMS personnel tending to report lower levels of compassion satisfaction (Miller & Unruh, 2019). Shdaifat (2023) explains that compassion satisfaction shows a significant connection with age and experience, while burnout is notably linked to age, experience, gender, and educational background. Additionally, secondary traumatic stress is significantly associated with educational achievement. These results are consistent with previous research that has also identified similar correlations (Sprang et al., 2019). According to Ntatamala and Adams (2022),

PTSD symptoms are quite common among EMS providers, especially if they do not actively work on developing resilience to cope with the occupational trauma they encounter. This highlights the crucial need for providing mental health support and resources that focus on building resilience within EMS organisations. Furthermore, empathic distress is a significant issue that can arise when providers feel emotionally drained and find it challenging to maintain their sense of compassion (Graves, Joyce, & Hegazi, 2023). This can have negative repercussions for both patients and providers, impacting the quality of care and the wellbeing of the providers themselves. Therefore, it is vital for EMS agencies to invest in interventions that promote compassion while reducing empathic distress and secondary trauma. This could include initiatives such as mindfulness training, resilience-building techniques, and ensuring access to mental health resources and support services (Ducar et al., 2020).

Behnke et al. (2019) state that a sense of compassion reflects how individuals perceive their lives in terms of mental wellbeing and the coping strategies they can employ to manage mental health challenges. The authors reveal that EMS providers with a stronger sense of compassion are more resilient in the face of mental health difficulties compared to those with a weaker sense of compassion. It is thus essential for EMS management to implement practical measures to alleviate psychological challenges among their employees, such as awareness programs, informative booklets, and therapeutic interventions like cognitive behavioural therapy (CBT).

Salza et al. (2020) report that EMS providers may find value in utilising technology to access self-help psychological support. Research among young adults with anxiety disorders has shown that both traditional face-to-face CBT and computerised CBT can effectively reduce anxiety symptoms and improve functioning (Salza et al., 2020). Díaz-Tamayo et al. (2022) highlight the significance of promoting active coping strategies over avoidance methods. They elaborate that encouraging emergency personnel to nurture adaptive coping strategies, whether they centre on problem-solving or seeking emotional support, can essentially aid the ability of EMS personnel to manage stressful situations successfully. Strengthening these coping mechanisms is crucial for preventing individuals from experiencing lasting adverse effects stemming from the traumatic incidents they encounter (Díaz-Tamayo et al., 2022). Loef et al. (2021) found that trainee ambulance care professionals employ diverse coping strategies at different stages of the ambulance care process. These strategies encompass depersonalisation, focusing on medical tasks, seeking support from colleagues and personal networks, seeking validation, and engaging in distractions. Interestingly, many novice ambulance care professionals do not actively recall receiving education on coping with critical incidents

(Smith, 2018) during their initial training programmes. However, it was noted that during and after their traineeships, workplace mentors play a crucial role in teaching novice ambulance care professionals how to effectively cope with critical incidents (Loef et al., 2021).

According to Loef et al. (2021), EMS personnel tend to concentrate on their medical duties while on route to an event, prioritising their ability to manage and control the situation. This is true even if they perceive the incident as critical based on information from the ambulance dispatch centre. They engage in mental visualisation of potential on-scene scenarios, utilise pre-arrival preparations, review protocols, and discuss action plans with the ambulance driver as coping mechanisms (Sedlár, 2020). Ericsson et al. (2021) note that paramedics often face traumatic incidents and crises during their assignments, while also facing physical and verbal threats. Thus, they are vulnerable to burnout and secondary traumatic stress, which are key to their professional quality of life. Their participation in defusing sessions and receiving peer support are possible ways to reduce trauma symptoms; however, there may be a discrepancy between the perceived need for defusing and the actual utilisation of these resources. Ducar et al. (2020) argue that in occupations like EMS, where individuals regularly face traumatic events and high-pressure scenarios, promoting resilience becomes essential for sustaining wellbeing and preventing burnout. Mindfulness practices are commonly linked to heightened self-awareness and improved stress management capabilities. Psychological resilience, which involves adapting to stress and challenges, suggests that mindful individuals may better identify and address stressors, thereby enhancing their resilience over time. This can lead to a more positive and sustainable work environment for EMS providers, benefiting both their personal welfare and the quality of care they deliver to patients.

2.10.1 Role of social support

EMS personnel are more likely than other professionals to develop PTSD and major depression. This underscores the need for a better understanding of the daily risk and protective factors associated with these mental health conditions in their work (Guidi et al., 2020). According to Xi et al. (2020), there is growing evidence indicating that support is a crucial resilience factor in managing PTSD. In their study, support was observed to reduce trauma exposure among earthquake survivors. Prior studies have distinguished between different types of support, with perceived functional and received support being particularly relevant in the context of PTSD. Perceived support is considered distinct both theoretically and empirically

from received support (Isaac & Buchanan, 2021). Guidi et al. (2020) note that support has been shown to lower the risk of PTSD across different individuals and also decrease the risk of depression throughout a person's life. This was evident in a meta-analysis that included firefighters and police officers. It was found that support was linked to better mental wellbeing, including a decreased risk of both PTSD and depression, among both groups.

According to Hill et al. (2020), the support provided by families to emergency responders plays a crucial role in maintaining their health and wellbeing. Families within the Fire and Rescue Service (FRS) offer a sense of belonging and a supportive network that addresses both emotional and practical needs, helping to normalise the impact of work-related stress. This support structure contributes to enriching family life. Families of firefighters actively monitor and address their loved one's wellbeing, drawing from their deep understanding of how specific incidents can affect them and assisting in developing effective coping strategies. This effort is aimed at preserving the emotional stability of both the firefighter and the family as a whole (Ilies et al., 2020). This research resonates with previous theories such as the Conservation of Resources (COR) theory developed by Hobfoll et al. (2018). According to the COR theory, an individual (like a firefighter) is rooted within a family, which is embedded within an organisation, and further fixed within broader society. These layers serve as reservoirs for resources such as time, energy, and coping mechanisms.

However, if the process of accumulating resources halts and the individual faces overwhelming threats, it can lead to a "resource spiral," depleting collective resources (Hill et al., 2020). Brais et al. (2023) explored the impact of perceived support from co-workers and personal networks on the relationship between workplace violence and psychopathology in first responders. They found that workplace violence has a positive association with emotional psychopathology, but only when co-worker support was low. Interestingly, at high levels of co-worker support, workplace violence is not linked to emotional issues, suggesting a buffering effect. Conversely, the level of personal support from loved ones did not moderate the negative effect of workplace violence. Similarly, Wu et al. (2022) found that perceived support has a significant impact on the life satisfaction of medical staff. This influence operates through various pathways, including resilience and depression, as well as a chain mediation effect involving both resilience and depression. Their study suggests that improving staff's perceived support and resilience and reducing depressive symptoms could lead to enhanced life satisfaction among these medical professionals.

2.10.2 Employee assistance programmes (EAP's) in EMS

Moore et al. (2023) describe EAPs as employer-provided services aimed at helping employees manage life challenges and stresses that might impact their work performance. Although being offered at low or no cost, these programmes are underutilised, often due to reasons such as stigma and lack of awareness among employees (Attridge, 2019). For instance, nearly one in five public health workers (PHWs) who were surveyed in a study by Jones et al. (2019), expressed a need for mental health or counselling services but did not receive them. Similarly, workplace wellness programmes, while heavily invested in by employers to enhance employee wellbeing, are also found to suffer from low utilisation and limited effectiveness when assessed (Jones et al., 2019). The impediments that prevent PHWs from accessing EAPs and other employer-offered resources need to be recognised to enhance their uptake and effectiveness, ultimately benefitting the health of PHWs. In their study, Moore et al. (2023) explored the reasons behind PHWs' non-utilisation of EAPs and employer-provided resources, as well as why PHWs refrained from taking time off during the COVID-19 pandemic. The study found that most PHWs did not utilise the services offered by EAPs during the pandemic as they had challenges in accessing the services. Others reported not knowing of the existence of the EAP services at their workplace, while the minority reported that they utilised external services. Moreover, their reasons for not taking time off during the pandemic were due to fear of being judged, not having enough time off, and lastly, financial constraints.

Lynch (2021) supports the notion that EAPs are substantially underused and under-appreciated, with only a fraction of employees taking advantage of them and reaping their benefits. This is despite the fact that most companies invest in offering access to EAPs for all employees. Criticisms also arise when EAPs' short-term consultations are seen merely as temporary fixes or calming measures (Bouzikos et al., 2022). Notwithstanding the widespread recognition of underutilised EAPs, there is a lack of research that explores this phenomenon from an industrial relations perspective and extends this conversation from industry to academia. Petrie et al. (2018) proposed that another way of assisting emergency medical personnel to identify psychological problems is by taking them for training that will equip them with the necessary skills. The training will also assist the emergency medical personnel to identify their colleagues who have psychological problems and refer them to the relevant stakeholders. Furthermore, the emergency medical personnel will benefit from regular debriefing sessions. However, it is still the responsibility of the employer to ensure its employees' wellbeing, as these psychological problems may result in premature resignation,

poor work performance, and behavioural problems such as outbursts, irritability, absenteeism, and limited memory.

2.11 EVIDENCE-BASED PRACTICE (EBP) AND EMS

Asselta (2022) proposes that the focus of EMS is increasingly shifting towards EBP to improve patient outcomes and streamline system efficiency. The execution of EBP in EMS involves using the most reliable evidence available to inform decision-making. Training EMS providers in EBP can be challenging due to the diversity of workforces and schedules. The Prehospital Evidence-Based Practice (PEBP) programme serves as a resource of research evidence for managing sepsis in adult patients, emphasising interventions such as fluid resuscitation, balanced crystalloids, and vasopressors (Asselta, 2022). The integration of EBP into EMS protocols can be accomplished through educational models like the community of practice, where dedicated providers act as advocates to educate their peers (Greene et al., 2021). A proposed vision for EBP in Canadian EMS aims to enhance patient outcomes and system quality by incorporating EBP into decision-making processes at both clinical and administrative levels (Fratta et al., 2019). The development of EMS has been significantly shaped by investigations into EBP, enabling paramedics to evolve from simply operating ambulances to serving as skilled prehospital practitioners.

The significance of paramedic clinician-academics has been underscored in research for advancing the field and improving patient care, system structure, and workforce satisfaction (Meadley et al., 2022). Taylor and McClelland (2022) report that various studies have indicated the critical role of paramedics in recognising cardiovascular risk factors in prehospital environments, stressing paramedic education and the necessity for additional training to address existing obstacles. Research has examined the experiences of ambulance practitioners in tending to individuals engaging in self-harm, underscoring the need for enhanced mental health education and services to elevate prehospital care for this demographic. Furthermore, the critical importance of research paramedics has been acknowledged in encouraging a culture of research within ambulance services, providing avenues for professional growth and the cultivation of proficient researchers (Romeu, Guthrie & Mason, 2023). According to Aranas (2019), to increase the efficacy of EBP among EMS staff, customised educational interventions play a critical role. Research indicates that EBP educational initiatives have the potential to notably enhance EBP skills, including attitudes, knowledge, self-efficacy, abilities, and conduct among healthcare practitioners (Koota et al., 2021; Reay et al. 2020). The application

of such initiatives can result in increased incorporation of current research findings into practice, ultimately elevating the standard of care delivered by EMS personnel. Moreover, consistent monitoring and evaluation of critical aspects of service provision and client outcomes are imperative for ensuring adherence to EBP. As a result, a blend of tailored educational interventions and continual oversight targeting EBP competencies can be instrumental in amplifying the effectiveness of EBP among EMS personnel (Cardoso et al., 2020).

2.12 PSYCHOLOGICAL PROBLEMS

First responders, including firefighters and paramedics, are at significant risk of developing stress and trauma-related disorders like PTSD, depression, and substance misuse. Their line of work exposes them to frequent and intense stress, trauma, and danger (Straud et al., 2018). Straud et al. (2018) reported that emergency medical personnel are expected to operate in multiple emergencies and medical crises daily. In addition, they respond to repeated severe life-threatening medical emergencies that may affect their overall functioning. According to Straud et al. (2018), the events that the EMS personnel respond to may take a toll on their mental and physical health. Despite the availability of mental health treatments, first responders often do not seek help due to various barriers such as limited awareness, stigma, past negative encounters with mental health professionals, and the demands of their schedules (Wright et al., 2022). According to a study by Salleh et al. (2020), firefighters face an increased risk of developing PTSD compared to other first responders. This elevated risk is a result of their direct and indirect exposure to critical incidents and traumatic events as part of their professional responsibilities. The prevalence of PTSD among firefighters varies widely, ranging from 6.4% to 57% (Salleh et al., 2020).

However, Petrie et al. (2018) reported that paramedics, in particular, are considered to be at high risk for developing mental problems. Their duties result in an emotional cost due to the distress they encounter at work. Petrie et al. (2018) further reported that although all emergency personnel are at risk for developing psychological problems, paramedics are at a high risk due to the repeated traumatic events encountered during the line of duty. Moreover, factors such as the lack of support and unpredictable working conditions may precipitate psychological problems. Additionally, while some emergency medical personnel may become resilient to the anticipated trauma, others may develop trauma-related behavioural disorders such as avoidance, insomnia/hypersomnia, anxiety, flashbacks, depression, and negative

moods. Childhood maltreatment experiences can heighten an individual's susceptibility to the harmful impacts of severe and traumatic stress encountered later in life (Behnke et al., 2019). Salleh et al. (2020) point out that different factors contribute to this risk, including demographic characteristics, job-related factors such as years of service, rank, exposure to traumatic events, job stress, organisational stress, burnout, effort at work, internal locus of control, resource availability, attendance at debriefing sessions, support, PTG, comorbidities, coping mechanisms, resilience, personality traits, and biological and physical factors. Behnke et al. (2019) reported that EMS personnel who present with high resilience usually have a low presentation of PTSD. In addition, resilience may be an indication of positive support.

2.13 EMERGENCY MEDICAL SERVICE IN SADC COUNTRIES

According to Tran et al (2019) prehospital care is usually cost effective for the improvement of mortality and morbidity of emergency conditions. EMS in the lower income countries such as Zimbabwe is unpopular, misrepresented and inadequate. There have been reports of problems with infrastructure and human resource. Tran et al., (2019) conducted a study that examines the sociocultural dimensions in the lower-income countries' prehospital emergency systems. In the study it was stated that trust and belief system determined help seeking behavior.

The population's social constructionism interferes with their perception of accessing care. Therefore, instead of only relying on biomedical sectors, Tran et al., (2019) emphasized treating an individual using a holistic approach and not disregarding their culture and belief system. Quoke et al., (2024) further added that the provision of prehospital trauma care in low and middle class-income countries experiences barriers to attending to emergencies. These barriers are reported to be political, economic, social and geographical and said to have a negative impact on prehospital trauma care (Quoke, et al., 2024; Madubula). Madubula (2021) conducted a mixed method study that focused on emergency medical personnel assisting community members residing in formal and informal settlements of Bekkersdal in the Rand West City local municipality. It is reported that these community members are vulnerable to disaster risk due to their geographical location. The area is situated next to mines therefore encounter several hazards with limited amenities such as water, sewerage systems and electricity and resulting in limited-service delivery (Madubula, 2021).

According to Ray et al. (2022) climate change in African countries are usually predicted to get worse and prevalent. Therefore, responses to cyclones, landslides and flooding need to be well

coordinated. However, slower adverse events such as drought and heat stress can be planned by ensuring that there are adequate resources is available. In March 2019; Zimbabwe experienced cyclone Idia and it was evident that poor planning, inadequate resources, lack of preparedness and poor coordination disadvantaged the emergency medical personnel and the service providers. Rural communities did not get notified of the disaster on time and those who were aware did not take the warning serious (Ray et al., 2022). Community members rely on the primary health care providers to guide them as they are believed to carry the knowledge to mediate between multiple stakeholders. Khorram-Manesh (2025) stated that disaster medicine emphasized the importance of situational awareness and a proactive disaster mindset. It was further reported that this may assist in effective responses during emergencies and may aid community members in making informed decisions. There has however been a transformation in disaster medicine and management since the advancement in technology.

According to Khorram-Manesh (2025) previously when internet and mobile communications were introduced, the information regarding emergency alerts and potential hazards were disseminated quick and gave community members a chance to react and also for EMS personnel to respond faster. The geographical information systems were perceived as powerful measures to track disease outbreaks, map disaster zone and providing awareness. However, technology has now progressed and remote sensing and satellite imagery are used to detect natural hazard induced disasters. Social media has also been beneficial for providing information although it is not a reliable source and may sometimes be misleading due to its potential of disseminating unverified information (fake news). There is limited information on paramedics and firefighters in most SADC countries.

2.14 SOUTH AFRICAN PERSPECTIVE

2.14.1 EMS personnel: Background

Ambulance volunteers from England under the Order of St John played an active role in the South African War of 1899-1902. These volunteers belonged to the St John Ambulance Brigade, founded in 1887 and laid the groundwork for ambulance services in South Africa (SA) (Cunningham, Rosenberg & Kahle, 2022). Currently, SA's EMS structure is largely influenced by the Anglo-American system, utilising different tiers of paramedics in the prehospital environment. The EMS in the country is tasked with providing prehospital emergency care across the nation. However, the quality systems within these services are still in the early stages of development. Key concerns include issues related to transparency, reliability, and contextual

relevance. These challenges are further compounded by factors such as poor communication and ineffective leadership (Howard et al., 2020). Moreover, Mosca and Kruger (2022) have drawn attention to several significant aspects in the South African EMS context including reaching a state of responsible and effective autonomy, self-governance, and self-regulation. They also point to the focused research efforts aimed at improving prehospital care systems.

Research suggests a systemic gap in improving clinical leadership competency among frontline healthcare providers, particularly in non-physician-based healthcare units. While much of this research focuses on nurses, the findings can be inferred from the EMS sector due to similar international findings by EMS research. This systemic gap is alarming since effective leadership is crucial to promoting and maintaining high-quality patient care and creating a healthy and safe clinical work space (Mosca & Kruger, 2022).

SA is a large country facing significant inequalities that rank among the highest in the world. This inequality is visible through imbalanced income distribution, unequal opportunity access, and regional discrepancies (Orton, et al., 2020). Factors like inactive economic growth and rising unemployment have compounded these persistent inequality challenges. Healthcare personnel absenteeism in South African contexts can yield substantial negative impacts on patient care and results (Zhang, Fink & Cohen, 2021). Research indicates that absenteeism among healthcare workers (nurses) leads to diminished patient care in public facilities, decreased rates of screening, and heightened out-of-pocket treatment expenses. Moreover, absenteeism may culminate in emotional strain, diminished morale, and an increased work burden for the remaining nurses, potentially resulting in medical mistakes and compromised patient care standards (Mothwa, Moagi & Van der Wath, 2020). Misclassification of patient outcomes caused by absenteeism can also skew retention and mortality figures, impacting programme projection and assessment in HIV treatment environments. Dealing with absenteeism through interventions and regulations is imperative to alleviate its adverse impacts on patient care and healthcare system effectiveness (Etoori, et al., 2020). Theron and colleagues (2022) argue that EMS personnel in SA struggle with diverse challenges and dynamics that impact their wellbeing and professional environment. According to Schneider et al. (2022), the effectiveness of the district health system, overseen by district managers, significantly influences the provision of emergency obstetric care and consequently affects maternal health outcomes. Moreover, the scarcity of prehospital EMS data in SA underscores the necessity of developing tools to precisely define the patient population, guide resource allocation, and bolster clinical governance (Schneider et al., 2022).

The above highlights the complex context within which EMS personnel function in SA, emphasising the urgency of implementing strategies to address stimulant use, fortify health systems, and enhance data collection for improved patient care (Theron et al., 2022). Over the last decade, the role of EMS personnel in the country has undergone significant changes. In particular, there have been substantial advancements in prehospital emergency care policies, training methods, and practices, including the shift of paramedic education to university-based programmes (Mariano, 2022). Notwithstanding these improvements, challenges persist, such as a disconnect between EMS responses and actual patient requirements, resulting in ineffective resource allocation (Malgas & Adefuye, 2023). Moreover, concerns exist regarding the preparedness of graduates entering the EMS workforce, with reports indicating difficulties during the transition from academic training to the professional work environment (Malgas & Adefuye, 2023).

Quality assessment frameworks within EMS, particularly in settings like SA with lower to middle-income levels, are still in their nascent stages, underscoring the necessity for further advancement and implementation to enhance healthcare outcomes (Howard, 2020). Mariano (2022) reports that the current situation regarding training and education for EMS personnel in SA presents both challenges and opportunities. Rowland & Adefuye (2022) note issues such as a lack of agreement on the minimum competency standards required for paramedic degrees, limited familiarity with crisis resource management among prehospital emergency care personnel, and significant discrepancies between the resources dispatched by EMS and the actual needs of patients, leading to inadequate responses (Newton, 2014). According to Conradie et al. (2022), efforts to tackle these challenges involve the introduction of innovative workplace-based training methods for trauma care bundles, and the evaluation of critical care transport modules in the Bachelor of Emergency Medical Care (BEMC) programmes to ensure they are consistent and relevant to the national healthcare context (Conradie, Vincent-Lambert & Stassen, 2022).

EMS personnel play an important role in the South African healthcare system, especially considering the high burden of infectious diseases such as HIV/AIDS and tuberculosis. They are often the first responders in medical emergencies and play a critical role in saving lives and providing immediate medical care (Abdullah, 2019). EMS personnel in SA often lack adequate training in managing their own traumatic experiences and dealing with the emotional toll of their work. This lack of training can have significant implications for their mental health and wellbeing, as they are frequently exposed to distressing and traumatic situations while on duty (Ntatamala & Adams, 2022). Knapp (2020) notes that responding to

emergencies, witnessing severe injuries, and interacting with grieving family members can take a toll on the mental health of EMS personnel. Without proper training and support mechanisms in place, these professionals may struggle to cope with the emotional stress and trauma associated with their jobs, leading to burnout, compassion fatigue, and other psychological issues. The recognition of emotional challenges faced by EMS personnel is essential to provide them with training and resources to help them manage their own emotional wellbeing (Korpela & Nordquist, 2024). This includes education on coping strategies, stress management techniques, debriefing sessions after critical incidents, and access to mental health support services to address any psychological distress or trauma experienced on the job (Lawn et al., 2020).

2.14.2 Paramedics in Gauteng Province

The South African National Development Plan aspires to provide efficient and equitable quality healthcare and precedes the United Nations Sustainable Development Goal 3.8, which aims to ensure access to effective and affordable quality healthcare for all (Stats SA, 2023). Despite these comprehensive policy commitments, socioeconomically disadvantaged population groups in SA are more likely to experience declining health status, multi-morbidities, and disability (Gordon, Booysen & Mbonigaba, 2020). According to Khoza, Sibiya & Mshunqane (2024), the healthcare system in SA is an unequal, two-tier system that consists of a public and private sector that inequitably shares 8.5% of the total gross domestic product (GDP). Gauteng Province, the most populous province in the country, caters for 75% of the total population which is dependent on state-funded health care.

Paramedics in Gauteng Province face various challenges, including issues related to the completion of medical records, transfer of critically ill new-borns, and the prevalence of stimulant use among EMS personnel. Poor documentation by paramedics can lead to increased mortality rates and risks such as longer hospital stays and higher costs (Senekal, 2021; Govender et al., 2024). Challenges during neonatal transfers include poor organisational preparation and inadequate equipment, impacting the safety and efficiency of the process (Ashokcoomar & Bhagwan, 2021). Additionally, a high prevalence of stimulant use among EMS personnel in Gauteng has been reported, with concerns about exceeding recommended daily allowances of caffeine and sugar, as well as difficulties in staying awake during shifts and experiencing insomnia (Van Rooyen, Gihwala & Laher, 2021). Studies reveal a notably high prevalence of substance abuse among EMS workers in Gauteng Province, with 98.4% of

workers acknowledging stimulant product consumption. The heightened prevalence of substance abuse among EMS workers in the province can be ascribed to a variety of demographic factors (Van Rooyen, Gihwala & Laher, 2021). Factors which contribute to this phenomenon encompass irregular work shifts, financial limitations, and the challenging occupational setting, resulting in increased levels of stress and engagement in risky lifestyle practices like smoking and unhealthy dietary patterns (Gresse et al., 2020).

As alluded to above, the consumption of stimulant substances such as caffeine and energy drinks is widespread among EMS personnel, with reasons for consumption ranging from pleasure to the enhancement of physical and cognitive capabilities (Plumber et al., 2021). Moreover, youthfulness, male gender, the lack of employment, and lower educational attainment have been linked to moderate to high levels of substance use among EMS personnel within hospital environments, suggesting a susceptible demographic profile (Van Rooyen et al., 2021). In SA, ambulance services have been regulated by the Health Professions Council of South Africa (HPCSA) since 2002. According to the HPCSA (Statistic publication, October 01, 2018), SA comprised 1,521 registered paramedics and 463 student paramedics. The City of Tshwane's annual report 2016/17 (December 31, 2017) indicated that, for that year, there were 86 paramedics employed with only 26 ambulances. The average response time to emergency calls in both rural and urban areas was estimated to meet a target of 80%. However, the actual performance was 94.2%, indicating that paramedics responded faster than expected. Paramedics are expected to respond as soon as they receive an emergency call. The number of patients who were taken to medical facilities decreased from 89,471 in 2014/15 to 86,458 in 2016/17. Patel (2022) reported that the City of Tshwane planned to phase out its ambulance services due to the provincialisation of EMS. This transition was to be implemented by 16th May 2022, and was expected to increase pressure on the Gauteng EMS, especially considering that only 151 out of 257 ambulances in Gauteng were operational during the COVID-19 pandemic. Goba (2022) elaborated on the completed provincialisation of its EMS in 2018, making Gauteng the only province that had not fully implemented this process at the time. Provincialisation enables a seamless provision of services under a single command and control structure, free from municipal boundaries.

The "Arrive Alive" initiative in SA has played a significant role in addressing the safety issues faced by paramedics. Paramedics encounter significant obstacles, such as becoming trapped in dangerous situations within high-risk zones, where assaults on paramedic teams are a frequent occurrence (Arrive Alive, n.d.). To enhance the safety of paramedics, it is imperative to explore innovative strategies that entail cooperation among various stakeholders, including

paramedics to shed light on the first-hand challenges experienced by healthcare providers. There seem to be a need for psychosocial support for EMS to prevent absenteeism and burnout (Makgolo et al., 2025). Myrskykari and Nordquist (2023) note that establishing competency frameworks and implementing quality control measures for paramedics is essential to guarantee the provision of safe and efficient emergency care services in prehospital settings. The authors further add that enhancing the accuracy of medical records produced by paramedics through aids like checklists can significantly influence the quality of patient care and results.

2.14.3 Firefighters in Gauteng Province

The firefighting infrastructure may not be as frequently utilised as other structures that provide essential services; however, it plays a crucial role in safeguarding communities from catastrophic fires. Fires can cause devastation across various dimensions, including socioeconomic, financial, environmental, and human. According to the Department of Cooperative Governance (DCG, 2019), SA spends approximately R300 million annually on treating burns resulting from paraffin stove accidents alone, with additional indirect costs such as lost wages, ongoing care for injuries, emotional distress, and the depletion of family resources exacerbating the socioeconomic impacts of fires. In 2021, the financial toll of fires in SA was estimated to be R23 billion (Fsaice et al., 2022).

Gauteng Province firefighters, similar to their colleagues in other regions, encounter numerous challenges and dangers inherent in their profession (Hapsari & Batubara, 2022). According to Majani et al. (2023) factors such as exposure to trauma, PTSD, symptoms of depression, and marital relationship conflicts can substantially affect firefighters' mental health and overall wellbeing. Nkomo (2016) points out that firefighters face an increased risk of developing PTSD compared to other first responders due to their direct and indirect exposure to critical incidents and traumatic events as part of their job duties. Factors such as the quality of work life, job-related stress, and positive psychological capital are crucial in determining firefighters' overall wellness and job satisfaction (Morman et al., 2020). Occupational hazards such as exposure to intense smoke can gradually affect firefighters' lung functions over time. Therefore, it is crucial for firefighting departments in Gauteng Province (and elsewhere) to implement effective intervention programmes, wellness initiatives, and training to support firefighters' physical and mental health, ultimately enhancing their job performance and satisfaction (Ramohale et al., 2025).

In Africa, there has been considerable growth in economic activity, population, and infrastructure over recent decades, and this trend is expected to continue and possibly escalate in the coming years. The 1.2 billion current populace is projected to double by 2050, reaching almost 2.5 billion (Statista, 2024). Furthermore, the proportion of individuals living in urban areas is anticipated to increase by 16% during this period (UNEDA, 2018). This increase indicates an estimated addition of approximately 920 million people to urban areas within the next 30 to 35 years. Consequently, there may be a shortage of adequate housing, leading to a rise in the number of people residing in informal settlements with inadequate fire safety measures (Fsaice et al., 2022). In such settlements, a single fire incident can leave up to 10,000 people homeless (Kahanji et al., 2019). Fsaice et al. (2022) note that informal settlements are characterised by their natural lack of structure, insufficient services, frequent high population densities, and susceptibility to issues such as fires. A single fire incident can swiftly spread through these areas, leading to thousands of people being displaced.

Kahanji, Walls, and Cicione (2019) reported that each year, fires in South African informal settlements result in property damage, environmental harm, and sometimes human fatalities. SA has seen a recent surge in informal settlement fires, coinciding with the growth of settlements due to more people migrating from rural to urban areas in search of better prospects. In 2023, a dreadful fire inside an abandoned five-story building housing homeless people located in Johannesburg's central business district, claimed the lives of at least 74 people, necessitating firefighters to undertake the daunting task of searching for victims (Euronews, 2023). Gauteng firefighters are recently faced with the challenge of extinguishing fires in hijacked buildings. After the fire was extinguished, firefighters faced the challenge of navigating through the remains of shacks and other makeshift structures inside the building (SABC, 2024). Factors such as inaccessible or narrow driveways and streets, inadequate water supply, and certain community dynamics have at times hindered firefighters' efforts to combat these fires (Kahanji et al., 2019).

2.15 DIAGNOSING POST-TRAUMATIC STRESS DISORDER

EMS personnel face numerous occupational risks throughout their careers, which originate from their involvement in responding to different emergencies like industrial accidents, motor vehicle accidents, natural disasters, and stampedes at public events (Ntatamala, 2021). These risks involve verbal or physical assaults, threats, sexual harassment, exposure to chemicals, ergonomic challenges, and psychological strain (Mausz et al., 2023).

According to Kempen (2021), government mortuaries in SA are overseen by the South African Police Service (SAPS), potentially exposing the latter's members to human remains and traumatic experiences that could contribute to PTSD.

Recent research stresses the increasing importance of psychological risks in the workplace, arising from exposure to acute traumatic incidents and ongoing chronic stressors (Feriante & Sharma, 2023). The firefighter's role during a fire is physically straining as it entails running in between buildings that are on fire, while carrying heavy equipments. These strenuous activities may result in work related stressors. Exposure to these work-related stressors has been linked to the development of stress-related conditions such as PTSD and other trauma-related disorders (Ntatamala, 2021; Ramohale et al., 2025). PTSD is often diagnosed among EMS personnel alongside other conditions like depression, substance abuse, and anxiety disorders (Al Jowf et al., 2022). According to Qassem et al. (2021), PTSD is a psychiatric disorder characterised by substantial impairment and morbidity and inflicts considerable suffering on affected people. Comorbidities often accompany PTSD, leading to adverse results. First et al. (2021) note that in 2013, the APA released the DSM-5. Following that, in 2019, the World Health Assembly approved the 11th revision of the International Classification of Diseases (ICD-11). Despite suggestions for a unified classification of mental disorders, the constituencies and priorities of the sponsors differ significantly. First et al., (2024) contends that efforts were made during the development of the ICD-11 and DSM-5 to harmonise the two systems, including the establishment of an ICD-DSM Harmonization Group. According to Wang et al. (2023), the suggestion that mental health should have a single, unified classification system for mental disorders would be beneficial. It would streamline diagnosis, treatment, and research efforts across different healthcare settings and countries.

2.15.1 Treatment for PTSD

Many therapeutic models are used to address trauma, including cognitive behavioural somatic therapy (CBST) techniques (Baranowsky & Gentry, 2023), heart-assisted therapy (HAT) (Diepold & Schwartz, 2022), conventional treatments such as cognitive behavioural therapy (CBT), eye movement desensitisation and reprocessing (EMDR), as well as non-conventional approaches like yoga, acupuncture, and music therapy (Lee, Faber & Bowles, 2022). Additionally, sensorimotor psychotherapy, art therapy, and mindfulness are mentioned as potential interventions (Kumar et al., 2021). Radiology also plays a crucial role in managing acutely injured patients as part of trauma care (O'Shea Brown, 2021). These diverse approaches

provide clinicians with a range of options to effectively address trauma, serving individual needs and preferences while aiming for healing and coping with traumatic experiences. HAT is an integrative psychotherapy technique proven effective in trauma treatment. It combines healing and coping strategies, resulting in significant distress reduction following treatment (Diepold & Schwartz, 2022).

Lee et al. (2022) concur with the use of diverse methods for trauma interventions, such as acupuncture, CBT, EMDR, hypnotherapy, music therapy, and yoga amongst others, as highlighted in the Trauma Specific Treatments for PTSD review. Therapeutic approaches for complex trauma involve EBPs within psychotherapy, modified to address chronic traumatisation resulting from interpersonal events, and integrating different research outcomes into treatment planning and decision-making processes (O'Shea Brown, 2021). According to Silver and Levant (2019), the management of PTSD typically entails a combination of psychological and/or pharmacological approaches determined by clinical assessment and patient choice. Diverse PTSD treatment guidelines, such as those from the US Department of Veterans Affairs, Department of Defence, and the WHO, advocate for trauma-focused psychotherapy as the primary treatment for PTSD. This form of therapy aims to facilitate the emotional processing of traumatic memories and the integration of new information to reframe the perception of trauma reminders as non-threatening signals (Davis et al., 2022). Courtois and Brown (2019) reported that the APA convened a task force that developed an expansive and insightful framework for defining evidence-based treatment, which incorporates three primary elements: (a) the most current and reliable research; (b) integrating clinical expertise, judgment, and authoritative literature; and (c) considering client values and context, involving their choices and preferences. The objective of evidence-based interventions for PTSD is to attend to the elevated rates of treatment discontinuation, lack of response, or inadequate response by investigating innovative therapeutic methods that surpass conventional DSM-oriented categorical results. These interventions strive to detect intermediate phenotypes of PTSD to enhance comprehension of the disorder's phenotypic diversity and link symptoms to underlying neurobiological mechanisms (Palmisano et al., 2024).

Evidence-based interventions, for example, cognitive processing therapy (CPT) and EMDR have shown efficacy in minimising PTSD symptoms in practical clinical environments, even for individuals with complex PTSD (Mansour et al., 2023). Contrasts between CPT and prolonged exposure interventions have indicated noteworthy declines in PTSD and depressive symptoms among military veterans, underscoring the significance of employing evidence-based interventions in complicated populations with severe PTSD (Schnurr et al., 2021). Saul

et al. (2023) and Skilbeck and Byrne (2022) state that CBT has proven to be an effectual PTSD treatment in diverse mechanisms. First, CBT targets cognitive distortions and maladaptive beliefs linked to traumatic experiences, leading to a decline in symptoms. Second, as emphasised by Zhang (2022) and Cenkner et al. (2021), CBT incorporates exposure procedures to help individuals confront and process traumatic memories, thus lessening distress and avoidance behaviours. Third, CBT facilitates improvements in cognitive functioning, which is essential for effecting behavioural changes that can lessen symptoms of PTSD (Skilbeck & Byrne, 2022).

2.15.2 Managing the trauma

Minnie et al. (2015) stated that although EMS personnel are exposed to traumatic events daily, they are still expected to continue with their duties following the exposure to trauma. Additionally, most of the EMS personnel do not admit to being affected by the traumatic events as they fear being perceived as weak by their peers or co-workers (Mildenhall, 2021). They suppress their emotions and fears in an attempt to uphold the image of being resilient and strong. Therefore, the attitude of "men do not cry" makes it difficult for males in the EMS to admit to experiencing psychological problems precipitated by the traumatic experience endured at the workplace. The image the EMS personnel portray makes them reluctant to seek psychological help in times of crisis (Minnie et al., 2015). Minnie et al. (2015) pointed out that South African EMS personnel's injury mortality rates are six times higher than the global average. Despite these challenges, EMS personnel are expected to continue their duties, highlighting the importance of implementing preventive and health promotion programmes, providing relevant training, and promoting resilience to cope with the demands of their profession (Piotrowski et al., 2021). EMS staff often find it difficult to admit they are emotionally affected, as it might lead to being perceived as not tough enough for the job (Lawn et al., 2020). The attitude of "no one dies on my watch" is common among EMS personnel (Bezzina, 2021).

Research indicates that EMS personnel often suppress their emotions and feelings to maintain an image of strength and resilience. As a result, they are reluctant to seek help during personal emotional crises (Bezzina, 2021; Minnie et al., 2015). The act of suppressing emotions and fears within the EMS workforce may have adverse effects on their psychological wellbeing. The act of expressive suppression, a widely used strategy for regulating emotions, shows a positive relationship with the perception of stress and symptoms of PTSD, MDD

(major depressive disorder), and GAD (general anxiety disorder) in first responders (Kshtriya et al., 2022). However, research has demonstrated that both rumination and expressive suppression are connected to an increase in work-related stress and stress-induced symptoms among rescue workers, underscoring the dysfunctional nature of these coping mechanisms within high-risk populations (Gärtner et al., 2019). Furthermore, the challenging demands of EMS work, combined with exposure to traumatic incidents and chronic stress, can result in elevated levels of stress. During COVID-19 a decline in calls for EMS was observed as people feared being hospitalised. Moreover, the EMS personnel's response to a call were also observed to be prolonged as compared to prior COVID-19. There was a significant decrease in their team as the pandemic was also a burden to them (Gajda, 2022).

2.16 COPING WITH OCCUPATIONAL STRESS

According to the WHO (2022), occupational stress manifests when individuals face work demands and pressures that exceed their capabilities and challenge their coping mechanisms. This stress can arise in various work situations but is typically exacerbated when employees perceive inadequate support from supervisors and colleagues, along with limited control over work processes. Hans Selye's early definition of stress as a response explains stress as an outcome of an experience. Selye outlined three stages signifying physiological alterations in his general adaptation syndrome (GAS) model: alarm, resistance, and exhaustion (Knapp & Sweeny, 2022). Within the alarm phase, there are two stages: shock and countershock. During the shock stage, the organism perceives a threat, initiating the fight-or-flight response and triggering physiological responses, such as fluctuations in blood pressure (Chu et al., 2024). During countershock, the adrenal cortex and adrenal medulla initiate counteractive physiological responses by releasing epinephrine and norepinephrine (Dutt, Wehrle & Jialal, 2023). If stress continues, the resistance phase ensues as the body endeavours to restore equilibrium. In this stage, the organism adapts to the stressor by releasing hormones that suppress inflammatory responses (Ribatti, 2019). However, if stress persists and the individual fails to adapt adequately, they progress to the exhaustion phase. In this phase, the individual becomes vulnerable to illness, such as gastrointestinal ulcers and infection (Knapp & Sweeny, 2022).

According to Du Plessis (2018), how employees handle occupational stress largely hinges on the strategies employed when addressing the stressor. Stress is characterised as the interaction between the individual and the environment, which the individual perceives as

overwhelming and surpassing their available resources, thereby jeopardising their wellbeing. As highlighted by research, employees cope with occupational stress through various strategies such as physical activity, leisure activities, support at work, and adopting positive coping mechanisms. Studies have shown that the practice of physical activity can reduce the prevalence of common mental disorders, regardless of occupational stressors (Knapp & Sweeny, 2022). The adoption of problem-focused and emotion-focused coping strategies is prevalent among health profession academics, with a mix of adaptive and maladaptive coping mechanisms being utilised when faced with stressors in the workplace Furthermore, the importance of promoting positive coping strategies, reducing stress at work, and considering gender inequalities in coping mechanisms has been emphasised to protect mental health in the face of occupational stress (Machado et al., 2022). Du Plessis (2018) indicates that stress is the physical, emotional, and mental state that is triggered by a stimulus that frustrates or threatens the individual's equilibrium. The APA *Dictionary of Psychology* describes occupational stress as a physiological and psychological reaction to workplace events or conditions that negatively impact health and wellbeing (Cunningham & Black, 2021). These responses can differ from person to person and are influenced by various factors, including the level of autonomy, responsibility, and independence in the workplace; the quantity, speed, and nature of the work; the level of safety and security in the work environment; and the quality of relationships with colleagues and supervisors (Spielberger & Reheiser, 2020). Du Plessis (2018) points out that occupational stress can lead to absenteeism, decreased productivity, substance abuse, and a lack of motivation to fulfil expected duties.

Workplace stressors are categorised into group stressors, individual stressors, and organisational stressors. Algorani and Gupta (2023) argue that when individuals consciously decide to cope with stress, their perception of stress intensifies. Coping involves continuously altering cognitive and behavioural patterns to manage both external and internal demands perceived as emotionally draining. Coping is crucial for individuals experiencing stress, as their stress response determines their ability to regain personal control. Scholars recognise that there are various coping strategies for stress management. While emotion regulation serves as a form of coping, coping specifically entails endeavours to regulate one's emotions in reaction to stress-inducing circumstances (Jacob et al., 2023). Individuals encounter various stimuli necessitating emotional regulation on a daily basis. Generally, emotion regulation refers to the actions individuals take to control which emotions arise and how these emotions are felt and expressed (Kay & Merlo, 2020).

2.16.1 Theoretical approaches to occupational stress

Theoretical approaches to occupational stress include the vitamin model, the Spielberger STP model, the social environment model, the job demands-resources (JD-R) model, and Karasek's job demands-control-support (JDCS) model.

2.16.1.1 Vitamin model

The vitamin model was introduced by Frederick L. Warr in 1979 as a broad framework to assess how the psychological aspects of any work setting can impact the psychological wellbeing of an employee (Amadi & Rosemary, 2023). Drawing on the equivalence of vitamins and their physical health-imparting abilities, Warr's theory hypothesises that certain psychological features of the work environment function similarly to vitamins – they are essential for wellbeing but potentially harmful when present in excess (Gandi & Dachalson, 2020). For instance, some vitamins, such as A and D, are crucial for health but can be detrimental in large doses, while others like C and B can be consumed in larger quantities without adverse effects (Amadi & Rosemary, 2023). The psychological features are conceptualised as being akin to vitamins, highlighting their significance for psychological health but acknowledging that their impact on productivity varies as their levels increase (Sinclair, Britt & Watson, 2024). The term "vitamin" refers to essential nutrients found in organisms crucial for human and animal functioning. These nutrients, whether present in the body or consumed, are presumed to consistently have a beneficial impact. In a similar vein, specific job features that are essential in moderation can lead to adverse effects if not managed properly (Borkowska & Czerw, 2022). According to Borkowska and Czerw (2022), Warr approached the correlation between job attributes and employee wellbeing from a unique perspective. In his model of wellbeing, he theorised curved connections. The mental health of an individual and their functioning is dependent on their paid employment.

Emergency workers are exposed to high-stress situations, irregular hours, and significant physical demands. While these attributes can promote resilience and professional growth when appropriately balanced, excessive exposure can result in burnout, anxiety, and depression. For instance, ensuring adequate rest periods and a supportive work environment can mitigate negativity and enhance wellbeing (Bardhan & Byrd, 2023). The vitamin model is innate and highlights the need for balance in job characteristics. However, it may oversimplify the complex interactions between these characteristics and mental health (Zeike et al., 2019). According to Du Plessis (2018), vitamins are expected to improve the employee's physical and

mental wellbeing. However, a plateau may be reached when the vitamins are used beyond the required level. The abuse or overuse of the vitamin may result in constant mental health issues or the body might stop responding to the dosage. According to Du Plessis (2018), Warr's model may indicate that a specific amount of job autonomy, job demands, social support, skill variety, and task feedback may be beneficial for the individual. However, an extremely high level of these job characteristics may also create a stressful situation. By contrast, a high level of salary increases and task significance does not have any detrimental effects on the individual's health and wellbeing, as the vitamin is not used excessively.

2.16.1.2 Spielberger state-trait process model

The STP model was developed by Spielberger and colleagues in the 1970s. It differentiates between temporary emotional states (state anxiety) and enduring personality traits (trait anxiety) (Pretorius & Padmanabhanunni, 2023). According to Barros et al. (2022), the model is crucial for assessing how different forms of anxiety affect individuals in high-stress occupations. In the STP model, anxiety involves two primary components, namely, state anxiety and trait anxiety, both of which can be quantitatively evaluated using the state-trait anxiety inventory (STAI) (Weeks, Hayley & Stough, 2019). State anxiety is considered an interim emotional state marked by thoughts of nervousness and stress in response to stressful situations (Saviola et al., 2020). This state exaggerates changes over time and is linked to amplified activity in the autonomic nervous system. In contrast, trait anxiety refers to an individual's predisposition to perceive stressful situations as threatening, thereby elevating their baseline level of anxiety and rendering them susceptible to chronic anxiety (Saviola et al., 2020).). State anxiety denotes an immediate reaction, while trait anxiety represents a persistent and enduring personality trait (Onthoni, Rorintulus & Lolowang, 2022).

Couarraze et al. (2023) conducted a study that revealed a reduction in STA levels following a simulation training session. Their research indicates that exposure to critical situations during simulation training leads to a favourable and immediate reduction of stress, anxiety, and burnout among anaesthesia staff. Their findings suggest that simulation training, aside from its educational purpose, has beneficial impacts on psychological factors. This presents an interesting perspective on the potential use of simulation training as a preventative measure for healthcare professionals exposed to stress, anxiety, and burnout. Knowles and Olatunji (2020) reported that the STAI has been extensively employed in various studies and boasts translations into more than 70 languages. Commended for its conciseness, cost-effectiveness, simplicity of administration, and comprehensive assessment of trait anxiety, the

STAI stands out. It has exhibited strong internal consistency, reliability, and construct validity (Knowles & Olatunji, 2020), proving its ability to differentiate between psychiatric patients and healthy individuals, thereby effectively capturing changes in anxiety levels over time. Additionally, successful correlations have been established between the STAI and other anxiety measures (Pretorius & Padmanabhanunni, 2023). However, Knowles and Olatunji (2020) noted that although the STAI is widely validated and useful for differentiating between state and trait anxiety, it may not fully capture the complexity of anxiety in different situations. Its reliance on self-reported data can also introduce bias. Even so, the model's clear distinction between different types of anxiety aids in designing targeted interventions.

2.16.1.3 Social environment model

The social environment model, which emerged from mid-20th-century psychology and sociology, emphasises the impact of relationships and support networks on occupational stress (Alkhawaldeh, et al., 2023). This model is particularly relevant for understanding how interpersonal dynamics influence stress levels in the workplace (Jetha et al., 2017). According to the social environment model, the objective environment refers to the employee's independent perception of characteristics of the organisation such as its size, hierarchical structure and job description (Beehr et al., 2010).

Despite being introduced over three decades ago, the social environmental model is not widely utilised in certain settings, particularly concerning mental health promotion. Nevertheless, this comprehensive framework can help employers recognise and understand the diverse factors contributing to stress, especially with regard to positive outcomes (Jetha et al., 2017). The model provides insights into individuals' health behaviours. It emphasises the dynamic interplay between individuals and their surroundings in shaping health-related behaviour. The model recognises that an individual's behaviour is shaped by various factors across multiple levels, including the aforementioned intrapersonal, interpersonal, institutional, community, and policy levels (Scarneo et al., 2019). It includes risk and protective factors at each level such as health and personal traits, one's immediate social circle, interaction settings, cultural norms, and diverse policies. While this model effectively highlights the role of support in stress management, it may not fully account for individual differences in how these factors affect stress. Additionally, measuring the quality and quantity of support can also be challenging (Lisnyj et al., 2021). Despite these limitations, the model's focus on dynamic interactions provides valuable insights for designing supportive workplace interventions.

2.16.1.4 Job demands-resources (JD-R) model

The JD-R model came into effect in 2001 and was introduced by Arnold Bakker and Evangelia Demerouti. It describes how job demands and resources influence the welfare of employees, involving aspects such as stress and motivation (Demerouti, Bakker & Xanthopoulou, 2019). Galanakis and Tsitouri (2022) emphasise that the primary objective of the model was to offer insights into burnout, a persistent condition of stress in the workplace indicated by exhaustion, cynicism, and reduced professional efficacy. The model has since been improved to incorporate the concept of work engagement – an optimistic emotional and motivational state associated with work. This condition is defined by vigour, dedication, and absorption. The revised JD-R model seeks to investigate the negative and positive psychological factors influencing employee wellbeing, viewing burnout and work engagement as opposing states on a spectrum (Chênevert et al., 2021). It highlights the dual function of job demands, which may manifest as physical, psychological, or organisational factors necessitating sustained exertion, as well as job resources, which facilitate the attainment of work-related objectives, alleviate demands, and promote advancement.

The JD-R model asserts that job resources and job demands are significant role players that influence employees' wellness and the outcomes of the organisation (Galanakis & Tsitouri, 2022). Literature from various studies supports this model, emphasising that job demands and resources impact different aspects of wellbeing. For example, job resources are known for their clear relationship with overall subjective wellbeing (SWB), while job demands are negatively associated with SWB (Claes et al., 2023). Human resource practices, classified as job resources, are positively linked to physical, psychological, and overall wellness, both directly and indirectly (Li, Fu, Chadwick & Harney, 2023). Nevertheless, the premise that job control mitigates the adverse impacts of job demands on employees' welfare is questioned, emphasising the need for more consistent and rigorous research criteria in this area (Huth, & Chung-Yan, 2023). Moreover, impeding job demands negatively affects occupational wellbeing and job engagement, whereas stimulating job demands and job resources leads to positive outcomes in these areas (Lei & Suntrayuth, 2023). Finally, an investigation exploring the challenge-hindrance-threat differentiation within the JD-R framework highlights the significance of having diverse classifications of job demands to enhance employee welfare and execute efficient job restructuring strategies (Fernandez de Henestrosa, et al., 2023).

2.16.1.5 Karasek's job demands-control-support (JDCS) model

The JDCS model, also known as the Karasek model, places its focus on conflicting aspects within work environments. It divides these aspects into three key components: job demands (psychological, physical, or organisational traits that demand constant effort), job control (referring to decision-making latitude and autonomy in dealing with challenges), and support from colleagues and managers (Dutheil et al., 2019). The JDCS model identifies four diverse work settings or quadrants: isolated prisoner, participatory leader, moderate strain, and low strain. These categories are defined based on differing levels of job demands and job control (Portoghese et al., 2020). The isolated prisoner quadrant is characterised by elevated job demands and diminished job control, resulting in heightened emotional fatigue and scepticism, alongside a reduced intrinsic work drive. Conversely, the participatory leader quadrant showcases elevated job demands coupled with increased job control, leading to enhanced work drive and decreased burnout rates. (Nainggolan & Pusparini, 2022). The moderate strain quadrant encounters moderate levels of both job demands and job control, while the low strain quadrant involves low demands and high control, resulting in the lowest burnout rates and heightened work drive (Finstad et al., 2019).

The application of the JDCS model varies across different work settings and research studies. Finstad et al. (2019) assert that workplace bullying can mediate the relationships between JDCS model elements (workload, lack of control, and support) and employees' welfare, emphasising the importance of interactions and job design in influencing mental health. Sicard (2022) argues that scholars in academia frequently face significant job-related stress, limited interpersonal support, and obstacles to their welfare, which contribute to an unfavourable professional environment. Factors contributing to this situation include diminished financial research support, intense competition, psychological stress factors, increased job demands, and poor work and personal life balance. According to Edú-Valsania, Laguía and Moriano (2022), individuals involved in mental health studies, non-clinical biomedical research, and academia generally experience emotional turmoil, psychological challenges, and a lack of institutional support, leading to an increased susceptibility to burnout, suicidal ideation, and intentions to leave their positions. This highlights the need for interventions focused on organisational support, effective workload distribution, and the cultivation of resilience to improve researcher welfare and create a more supportive academic environment.

Filippi et al. (2002) noted that the JDEVS modelling and simulation domain, which can be used to model natural systems, demonstrates the versatility of the JDCS model across

various scenarios and its effectiveness in addressing difficult issues. According to Du Plessis (2018), some individuals may be employed in low-strain jobs where they have control and face low job demands, whereas other jobs may have high demands but also provide employees with high control. Employees who have high control, such as teachers, develop adaptive protective behaviour. However, passive jobs, such as miners, may experience low control. Huang, Xie, Cheung and Zhou (2021), report that high-demand and low-control jobs can lead to feelings of helplessness and may threaten employees' physical and mental wellbeing. Conversely, Kundi, et al. (2021) indicate that employees who maintain high control experience improved wellbeing and increased motivation. These studies collectively indicate the varied work environments and utility of the JDCS model in understanding and improving workplace conditions.

2.16.2 Support as a protective factor

Support plays a vital role as a critical protective element for EMS personnel, assisting in the reduction of negative mental health consequences and the increase of resilience when confronted with traumatic incidents and outbreaks of disease (Du et al., 2022). Trusted individuals, such as relatives, friends, and caregiving partners, deliver diverse types of assistance including emotional, instrumental, evaluative, and informational support, all of which are indispensable for managing the difficulties encountered by first responders (Tjin et al., 2022). Kyron et al. (2021) affirm that family may serve as an important protective factor for EMS personnel experiencing psychological problems triggered by workplace stressors. According to Dermott and Fowler (2020), family is defined as a "multigenerational group, normally stably co-habitating, whose adults take primary custodial responsibility for dependent children". Additionally, family could be a relationship between two or more individuals related by birth, marriage and adoption. Family is also said to be a set of social practices created through subjective ideas of belonging and it is socially constructed (Dermott et al., 2020). EMS personnel's jobs may affect how they relate to their family members and partners.

According to Brais et al. (2023), support from colleagues has been recognised as a significant factor in reducing the psychological impact of workplace violence on EMS personnel, highlighting the importance of supportive systems in the professional setting. Sable et al. (2023) elaborate that support given by co-workers and personal interactions are seen as protective factors that can mitigate the adverse effect of stressors in the work environment, particularly among EMS personnel. Furthermore, during disease outbreaks, guaranteeing sufficient supplies of personal protective equipment and providing training in infection

prevention, are essential for meeting the fundamental safety and informational needs of EMS personnel (Du et al., 2022), thus underscoring the importance of support in maintaining their mental wellbeing and health (Vig et al., 2020). These stressors consist of exposure to traumatic incidents and situations of violence in the work environment. The provision of encouragement has been specifically linked to a decrease in burnout levels, a lower likelihood of developing mental disorders, and an increased capacity to overcome challenging circumstances (Brais et al., 2023). Consequently, encouragement contributes to an improvement in wellbeing, growth following traumatic experiences, and a reduction in symptoms related to PTSD among EMS professionals. Hence, it is imperative to cultivate healthy support systems both within and outside the workplace to facilitate the mental wellness and overall health of EMS personnel (Vig et al., 2020).

2.16.3 Post-traumatic growth and resilience as coping mechanisms

The emergence of the PTG concept can be traced back to the mid-1990s, with a more comprehensive method developed in recent years (Kadri et al., 2025). PTG and psychological resilience share a close connection, influenced by several factors. These factors include survival mechanisms from prior traumas, external support systems, acquired PTG skills, and the complex nature of resilience (Elam & Taku, 2022). Psychological resilience serves as a facilitator between rumination and PTG, with deliberate rumination promoting both resilience and PTG and intrusive rumination impeding PTG by affecting resilience negatively (Bovero et al. 2023). PTG is defined as the positive transformations emerging from crisis situations, distinguishing it from other concepts like resilience, resilient reintegration, positive adaptation, psychological immunity, and thriving (Dell'Osso et al., 2022). Tedeschi et al. (2018) define PTG as the psychological changes that transpire in a positive manner after encountering trauma or highly demanding situations. It is crucial to perceive PTG not as a substitute for adverse psychological consequences but rather as a supplementary process (Kadri et al., 2025). In survivors of acquired brain injury, sustained PTG is linked to adaptive coping techniques, enhanced psychological wellbeing, and reduced symptoms of depression and ongoing brain injury (Wilkie et al., 2021). PTG involves valuable changes in self-perception, interpersonal relationships, and one's perspective on the world, resulting in increased self-awareness and self-assurance, a more open attitude towards others, a greater appreciation for life, and the pursuit of new opportunities (Dell'Osso et al., 2022).

Denckla et al. (2020) state that various definitions of resilience have emerged, all of which emphasise conceptualising resilience across multiple levels, from biological to structural. They also point to the dynamic nature of resilience, moving away from viewing it solely as an individual trait. Resilience can be conceptualised as a journey characterised by relatively consistent paths of wellbeing, interrupted by occasional setbacks or periods of instability (Sisto et al., 2019). It is described as a flexible, adaptable, and dynamic trait that progresses over time and is influenced by different contextual factors. The significance of resilience is best understood within the context of an individual's lifespan and is heavily influenced by environmental factors (Vella & Pai, 2019). Achieving an optimal level of resilience necessitates adaptive adjustments, both at the neurobiological and psychological levels. Increasing evidence supports the differentiation between passive resilience, characterised by endurance, and active resilience, marked by proactive coping strategies (Rakesh et al., 2019).

Due to their frequent exposure to traumatic incidents, EMS workers tend to experience elevated rates of PTSD symptoms in comparison to the general populace (Hoell, Kourmpeli & Dressing, 2023). Musso et al. (2019) investigated the interconnection between grit and resilience within the EMS profession and found that grit initially conceptualised as a driver of achievement, showed promising signs of being linked to resilience. Elam and Taku (2022) observed that both PTG and resilience are evident among people who have suffered major life crises. Since the direct connections between PTG and resilience have yielded mixed results, it becomes essential to discern their differences in conjunction with cognitive capabilities. According to Bowling et al. (2022), PTG is occasionally conflated with resilience because the process of developing resilience through adversity can exemplify PTG. However, PTG maintains its unique characteristics separate from resilience. It involves embracing positivity in the aftermath of trauma, while resilience is about adeptly navigating through a hostile environment to mitigate the impact of stressful life events (Hyun et al., 2021).

2.17 SUMMARY

This chapter provided an overview of EMS personnel from both a global and South African perspective. Based on the literature reviewed, most EMS personnel encounter traumatic events on a daily basis while on duty. Men were identified as less likely to share their emotional experiences due to the fear of being stigmatised as "weak". Instead, some may use humour to cope with the traumatic experiences, while others may dissociate from the trauma.

Suicide rates remain high across different EMS categories and this is a persistent trend across different demographic groups. EMS personnel's lack of interest in accessing psychological services may result in psychological problems such as PTSD, depression and anxiety. Stigma surrounding psychological problems at the work place, the negative impact of work life balance and poor job satisfaction may also be linked to suicidal thoughts. Individuals define and understand trauma in different ways, often influenced by their personal perceptions and what they consider to be contributing factors to trauma. EMS personnel presenting with primary or secondary trauma tend to develop different coping mechanisms. Exposure to traumatic events not only affects the EMS personnel but also impacts their family members. Their family system might be disrupted as they spend less time with family members, potentially abuse substances, become irritable with partners or children, and are more absent from work than usual. Although research has shown that most EMS personnel are hesitant to access EAPs due to concerns about confidentiality or that it may be used against them, it should still be encouraged. EMS personnel can benefit from organisational support. Brief trauma debriefings and peer support can also be valuable resources. EMS personnel have different ways of dealing with occupational stress depending on the job they do, the number of years they have served, and their ability to cope with job demands.

There is limited South African literature on the daily traumatic exposure the EMS endure while on duty. SA is a large country that inherited a violent past. The country accommodates both public and private sectors, yet according to Stats SA (GCRO, 2024), SA's population was estimated at 58,78 million by mid-2019, and service providers remain burdened. In Gauteng alone, the population is estimated at 16 million people placing enormous strain on service providers. EMS personnel in the province are overwhelmed by the workload, which may result in burnout. Furthermore, the uneven distribution of services and severe financial constraints contribute to a lack of motivation, including limited opportunities for promotion. EMS personnel are not offered training to deal with the traumatic experiences and grief they encounter. Deaths among EMS personnel are often due to suicide, car accidents (while rushing to emergency scenes), and becoming victims of crime while responding to calls for assistance. They get robbed of their personal belongings and medical equipment, and sometimes even hijacked when accessing remote areas. One unfortunate issue identified in the review is the lack of support from their employers who expect them to report for duty immediately after traumatic experiences. EMS personnel could benefit from individual or group therapy to assist in modifying post-traumatic appraisals through psychoeducation.

Psychologists use different therapeutic modalities depending on the individual and the uniqueness of their presenting problem.

CHAPTER 3

THEORETICAL FRAMEWORK

"When you love people, you are curious about who they are, what they think, and how they feel.
You watch them closely, wondering about their experience and what you can do to make it more enjoyable.
You feel compassion for their pain and seek to make it more bearable. You are eager to learn the unique language of their existence.
You want to understand them, inspire them, and heal them. What if you could look at yourself this way?"

(Vironika Tugaleva)

3.1 INTRODUCTION

Social constructionism was employed as the theoretical framework in this thesis because it provides comprehensive coverage and insight into the topic under investigation. It explains how storytelling can offer an opportunity to access an individual's personal thoughts and aids in understanding how language is formed, how realities are constructed, and what may contribute to these perceived realities. The framework clarifies how reality may be constructed through language and social interactions. It also provides a clear, broad perspective on how therapy, gender, and emotions are shaped, and how the workplace may influence an individual's narrative. Therefore, it was considered the most suitable theory for this thesis.

This chapter provides a detailed discussion of social constructionism, including its history, psychological aspects, and realist and relativist dimensions. The historical overview of social constructionism will trace its origins, highlighting when it was pioneered and its roots in the interpretivist approach. A key focus includes processes that created, sustained, modified and negotiated meanings. The main goal is to ensure an understanding of the lived experiences from the perspective of those who experience them. The psychology of social constructionism primarily aims to bridge realist and idealist approaches. This chapter will further discuss epistemology and ontology as well as the realities of social constructionism, along with its

sociological dimensions. The sociological aspects will explore materiality, psyche, power, and knowledge within the framework of social constructionism. It will also highlight how realities are constructed through interaction and narratives, and how language may be socially constructed. The social construction of therapy, emotions, and culture will also be examined. This exploration provides insight into the understanding that emotions are not inherent but are socially constructed. Emotions become central when sociologists seek to understand how humans interpret and create meaning. For example, some emotions initially perceived as positive are now seen as destructive and requiring regulation. The social construction of gender and gender in the workplace will also be addressed in this chapter. Gender, as an aspect of identity, influences who and what we are. In society, gender significantly determines how people are treated. Consequently, aspects such as physical appearance, thoughts, actions, and feelings, which are perceived to be gendered, will be explored in this chapter.

3.2 SOCIAL CONSTRUCTIONISM

Berger and Luckmann (2023) stated that social constructionism is a perspective that believes that the existence of human life is influenced by interpersonal and social aspects. Although genetics and social factors are said to be at work simultaneously, social constructionism chose to focus on investigating the social influences on both the individual life and communal life experiences. (Galbin, 2014). Social constructionism acknowledges that human existence is influenced by both biological and inherited genetics but adds that social influences also play a major role. Social constructionism is a theoretical framework that emphasises the concept of truth being produced within diverse exchanges, without any privileged ontological status (Golubović, 2022). This standpoint employs discursive methodologies, such as ideas, to establish fabrications and ideological frameworks, as seen in the methodologies of the Frankfurt Institute for Research (Ulianov, 2022). Social constructionism aligns with symbolic interactionism by highlighting the emergent nature of existence and offering a conceptualisation of organisation that resonates with interactionist academics (Francis, 2021). When utilised in conjunction with humanism, social constructionism explores lived experiences and meanings (TenHouten, 2021), assisting in the understanding of affective phenomena such as anger, moods, sentiments etc.

According to Burr (2015), social constructionism focuses on how organisations, knowledge, and identities are socially constructed. However, social constructionism commonly rejects essentialist explanations of the world. Thus, it proposes that individuals' social

interactions may shape their personal experiences. Similar to Burr (2015), Dreher (2016) also asserts that society's reality is both subjective and objective. According to Andrews (2012), society's subjective reality is achieved through primary and secondary socialisation. Dreher (2016) states that subjective reality is maintained, modified, and reconstructed by conversations. It is reported that in subjective reality, concepts are freely shared with a mutual understanding and without being redefined. Dreher (2016) further states that in subjective reality, the world is known through a person's experience of it. However, Best (2017) argued that constructionism can either be contextual or strict. Best (2017) described contextual constructionism as a concept that recognises objective reality. It argues that society is a human product with objective realities. It develops the notion that social realities, identity, and knowledge are culturally, socially, and historically influenced. It is further argued that people's identities originate from a social realm and not from within a person. According to Best (2017) an individual is given a place in society as well as an identity. Significant others may mediate the objective reality of society through social interactions (Madill, Jordan, & Shirley, 2000). Furthermore, the belief that the society's reality may be both subjective and objective is supported by the notion that people in the same society may interact and share ideas; however, this interaction may influence them and result in habitualisation and routinisation. Habitualisation and routinisation are described as repeated actions that form patterns, which may be reproduced without effort being exerted (Berger & Luckmann, 2023). Berger and Luckmann (2023) state that habitualised frequent actions may be performed in the same manner in the future with the same effort exerted. People may engage in innovation without having to start afresh. Berger and Luckmann (2023) further state that future generations will experience the same knowledge and reaffirm it during their interactions with others. This will therefore form part of their reality.

Berger and Luckmann (2023) added that to understand human behaviour and experience, one needs to focus on the language individuals in society use to communicate. Social interactions provide the reality of society with the meanings internalised by individuals. Socialisation or interaction is achieved by constructing concepts through language, which transmits thoughts and feelings. It was previously believed that mental observables may be objects of language, whereby the information observed by an individual is stored or memorised in the mind, while mental operations are made visible through acts that have been triggered, retrieved, and processed by the mind. Best (2017) and Berger and Luckmann (2023) state that mental observables and mental operations bring to life the relationship between language and reality. Best (2017) added that people act within the framework of social convention. Andrews

(2012) indicates that language may shape one's view of the world, determine an individual's perception of reality, and influence behaviour. Andrews (2012) further reports that language may create propositions that may be true when they correspond to one's perception of reality. Language makes thoughts and concepts possible. According to Burr (2015), language plays an important role in constructing human social phenomena. Burr (2015) states that language is central to the constructive process and allows people to negotiate their identities through daily interactions. Moreover, language helps shape identity through its focus on socio-cultural differences such as religion, myths, and customs. Additionally, Berger and Luckmann (2023) state that social constructionism believes that knowledge and reality are constructed through conversations. It focuses on the realities people create during interactions or discussions.

According to Galbin (2014), social constructionism, or the social construction of reality, is a theory of knowledge in sociology and communication that examines the development of a jointly constructed understanding of the world. It highlights the collective nature of human consciousness. Additionally, it comprises of a variety of overlapping perspectives as a result it may be best defined in terms of its resistance to the institutionalised dominance of empiricism as the guiding philosophy of the human science. Empiricism refers to the idea that knowledge is derived from experience. Andrews (2012) reports that according to social constructionists, knowledge is not discovered but created. Andrews (2012) believes that knowledge is constructed through the interactions individuals have within a certain society. Moreover, concerns raised regarding social constructionism include its nature and the construction of knowledge, as well as the meaning of or questions about how knowledge emerges and how society perceives it (Phillips, 2023). According to Andrews (2012), social constructionists believe that concepts are not discovered by the mind but constructed and maintained so that they correspond with something in the world that is real. Burr (2015) further adds that the key principles of social constructionism indicate that the knowledge people have about the world, including how they tend to understand human beings, could be a result of human thought and may not be grounded in the external, observable reality. Furthermore, subjective daily experiences are realities that are socially defined, focusing on how the world is understood. According to Phillips (2023), individuals or a group of individuals seek to understand what it is to be human so that they can define their realities. Social constructionism believes that the existence of human life is based on interpersonal and social influences. According to Galbin (2014), in social constructionism, people work together to construct social artefacts. These artefacts are created through group interactions. Their interactions may

construct the perspective they have and eventually forms mental representation that informs the self, the world and the others. These perspectives may be shaped by culture and history.

How people perceive and understand their interactions is profoundly shaped by culture. Cultural influences significantly affect cognition, emotional regulation, and the functioning of the hypothalamic-pituitary-adrenal (HPA) axis, a crucial aspect of stress physiology (Dasen, 2022). Socialisation, which is entirely embedded in culture, shapes individuals' beliefs, norms, and values, influencing how they interpret and respond to situations (Guhin, Calarco & Miller-Idriss, 2021). Cultural-historical psychology emphasises how culture shapes the human mind and brain through exchanges and communication, leading to the development of unique higher psychological functions after birth (Schwartz et al., 2020). Additionally, culture shapes cognitive processes related to emotional and self-relevant tasks, influencing attention, memory encoding, and retrieval based on an individual's cultural background. Overall, culture serves as a framework through which individuals make sense of, interpret, and navigate their interactions (Schwartz et al., 2020).

According to Andrews (2012), social constructionism has assisted in the remodelling of grounded theory. Grounded theory was developed by Anselm L. Strauss and Barney G. Glaser in 1967. Mosca et al. (2022) notes that grounded theory is commonly used in qualitative research inquiries and other diverse fields. Grounded theory perceives reality as a situation that may raise questions such as "what" and "who" may be in the situation (Charmaz et al., 2019). Furthermore, it holds that although the real world exists, it is never separate from observers who may see and interpret it from various standpoints. Moreover, the observers' views may conflict with the findings from the standpoint of the research participants' realities (Mosca et al., 2022). Meanwhile, grounded theory holds that knowledge is a belief whereby people have reasonable confidence and share a common understanding. Grounded theory and social constructionism are compatible, as both do not come from a relativist perspective.

Although the terms social constructionism and social constructivism are often used interchangeably, it is important to note that social constructivism focuses on the individual's mental processing of the world, while social constructionism focuses on the social perspective (Khan et al., 2021). According to Amineh et al. (2015), social constructivism dates back to the time of Socrates. Socrates, an ancient Greek philosopher, believed that hidden knowledge could be uncovered once learners and educators communicated with each other. He argued that this process could assist in the interpretation and construction of hidden knowledge. The history of social constructivism can also be traced to Piaget's and Bruner's discoveries in learning (Amineh et al., 2015). Amineh et al. (2015), report that constructivism may be described as a

fusion of both cognitive and behaviourist ideas. It is a theory that explores knowledge and understanding of the world as developed jointly by individuals. This theory proposes that meaning and significance are developed through the coordination of other human beings. It has two key elements: the belief that language is an important system through which humans construct their reality, and the belief that human beings tend to rationalise their experiences. It has consistently shown that children's understanding grows as they get older and learn different things.

According to Mishra (2023), the theory of constructivism underscores the importance of learners' autonomy, reflective thought, problem-solving skills, collaborative learning, and scaffolding. It challenges rationalist methodologies by emphasising interactions and the influential role of ideas in shaping norms and identities. Within educational environments, social constructivism advocates for meaningful learning experiences through student-centred approaches, where students actively engage in the learning process while educators facilitate and provide guidance (Naidoo & Mabaso, 2023).

In the realm of international relations, constructivism questions whether states are primarily driven by power or ideas and examines the concept of moral advancement in global politics (Kergel et al., 2022). This theoretical framework integrates knowledge construction with socio-cultural collaboration, resulting in its widespread application in health professions education due to its diverse teaching possibilities (Leiberman, 2022). Barnett (2022) explains that constructivism emphasises active knowledge construction through experiences within socio-cultural contexts, focusing on multiple perspectives, valid knowledge, and the creation of understanding.

According to Kergel et al. (2022) and Amineh et al. (2015) there are two perspectives on social constructivism, known as the cognitive constructivist perspective by Piaget and the socio-constructivist perspective by Vygotsky. Cognitive constructivists believe that learning is meant to bring meaning; therefore, it is not passive. A state of imbalance may be created when learners are faced with challenges, resulting in disequilibrium. Socio-cultural constructivism involves integrating the knowledge an individual already possesses with newly accumulated information. It is more concerned with the integration of thoughts, language, and their role in society. According to Vygotsky, knowledge initially develops at a social level before it occurs within an individual. While Vygotsky argued that a child's thoughts develop from society and are transferred to the individual, Piaget, on the contrary, stated that the mind is social in nature; therefore, a child's speech may change as it reflects this social nature (Amineh et al., 2015).

Kergel et al. (2022) state that social constructivism theory emphasises knowledge construction through interactions, forming the basis for collaborative learning approaches by integrating cultural elements into knowledge development. Mishra (2023) reports that the constructivist learning model has laid the groundwork for employing critical thinking, problem-solving, and collaborative strategies to enrich learning achievement. Within this framework, interactions at both individual and group levels are crucial for fostering meaningful learning during the teaching process.

While social constructionism offers valuable insights into how knowledge and reality are constructed within contexts, it is not without its limitations and criticisms. Khan and MacEachen (2021) argue that social constructionism can clarify how our actions acquire meaning through everyday interactions within socio-cultural and political contexts. However, it also raises questions about its scope, particularly regarding the relationship between the construction of meaning and power disparities in society, and how certain versions of reality are accepted as truth, often at the expense of excluding other viewpoints.

3.2.1 History of social constructionism

According to Ulianov (2022), social constructionism emerged within historical contexts characterised by the deployment of discursive practices to construct reality, as demonstrated in the works of the Frankfurt School. Andrews (2012) reports that 30 years ago when social constructionism was pioneered, the idea was to come to terms with the reality of nature. Moreover, social constructionism originates from sociology. Andrews (2012) adds that the roots of social constructionism can be traced to the interpretivist approach. Similar to constructionism, the interpretivist approach focuses on the process by which meanings are created, negotiated, sustained, and modified. The goal is to understand lived experiences from the perspective of people living in them. It is further noted that interpretivists value human subjective experiences and seek an objective science.

Burr (2015) states that social constructionism dates back to 1973, in a paper written by Gergen titled “Social psychology as history”. The paper argued that psychological knowledge is not only historical but also culturally specific. The social constructionism theory is known to have influenced British and North American psychology. Moreover, social psychologists were previously criticised for providing the British and U.S. governments with information that could be used to manipulate people during World War II. In addition, the social lives of North Americans and British people continue to change, influenced by their social interactions.

Galbin (2014) report that social constructionism can be traced to many sources and themes. Its roots may be linked to areas such as social history, social psychology, existential-phenomenological psychology, and hermeneutics. Galbin (2014) also noted that Mead (1934) introduced symbolic interactionism in his book "*Mind, self and society*", published 90 years ago. The book posited that symbolic interaction occurs when people construct their own or others' identities through daily encounters during social interactions. During the 1950s and 1960s, people in North America sought to understand how human beings construct social life and how social life makes sense during interactions. Andrews (2012) further reported that social constructionism researchers believe that observations by an individual are a true reflection of the world being observed.

Berger and Luckman published a book in 1966 titled "*The construction of reality*", which laid the foundation for understanding socially constructed realities (Hoyer, 2022). In this book the authors introduced the theory of social constructionism, arguing that human beings are responsible for collectively creating and sustaining social phenomena through social practices. They emphasised that the three important phenomena responsible for sustaining social life are internalisation, externalisation, and objectivation. Externalisation occurs when people create artefacts to represent ideas about the world, such as by writing a story. When the story is read or retold by another person in the social realm, it is known as objectivation (Hoyer, 2022; Galbin, 2014).

Social constructionism progressed from early symbolic interactionist thought, emphasising the ever-emergent nature of life and providing a conceptualisation of structure that appealed to later scholars (Hoyer, 2022). Butowski et al. (2022) note that constructionism is rooted in the qualitative approach to the sciences, asserting that the meaning of the world cannot be fixed. Critiques of constructionism highlight the need to avoid ontological manipulation of boundaries and to treat all claims as putative, without making realist assumptions about conditions. This has led to a shift toward more balanced and pragmatic approaches (Puddephatt, 2021). Additionally, feminist constructionism has developed independently, focusing on economic and political structures in constructing meanings and organising conduct (Lombardo & Kantola, 2021).

According to Hoyer (2022), the constructionist approach to mental illness evolved from the 1960s onward, demonstrating how mental illness is socially constructed through labelling processes and power dynamics. The new constructionism in sexuality studies challenges the dominant biomedical model, emphasising the importance of historical studies in uncovering cultural meanings and personal experiences (Tiefer, 2018). The evolution of constructionism

also involves addressing problems by understanding different perspectives and analysing the construction of issues in various contexts, including cyberspace and non-Anglo Global North countries (Nickerson, 2021).

Modern applications of constructionist principles in psychology challenge conventional perspectives by highlighting the impact of cultural and structural elements on human behaviour and cognitive processes (Mallon, 2022). This approach critiques the premise that psychological distress originates solely from internal perceptual biases, presenting a novel framework for CBT that acknowledges the backdrop of psychopathology (Mallon, 2022; Chiara & Romaioli, 2020). Constructionism emphasises the influence of constructed realities on concepts of biology, gender, and sexuality, advocating for a more profound understanding of intersections among attributes such as race and socioeconomic status (Levy, 2020).

3.2.2 Social constructionism and psychology

According to Burr (2015), the role of social constructionism in psychology has broadened and now falls under the umbrella of "critical psychology". However, there is insufficient dialogue between critical psychology, which is sometimes equated with social constructionism, and mainstream psychology. Burr (2015) notes that the two continue to lead psychology but operate in parallel. According to Raskin (2002), psychologists have different theoretical frameworks that guide them during their interventions. These frameworks include CBT, humanistic psychology, radical behaviourism, and psychoanalysis. As a result, in the 21st century, constructivist psychologists have found themselves at a crossroads. Although constructivist psychology has had an influence, it has not evolved into a theoretically consistent orientation. The constructivist psychologists' main attempt is to bridge realist and idealist approaches to knowledge. Realists believe that "*material objects exist externally to us and independently of our experience,"* while idealists believe that *"no external realities exist apart from our knowledge*" (Raskin, 2002). Realists believe that certain material objects exist externally to people and are not influenced by our experiences, while idealists believe that individuals' external realities would not exist if they were not cognisant of them (Raskin, 2002). Furthermore, it is argued that psychologists have considered thinking and understanding as mental processes instead of viewing them as social performances. Moreover, it is stated that the ideology that the mind, cognitive processes, and inner experience are located within the individual is an objective assumption (Berger & Luckmann, 2023). Furthermore, it was argued that psychologists considered thinking and understanding as a mind process instead of viewing

it as a social performance. Moreover, it is stated that the ideology that the mind, cognitive process and inner experience are located in the individual's mind is objective.

Constructionism intersects with psychology in various ways. Some contend that the adoption of constructionism in psychological research may result in the negation of the mind and the agentic self (Mallon, 2022), while others argue that it enriches the understanding of human experiences and behaviours through qualitative methodologies (Martin, 2022). Schwartz et al. (2020) reported that although psychological processes may exist at an individual level its origin is socio-cultural and it is constructed through people's interactions that maintains an environmental context that is broad. Thoughts and feelings do not exist in a vacuum. They become meaningful through culture and context. They are therefore co-constructed.

Cultural psychologist aimed at discovering how shared cultural practices interact in order to shape the psychological functioning. According to cultural psychologists the human experiences are the product of interactions that have been reciprocated between psyche and culture. Cultural psychology has been criticised for being static and providing a uniform cultural view especially when a group of people from different cultures interact. Developmental psychologists requested that culture be incorporated in human development studies (Schwartz et al., 2020).

3.2.3 Realism and relativism of social constructionism

Social constructionism is criticised for its perceived conceptualisation of realism and relativism. Critics argue that it denies knowledge as a direct perception of reality. While it questions stable realities at one end, it introduces multiple realities at the other, which can be problematic in qualitative research. The realist perspective tends to ignore how researchers construct interpretations of their findings. It assumes that participants' reports represent truthful and faithful interpretations of an independent reality. Relativism, however, concludes that nothing is definitive and that multiple coexisting realities need to be taken into consideration if the truth about social phenomena is to be uncovered (Andrews, 2012).

Critical realism, as conceptualised by Roy Bhaskar and supported by sociologists such as Margaret Archer, serves as a bridge between positivist views of reality and hermeneutic or constructivist perspectives. This approach, sometimes referred to as post-positivism, seeks to bridge the gap between different understandings of reality (Ruslin, 2019). The realist perspective is rooted in a fundamental human belief in the existence of justified, objective

knowledge (Couch, 2023; Wheelahan, 2023). Whether in ontology or the sciences, realism emphasises the importance of understanding the world in its essence, aiming for knowledge that accurately represents reality.

According to Charrette and Sterling-Folker (2013), within the sphere of international relations, realism offers insights into the power dynamics among nations and their implications for global governance. They also highlight the ethical considerations raised by realism's sceptical stance on discussions concerning world order. Realist methodologies, such as critical realism, emphasise the importance of establishing knowledge-intensive curricula to support democratic objectives and the quest for truth about the natural world, while acknowledging the potential for error and setting standards for assessment (Mizrahi et al., 2020).

Knoblauch and Pfadenhauer (2023) discuss the relationship between realism and relativism within the context of the social construction of reality theory and its influence on public discourse and philosophical movements. They suggest that social constructionism, originating in the sciences and humanities, has shaped discussions on gender, truth, and political ideologies. However, the misuse of constructionism in public discourse is not only characteristic of social constructionism but extends to the new realism movement (King, 2022). New realism, while reframing the issue from theory to philosophy, fails to adhere to the fundamental principles of social constructionism. Communicative constructivism, as a reformulation within the sociology of knowledge, addresses critiques of social constructionism and engages with new forms of realism. These debates about realism, relativism, and constructionism remain active in both academic and public spheres (Knoblauch & Pfadenhauer, 2023).

According to Andrews (2012), social constructionism makes no ontological claims. While it acknowledges that "something" may exist as an independent reality, it argues that naming that "thing" is subject to social construction. As a result, social constructionists often adopt subtle realism, which lies between realism and relativism. Andrews (2012) asserts that while individual perceptions are acknowledged, direct access to reality is denied. Although the term "common sense" has emerged in this discourse, social constructionism does not validate knowledge as wholly independent or objective.

Critical realism does not assert an entirely independent reality but rather aims to uncover foundational assumptions within the natural sciences. When certain aspects are labelled as intransitive, it implies their existence independent of any knowledge claims made about them (Zhang, 2023). This aligns critical realism with constructionism, as it integrates the epistemological relativism of constructionism and underscores the relative nature of knowledge

implied by the construction of reality (De Souza, 2022). Andrews (2012) reports that the term "subtle realism" was introduced to avoid direct comparisons between realism and relativism. Social constructionism acknowledges that multiple realities result in multiple interpretations and argues that people's realities cannot be compared. While social constructionism accepts the existence of objective realities, it focuses on the construction and understanding of language. It emphasises daily interactions and how language constructs people's realities (Andrews, 2012).

3.3 EPISTEMOLOGY

Audi (2010) reports that epistemology refers to the theoretical inquiry into knowledge and focuses on its validity and scope. Audi (2010) states that epistemology focuses on justifying opinions and beliefs. It is further indicated that epistemology emanates from the Greek words "episteme" and "logos". According to Audi (2010), "episteme" is defined as knowledge or understanding, while "logos" refers to an argument or reason. Al-Ababneh (2020) and Alamulhuda (2020) adds that epistemology may describe the same concept differently and that its inquiry into knowledge may encompass its fundamental nature, extent, and accessibility to individuals. It examines questions regarding the definition of knowledge, the feasibility of acquiring it, and the methodologies employed in its acquisition. According to Alamulhuda (2020) epistemology seeks to understand the kinds of cognitive successes. It is known as the theory of knowledge and cognition. The function of epistemology is also to evaluate the limitation and nature of knowledge. Audi (2010) identifies four different facets of epistemology, known as Plato's epistemology, Locke's epistemology, Kant's epistemology, and Russell's epistemology. Plato's epistemology posits that knowledge is good and attempts to understand what it means to know. Locke's epistemology seeks to understand the operation of human understanding. Kant's epistemology attempts to understand the conditions for the possibility of human understanding. Finally, Russell's epistemology is understood as an attempt to justify modern science by appealing to sensory experience (Audi, 2010).

Epistemology holds significant relevance across various fields, such as philosophy, library and information science, and education, illuminating the fundamental principles of human comprehension and the procedures involved in acquiring and preserving knowledge (Code, 2020; Alamulhuda, 2020). Epistemologists focus on providing a comprehensive and elucidative account of how a belief acquires a favourable epistemic standing, typically in terms of justification or knowledge (Goldman & Beddor, 2008). This emphasis highlights the

importance of reliabilist viewpoints in epistemology, which posit that any satisfactory explanation must consider the reliability of the cognitive processes leading to the belief or the factors contributing to its truth. Reliabilism is partly driven by its ability to harmonise with naturalistic interpretations. Proponents of reliabilism contend that epistemic characteristics can be understood by focusing on reliability, without the need to invoke more complex epistemic principles such as evidence or knowledge in their unaltered states (Engel, 2022).

3.4 ONTOLOGY

According to Hall, Chadwick and Vaccari (2023), ontological narratives are descriptions that individuals create about themselves and their life experiences Ontology focuses on becoming, being and the reality. Meretoja (2014) notes that ontological narratives involve storytelling or narration to reinterpret central ethical concepts and historical events, bridging the realms of thinking, literature, and cultural heritage. While these narratives often influence how people interact with each other, they extend beyond individuals to connect with larger societal aspects such as institutions, media, and politics. Thus, ontological narratives play a crucial role in shaping identity, as individuals use their personal attributes and past experiences to interpret events in the public sphere. This process of interpretation becomes integrated into their everyday lives, forming a continuous and reflective cycle of meaning-making (Hall et al., 2024). These narratives serve as strategic frameworks that progressively shape subjects, objects, and relational structures in international politics and influence theories of international relations by promoting theoretical progress and creativity (Meretoja, 2014). There is also an exploration of formal ontology for modelling narratives, which captures key elements such as plot, narration, and fabula, with the aim of enriching information systems beyond conventional lists of objects. Within the domain of interactive digital narratives, endeavours are underway to establish a common vocabulary and ontology to facilitate interdisciplinary exchange and research in this field (Lerner & O'Loughlin, 2023).

3.5 THE REALITY OF SOCIAL CONSTRUCTION

According to Pfohl (2008), meaningful accounts in social contexts are constructed. Pfohl (2008) reports that although social construction is taken for granted, it is considered to be natural. Moreover, anything that is not socially constructed is considered to be secondary. Pfohl (2008) states that humans' habit of socialising may emphasise artificial social constructs, which are therefore experienced as natural realities.

The construction of reality relates to the processes by which individuals and societies formulate and mould their perceptions of the surrounding world. This notion encompasses the employment of verbal communication practices, ideological frameworks, and cognitive approaches to building constructs (Schock, 2023). An individual's life is said to be well shaped and organised as they are ritually positioned, symbolic, and language-dependent humans (Pfohl, 2008). According to Nickerson (2024), constructionism is the interpretation of actions, behaviours, and occurrences; it is not an inherent characteristic of those phenomena but is instead determined through interactions within society. This implies that meaning is shaped by processes and can evolve over time. It emphasises the relationship between personal and objective constructs of reality, where individuals' cognitive frameworks transform due to external influences and the assimilation of new information, leading to a more comprehensive perception of the narrative world and its societal occurrences (Lawson, 2019).

Ulianov (2022) notes that the ongoing interaction between individuals and their social backgrounds plays a pivotal role in shaping perceived reality, stressing the importance of how circumstances are construed and the implications of these interpretations on behaviours and outcomes. The construction of reality is largely shaped by media through the framing of events and information in specific ways that shape individuals' perceptions and interpretations of their world. Research indicates that various media platforms can shape reality differently depending on their framing approaches (Rustanta et al., 2023). The intersection of linguistics and semiotics in media texts further underscores how the communication process, influenced by socio-cultural factors, affects the creation and understanding of meanings (Barrios-Rubio & Fajardo Valencia, 2022).

The integration of digital media technologies into everyday life highlights the importance of data extraction and processing in determining what constitutes knowledge about the world, thus influencing the construction of reality. Pfohl (2008) and Galbin (2014) states that the social construction of the world is mediated by power and knowledge that contribute to their production, reproduction, and challenge. Therefore, in social construction, things are not relative; rather, they are complex, systemic, and relational. Unless things are both natural and historical (complex and dynamic), they may be considered relative. Being relative is explained as a denial of responsibility, as one may claim to be everywhere while actually being nowhere (Pfohl, 2008; Andrews, 2012). Additionally, the presentation of news stories on multimedia platforms can impact interactions and contribute to the reconstruction of reality, as illustrated by studies on masculine violence (Erdem, 2022). Muzakki (2020) notes that the influence of media on subjective reality, exemplified by the impact of influencers on Facebook

users, demonstrates how interaction and metaphors can enhance the formation of subjective reality on a variety of issues.

According to Couldry et al. (2018), an individual's understanding of an event is closely connected to how the community shapes and filters information, as well as the impact or mediation of these constructions on this understanding. Additionally, the timing of biological events, as measured through phenology, is important for understanding species interactions and organism responses to climate change. Shannon et al. (2022) established that familial exhibitions during community gatherings not only present familial customs but also serve as a means to display affiliation and reinforce familial identity, highlighting the impact of constructions on personal and familial interpretations of occurrences.

3.6 SOCIOLOGICAL REALITIES

According to Bauman and May (2019), sociological realities encompass a wide array of concepts, from the establishment of groups to the roles of individuals within a societal framework. Pfohl (2008) states that the daily experiences of people are viewed as being filtered through categories of how people in the world should act and how they define the world. Moreover, meanings and reactions may also provide people with what is considered common sense about natural reality. Additionally, common sense is considered a daily, natural attitude that is taken for granted. It is usually independent and can relate to an individual's immediate experience. Common sense is believed to be a belief in which most people experience the world the same way. Unlike animals that have "built-in biological imprints", humans depend on their central nervous system to use language and symbols to construct artificial order in the world (Pfohl, 2008). Understanding society as an autonomous entity composed of human beings, capable of generating and sustaining the conditions and circumstances for both individual and collective survival, underscores the complexity of these frameworks. There is an emphasis on the importance of precise and reproducible research methods in sociological inquiries to enhance the reliability and authenticity of empirical outcomes (Suanpang, 2023).

Social constructionism sheds light on how various aspects of reality lack inherent significance and are instead shaped by society through language, symbols, and interactions. This perspective encourages an exploration of how constructions influence our perceptions, beliefs, and actions (Charmaz et al., 2019). Socialisation helps shape individuals' perceptions, habits, and judgements of the world (Pfohl, 2008). Established institutions such as education, media, religion, and politics assume crucial roles in upholding specific standards and

principles, while also serving as arenas where alternative narratives and ideologies can challenge the status quo. These institutions play essential roles in reinforcing specific norms and values (Museus & LePeau, 2019).

Recognising the interconnection of different constructs can enrich the discourse. Intersectionality examines how various categories such as gender, race, class, sexuality, and ability intersect to generate unique experiences of advantage and disadvantage. Understanding how these intersecting identities shape individuals' realities provides a more holistic comprehension of societal mechanisms (Collins & Bilge, 2020; Cikara et al., 2022).

Socialisation helps shape individuals' perceptions, habits, and judgements of the world. Pfohl (2008) added that in social constructions there are four vectors of influence that are interdependent. These vectors are shaped by social construction and, although real, are unique and contribute differently to each individual. They are usually undermined by certain cultures. These vectors are known as natural historical materiality, psychic subjectivity, power, and knowledge.

3.6.1 Natural historic materiality of social construction

According to Berger and Luckmann (2023), this first vector, the concept of natural historic materiality, revolves around key assumptions concerning species survival, the economic nature of societal production, and the broader economy related to the management of energy resources. It suggests that stability is crucial for humans to establish order. Additionally, human interaction with the environment is essential for maintaining life balance and ensuring reproductive success. Without such equilibrium, chaos ensues (Soga & Gaston, 2020). There is a belief that humans lack innate survival instincts, but their central nervous system compensates for this by enabling them to interact with the world using symbols, signs, gestures, and images. This neurological system facilitates communication between people and helps assign meaning to objects. Language plays a crucial role in this process by allowing humans to exchange words, thus organising and making sense of their surroundings amidst the chaos of material flux. Through verbal communication, humans categorise symbols, creating words that convey meaning (Guisinger, 2022; Barrett & Francescutti, 2020; Becker, 2023).

Healey (2020) states that construction plays a crucial role in shaping how societies produce goods and services. The interaction between how things are produced and the language used influences what people perceive as real. The way language is used in a society shapes its culture and beliefs (Becker, 2023). Human existence is seen as a natural gift from nature, which

is the main source of life and energy. This connection to nature implies that humans will return to it eventually, as they owe their existence to it. Humans are considered active participants in the ongoing evolution of nature (Suzuki, 2022). Octavia (2021) suggests that the process of construction among humans can be seen as parasitic in nature. Octavia (2021) added that human existence is a gift of nature, whereas nature is described as the main source of life from where energy is drawn. It is further indicated that because we exist from nature, we shall leave the earth as nature, because we owe our flesh, breath and blood to it. Humans are said to be participants in the nature's dynamic evolution. When the realities of the world clash with our constructed beliefs, it causes anxiety.

3.6.2 Psychic subjectivity of social construction

According to Pfohl (2008), the psychic subjectivity of social construction is the second vector influencing the realities of social construction. It refers to the construction of meaning and unconsciousness. Pfohl (2008) indicated that some people may make history not by choice but by circumstance as social constructions are produced by the subjective effort that classifies the world. Moreover, some humans may cut their lives short, which restricts their future actions. The psychic subjectivity of social construction pertains to the complex interaction between individual psychological experiences and the broader processes that shape them. It suggests that subjectivity is not just about individual experiences but is shaped by dynamics (Olesen & Weber, 2019). Subjectivity is seen as complex, detached, and manipulated by social and discursive factors, yet it remains deeply personal as individuals imbue these factors with their desires, shaping their identities. Caillaud et al. (2021) note that in psychology, the development of representations has expanded our understanding of subjectivity, defining it as a significant aspect of societal dynamics rather than purely an individual experience. Jovchelovitch (2019) argues that this perspective highlights the cultural dimension of subjectivity and its implications for constructing representations within a dynamic and complex system.

Psychic subjectivity plays a vital role in shaping society, influencing how people see, feel, and act within their communities. The construction of subjectivity is closely tied to how people learn ideas, who holds power, and how emotions and symbols come into play (Mansfield, 2020). People interact with rules and cultural norms through processes such as internalising and expressing ideas, which help create a shared reality. As individuals grow, their inner sense of self is shaped by communication and mirroring, making them more aware

of their influence on their surroundings (Higgins, 2020). Viewing subjectivity as something shaped by history and culture, and as continuously evolving, reminds us that both individual and world views are always changing (Rosenstone, 2020). Ultimately, psychic subjectivity has a significant influence on how we perceive, understand, and shape society (Mansfield, 2020).

Pfohl (2008) and Mansfield (2020) report that what we perceive as "real" is a facet of the subjective construction of reality, which does not fully encompass its complexities and productivity. However, it still falls short of capturing complexities and the fullness of being. Psychic constructions are perceived as real because the subjects responsible for creating them form part of the realm of energetic matter. Furthermore, others may think a psychic construction is symbolic or imagined (Pfohl, 2008). According to psychic subjective social construction, reality is often partially unconscious, with some aspects being repressed during the imaginative process (Layton & Leavy-Sperounis, 2020). Sometimes reality becomes repressed during the imagining process; however, this does not imply that repressed elements are void and without any significance. Pfohl (2008) adds that repressed reality will continue to influence the psychic social construction. There is an acknowledgement that linguistic constructs might oversimplify the nature of reality (Mansfield, 2020). It is believed that linguistic artifice may reduce the nature of reality. Pfohl (2008) reports that human beings exist in a symbolic order as they are the objects of language. It is, therefore, considered to be real as it is termed "irreducible" in the realm of projective imaginary identifications or as the objectifying symbolic confines of language (Pfohl, 2008). In this symbolic order, the fears and fantasies do not only belong to individuals. Pfohl (2008) reports that the imaginary realm may stem from fantasies that result in misinterpreting the complexities of reality. This may reduce reality to a restrictive psychic economy of the ego. Fantasies may result in one's elevated ego and the perception that they are autonomous or developing narcissistic traits. Moreover, these fantasies may create a gap in what is considered reality. According to the social constructionist, human beings actively hallucinate and set their mind to what they believe to be real and reciprocally dynamic. Moreover, our fantasies may sometimes make us believe that we are better than others or that we are on top of the world. The psychic departure of reality is from the standpoint of the "I" and can never be exited or perceived as imaginary. Moreover, when communicating with people, we can communicate in the here and now by addressing "other" cultures' dominant linguistic structures. The "other" in this context stands between "us" and the person we are meant to direct our intimate thoughts. Pfohl (2008) adds that the contribution of how our history is shaped is from the combination of the interaction of the symbolic realm or imagination. Although these interactions balance each other, they may at times either

suppress or repress each other. Their symbolic order is considered second nature while the imaginary is projective.

3.6.3 Power of social construction

Power is the third vector that affects social construction. According to Pfohl (2008), power is described as the ability of a set of social actors to influence others, regardless of their resistance. The term power originates from the Latin verb "potere", which means "to be able" in English. Its definition has evolved over the years, now encompassing the ability to make things happen by either enabling or constraining actions. Power also distinguishes what is considered normal from what is problematic, such as crime or deviant behaviour. Pfohl (2008) adds that humans with power may use it to control others or use it as a weapon against the other, and power holds limited imagination. Pfohl (2008) indicates that Weber's instrumental approach to power may be supplemented in the following way: firstly, by perceiving power as a constitutive field that contains overlapping social forces; secondly, by distinguishing between coercive power and hegemonic power, and lastly, by also locating contemporary power such as the economy, gender, and that may be mediated by the "global coloniality of power".

Traditionally, scholars of organisational theory have separated "power" from "authority" based on the notion of legitimacy. According to this perspective, power is viewed as a "capacity" that exists independently of the formal authority structure within an organisation (Avelino, 2021). Historically, organisations were seen as unified and uniform entities where these capacities were exercised. However, this view has been challenged. Organisations are now defined as complex systems intersected by arenas where agencies, capabilities, networks, and interests interact (Clegg, 2019). Power is no longer treated as a static entity but as a dynamic process emerging from these interactions. While power is shaped by rules, these rules cannot be interpreted in isolation; their meaning is contingent upon the interpretations made by the actors whose actions give them significance (Avelino, 2021; Clegg, 2019).

Constructionism asserts that power is not static; rather, it is an ongoing process that is constantly contested and renegotiated (Martin, 2024). Power is not limited to a select few but is distributed across society. This perspective suggests that power is not merely a possession but a relational concept defined by how individuals interact within specific contexts (Toffler, 2022). As alluded to above, power signifies the capacity to either enable or restrict actions. According to Avelino (2021), the concept of power can be best understood through its capacity

to produce results. Viewing power as the ability to act does not negate its potential for conflict or violence. In its confrontational aspect, power becomes evident in the ability to dominate others or emerge victorious in conflicts (Avelino, 2021). McGrath & McGrath (2021) argue that power emerges from the interactions of individuals. In every interaction, actors occupy fluctuating positions, each assigned varying levels of autonomy. This relational positioning is influenced by the extent to which actors seek cooperation from others. Thus, wherever there are interactions, there is a dynamic of power.

According to Pfohl (2008), power can also close doors for others while opening doors for social constructions. Additionally, power can provide our knowledge of the world with a socially constructed form by functioning as both dynamic and historical. Moreover, power is not only possessed by anyone but can be pictured as a field of forces in relation to tension and other forces. Power has the ability to burn memories and create forgetful forces. It also has the ability to provoke flight or resistance. Pfohl (2008) reports that some forces may dominate others, while on the other hand, others may reconstruct human functioning, meaning, and morals. Moreover, power comes from everywhere, and embraces everything. It can be structured differently based on time and place therefore it can be perceived as an unequal feature of life. It may also limit our realities as it works with our bodies and allows for the reconstruction and construction of boundaries. Power may limit what we consider real by provoking resistance. Pfohl (2008) adds that power assumes a coercive and hegemonic form. Pfohl (2008) further indicates that the coercive field of power is known to be brutal as it instigates violence while the hegemonic power is seductive in nature as it advocates for consent and common sense. Hegemony tries to find balance in inequalities and unites people through common sense. Additionally, the two forms of power may also distort what reality is.

From a constructionist perspective, power operates across various scales, from small-scale interpersonal experiences to larger societal frameworks (Phillips, 2023). On a micro level, power manifests in daily engagements such as discussions, bargaining, and decision-making. Within these interactions, there are power dynamics at play, in which individuals or groups might wield authority or sway over others (Edwards, 2024). At the broader societal level, power is embedded within systems, structures, and institutions, including political organisations, economic frameworks, legal systems, and cultural conventions (Kraus & Torrez, 2020). Constructionists argue that power is not solely wielded through overt authority but also operates through subtler means such as ideologies, discourses, and societal norms.

Cap (2019) highlights the significance of language and discourse in shaping power dynamics. Language is not merely a neutral tool for communication but is deeply connected

with power dynamics. The way power is discussed, the terms and concepts employed, and the narratives constructed, all influence our understanding and enactment of power. As a relational dynamic, power penetrates all aspects of society, affecting individuals and entities both positively and negatively. How power is exercised by individuals or entities profoundly impacts the lives of those within their sphere of influence (DiMaggio, 2019). Therefore, it is essential to understand how science has conceptualised power, its origins and forms, how power is distributed in society, and the potential purposes for which power may be used (Akotey, 2020).

3.6.4 Knowledge of social construction

According to Pfohl (2008), knowledge of social construction is the fourth vector. Moreover, knowledge and power are often interrelated, as they both shape and complement each other. Pfohl (2008) asserts power cannot exist without knowledge; one must possess knowledge to exercise power. Similarly, both power and knowledge influence the reality of social construction. When an individual is perceived as knowledgeable, it means that the person can understand, perceive, and apprehend the reality of phenomena. Pfohl (2008) argues that knowledge plays a role in shaping reality, as one must possess certain knowledge to understand the world.

In narratives or storytelling, knowledge is essential for constructing meaningful social realities. Pfohl (2008) notes that people may depend on stories told to derive truth, and for one to be an effective storyteller, factual knowledge is necessary. Additionally, emotional forms of knowledge are also powerful and integral to the process of social construction. Emotional apprehension is considered a vital dimension of socially constructed knowledge, as it transcends linguistic expression and encompasses moral and aesthetic elements.

Moral judgement, a component of knowledge, involves distinguishing between right and wrong or good or bad. It deals with what society may value or condemn. Conversely, aesthetic judgement focuses on society's feelings of either pleasure or displeasure, often operating at an unconscious level where power interacts with knowledge. Repressed knowledge or feelings have the potential to resurface, impacting social construction over time.

According to Foucault (2020), knowledge in construction is linked to power, as demonstrated in various contexts. Dominant societal ideologies, perpetuated through educational institutions (Croizet et al., 2019), play a significant role in shaping individuals' identities and effecting hegemonic norms through the construction of knowledge. In the

healthcare system, the medicalisation of attention-deficit/hyperactivity disorder (ADHD) displays how knowledge is assembled and disseminated by medical professionals, impacting societal perceptions and practices (Petersen, 2023). Similarly, the medicalisation of leadership during crises, such as the COVID-19 pandemic, illustrates how leaders constructed "truths" and narratives to shape societal behaviour and responses, emphasising the inherent power dynamics in knowledge construction (Hossain et al., 2023). A comprehensive understanding of these dynamics is essential to explain how knowledge is formed, disseminated, and used to exercise power in society (Uyheng & Montiel, 2023).

Zhang et al. (2022) highlight the significance of construction in stimulating knowledge generation, particularly by influencing the dynamics of information aggregation on question-and-answer platforms. The construction of knowledge within local communities is impacted by socio-cultural factors such as hierarchical structures, economic transformations, and traditional conventions. Moreover, Mutiaraningrum and Nugroho (2020) argue that within the postmodern paradigm, constructionism underscores the negotiation of interpretations and the socially constructed nature of reality, emphasising the centrality of language in the production of knowledge.

The surge in remote learning amid the COVID-19 crisis has also sparked interest in how knowledge is constructed in language-learning settings. Research indicates that synchronous text-based dialogues foster the communal construction of knowledge among learners (Mutiaraningrum & Nugroho, 2020). Construction thus plays a pivotal role in shaping interactions, cultural standards, and the understanding of reality through collaborative procedures and language utilisation (Duan, Lu & Xie, 2021).

3.7 CONSTRUCTION THROUGH INTERACTION

According to Francis (2021), interactional constructionism emphasises the role of daily encounters in shaping reality through interpretive actions and interactions. The perspective of interactional constructionism is rooted in symbolic interactionism and constructionism and highlights how people co-construct their realities through communication and shared meanings (Gouloudis 2020; Knoblauch, 2019). Thomas Luckmann's work underscores the importance of communication in constructing reality, especially in the context of a communication society where conflicts lead to societal reconfiguration (Lim & Habig, 2020). Furthermore, constructivism in education, particularly through information technology tools like robotics and interactive television, promotes interactive and experiential learning, aligning with the idea

of individuals actively constructing knowledge through discovery and experimentation. Interactional constructionism thus highlights the dynamic and interpretive nature of reality formation through everyday interactions and communicative processes (Šijaković & Vilić, 2019).

Interactional construction, as discussed above, centres on the dynamic essence of existence and how individuals engage in communication and self-presentation. During interactional construction, people assume that when communicating with others, they may respond to a set of expectations. This entails recognising that individuals react to contextual expectations rather than fixed standards, with these expectations gradually evolving within a given social setting. Expectations are defined by the situation, and they are not fixed norms of how one should conduct themselves (Marvasti, 2019; Huma et al., 2020; Cojocaru et al., 2012). Constructionism emphasises that every aspect of existence, ranging from tangible objects to abstract notions such as gender and identity, is a product of human creation with tangible repercussions. Moreover, effective interactions play a pivotal role in the advancement of society, as connections lay the foundation for human communities and steer their development over time. Interactional construction not only shapes individual behaviour but also contributes to the broader framework, influencing how people engage with one another and fostering the progress of communities. Huma et al. (2020) assert that discursive psychologists focus on how realities are constructed through the specific use of language.

Interactional construction, as emphasised in discursive psychology, challenges individualistic interpretations of practices and highlights the role of contexts in shaping intentional actions (Romaioli, 2022). This approach acknowledges the constructed nature of actions and their relevance in various settings, including job-related tasks. Zapf et al. (2021) report the emotional work within interactional construction that comprises activities aimed at obtaining appropriate emotions for specific situations, stressing the importance of producing relevant emotions at the right time and place (Huma et al., 2020). According to Marvasti (2019), in the interaction construction, the participants are not static to time and place. Moreover, social conditions are perceived as structures that have the potential to dictate human conduct. Additionally, the interaction construction is also concerned with how an individual will uniquely interpret different settings. It further constitutes the possibility of language and rejects individualistic interpretations of practice. Interaction construction speaks to how individuals communicate and how they carry themselves. By considering the intentional and context-mediated nature of interactional practices, discursive psychologists explore how language and contexts connect to shape realities and emotional expressions. Interactional

construction underscores the performative aspect of emotions and the role of context in framing emotional displays, aligning with the broader focus on construction and interaction in discursive psychology (Huma et al., 2020). People have the freedom to form narratives that align with their preferences. Furthermore, as Manstead (2018) suggests, class, identity, and gender intersect closely, influencing societal expectations in distinct ways.

3.8 CONSTRUCTION OF NARRATIVES

Storr (2020) postulates that humans are natural storytellers, continuously constructing narratives about their lives. Frank (2000) reported that narrative and storytelling are terms often used interchangeably. Frank (2000) added that people do not tell narratives but stories. These stories are told in order to re-affirm or redirect relationships. The creation of these life stories is viewed as a natural phenomenon. Narratives serve both as a theoretical framework and a methodological approach. They function as a means of articulating life experiences and as a pathway to understanding. Additionally, narratives are perceived as fundamental aspects of an individual's existence, shaping their realities and defining their essence. In this narrative-rich environment, humans occupy a world shaped by stories. These narratives not only provide depth and richness to people's lives but also serve as guiding forces, influenced by socio-cultural factors (McAdams, 2019). Narratives – whether oral, written, or a blend of both – represent an ancient cultural tool that emerged historically when people recognised the significance of stories in expressing their thoughts and emotions. Not only do narratives mirror reality, but they also actively shape it, empowering individuals to imbue their experiences with meaning (Kaliris & Issari, 2022). People actively engage in constructing narratives, drawing from their lived experiences to shape their stories. Narratives serve as a form of engagement, enabling individuals to comprehend and interpret their lives.

Narratives play a crucial role in driving change, with their influence evident in bodily expressions (Avraamidou, 2019). In narratives, storytellers communicate organised memories and emotions that become intertwined with their lives. Furthermore, narratives are believed to possess moral weight, motivate ethical reflection, and promote interactive exchanges (Habermas, 2019). According to Smith and Monforte (2020), the socio-cultural approach views humans as creators of meaning who use narratives to interpret, guide, and communicate their lives, shaping their experiences and identities. These narratives are transmitted within the social and cultural contexts of individuals. Narrative constructionism is defined by several key features. For example, it emphasises that narratives serve as the foundation for individuals to

construct their personal stories and understand the stories they experience. To perceive this difference, it is important to differentiate between a "story" and a "narrative." A story refers to a specific account recounted by individuals, while a narrative encompasses the broader resources provided by culture and interactions, which individuals draw upon to craft their stories. Therefore, individuals recount stories by tapping into the narratives available to them through their cultural and social contexts (Smith & Monforte, 2020).

Smith and Sparkes (2008) state that there are two kinds of narratives, known as narrative constructivism and narrative constructionism. Narrative constructivism refers to when people's stories are considered psychological. It recognises the socio-cultural narrative as it focuses on the lives that people construct. Moreover, it is also concerned with an individual's thoughts during interactions. However, those thoughts are accessible through storytelling, as stories are a reflection of individuals' working minds, identities, moral commitments, understanding of past emotions, and what they anticipate in future (Pihlainen, 2013). According to Smith and Sparkes (2008), narratives assist in accessing an individual's internal realm, which is influenced by their social relationships and the world they exist in. Moreover, the individual's cognitive structure may guide their actions, which are meant to shape their lives. Narratives have the potential to reflect the realities of an individual's personal experiences.

In contrast to narrative constructivism, narrative constructionism does not focus on cognition and the individual's inner realm but perceives narratives as a vehicle through which our world and lives are articulated. The narratives in social constructionism function within social relationships (Smith & Sparkes, 2008). Their significance is derived from the way they are employed in relationships and their commitment to relativism. According to Gergen et al., (2014), social constructionism believes that people's knowledge is historically and socially conditioned. Narratives are logged by individuals within relationships for use in different contexts. They are concerned with the relationship between what people do and perform, not what they have. Meaning in social constructionism is transmitted through narratives.

Smith and Sparkes (2008) report that narratives are a form of social action that allows individuals to make sense of their lives. They are effective in social transformations, and their expressions are evident in their bodily expressions. During narratives, the storyteller shares organised, embedded memories and emotions that become part of their lives. Additionally, narratives are said to possess moral forces provoking the reflection of ethics that creates a flow of interaction. Moreover, Frank (2006) reports that story telling may have both negative and positive consequences (health benefits and risks). Researchers are also considered to be

storytellers who possess writing skills. The stories narrated by researchers are labelled theories that make researchers a part of the written stories. Sparkes and Smith (2008) add that interviews might assist in eliciting hints of the truth that exists in the participants' minds.

3.9 CONSTRUCTION OF REALITY THROUGH LANGUAGE

According to Halliday (2023), the world is constructed and shaped through human interaction and the language used. Society can be perceived as a result of people's interactions, which are objectified, internalised, and externalised. Society is not a pre-existing domain, and constructionists share the view that the meaning of the world events we observe is dependent on the context in which they occur. Moreover, our understanding of the world is contingent (Pfadenhaueris & Knoblauch, 2019). Constructionists believe there are no essential structures in society but rather that observers are relativists who see knowledge of the world as a version of their (the observers') perspective. An individual's understanding of the world is based on their beliefs, narratives, and perceptions, which, in turn, shape how they respond to it (Pfohl, 2008).

It is believed that the world is shaped by language, power, and discourse. Bohnemeyer (2020) notes that realist literature and other propaganda share a defining feature: the use of specific language rules unique to propaganda. Examining ideological language offers an opportunity to reconsider language relativism, rooted in Wilhelm von Humboldt's philosophy, which centres on a certain aspect of language use. The exploration of propaganda language confirms its adherence to classical linguistic relativity theories, strategically moulding the perception of political reality for its audience. However, it is also evident that the language strategies used in totalitarian and authoritarian literature show a striking consistency across different national contexts (Halliday, 2023).

Vizuette (2022) reports that everyday language serves as a tool for ordinary individuals to engage socially and craft narratives about themselves. Moreover, it is suggested that language is the conduit through which reality is introduced into the public sphere. Language plays a vital role in showing that people can use similar speech patterns yet embrace different linguistic experiences throughout their lives.

Language occupies a central role in the process of identity construction, enabling individuals to negotiate and shape their sense of self through daily interactions. Furthermore, the role of language is crucial in identity formation, emphasising socio-cultural distinctions such as religion, myths, and customs. Language – essentially the act of speaking – can be

viewed as purposeful action aimed at achieving specific goals through verbal communication. This process often involves utterances, which can be categorised as speech acts identifiable by their intended purposes, such as assertions, questions, and requests (Opayemi et al., 2018).

Oluwaseun (2023) notes that the construction of reality through language signifies how language fundamentally forms perceptions and individuals' understanding of the world. This suggests that our linguistic interactions and expressions contribute significantly to forming and interpreting our reality. Language is not just a means of communication; it is also a medium through which we conceptualise and comprehend our experiences, beliefs, and cultural norms. Through language, individuals not only describe their reality but actively participate in its creation and perpetuation. This concept implies that different languages, dialects, and linguistic expressions can lead to diverse interpretations and constructions of reality (Bonvillain, 2019).

Language also highlights the influence of societal norms, cultural values, and individual perspectives on how we employ language and the realities we construct through it (Oluwaseun, 2023). Baker et al. (2020) point out that language is a behaviour and a crucial element in interactions, often linked to other human behaviours across different settings. This connection makes it challenging to study language in isolation, which may explain why many psychologists have overlooked it, despite its historical significance in early 20th-century psychology and the abundance of literature on the topic.

Although language use profoundly influences many psychological processes, it emphasises the necessity of understanding its foundations due to its essential role in everyday interactions (Baker et al., 2020). The interdisciplinary field of language and psychology examines the complex relationship between language and communication while distinguishing between psychological and communication-oriented perspectives. A central area of interest within this domain is bilingualism and its intricate connections to language, identity, and culture (Oluwaseun, 2023).

Jackson et al. (2020) note that recognising the role of language use is believed to enhance a psychologist's understanding of different phenomena. A more profound understanding of the dynamics surrounding language use can enrich our overall perception of the principles and mechanisms behind it. Linguists frequently emphasise the distinction between language and communication, noting that they are not synonymous. Indeed, individuals can effectively communicate without language, and many species, apart from homo sapiens, successfully communicate using alternative methods suited to their needs (Baker et al., 2020).

According to Pfadenhaueris and Knoblauch (2019), in the construction of reality, language was identified as the primary form of objectification. Hence, it is no surprise that Luckmann shifted his focus to the sociology of language and subsequently engaged in empirical studies on language in communication. Drawing from research in ethnomethodology, linguistics, and anthropology, Luckmann gradually embraced the emerging "interpretive turn" and qualitative methodologies. Li (2018) suggests that viewing speech interpretation and verbal expressions of practices as forms of linguistic action highlights their role as independent sources of differentiation. Linguistic knowledge is integral to our broader understanding.

Loenhoff (2018) argues that language is often oversimplified, either as a neutral medium or solely as a means for attaining power and status. Burr (2015) reports that ordinary people use language daily for social interaction and to construct an account for themselves. It is further stated that reality is brought into the social realm using language. The role of language is to demonstrate that individuals may use the same form of speech but still not share the same linguistic experiences in life (Pfohl, 2008). Pfohl (2008) believed that people may use language to create a world of their own. Just like in performing art, an individual can perform or act out their own roles as playwrights. Moreover, one may re-evaluate their own behaviour and decide to change their script or even recreate their audience. During an individual's own playwriting, they may experience stage fright (anxiety when with people) or forget the script. They are forever in a social context that allows them to create and recreate characters (Zhang & Hwang, 2023).

Currently, within the sociology of knowledge, the focus on communication has relegated the exploration of linguistic knowledge to a lesser position (Pfadenhaueris & Knoblauch, 2019). According to Gros (2021), Berger and Luckmann explored the sociological analysis of language following the insights of Alfred Schütz (Dörfler & Rothfuss, 2023). They perceived language as a foundational aspect of history, representing both the primary expression of individual experiences and a reservoir of accumulated knowledge. They emphasised that language transcends mere consciousness, portraying it instead as a product of societal construction. The equilibrium between subjective and objective realities is largely contingent upon language (Gros, 2021). Verbal expression and comprehension are shaped by implicit linguistic understanding and the verbal exchanges that arise from interactions (Pickering & Garrod, 2021).

3.10 SOCIAL CONSTRUCTION OF THERAPY

According to Łucjan (2023), the construction of therapy is an approach that emphasises how conversation and the therapeutic relationship provide a space where people collectively construct perceptions of themselves, their problems, and their lives. This perspective highlights the importance of conversational resources that guide practitioners in interacting with patients and each other, focusing on the impact these discussions have on the therapeutic process (Sriyani, 2022). Holzman (2020) suggests that constructionism views therapy as a process where individuals jointly form new meanings and narratives through dialogue, emphasising the transformative power of conversation in creating individuals' perceptions and experiences. This approach stresses the importance of uniting family dialogue and inviting the broader context into individual experiences as key elements to encourage change within the therapeutic setting.

According to Miller and Strong in Holstein and Gubrium (2013), therapy is a term used when a therapist assists a client with their personal challenges or during mediation. A therapist may serve as a gatekeeper or expert during court proceedings. Therapy is defined as a treatment that intends to relieve or heal a certain disorder or conflict. They further explain that the realities of therapy may be shaped by the way an individual talks during social interactions. Moreover, an individual's interactions within their social context shape their realities and define the purpose and goal of therapy. Therapy needs to take place in an environment that is neutral and supports both the client and the therapist. Miller and Strong also report that therapy addresses chronic illness, grief, trauma, intergroup conflicts, depression, and addiction.

Society plays a significant role in shaping therapy practices and beliefs through its influence on discourses and norms that both therapists and clients internalise. Societal messages regarding parent-child interactions, for example, have a prominent impact on family therapy sessions, underscoring the value of considering broader societal discourses in therapeutic settings (Epstein et al., 2020). Bateman and Fonagy (2019) disclose that critical psychotherapy assessments highlight how emotional and mental issues are deeply intertwined with societal factors. They challenge the notion of isolating these issues for clinical treatment, emphasising the influence of societal context on therapy practices.

A case study on oestrogen therapy for tall girls illustrates how scientific knowledge is applied within specific contexts, showing the interaction between scientific understanding and societal beliefs in treatment decisions (Bhargava et al., 2021). Łucjan (2023) conveys that therapists who have been trained to diagnose using the DSM-IV may face difficulties when

transitioning to a construction-oriented method, as they come to realise that a client's presentation is shaped by the constructed nature of reality. This recognition necessitates a shift toward an alternative orientation that deviates from societal perceptions of reality. Despite these challenges, therapists are tasked with the responsibility to help clients gain insight into their perceptions and educate them on how beliefs and language usage can contribute to their distress (Báez-Powell, 2023). According to Lucas et al. (2022), clinicians stress the importance of communicating the complexity of conditions, such as non-specific low back pain, beyond diagnostic labels. They highlight the need to consider bio-psychosocial factors and a transition toward a constructivist diagnostic framework (Arnborg Lund et al., 2020).

The influence of cultural norms on therapy approaches is both profound and complex. Differences in communication styles across cultures necessitate that therapists remain aware and flexible. As suggested by Sue et al. (2022), some cultures prioritise direct communication, while others favour indirect or implicit modes. In addition, cultural attitudes towards mental health and therapy vary significantly, with stigma often linked to mental illness in certain cultural contexts, as noted by Koç and Kafa (2019). Furthermore, McDowell et al. (2022) emphasise the importance of considering family and community dynamics in therapy. Family involvement in therapeutic processes differs across cultures, with some cultures highly appreciating and motivating such involvement, while others prioritise individual therapy. To achieve cultural competence, therapists must fully understand their clients' cultural backgrounds to appreciate how their experiences and behaviours are influenced by these factors. Recognising and respecting these differences, and collaborating with clients towards therapeutic goals, is crucial for successful therapy (Sue et al., 2022).

Miller and Strong in Holstein and Gubrium (2013) report that qualitative research in social construction may shape the relationship between the therapist and the client and may also influence their participation. Some clients may be obsessed with having repressed emotions in an attempt to avoid discussing certain topics. Holstein and Gubrium (2013) add that there may be an assumption that human behaviour is a result of inner forces that are beyond an individual's control. Moreover, cultural practices are also responsible for removing individuals from their social context and individualised behaviour. It was further added that this may also put others at an authority level and allow them to determine what behaviour may be deemed normal and abnormal (Holstein & Gubrium, 2013).

3.11 SOCIAL CONSTRUCTION OF EMOTIONS

According to Loseke, (2025), emotions are a critical aspect of social life. In the 1990s emotions were initially perceived as being biological and private; they were also considered psychological, as they are not governed by any social rules. Previously, in the 19th century, emotions were not of interest as they were perceived as non-cognitive, irrational, and subjective. Additionally, the neglect of emotions began in the Western body-mind and was embedded in social sciences until the late 20th century. Furthermore, emotions took centre stage when sociologists sought to understand how humans comprehend and create meaning. It made sense for emotions to be interpreted. The interest in emotions brought about general changes in the social world. Eventually, in the 1980s, what we feel started to become more important than what we think. Therefore, logic and truth also became relative. Americans emphasised the importance of being conscious of feelings (Loseke, 2025).

According to Albuquerque and Resende (2023), emotions play a vital role in human experience, including both the experience and expression of emotions, as well as the interpretation of emotional cues from others. The concept of emotional contrast refers to individuals experiencing a variety of emotional responses, such as envy, schadenfreude, and sympathy, when comparing themselves to others in different contexts (Boecker et al., 2022). Emotions are not solely individual experiences but are deeply influenced by social dynamics, including norms, group affiliations, power dynamics, and cultural backgrounds, which shape how emotions are felt, managed, and expressed (Schweinberger, 2019). Moreover, emotions play a vital role in human interactions. Negative emotions like shame and guilt prevent inappropriate behaviours, while positive emotions like pride and admiration strengthen social connections and bonds. Previously, emotions were thought to be exclusive to humans; however, recent studies suggest that other animals also rely on perceiving emotions to navigate their environments and adjust their behaviours for success within their circles (Albuquerque & Resende, 2023; Mobbs, 2018).

Differences in culture exert a substantial influence on the manifestation of emotional expressions, impacting both the perception and presentation of emotions. Research indicates that individuals from low-context cultures such as the Netherlands tend to display more pronounced facial expressions across various emotions compared to those from high-context cultures, such as China (Son & Doan, 2023; Fang et al., 2022). Moreover, cultural contexts contribute to how emotions are discerned and understood, with individuals exhibiting an advantage in recognising emotions expressed in their native language and cultural group

(Zhang & Pell, 2022). Additionally, cultural background influences consistency in tasks that involve multisensory emotion perception.

As highlighted by Knapp et al. (2022), cultural norms play a significant role in forming patterns of emotional expression by governing behaviours, regulations, and values concerning emotions across diverse societies. These norms are instilled through socialisation processes that commence early in life, leaving lasting impacts on emotional behaviours throughout a person's lifespan (Zhou et al., 2023; Karandashev, 2020). For instance, collectivist cultures prioritise cohesion and conformity, resulting in distinct norms for emotional expression compared to individualistic cultures (Yang & Wang, 2019). Research indicates that cultural beliefs influence practices related to emotion socialisation, including parental displays of emotion and responses to children's emotions, thereby shaping emotional development in young individuals (Frogley et al., 2023). According to Thomas et al. (2020), there is extensive research pointing to cross-cultural differences in emotional expression and the use of context in communication. Cultural models of emotional expression vary, including differences in the direct and indirect expression of emotions across different cultures.

Members of multicultural groups benefit from developing diverse support networks. Engaging openly with people who have a different worldview (that is, shaped by a different cultural background) broadens one's cognitive horizons, facilitates one's adaptation to new contexts, decreases stereotyping and discrimination, and generally improves individual and group performance. However, if this connection is hindered, either by limiting the number of people one reaches out to or by preferring to connect to similar others, then the diversity advantage is lost for both individuals and groups (Boroş & Boiger, 2019). People from relatively collectivist nations are more likely to engage in emotion-restraining behaviours (emotional suppression) such as gaze aversion, covering the face, or controlled smiling (Thomas et al., 2020). Solak et al. (2021) argue that the suppression or dampening of emotional expression and the preference for low-arousal emotions help preserve group harmony. In contrast, in individualist contexts, people try to influence others, and high-arousal emotions are most effective for this purpose. Conversely, in collectivist contexts, conforming, fitting in, and adjusting to others (harmony) is valued, making low-arousal emotions more effective (Thomas et al., 2020).

3.11.1 Culture and emotions

Loseke (2025) reported that culture influences individuals' emotions. It may frame rules of feeling and expression. The two kinds of emotional culture include emotional discourse, which focuses on the way individuals structure their talk, and emotional vocabulary, which focuses on words. Additionally, it also tends to focus on standards, ideals, and expectations surrounding emotions. According to Barbu (2022), Asiegbu (2024) and Simonova (2021), emotional culture and competence are not inherent traits but rather products of construction, as individuals rely on interactions for their emotional development. Caregivers are paramount in shaping emotional expressions and attachments from infancy, thereby facilitating the emergence of complex emotions and communication skills. These people are responsible for grooming a child and teaching a child how to feel, think and respond to emotions. Therefore, their peers eventually take over and teach emotional culture. Socialisation is divided into primary and secondary socialisation. Primary socialisation is concerned with general and transitional emotional competence. Secondary socialisation, however, teaches the elements of emotional culture that are associated with groups or settings such as the workplace (Trentacosta, Singh & Eidnes, 2022). Emotional culture also dictates how we should respond to certain social settings. It indirectly dictates how emotions should be outwardly displayed. There is an expectation that one should cry when sad and show gratitude when receiving kindness. Emotional culture tends to regulate moral evaluation, how to identify feelings, express emotions, and also indirectly subscribe to norms and values. In contrast to emotional culture, Westerners may perceive anxiety as something that needs to be avoided as it aligns with preserving personal pride.

In the modern era, clergy, activists, psychiatrists, and psychologists are known as emotion creators. How emotions should be expressed has changed over time. Some emotions initially perceived as positive are now seen as destructive and in need of control (Loseke, 2025). The sociology of emotions emphasises modern society's focus on emotional labour and the cultivation of a neo-sentimentalist culture, which enhances the commercialisation of emotional regulation across various domains (Broesch & Carpendale, 2022). Socio-emotional education is recognised as a critical bridge between academic knowledge and overall success, with research demonstrating that students' socio-emotional competencies can be enhanced through specific pedagogical approaches. Consequently, exposure to interactions within particular contexts and timeframes contributes significantly to the development of emotional competence, underscoring the pivotal role of social actors in categorising, labelling, and

managing emotions (Butvilas, Bubnys, Colomer & Cañabate, 2022). Loseke (2025) reported that humans are not born with the knowledge or general understanding of emotional culture. This serves as an indication that emotions, minds, and bodies are socially constructed. Moreover, for individuals to possess emotional competence they need social actors that will assist in categorising, naming, subjective experiences, evaluating, suppressing, eliciting, changing display and regulating certain emotions. Additionally, once an individual is exposed to their time and place, they will eventually develop emotional competence as it is assumed that they would have been socialised adequately. According to Loseke (2025), emotional competence develops from early childhood when a child is exposed to interaction with parents, siblings, caregivers, and other family or community members. That is when culture is also learned through observations and interactions. The child learns to construct their reality.

Cultural norms significantly shape gender-specific emotional expressions by motivating societal expectations and determining the acceptance of emotional behaviours, which are rooted in prevailing beliefs and values (Knapp et al., 2022). These norms are linked to various cultural dimensions, such as power dynamics, collectivism versus individualism, and gender role equality or inequality, which collectively influence how emotions are understood and displayed across different cultures (Karandashev, 2020). Research indicates that societal expectations concerning emotional expression differ significantly for men and women, leading to distinct reactions and interpretations based on norms, gender stereotypes, and natural biological disparities. Deviation from these norms can lead to consequences, with women often facing harsher judgment for showing emotions that contrast with societal expectations compared to men. This underscores the importance of conforming to cultural norms concerning emotional expression (Tabassum & Nayak, 2021).

Moreover, cultural norms prevalent in interdependent societies, such as those in East Asia, can affect the perception and communication of emotions that promote disengagement through nonverbal vocalisations. This illustrates how certain cultural beliefs regarding interpersonal relationships control emotional expression and perception across diverse cultures (Yoshie & Sauter, 2020). Non-verbal vocalisations such as screams, laughter, and sighs serve as potent means of conveying emotions, and studies have revealed that certain vocal cues remain consistent across vastly different cultures (Zhou et al., 2021). Substantial evidence suggests that emotion recognition tends to be more accurate when both the sender and receiver of a vocal signal belong to the same cultural group. This benefit enjoyed by in-groups highlights the role of cultural factors in shaping nonverbal expressions (Cosme et al., 2023). The idea that nonverbal expressions of emotions can mirror cultural affordances, reflecting

cross-cultural disparities in fundamental concerns, is well supported (Yoshie & Sauter, 2020). The relationship between culture and emotions encompasses the complex dynamics among societal norms, values, and practices, which shape emotional experiences and expressions across diverse cultural settings.

A range of theoretical, methodological, and empirical approaches sheds light on how culture impacts the generation, recognition, experience, and regulation of emotions (Truong, 2024). Emotions are seen as products of relationships, constructed within specific socio-cultural contexts, with cultural differences in emotion understood through prevailing models of self and interpersonal connections (Kupiek, 2021). In sociology, the study of emotions explores the emotional fabric of contemporary societies, spotlighting the rise of a neo-sentimentalist culture characterised by a rational approach to emotions, alongside a heightened emphasis on authenticity and the commercialisation of emotional labour (Simonova, 2021). Moreover, the realisation of emotions through gender and cultural norms plays a pivotal role in shaping emotional behaviours throughout individuals' lives, underscoring the profound impact of socio-cultural beliefs and values on how emotions are expressed and understood (Hoemann et al., 2023).

According to Shankar and Kumar (2014), emotional labour refers to the work-related display of emotions accompanied by compensation (salary). During the last two decades, there has been a transformation in the employment sectors. Employees are expected to display emotions such as cheerfulness and warmth during interactions with clients, even if they contradict their true feelings. These expected emotions require individuals to possess positive emotional capabilities to interact effectively. It is believed that when employees display positive emotions, clients reciprocate and respond positively as well. Interactions are central to service delivery; therefore, employees need to learn to manage their emotions and behaviour professionally (Shankar & Kumar, 2014; Dudau, & Brunetto, 2020).

Shankar and Kumar (2014) add that people whose jobs demand emotional labour are expected to find ways of managing their own emotions and producing desired emotions suited to the place, time, and state they find themselves. Employees' emotions must appear genuine to elicit the desired responses from clients. Regardless of how employees may feel while performing their duties, they must present bodily expressions that manage to calm clients. Emotional labour is not spontaneous; displays need to be modified. There are two types of displays: deep acting and surface acting, which serve different purposes. Deep acting involves modifying internal emotions to align with professional expectations. Surface acting, on the other hand, entails creating a façade or faking emotional displays. Although deep acting may

lead to client satisfaction, it can eventually result in negative impacts such as depersonalisation, memory performance issues, and job dissatisfaction. Emotional labour and deep acting may lead to burnout, emotional inauthenticity, and fatigue.

According to Shankar and Kumar (2014), burnout is a psychological state of physical and emotional exhaustion caused by excessive stress and being overwhelmed. The relationship between burnout and emotional labour becomes evident when employees fail to meet job demands, leading to frustration and a diminished sense of self. These challenges arise from efforts to satisfy both client and employer demands. Clients, as emotionally competent social actors, often reflect the emotions displayed by service providers, further underscoring the complex nature of emotional labour.

Despite contradictions and complexities, social actors appear to understand and manage the basic contours of emotional culture (Loseke, 2025; Shankar & Kumar, 2014). These professionals use their skills to reconcile perceived differences between social expectations and subjectivity. Additionally, women are often burdened with emotional labour by family members or at the workplace. Individuals in positions of power may reinforce gender inequalities and intimidate subordinates if emotions are not appropriately expressed at work.

3.12 SOCIAL CONSTRUCTION OF GENDER

Gender can be defined as a collection of societal norms and roles that are influenced by cultural and societal beliefs, separate from the biological notion of sex. Gender is an aspect that determines who and what we are. In society, gender is responsible for how people are treated. Some aspects such as physical appearance, thoughts, actions and feelings, are gendered. Moreover, labels such as “boy” or “girl” are given to people from birth, and they reinforce an expectation of how people should behave or interact. This is a typical example that indicates that people are gendered at birth. This has made people believe that their brains and behaviour are determined by their physiology. Gender is not sex but an organising principle of social order that creates a division into categories that encompass perceived personalities, actions, and obligations linked to being either male or female, which are acquired and reinforced through exchanges rather than being inherent (Cislaghi & Heise, 2020). Instead of being biologically predetermined, the distinctions between males and females are formed to highlight essential features, thus perpetuating gender differentiations as a method of control and interaction within a society (Heise et al., 2019). Being gendered may create a distinction and construct identity, behaviour, work, and the way families live. Furthermore, in most societies

being gendered has resulted in women being disadvantaged and this may raise a question of equality between men and women. There seems to be a gap between how men and women are treated and to date, the gap has not been bridged (Cislaghi & Heise, 2020).

Gender roles significantly impact various aspects of life, including healthcare choices, as evidenced by research investigating the influence of gender roles on the selection of birth attendants. Gender is commonly seen as a dynamic concept that evolves over time, reflecting the organised values and anticipations of society (Matud et al., 2019). According to Lawson et al. (2022), gender roles are societal norms defining customary behaviours for individuals based on their gender, often influenced by cultural, religious, and societal beliefs. These norms tend to reinforce male dominance and hinder women's rights. Gendered identities and labels contribute to the perpetuation of female subservience, leading to disparities in workplace opportunities. Assigning specific roles based on gender suggests that women are only suited for positions aligned with traditional expectations, while management roles are typically reserved for men. Additionally, some men who adhere to traditional values may resist female authority (Fitong et al., 2023). Galsanjigmed and Sekiguchi (2023) report that some men may find it challenging to accept female authority, even in professional settings, leading some companies to be reluctant to promote women to certain positions. Despite the fact that these practices create barriers to women's career advancement, women often comply with them to safeguard their standing, especially in developing nations where societal perceptions carry significant weight.

According to Lorber (2018), change will not come easily as social constructionists report that being gendered was also legitimated by education, culture, religion and the system in general. People are subjected to gender's social process that makes it a norm and difficult for people to notice that they are being gendered. According to the social constructionists' perspective, people may create their own social realities, identities and genders through the interactions they have with their families, colleagues, friends and each other. However, although the gender may be an individual dance, the challenge is that the choreographer of the dance may be influenced or shaped by cultural expectations, state laws and work expectations. Moreover, for the dance to change, both the dancer and the choreographer need to make changes in their lives.

Gender stereotypes are predetermined traits assigned to individuals based on their gender, often favouring men and influencing perceptions of their abilities and competencies. These stereotypes categorise people according to traits associated with "femininity" and "masculinity," which are ingrained from a young age and later manifest in the workplace,

affecting the treatment of women and often constraining their career advancement (Brussino & McBrien, 2022). In work settings, women are typically expected to demonstrate nurturing attributes, while men are expected to exhibit leadership qualities (Bertrand, 2020). Furthermore, women are often perceived as delicate, hesitant, and reliant, contrasting with the perception of men as tough, resilient, and dedicated. These stereotypes have detrimental effects on women's career outcomes, leading to fewer opportunities for development or advancement into essential roles (Lawson et al., 2022). Greguletz et al. (2019) argue that women who exhibit traits typically associated with men and adopt behaviours similar to their successful male counterparts are frequently met with economic and professional repercussions, as they deviate from traditional norms. Furthermore, men are often glorified by society as heroic figures and model employees who prioritise their careers above everything else, while women are frequently confined to the roles of caregivers or mothers. This perspective places women at a disadvantage, particularly those managing both work and family responsibilities, as societal expectations may impede their career advancement (Hicks, 2021). Such ingrained beliefs disadvantage women, particularly those juggling family responsibilities, by hindering their professional progress (Cheryan & Markus, 2020). Companies may overlook women as ideal candidates assuming they will prioritise caregiving duties over their careers. However, many women reject their confinement to predefined roles and actively challenge the culturally and socially constructed gender norms that perpetuate stereotypes about them (Fitong et al., 2023).

It is argued that gender is created through social practices (Lorber, 2018). Lorber (2018) emphasised that gender is neither a role nor a certain trait, nor is it even a variable, as society has constructed it to create distinctions between boys and girls. The differences between men and women are noted not to be biological or natural; rather, their construction serves to reinforce essentialism. According to Lorber (2018), "doing gender" is both unavoidable and inevitable, as it is also evaluated by others. It completes the interaction scaffolding of the social structure along with the built-in mechanisms of social control.

Nentwich (2012) challenges this narrative by arguing that language can be reconstructed to create different realities for women in the workplace. Furthermore, the language used in home settings contributes to the division between boys and girls. This division often begins with the distribution of labour and differential treatment in the household. Being gendered has resulted in men automatically being privileged while women are disadvantaged and discriminated against. Responsibilities should be equally shared, and language should also be reconstructed to foster equality (Nentwich, 2012).

3.12.1 Gender at the workplace

Workplaces are now implicated in "doing gender," as men's and women's duties are perceived to differ based on gender. Men are often viewed as possessing positive domestic abilities, and their responsibilities are seen as representations of stability, compatibility, and flexibility. Conversely, women are often perceived negatively, with stereotypes suggesting they are better suited for low-paying, low-status, and less demanding jobs. This perception reinforces the notion that women are short-term investments in the workplace. "Doing gender" may also contribute to family-work conflicts for successful women. Women are devalued based on their gender and physical anatomy (Lorber, 2018).

While there have been global calls for gender equity within organisations, gender discriminatory practices persist as a significant challenge. Despite women's efforts to advance, many still face gender discrimination and find themselves relegated to lower positions within organisational structures (Galsanjigmed & Sekiguchi, 2023). This disparity highlights the ongoing struggle to achieve true gender equality in workplaces worldwide. Although there has been progress in some areas, systemic barriers and biases continue to hinder women's development, underscoring the need for sustained efforts to address and eradicate gender discrimination within organisations (Fitong et al., 2023). MacNaughtan (2019) reports that gendered norms and practices persist in the Japanese workplace, despite efforts toward gender equality and incremental legislative changes since the 1980s. Japanese institutions continue to benefit from a gender-based division of labour where women and men occupy different roles both at work and at home.

According to Begeny et al. (2020), there has been progress for women in the workplace, yet a core employment model that perpetuates gender bias in workplace attitudes, behaviours, and practices for both genders remains. Moreover, cultural beliefs about gender roles and expectations contribute to the perpetuation of gender inequality in the workplace. These beliefs often ascribe certain traits and abilities to men and women, reinforcing traditional gender norms and hierarchies (Fitong et al., 2023). Women themselves may inadvertently sustain this bias by internalising societal norms and comparing themselves primarily to other women rather than to men. This can create a cycle where women's achievements and contributions are undervalued, further exacerbating gender disparities in the workplace (Tabassum & Nayak, 2021).

Turesky and Warner (2020) report that while factors such as gender respect, work-life benefits, and perceptions of flexibility do not vary significantly based on gender, there are

significant distinctions in other aspects of workplace experiences between men and women. Specifically, women are less likely to feel heard in their workplace, which suggests a disparity in communication dynamics characterized by exclusivity. Additionally, women are more likely to perceive unequal opportunities compared to their male counterparts. Interestingly, their study found that workplaces led by female management demonstrate greater sensitivity towards gender-related issues. These organizations are more inclined to offer support for flexible benefits and foster equal opportunities for both pay and advancement. This suggests that female leadership may play a crucial role in promoting gender equity within the workplace (Turesky & Warner, 2020).

Women and men may be divided by hierarchies in the workplace. Gendering at the workplace also depends on the work policies and the history of the organisation. Lorber (2018) reports that some organisations are clear on the job adverts of the candidates they are targeting (masculine or feminine) while other non-gendered workplaces would recruit individuals based on their neutral characteristics. These characteristics may include the skills they possess, level of honesty, intelligence, experience, capabilities and mental agility. Moreover, cultural beliefs about men and women may also perpetuate gender inequality in the workplace. However, women also sustain the devaluation as they tend to compare themselves with each other and not with men.

3.13 SUMMARY

The duties of EMS personnel expose them to traumatic events. However, their interpretation of these traumatic experiences may result in differing narratives. The realities of EMS personnel may be constructed by their interactions with their family members and colleagues, highlighting the collective nature of consciousness. The relationship between the reality of EMS personnel and the language they use to communicate may influence how their traumatic events are perceived. Their personal experiences may be shaped by their interactions, which encompass how EMS personnel relate to family members and colleagues. Through these interactions, the construction of each individual's reality is influenced by their culture and history.

To understand the trauma endured by EMS personnel, one must first consider how they speak about their experiences and perceive themselves in the world. Given their diverse backgrounds, EMS personnel need to be understood within their specific contexts. They may selectively perceive their experiences, rearrange their narratives of traumatic exposure, and

negotiate them interpersonally. A therapist assisting with the trauma may gain a more holistic view of the individual's culture and identity based on how the story is narrated. The reason most EMS personnel do not seek consultation for their psychological problems may be linked to how they narrate their traumatic experiences. Traumatic symptoms are often minimised, with some viewing them as an inherent part of life, particularly when there is no physical manifestation or medical explanation.

CHAPTER 4

RESEARCH METHODOLOGY

"It doesn't have to look magical or pretty. Real healing is hard, exhausting, and draining. Let yourself go through it. Don't try to paint it as anything other than what it is. Be there for yourself with no judgement."

(Youth Dynamic)

4.1 INTRODUCTION

This chapter addresses the research methodology adopted for the thesis. It will discuss the design used in the qualitative research and the ethical principles governing the research design. The methods, instruments, and the process employed while conducting the thesis will be described. How the raw data were analysed and the reasons for choosing thematic analysis to do so will be explained. In addition, the thesis' reliability and validity will be discussed. Finally, the ethical considerations applied during the thesis will be addressed. Since this research was conducted during the COVID-19 pandemic, this chapter will also provide an overview of the pandemic and discuss how the thesis was carried out in compliance with the restrictions and measures implemented by the South African government.

4.2 RESEARCH METHODOLOGY

According to Pope and Mays (2020), qualitative research approach seeks to understand human behaviour by employing an inductive approach that acknowledges the subjective and socially constructed nature of reality. Qualitative research approach explores how individuals interpret and shape their realities through interactions and personal perspectives over time. This method employs various methodologies such as ethnography, grounded theory, case studies, phenomenology, and narrative inquiry to delve into human experiences, emotions, perceptions, and cultural influences (Collins et al., 2018). Qualitative research explores human actions and focuses on understanding the experiences, perspectives, and emotions of individuals through methods such as interviews, observation, and focus groups. It facilitates a thorough exploration of human behaviour within its natural setting, prioritising the depth and richness of data to uncover profound insights (Darlington & Scott, 2020; Collins et al., 2018). The action-project research method, rooted in contextual action theory, provides a framework to study human

actions as goal-directed and enacted within specific contexts; the method addresses core issues in counselling psychology such as culture, ethics, and power (Young et al., 2021). Qualitative research also develops or refines theories about how mechanisms triggered by interventions generate outcomes, exploring these mechanisms either directly or indirectly through participants' experiences to understand the conditions and consequences of actions within various environments (Young et al., 2021; Pope & Mays, 2020).

4.3 RESEARCH DESIGN

4.3.1 Qualitative research

Qualitative research design is a framework focused on collecting, measuring and analysing the data obtained from participants (Pope & Mays, 2020). It aims to understand unique situations within specific environments and how individuals interact within them. Rather than predicting future outcomes, the goal is to comprehend the essence of these settings (Pope & Mays, 2020). Qualitative research is recognised by its appropriateness to probe extensive and unrestricted research inquiries; it explores less-charted subjects with uncertain variables and concentrates on the opinions and experiences of participants (Barroga et al., 2023). This form of research entails the study of intricate phenomena in authentic settings and enables an exhaustive examination of connected factors that are difficult to measure.

Qualitative Researchers explore what it means for participants to be in these environments, their daily lives, personal perspectives, and the significance they derive from their experiences. This approach avoids manipulating the subject matter and instead seeks to capture phenomena as they naturally occur in real-world settings (Hayashi et al., 2019). It provides a refined, idealistic perspective on participants' beliefs, attitudes, behaviours, experiences, and interactions (Ghafar, 2023). Fundamental techniques in qualitative research include purposeful sampling, gathering information through group and individual discussions, observation, interviews and the use of inductive and deductive logic in scrutinising data (Ghafar, 2023; Campbell et al., 2020). Observation involves directly witnessing and recording participants' behaviours and interactions in natural settings (Adedoyin, 2020). When observation, documentation, and interviews are integrated, researchers can achieve a deep understanding of the phenomena under investigation, facilitating the development of refined and contextually informed conclusions (Abrams et al., 2020; Wood et al., 2020). Studies assert that the concept of context underscores knowledge, actions, interactions, and language usage in certain settings, highlighting both observable aspects like activities and intangible features

such as attitudes and beliefs (Adedoyin, 2020; Phillips, 2023). In healthcare settings, recognising the different roles of family caregivers in diverse contexts is critical for designing supportive services and interventions tailored to their specific needs and challenges (Lim et al., 2024). Coleman (2022) states that ensuring the validity of qualitative data involves several strategies aimed at improving the credibility and trustworthiness of research findings. Researchers can use techniques such as triangulation, negative case analysis, reflexive practices, and active participant engagement to strengthen the validity of their qualitative findings. In addition to these methods, validation in qualitative research can be achieved through various approaches such as communicative, critical, or empirical validation, all of which contribute to establishing the authenticity of research findings (Hayashi, Abib & Hoppen, 2019). According to Rose and Johnson (2020), researchers can utilise a diverse range of criteria and strategies to validate their studies, align with the fundamental values of the research community, and ensure the trustworthiness and legitimacy of their research. Adopting expanded conceptual frameworks that prioritise ethics and emphasise reflexivity and researcher positionality is also crucial for encouraging rigorous and justice-oriented qualitative practices, further improving the validity of qualitative data (Rose & Johnson, 2020).

The main objective of qualitative inquiry is to depict, interpret, and acquire a profound comprehension of human experiences, actions, and sentiments in diverse socio-cultural frameworks (Phillips, 2023). Interviews are widely used across fields such as applied linguistics and health research to collect detailed insights and perspectives from participants (Abrams et al., 2020).

In this thesis, the researcher conducted semi-structured interviews, which are valuable for exploring themes and concepts identified beforehand. This approach allowed the researcher to discern patterns that were grouped into themes or codes. Semi-structured interviews involve a set of ordered questions, but they also permit the researcher to delve deeper through probing (Ruslin et al., 2022). According to Ruslin et al. (2022), this method can yield rich open-ended data similar to that obtained from ethnographic interviews, which complement each other well. Coleman (2022) emphasizes that in qualitative research, data collection and analysis occur concurrently, enabling adjustments along the way. Initial interactions such as observations, interviews, or document reviews, are crucial for data analysis. Pope and Mays (2020) outline key considerations for conducting semi-structured interviews. Preparation involves ensuring safety, choosing appropriate locations, providing context, and addressing technical issues. During the interview, important factors include active listening, maintaining focus and professionalism, remaining non-judgmental, managing silences, following the participant's

lead and emotional regulation. Lastly, comprehensive note-taking and seeking supervision or engaging in discussions are essential (Pope & Mays, 2020).

Ruslin et al. (2022) underlines the importance of good listening skills, emotional control, professionalism, ethical conduct with participants and a solid understanding of the research topic. Ruslin et al. (2022) further stress the need for researchers to be open to all participants' experiences throughout the study process. Although researchers are required to be absorbed in the worlds of the participants, they also need to have good time management without making the participants feel as if they are being rushed. The interview process is an art that the researcher needs to master; therefore, cognizance of power dynamics needs to be taken and carefully managed.

4.4 SEMI-STRUCTURED INTERVIEW

Interviews take different forms and it is the responsibility of the researcher to consider how the interview is structured (Husband, 2020). According to Ruslin et al. (2022), semi-structured interviews provide valuable insights across diverse research areas. They enable the thorough exploration of participants' experiences and perspectives that quantitative methods may not capture. The researcher has an opportunity to decide between structured, unstructured, and semi-structured interviews. A structured interview is completely planned, meaning that all participants will be subjected to the same questions, allowing for comparable information to be obtained. It requires that the researcher has a clear idea of the information they need (Roberts, 2020). In contrast, an unstructured interview is a flexible free-flowing conversation between the researcher and the participants. It affords the researcher with the chance to gather more information about the participant's experiences and also explore new ideas. New ideas may arise during the conversation and the questions are triggered by the participant's responses during an interview. The interview is, however, still guided by the researcher's preferred theoretical model. The advantage of the unstructured interview is that its unstructured approach provides the researcher with the opportunity to establish a positive rapport with the participant. A disadvantage is that a participant may tend to be overly familiar with the researcher, which may delay the process and result in the interview being concluded before the relevant answers to the research questions are obtained (Karatsareas, 2022).

A semi-structured interview is a combination of both the structured and unstructured interview (Adams, 2010). It is often used in the social sciences because it allows research participants to interpret and describe phenomena in terms of their own understanding. Unlike

structured interviews, semi-structured interviews do not adhere to a rigid set of questions (Husband, 2020; Ruslin et al., 2022). The researcher has an opportunity to ask follow-up questions to achieve greater depth in the responses. Hwang et al. (2023) and Ruslin et al. (2022) assert that the researcher must have the requisite skills when approaching the participants. During the semi-structured interview, the researcher needs to consider the participants' nonverbal cues. It is also important to note that participants may be encouraged by the researchers' nonverbal cues, such as nodding. During the interview process, the researcher must always keep in mind the theoretical perspective that is being used in the study (Ruslin et al., 2022).

The use of semi-structured interview was chosen for this qualitative research study as it provided the participants the opportunity to highlight their areas of interest and allowed them the freedom to express their thoughts and feelings. It enabled the participants to explain issues in depth according to their own points of view. It also provided the researcher with the opportunity to interrogate certain responses. However, although the chosen interview type was deemed appropriate and assisted in creating a personal bond and a friendly atmosphere between the researcher and the participants, there are also notable disadvantages and requirements associated with using semi-structured interviews (Ruslin et al., 2022) and these are outlined below. Before doing so, the advantages of the semi-structured interview are summarized (Adam, 2010).

4.4.1 Advantages of the semi-structured interview

- It is a combination of both structured and unstructured interviews.
- It is appropriate for both individuals and groups.
- It allows the participants to freely express themselves during the interview.
- It enables participants to clarify their responses.
- It encourages participants to provide useful information, and their independent thoughts and opinions.
- It provides the researcher with reliable and comparable data.

4.4.2 Disadvantages and requirements of the semi-structured interview

- It is time-consuming and requires the interviewer to have good time-management skills.
- It requires thorough preparation and research before the interview process.

- It requires the interviewer to be poised, sensitive, smart and knowledgeable about relevant substantive issues.
- It requires the researcher to carefully plan the research questions to ensure that they elicit valid responses.
- It requires the researcher to have good communication and interviewing skills.
- It requires the researcher to be well-equipped with a broad understanding of cultural dimensions and to pay attention to intercultural competence in order to avoid miscommunications and undesirable outcomes.
- It requires the researcher to conduct interviews with an adequate number of participants to obtain reliable results.
- It involves the analysis of significant amounts of notes and hours of transcripts.
- It requires time and effort to avoid being tedious.

4.5 QUALITATIVE RESEARCH APPROACH

Pope and Mays (2020) report that although the various qualitative research design may focus on different aspects, they all fall under the umbrella of qualitative research.

4.5.1 Basic interpretative qualitative study

A basic interpretative qualitative study is a research approach aimed at understanding the subjective experiences and perceptions of individuals within a specific context. This design focuses on the disclosure of emerging themes and patterns using methods such as semi-structured interviews and thematic analysis (Lin et al., 2023). It is a process whereby the researcher shows interest in how participants make meaning of their environment. The outcome of the study is descriptive; meaning it is mediated through the researcher being the instrument. The researcher describes in detail the data gathered and analysed. This descriptive analysis is supported by the referenced literature review. These studies explore the complexities of personal growth, relationships and social interactions, investigating challenges experienced by specific groups such as children with tethered cord syndrome, or pregnant women in vulnerable situations (Lin et al., 2023; Hudon et al., 2023).

4.5.2 Phenomenology

According to Neubauer et al. (2019), phenomenological research within a qualitative inquiry focuses on exploring how individuals perceive and interpret their lived experiences.

This approach seeks to unearth the subjective meanings and perceptions that individuals attribute to their experiences, intending to expose the essence of these experiences from the participants' own perspectives (Frechette et al., 2020). Phenomenology emphasises capturing the intricate details and nuances of individual experiences, highlighting the unique richness of each person's perspective (Neubauer et al., 2019). Lee (2022) and Islam et al. (2022) states that by immersing themselves in the lifeworld of the participants and prioritising their perspectives, phenomenological researchers provide a profound and comprehensive understanding of human experiences. This makes phenomenology a valuable methodology for uncovering the underlying meanings and significance that individuals find in their interactions with the world (Frechette et al., 2020; Islam et al., 2022).

4.5.3 Grounded theory

According to Thornberg and Dunne (2019), grounded theory, pioneered by sociologists Glaser and Strauss, represents an inductive research approach aimed at systematically developing theory from meticulously collected and analysed data. This methodology underscores the generation of theories that emerge directly from empirical data and seeks to comprehend social processes grounded in real-world contexts (Islam et al., 2022). Grounded theory holds significant value within qualitative research, offering distinctive perspectives and methodologies to explore and interpret social phenomena. It centres on generating theoretical insights from rigorous data analysis, enhances our comprehension of complicated social dynamics, and contributes to theoretical advancements in the discipline (Thornberg & Dunne, 2019; Islam et al., 2022).

4.5.4 Ethnography

Ethnography involves collecting observations, interviews, and documentary data to provide detailed insights into social phenomena. Ethnographic studies contribute to theory development by seeking to uncover the underlying meanings and interpretations of observed behaviours, rather than simply documenting them (Muzari, Shava & Shonhiwa, 2022). Furthermore, ethnographic studies acknowledge that the definition of culture varies. However, it refers to the beliefs, values, and attitudes. According to Ouroussoff (2020) culture may shape the human behaviour as it is shared cognitively and behaviourally. Additionally, culture can be passed from one group to a new group (generation). In an ethnographic study, sociocultural interpretation is used to present data and the focus is on how data is interpreted and not the

method of collection. Ethnographic study recreates knowledge, beliefs, and practices According to Person et al. (2013), this approach aids in developing theoretical understandings of specific groups within society. Ethnography identifies cultural patterns in human behaviour that traditional survey methods often overlook. Through qualitative research techniques such as in-depth interviews and participant observation, ethnography deeply explores participant interactions, preferences, and decision-making processes within their cultural contexts (Person, et al., 2013). Ethnography enables researchers to uncover nuanced insights, including social relationships, environmental influences, and symbolic meanings associated with human behaviour. Ethnographic methods offer a holistic understanding of individuals' behaviour by capturing real-life experiences and behaviours (Muzari et al., 2022).

4.5.5 Narrative analysis

Narrative analysis is centred on fundamental principles and methodologies crucial for effectively understanding and interpreting narratives. The process involves a systematic approach to examining stories or accounts of events, highlighting the lived and narrated experiences of individuals (Mertova & Webster, 2019). Narrative analysis requires thorough engagement with participants' narrative data through repeated and detailed analysis, which enhances the depth and reliability of research findings (Bamberg, 2020; Tracy, 2024). Moreover, narrative analysis can be complemented by other methods, such as qualitative content analysis, which helps categorise insights from data and establish connections across various elements within narratives. This integrated approach ensures a comprehensive understanding of the subject matter and its contextual significance (Mertova & Webster, 2019). The narrative can take many forms and the narrative analysis take the teller's perspective. Moreover, the data can be analysed looking at how a person relates to the society (biographical), internal motivation (psychological), written text (story) or even focuses on intonation pauses or pitch (discourse analysis) (Bamberg, 2020).

4.6 THE STUDY

4.6.1 Data collection and research instruments

An interview is a method for collecting information from individuals to address the interviewer's questions. It involves a conversation between more than one person and can occur in diverse settings, including face-to-face, via phone, or using questionnaires or panel discussions. Its primary goal is to explore and comprehend the experiences of those being

interviewed (Jain, 2021). Study participants included in this thesis were emergency medical personnel (paramedics and firefighters) as they are directly exposed to events involving human trauma daily. They were deemed appropriate because they were directly involved in the area the researcher was investigating. The emergency medical personnel who consented to participate in the thesis were employed in the government sector. All participants were adults, coherent, logical, and free from any psychotic features.

As outlined above, semi-structured interviews were used in this thesis with the aim to investigate the trauma experienced by EMS personnel during their duties. The researcher had a thematic framework to explore and the semi-structured interview schedule was developed specifically to meet the thesis's objectives. Probing techniques were used to clarify responses, drawing from relevant literature. The interview schedule was developed according to the principles of social constructionism, allowing participants to articulate their experiences of trauma within their own context. This approach assumes that reality is not fixed; rather, individuals construct and negotiate the meaning of their experiences through interactions. Mangone (2022) and Galbin (2014) argues that reality is selectively perceived, cognitively rearranged, and socially negotiated. Furthermore, societal norms and expectations influence how individuals rationalise their behaviours. The semi-structured interview schedule was developed to align with the thesis's objectives (see Appendix E). Key themes for exploration in the interviews were identified through a review of the pertinent empirical literature (see Chapter 2) and consultations with experts in research methodology and academia (Reed et al., 2021).

Exclusion criteria for this study were participants who were ex-government employees and were deemed unfit for duty, medically boarded, on pension, or retired. Emergency medical personnel employed in the private sector were also excluded from participating in the study. Any individual working in the government sector who was also exposed to traumatic events was excluded if in fact they were not paramedics or firefighters.

4.6.2 Procedure

The participants were verbally informed about the aim before the interviews commenced. The researcher read out the consent form (see Appendix C) to each participant before they signed it. To protect the participants and maintain confidentiality the actual signed consent forms are not included as appendices. However, an example of the form used is attached as Appendix D. The participants were informed of their right to withdraw from the

research study should they wish to do so. Permission to utilise a digital voice recorder throughout the interview process was sought and received from participants. The duration of the interviews was adjusted according to each participant's style of speaking and personal needs. Each interview, however, took approximately one hour. According to Lareau (2021), individual interviews are preferred in situations where the subject matter is sensitive and discussing it in a group (as in a focus group interview) might cause discomfort for some participants. Conducting individual interviews allows for better control over the interview process and creates a facilitative relationship between the interviewer and the participant. This setting can enhance openness and honesty in responses, as individuals may feel more comfortable expressing themselves without the presence of others.

4.6.3 Data analysis

Data analysis is the process of exhibiting, assessing, and converting data using analytic and rational reasoning. It involves highlighting and assessing useful information in order to arrive at a conclusion (Kent, 2020). The data analysed are mostly in the form of interview transcripts or field notes (Cassell et al., 2019). In this thesis, as alluded to above, a digital voice recorder was used to record the participant's stories regarding their journey as EMS personnel. The EMS personnel were engaged in a conversation during which they related their experiences of trauma endured while on duty. The traumatic experiences were compared according to strata, namely, paramedics versus firefighters. After gathering the desired information, the recorded interviews were transcribed and then analysed using Braun and Clarke's thematic analysis. Thematic analysis was used to identify themes obtained by the researcher from the transcribed interviews. The identified themes were then corroborated with information in the literature reviewed. Thematic analysis is discussed in detail below.

4.6.3.1 Data analysis employed in this study: thematic analysis

According to Lochmiller (2021), thematic analysis is recognised as a foundational qualitative method, highly valued within psychology for its flexibility and ability to yield detailed insights. It plays a crucial role in organising extensive data collected through interviews and in interpreting various facets of the research topic. Frost (2021) states that thematic analysis systematically identifies and organises patterns of meaning, offering valuable insights into shared meanings and experiences. While thematic analysis is widely utilised, it is not always explicitly acknowledged. The method involves identifying significant themes that

address the research questions and uncovering commonalities in participant responses (Christou, 2022). Lochmiller (2021) further emphasises that thematic analysis serves to reflect reality and unveil deeper layers of understanding beneath the surface of data. Christou (2022) explains that thematic analysis distinguishes between two types of themes: semantic and latent. Semantic themes focus on data interpretation based on participants' explicit statements, without exploring deeper assumptions or underlying ideas. In contrast, latent themes involve investigating beyond what participants say, the assessment of fundamental assumptions and implicit meanings. According to Lochmiller (2021), thematic analysis involves several key phases. First, the analyst becomes familiar with the collected raw data. Next, they generate initial codes to identify relevant segments of data. Subsequently, themes are derived from the coded data, reviewed to ensure accuracy, and then defined and labelled based on their content. Finally, the findings are synthesised into a comprehensive report that communicates the identified themes and their implications. This structured approach ensures that thematic analysis systematically uncovers and interprets patterns of meaning within qualitative data, providing a robust framework for understanding complex phenomena. There are six phases used to approach and understand thematic analysis, namely; familiarisation and immersion; coding/ generating codes; inducing themes; reviewing themes; defining and naming themes and producing a report (Cena et al., 2024; Maguire & Delahunt, 2017). The key phases are described below.

4.6.3.2 Familiarisation and immersion

Lochmiller (2021) describes this initial phase of thematic analysis as a period where analysts confront unstructured raw data collected through interviews or other interactive methods. During this phase, analysts must fully engage themselves in the collected data to understand its depth and breadth. The immersion involves activities such as listening to audio recordings, taking detailed notes, and repeatedly reviewing transcripts. Christou (2022) and Maguire et al. (2017) assert that actively reading and re-reading the raw data are crucial aspects of this immersion process. Furthermore, analysts in this phase attempt to uncover meaning and identify patterns within the data through note-taking, preparing for the subsequent coding phase and becoming thoroughly acquainted with the content (Cena et al., 2024; Lochmiller, 2021). Additionally, the process of transcription involves transforming spoken words into written texts while ensuring that transcripts retain essential information necessary for understanding and addressing the research questions.

4.6.3.3 Coding

According to Lochmiller (2021) and Cena et al. (2024), codes serve as fundamental components in the analysis, used to identify and label aspects of data that are pertinent to the research questions. Coding is essential to summarise and consolidate the information gathered during interviews (Christou, 2022). Frost (2021) elaborates that codes are derived from the data in alignment with the research questions, and they can either be descriptive or interpretative, depending on their relevance to addressing those questions. Christou (2022) describes how the coding process begins during the familiarisation phase, where analysts take notes with specific research questions in mind. This process helps in identifying both latent (underlying assumptions and ideas) and semantic (directly stated) content within the raw data. Coding also facilitates the organisation of data into coherent narratives or meaningful stories and enables analysts to extract and interpret the data effectively (Frost, 2021).

4.6.3.4 Searching for themes

Christou (2022) states that a theme represents a pattern that encapsulates significant data, often viewed by some researchers as a combination of codes. In this phase of thematic analysis, codes that align with these themes are carefully examined and organised into broader categories. This process enables the data to form coherent narratives and make sense in relation to the research questions (Frost, 2021). Themes capture the information gathered during data collection and aim to address the core objectives of the research. This phase typically commences during the coding process, where themes emerge as researchers analyse and categorise codes (Cena et al., 2024). Cassell and Bishop (2019) add that after coding, the analyst reviews the coded data to identify themes that share common features. This involves organising the codes into potential themes, often using tools like mind maps or tables to facilitate analysis. The themes identified through this process are distinctive and contribute to constructing meaningful narratives that provide deeper insights into the research topic.

4.6.3.5 Reviewing themes

In the reviewing themes phase, as discussed by Cassell and Bishop (2019), the themes identified in the previous phase are refined and interpreted. Campbell et al. (2021) emphasise that this stage entails the critical examination of the themes in relation to the coded data. It is a process that evaluates and ensures the quality and coherence of the themes. Analysts scrutinise how well the themes align with the compiled data extracts, ensuring they accurately represent the content and nuances found in the data. According to Campbell et al. (2021), analysts explore

the relationships between themes and verify that they effectively capture the essence of the data. Each theme is expected to be distinct from others, contributing uniquely to the overall understanding of the research topic. This phase plays a crucial role in refining and validating the themes derived from the analysis process (Frost, 2021).

4.6.3.6 Defining themes

According to Cassell and Bishop (2019), the defining themes phase begins once the analyst has developed a satisfactory thematic map of the data. Each theme should be capable of conveying a coherent and meaningful narrative that does not overlap with others. The progression of themes should logically build upon each other to create a cohesive storyline (Lochmiller, 2021). Frost (2021) adds that in this phase, the identified themes are refined and clearly defined. The goal is to ensure that each theme is distinct, directly addresses the research question, and captures the essence of the collected data. Themes are carefully reviewed to verify if the thematic map accurately represents the relevant elements of the data. Moreover, Lochmiller (2021) notes that sometimes subthemes emerge within the main themes, leading to a more complex organisational structure. This iterative process helps in further refining and enhancing the understanding of the data through nested levels of analysis.

4.6.3.7 Producing a report

Dawadi (2020) notes that in the final phase of thematic analysis, the emphasis is on constructing a complete narrative that communicates the thesis's challenges and persuades the reader to fully understand them. The readers need to be convinced of the validity and merit of the analysis. This phase involves synthesising the raw data obtained from participants into a cohesive and meaningful story (Frost, 2021). The report produced must be logical, coherent, concise, and engaging, while avoiding unnecessary repetition. Furthermore, this stage requires the analyst to thoroughly revisit all collected data to ensure that the identified themes align accurately with the entire dataset, including any nuances that may have been overlooked during earlier stages of coding (Campbell et al., 2021). Dawadi (2020) notes that this phase allows for the review and refinement of coding to achieve the desired thematic map. The final narrative should flow smoothly, with themes fitting together seamlessly to offer a inclusive understanding of the research findings.

In summary, thematic analysis a method used widely with the intention to report, analyse and identify patterns (themes) within collected data. It focuses on the authenticity of participants' experiences and the meaning those experiences hold for them. Thematic analysis

considers individuals within their context and examines how participants make meaning or sense of their experiences. It transparently reflects the realities of participants' experiences (Frost, 2021).

4.7 RELIABILITY AND VALIDITY IN QUALITATIVE RESEARCH

Mellinger and Hanson (2020) define reliability as the degree to which the outcomes or findings of a thesis remain consistent or stable over time. An instrument is deemed reliable when it consistently produces similar results under comparable conditions and accurately represents the phenomenon being studied.

Validity assesses whether a research study efficiently measures what it aims to measure or how truthful and accurate its results are. Validity is established through a systematic inquiry process where researchers ask pertinent questions and validate findings by comparing them with relevant studies conducted by others (Mellinger & Hanson, 2020).

Mellinger and Hanson (2020) argue that in qualitative research, terms such as reliability and validity should not be treated separately. However, reliability is still useful in clarifying confusing situations. They also state that terms such as credibility, neutrality, confirmability, consistency, transferability, dependability and trustworthiness are used to measure qualitative paradigms. Matheson (2019) adds that examining trustworthiness in qualitative research is vital for ensuring reliability. According to Adler (2022) trustworthy in qualitative research is the manner that is used by researcher to prove that their findings are valuable. The current research has shown to be trustworthy as the researcher indicated how the results match the participants' real experiences. In addition, the consistency of the data collected can be verified through the examination of the process notes and raw data. Mellinger and Hanson (2020) state that while reliability is usually used in quantitative research, it can be misleading in qualitative research. Matheson (2019) considers the use of reliability in qualitative research irrelevant and suggests that its use might imply that the study is inadequate. Furthermore, it is suggested that the terms be redefined for qualitative research. Matheson (2019) states that validity does not exist without reliability as a demonstration of validity is expected to establish reliability. Therefore, reliability is mostly the consequence of validity in a study.

Moon (2019) states that triangulation is usually used to improve the reliability and validity of research findings. For instance, it is said to strengthen and refine theories through the combination of different methods. Pilarska (2021) states that in qualitative research, constructivism is a paradigm that views knowledge as being constructed. Moreover,

constructionism is defined as the knowledge of reality that is constructed through interaction within a certain context to establish a meaningful reality. In this regard, qualitative research aims to probe deeper, and constructivism helps facilitate this aim. According to Pilarska (2021), constructivism states that reality can change at any given time: therefore, to acquire valid and reliable results diverse realities need to be considered. An open-ended perspective in constructivism aligns with the notion of data triangulation by allowing research participants to assist the researcher with research questions and data collection. The use of multiple methods such as interviews, observation, recording, and process notes may assist in understanding the diverse construction of people's realities (credibility). In addition, such engagement may lead to more valid and reliable results.

The method chosen to test reliability and validity in triangulation will depend on the criteria the researcher employs in the study (Clark & Watson, 2019; Moon, 2019). In the current study, information obtained from participants was informed and supported by secondary sources (triangulation). The audio recordings were made available to the research supervisor to enable their own understanding and interpretation. This process helped ensure the consistency of transcriptions provided by the researcher (confirmability).

4.8 ETHICAL CONSIDERATIONS IN QUALITATIVE RESEARCH

According to Goodwin, Mays and Pope (2020), ethical considerations in qualitative research incorporate essential factors such as obtaining informed consent, protecting participant confidentiality, and minimising the emotional repercussions of the research. Studies that examined users' perspectives on public health using social media data have brought to light notable deficiencies in the reporting of ethical approval, informed consent, and privacy concerns. Only a minority of these studies explicitly procured informed consent and effectively protected user privacy by employing techniques like paraphrasing and analysing data in an aggregated manner. The changing environment of open science practices underscores the need to expand ethical principles to qualitative research in the age of big data, ensuring that data sharing and research methodologies adhere to ethical norms and protect participants' rights (Zhang et al., 2024).

Academic achievement is also connected to ethical considerations in research, suggesting a positive correlation between higher academic achievement and increased attention to ethics in doctoral research (Kushwaha & Dube, 2023). Pietilä et al. (2020) further assert that every research study faces challenges and ethical dilemmas due to the inherent tension between

research objectives and participants' right to privacy. Therefore, the primary goal of ethics in research is to promote wellbeing and prevent harm to participants. Ethical principles are established to safeguard participants and protect their rights to privacy and confidentiality. In qualitative research, researchers observe participants in their natural environments, making the ethical handling of the relationship and power dynamics between researchers and participants crucial (Bester, 2020; Pietilä et al., 2020). Participants should feel comfortable sharing personal experiences without concerns about unequal power dynamics. It is the researcher's responsibility to inform participants of the thesis' purpose and their right to withdraw at any time. Moreover, access to participants' personal spaces must be agreed upon before data collection begins. Pietilä et al. (2020) emphasise that researchers must ensure participants are not misled or coerced into participating, and that information shared remains protected. Researchers should maintain transparency and ensure participants provide informed consent before participating in the study.

According to Divald (2023), researchers must carefully consider the potential harms and benefits of their interactions with participants. They are responsible for ensuring appropriate measures, such as counselling, are available to assist participants experiencing distress during interviews. If participants become distressed, the researcher should decide whether to pause the interview to address the issue or continue with caution. Stopping an interview to address distress may indicate the researcher's awareness of participant vulnerability and rights. Researchers have a moral obligation to intervene and refer participants to appropriate support services such psychotherapy, that is offered by psychologists, counsellors or social workers. In this study, it was arranged that participants who were distressed by the interview would be referred to psychologists for psychotherapy. The psychologist would equip them with the skills needed to handle the stressor/s and deal with the emotions using various techniques. Ethical and legal responsibilities guide these professionals in safeguarding patient rights. Cottone, Tarvydas and Hartley (2021) describe psychotherapy as a deliberate therapeutic process where a trained professional engages with a patient, with the intent to bring about positive changes. Research consistently highlights psychotherapy's effectiveness in addressing mental health issues, offering flexibility in format and duration tailored to individual preferences and needs (Held et al., 2019).

The two service providers (psychologist and psychiatrist) who would provide psychological help for participants (if needed) were identified and informed beforehand. They based in Mabopane and Pretoria CBD. They were informed about the purpose of the study and the implications that may arise during the interview process. The service providers agreed to

offer distressed participants three free sessions and would also refer them for further treatment and management if needed. A referral letter with the psychologists' details was available to be given to those participants identified to be in urgent need of the services. Those participants would also be provided with the opportunity to make an independent decision regarding the available psychological services. The ethical clearance applied for and received from the university was also provided to the two psychologists.

It is also essential for researchers to follow up on referred participants to ensure their wellbeing. Ethical principles such as autonomy, beneficence, non-maleficence and justice guide qualitative research, ensuring respect for participants' rights and promoting ethical conduct throughout the research process. (Bester, 2020)

4.8.1a Autonomy

Pietilä et al. (2020) state that autonomy can be effectively integrated into qualitative research studies through both autonomy and collaboration within research teams. This balance involves dedicating time to develop shared understandings, build trust, and create positive environments that accept and support diverse perspectives on qualitative methods. Additionally, it is crucial to consider the conceptual definitions of autonomy and how they are coded in datasets, ensuring that qualitative research informs the categories and variables used in large-N datasets for better measurement (Divald, 2023). Furthermore, understanding the development of autonomy in individuals, particularly during transitions into the workforce, suggests that autonomy is vital for managing stable transitions. Factors such as dysfunctional parent-child relationships and the persistence of traditionalism can impact autonomy development (Bell, 2020). Autonomy should be respected by the use of informed consent processes and the promotion of autonomy among research participants, professionals, and local communities. The informed consent should elaborate the purpose and aim of the study. Additionally, it strikes the balance between participants being overly informed or under informed. An informed consent is dynamic; therefore, the researcher needs to be clear on who the target is.

In this way, qualitative research can generate valuable insights while upholding ethical standards (Divald, 2023).

4.8.1b Beneficence

According to Bester (2020), beneficence in research ethics refers to promoting the health of participants while preventing harm and doing good for others. This principle allows

researchers to prioritise the interests and welfare of vulnerable groups, even if it means deviating from the initial study plans. However, this approach can be seen as paternalistic, potentially restricting participants' autonomy and choice. Bester (202) emphasises the importance of informing individuals about their rights, including how the information they provide will be used and published. Additionally, qualitative research also requires confirmability through thorough documentation of the research process (Bester, 2020).

4.8.1c Non-maleficence

Non-maleficence is an ethical value rooted on philosophy and professional code (Jiggins et al., 2016). According to Jiggins et al. (2016) ethical aspects include the perspective of subject protection and ensuring that the research conducted is based on ethical standards. Non-maleficence is an ethical value that is grounded in not causing harm to others and prevents potential harm (physical, emotional and mental) (Saelaert et al., 2020). According to Saelaert et al. (2020) the international healthcare conventions formalised respect for patients/ participants in the research study for their autonomy in the right to receive detailed information regarding their healthcare. Researchers need to be transparent during healthcare screening or surveys so that participants have an option of declining to participate if they are not interested of comfortable (Saelaert et al., 2020). According to Saelaert et al. (2020) the aim of non-maleficence is to avoid causing unnecessary harm and it is the cornerstone of counselling designed to guide the process of ethical decision making (Jiggins et al., 2016). Jiggins et al. (2016) stated that sometimes the values of the profession (ethics) conflicts with that of the professional, therefore discrimination based on conflicting values is unethical.

4.8.1d Justice

Pietilä et al. (2020) define justice in qualitative research as the principle that safeguards fairness and equality. This principle prohibits the exploitation, coercion, or abuse of participants and underscores the importance of recognising and respecting their vulnerabilities. Researchers must obtain permission from participants to quote or use their contributions, ensuring acknowledgement and respect for their input. The principle of justice aims to protect vulnerable and disadvantaged groups such as children, the elderly, prisoners, and individuals with mental illness from undue burden or exploitation during the research process (Pietilä et al., 2020; Orb et al., 2001).

4.8.2 Informed consent

According to Barbeau (2019) and O'Sullivan et al. (2021), informed consent is a primary tool used by researchers or practitioners to obtain permission from participants in research or patients before conducting an interview or providing any intervention. It provides an individual with the opportunity to either decline or accept the terms stated in it. Barbeau (2019) adds that the informed consent form should provide a clear explanation of what the procedure entails, the reason the procedure should be performed, and the benefits and potential risks associated with either accepting or declining the procedure. According to Varkey (2021) participants are provided an opportunity to read, ask for clarity, and understand the informed consent form before signing it. It is the researcher's responsibility to ensure that participants are competent to give permission or sign the informed consent form. Competency can be based on the participant's age or IQ. If the participant is deemed unfit, their guardian or surrogate decision-maker can always sign on their behalf. When drafting the informed consent form, the researcher needs to ensure that it benefits the participants and does not cause any harm (Laurijssen et al., 2022). In this study, consent was obtained from each participant and they were assured anonymity. The signed informed consent form served as proof that the researcher had a formal agreement with the participants and that the terms had been clearly explained. Each participant was made aware of their right to withdraw from the study at any stage should they wish to do so. The consent form used in this study can be found in Appendix C while the signed part of the form is in Appendix D.

4.8.3 Confidentiality

Pietilä et al. (2020) assert that confidentiality during research goes beyond protecting participants from harm during interviews; it also involves safeguarding their data and privacy throughout the study. Research on sensitive topics requires a critical need for confidentiality measures to prevent potential harm, such as stigmatisation or unauthorised access. Confidentiality is a fundamental aspect of health care, counselling, and research ethics; it ensures that individuals can disclose information without fear of disclosure to others (Varkey, 2021; Pietilä et al., 2020).

Ethical guidelines stress the importance of confidentiality in various settings, including clinical practice, counselling sessions, and genomic research. They emphasise the need for strong privacy-preserving methods, encryption techniques and secure data-handling practices to protect participants' information and rights (Ward et al., 2019). According to Pascale et al.

(2022), the safest approach to protect participants' identities is to refrain from enabling deductive disclosure. Deductive disclosure avoidance is crucial, especially in light of new threats posed by the availability of large datasets and advanced computing capabilities (Pascale et al., 2022). This challenge can be addressed by involving a data-augmentation (DA) component – a tuning mechanism has been proposed that achieves a 0% identity disclosure risk while preserving data utility in research datasets (Jiang et al., 2021). According to Newman et al. (2021), ensuring anonymity in survey panel research is paramount to prevent negative effects and maintain trust among participants. By implementing robust methods like the DA-MI strategy and emphasising anonymity in survey research, researchers can safeguard participants' identities and uphold the integrity of their studies.

In this study, confidentiality was addressed at the beginning of the interview, and participants were also informed about it prior to signing the informed consent form. As mentioned, permission to use a digital voice recorder and take notes was also received from participants before the interviews took place.

4.9 REQUIREMENTS OF QUALITATIVE RESEARCH

Requirements of the qualitative research study are for the researcher to understand their role in that context. Most researchers are of a particular profession therefore to avoid ethical dilemmas the researcher need to always remember that during research they can separate being a researcher and a professional (e.g., psychologist, nurse).

According to McMullin (2021), the requirements of qualitative research are multifaceted and encompass several key aspects highlighted in the literature. Audio transcription in qualitative research is crucial, necessitating the establishment of frameworks and guidelines to ensure accurate and systematic transcription practices. This is important as transcription forms the foundation for analysing qualitative data, enabling researchers to effectively interpret and derive meaning from participants' narratives (Tracy, 2024). Additionally, queer theory plays a pivotal role in qualitative research, particularly in the analysis of LGBTQ+ narratives. Scholars emphasise how queer theory can be employed to challenge societal norms and values, offering new perspectives on identity, power dynamics, and social justice issues. By centring on LGBTQ+ voices and experiences, qualitative research can contribute to broader discussions on diversity, inclusion, and equity (Wozolek, 2019). Mirhosseini (2020) asserts that qualitative research is instrumental in understanding literacy as a social and linguistic phenomenon. Its role in exploring the acquisition process, theoretical

foundation, and clinical implications of literacy is vital. Through qualitative methods, researchers uncover the difficulties individuals face in developing literacy skills within cultural contexts, shedding light on educational practices and interventions that support literacy development.

Researchers use different strategies to minimise bias in qualitative research. One key approach involves formulating unbiased research questions and designing methods that minimise interference with participants' natural behaviours. This ensures that data collection remains objective and focused on authentic participant experiences. Orb, Eisenhauer, and Wynaden, (2001) further stated that conducting research in your workplace may jeopardize the validity, reliability and meaningfulness of data as other co-workers may feel coerced to participate while others may not be comfortable to disclose personal information. The researcher needs to have subtle manner while approaching participants.

Another critical consideration is social desirability bias, where participants may alter their responses to align with perceived social norms rather than expressing their true views. To counteract this, researchers engage in reflexivity, acknowledging and reflecting on their own biases and assumptions throughout the research process (Bergen & Labonté, 2020). Building rapport with participants, using inclusive language, and employing participatory methods also foster an environment where participants feel comfortable sharing genuine perspectives. Moreover, promoting inclusive representation in research is essential. Researchers can enhance this by ensuring diverse voices are included and represented ethically and equitably in their studies (Bergen et al., 2020).

Techniques such as transcript alignment help maintain accuracy and fairness in data interpretation, addressing possible biases that could affect inclusive representation during data analysis and presentation (Tracy, 2024). According to Sacks et al. (2026) transcript alignment refers to a process that involves the synchronization of two text transcript with either a video recording or an audio, with the intention to map every word to its precise timecode. Bergen et al. (2020) note that researcher bias can also affect the accuracy of qualitative research findings. Researcher bias arises from researchers' personal perspectives, potentially distorting how participants' experiences are portrayed. These biases are often shaped by societal discourses and cultural norms, influencing research outcomes (Bergen et al., 2020). In order to successfully lessen this type of bias, several strategies are recommended. May and Perry (2022) suggest that researchers acknowledge and set aside their preconceived notions about the topic or participants before starting the study. This approach helps maintain objectivity and ensures interpretations are grounded in data rather than influenced by personal biases. The use of

unstructured interviews can also reduce bias by allowing participants greater freedom to express their opinions without being guided by predetermined questions or researcher expectations. This method encourages open dialogue and uncovers unexpected insights that structured approaches might overlook (Tracy, 2024). Furthermore, diverse peer review is essential to identify and address biases. Seeking feedback from colleagues with diverse backgrounds provides valuable perspectives that challenge and refine interpretations (Smith & Sparkes, 2020). According to Kimberley (2021), critical reflexivity is another vital strategy in which researchers continuously reflect on their biases, motivations, and assumptions throughout the research process. This self-awareness helps researchers actively manage and mitigate biases that could affect data collection, analysis and interpretation. Blinding techniques involve concealing certain aspects of the study from researchers to prevent their biases from influencing outcomes (May & Perry, 2022).

4.10 IMPACT OF THE COVID-19 PANDEMIC ON THE STUDY

According to Marivate and Combrink (2020), in February 2020 the WHO declared COVID-19 a pandemic. Stiegler and Bouchard (2020) reported that the country has approximately 59 million inhabitants, with black South Africans representing 80.9% of the population, coloured 8.8%, whites 7.8% and Indians 2.5% of the population. On 05 March 2020, the first South African case of COVID-19 was confirmed by the then Minister of Health, Dr Zweli Mkhize, who led the government in updating the public daily regarding the pandemic. The case was said to be that of a white South African male who had recently travelled to Italy with his family. The South African National Institute for Communicable Diseases (SANICD) was also deployed to assist with daily updates in the form of an infographic summary of the number of tests conducted, mortality rates, confirmed cases, and the regions affected. The Data Science for Impact Group of the University of Pretoria also assisted with daily updates of computer-readable data due to the increase in number of infections.

Marivate and Combrink (2020) stated that since the reporting of the first COVID-19 case in SA, there has been an ever-increasing number of infections. Marivate and Combrink (2020) reported that in March 2020, 702 confirmed cases were recorded and the first death was reported on 27 March 2020. It is in this context that the President of SA, Mr. Cyril Ramaphosa, declared a national state of disaster in terms of the Disaster Management Act, under section 37 of the Constitution. During his announcement, he reported that SA has 61 confirmed positive cases of the virus and that visas from high-risk countries such as Italy, Iran, South Korea, Spain,

Germany, the USA, and China had been cancelled. The president stated that those returning from high-risk countries would be tested and quarantined or on self-isolation upon their return to the country (Marivate & Combrink, 2020). To curb the spread of the virus, the president closed some of the 72 ports of entry into SA, prohibited gatherings, cancelled mass celebrations, prohibited non-essential travel, closed schools, and instructed businesses to take the necessary precautions. It was also announced that the South African National Defence Force (SANDF) would be deployed to assist the SAPS in patrolling the streets and ensuring that people adhered to the implemented restrictions (Marivate & Combrink, 2020).

Stiegler and Bouchard (2020) noted that although the country was initially under strict lockdown for six weeks, by the end of this period there were already 5, 647 positive cases and 103 deaths. The significant spread of COVID-19 was investigated by Sitto and Lubinga (2020). In their study, they questioned compliance with the regulations, focussing on the perceptions South Africans had of the virus. According to Lubinga (2020) the pre-existing inequalities (race and economic status) and poor health infrastructure in SA left many citizens vulnerable, as government facilities were ill-equipped to cope with the multitude of consequences of the pandemic.

The hospitals, particularly those in townships, did not have the necessary capacity to meet the demands of the public. According to Sitto and Lubinga (2020), 2019 statistics showed that only 9.9% of black South Africans had medical aid coverage, compared to 72% of the white population. The overcrowded, understaffed, unhygienic, and under-resourced hospitals placed many patients infected with COVID-19 at risk, jeopardising their chances of survival. Therefore, to curb the spread of the virus and allow for a manageable workload, the lockdown was divided into five phases (alert levels 5 to 1). Alert level 5 was implemented from 26 March to 30 April 2020. During this period there was a high COVID-19 spread with low health system readiness. During the 01 May until 31 May 2020, there was moderate to high COVID-19 spread with low to moderate health system readiness and it was said to be alert level 4. During this period movements were minimised in an attempt to curb the virus. Alert level 3 was implemented on 01 June to 17 August 2020, where there was moderate COVID-19 spread with moderate health system readiness. According to Stiegler and Bouchard (2020), on the 18 August until 20 September 2020, alert level 2 was implemented as there was moderate COVID-19 spread with high health system readiness. Alert level 1 was implemented on 21 September to 28 December 2020. During this level the government realised that there was a low COVID-19 spread with high health system readiness. Stiegler and Bouchard (2020) pointed out that on

29 December 2020, the country was adjusted to level 3 once more as there was an increase in the spread of the disease. Level 3 continued to 28 February 2020.

It is in this context that the researcher, on 31 July 2020, received ethical approval (see Appendix A) to conduct the study and commence with interviews. However, according to Sitto and Lubinga (2020), by 31 July 2020, SA had the fifth highest number of infections in the world following India, Russia, Brazil, and the USA. Alert level 3 was in operation meaning, amongst other things, that restrictions on workplace activities continued to be implemented. As a result, the researcher only conducted the interviews in the period 15 to 17 December while the country was on alert level 1, that is, when there was a low spread of COVID-19 and activities could be resumed taking the necessary precautions. These precautions included maintaining a 1.5-metre distance, washing and sanitising hands, and wearing a facial mask at all times. These precautions were adhered to by the researcher. The three EMS departments that were identified for interview purposes also adhered to the COVID-19 regulations. A sanitiser was placed at the entrance to the room provided for interview purposes. The room was spacious with adequate ventilation and, as a result, the safe distance of 1.5m was easily maintained.

The EMS personnel expressed their concerns about being understaffed due to infections and were frustrated by the high demand for services, compounded by the lack of readiness in public facilities. They indicated that one of the challenges they faced as a team was being unable to visit their infected colleagues. They described themselves as family emphasising how the infections had isolated them. The tradition of sitting together in one room to share and discuss their challenges with colleagues was greatly restricted. Despite this, the personnel noted that they never stopped working as their services were in high demand. As essential workers, they were required to continue with their duties, which involved contact with infected individuals, even though the regulations required maintaining physical distance. They added that they faced multiple dilemmas in their line of duty, such as being on the streets daily and interacting with individuals from whom they were meant to maintain distance. Having to return home to their loved ones after duty, also placed strain on their personal relationships.

4.11 LIMITATIONS OF THE STUDY

- The interviews were interactions between the participants and the researcher. Therefore, the researcher acknowledges that her own beliefs and perceptions may have influenced how the interviews were conducted and interpreted. While

the realities of the participants and the researcher may have merged, the researcher remained aware of how she conducted the interviews. The participants' manner of interacting may also have influenced the researcher.

- The researcher acknowledges that another researcher may obtain different themes from the same data used in this study. Therefore, the final outcomes should not be considered representative of all EMS personnel and should not be generalised to a broader population.
- The EMS personnel were allowed to narrate their life stories, and although their construction of reality may have been influenced by these interactions, it does not mean that trauma affected them in the same manner.
- Qualitative research can be time-consuming and the sample in this study was limited. Thus, future researchers may explore similar topics using a quantitative research method. Doing so could help get different perceptions and represent EMS personnel's construction of reality in numerical terms.
- Managers were not interviewed, and their inclusion could have helped determine whether they understood the needs of their subordinates, if they were able to relate to them regarding their endured trauma, and how it affects their overall functioning.
- It would also be beneficial to have explored the narratives of those involved in the EAPs to bridge the gap between themselves and the EMS personnel. Such interventions may increase the access to psychological services.

4.12 SUMMARY

An overview of the research methodology was provided at the beginning of the chapter. Following this, the research approach and design adopted, that is, a qualitative approach was elaborated on. Quantitative research was also broadly outlined. The rationale for selecting the semi-structured interview as the best fit for the current study was clearly explained. A small number of participants were chosen for this qualitative study and how the raw data obtained from them were analysed was described. Thematic data analysis is meant to assist the researcher in grouping the responses into themes, using a technique that emphasises analysing and interpreting patterns of meaning. The eight participants employed as government employees in the EMS represented the target group for the study. The researcher understood that the participants were exposed to traumatic incidents; however, their narratives and

perceptions of reality were influenced or constructed by society and the people with whom they interacted. The researcher, as a "tool" in the research process, had the opportunity to discover and understand the participants' realities. Moreover, the researcher understood the need to ensure that her beliefs and perceptions of the world did not interfere with the study, allowing her to better understand the EMS personnel's attitude, behaviour, beliefs, and interactions. Their stories may reveal that although individuals go through the same traumatic experiences, their interpretations of these experiences may differ. Constructivism may shape how a person behaves within a group; therefore, individuals need to be understood based on the communities in which they grew up. Some individuals may become desensitised to traumatic experiences as they are part of their daily lives. The reliability and validity of a qualitative study are largely dependent on what the participants report to the researcher.

The study was conducted during the COVID-19 pandemic. During this period adjustments were needed in terms of how individuals interacted. The researcher's interviews and the settings had to be arranged in a way that aligned with the COVID-19 regulations which included physical distancing and the wearing of facial masks. The ethical considerations of research were strictly adhered to by the researcher. The issue of confidentiality was emphasised as was the participant's right to withdraw their participation at any point during the study. In line with the ethical protocols, the participants all signed an informed consent form. Importantly, should the participants experience emotional stress during or after the interviews, arrangements were made for them to be referred to one of two psychologists who were willing to assist them for free.

The following chapters elaborate on the transcribed conversations the researcher had with the EMS personnel regarding their lived experiences as first-time responders to traumatic events. In these chapters, the eight participants are given a chance to freely narrate their personal life stories. The interviews were conducted at the participants' workstations. Follow-up questions were asked to provide clarity and to obtain more detailed information. The themes that emerged from the conversations were carefully highlighted while taking into account the possibility of overlap. These themes may not represent the experiences or overall reality of all EMS personnel. The researcher acknowledges that attending the same incident may not result in identical or similar symptoms and that each experience may affect them differently. Pseudonyms were used in these narratives to maintain confidentiality, as stated in the informed consent form. The pseudonyms in the narratives were strategically chosen based on the participant's character, challenges, experiences, and the impression they left on the researcher.

CHAPTER 5

THE LIFE STORY OF THAPELO

"The life of hope and fear"

5.1 PERSONAL DATA

Participant	:	Thapelo *pseudonym
Gender	:	Male
Age first employed	:	21 years
Current age	:	53 years
Occupation	:	Firefighter
Years of service	:	32 years
Station	:	Mabopane Fire Station

……..……

5.2 INTRODUCTION

The interaction between the researcher and the participant took place at his workplace. During the interview, it was evident that the participant had served the department for many years and still spoke highly of it, upholding the respect and dignity associated with the department. The participant praised the department for the opportunity given to him during the apartheid era and as a result, the pseudonym "Thapelo" emerged as it means praise. He did indicate that while the department had challenges, he was optimistic that there would be positive change for firefighters in the future.

The themes that emerged during the conversation with Thapelo and all subsequent interviewees) do not represent all EMS personnel and are based on the participants' personal experiences. What follows are extracts from the interview with Thapelo, highlighting the main themes that emerged.

Note:

1. In this presentation and analysis, the quotes (extracts) from the participant are, at times, repeated. This is due to them being relevant to more than one of the identified themes. This applies to the subsequent seven chapters as well (chapters 6 to 12).

2. The responses from the eight participants are presented verbatim. As they are all English second or third-language speakers, the quotes may contain grammatical inaccuracies, reflecting the participants' natural way of expressing themselves. The quotes also include expressions and responses in the home language of the participants and these were translated. These have intentionally been left unaltered to preserve the authenticity and integrity of their voices.

5.3 BACKGROUND

"I started in the EMS when I was 21 years old. I remember it was on the 1st of August 1989 and it was under the former Bophuthatswana. I underwent training in August and completed at the end December. I was immediately deployed in Garankuwa on the 05th of February 1990 and I started operationally until to date. I had no clue of what I was getting myself into and at that age had no life".

"I had no knowledge of it and I had no clue of what I got myself into. I was recruited by one of my friends who was like an elder brother to me but after a year he left the department and joined the police force. When I started, I was not married and now I am married. In the beginning, it was fun and it felt at home because I had friends and support and I was only 21 years old, so it was never a problem. And in this department, you learn every day because not all the scenes are the same. The only time you stop learning is after you have left the department. Through experience and the people that I found here, I have learned a lot. So, I can leave here and say I have learned a lot. Even here I am learning something".

5.4 VERBATIM EXTRACTS AND IDENTIFIED THEMES

Sense of failure

"Mmm let me put it this way, the number one striker is a failed rescue. There is a situation whereby I arrive on the scene and there is life and when I leave the scene there is no more life. That thing stays with you for some time and it creates an impression that you have failed. It gives you some question marks like where did I go wrong? Why did I fail to save this person? That is the most challenging thing ever. It is the number one striker. Feeling like you failed everyone else around you including your colleagues."

Thapelo expressed feelings of hopelessness during what he considers a failed rescue mission. He perceives his job as more than just employment but a calling. “Failed missions” seem to have a longer negative effect on him, and he tends to use alcohol to forget about these missions. He is attached to his work and seems to measure his work’s worth on the success of rescue missions. Thapelo takes his job personally and adds that whenever he feels that he has failed in a mission, he replays the scene and imagines what he could have done better to avoid the failure. Additionally, he indicated that because he is part of a team, he tends to feel that he did not just fail the victim but also his team members. Thapelo reported that every successful mission makes him forget what he considered failures. He believes that each mission shapes an individual’s personality. He added that success, just like failure, determines how one feels and behaves. The researcher explored his career choice and Thapelo mentioned that although he did not know what he was getting himself into, he would highly recommend others to join. He added that he comes from a proud family who are all involved in one of the “forces” (police officers, military, and EMS) and that the family still proudly parade for their grandchildren.

Self-blame

“You keep on asking yourself questions like, what is it that I did not do right? You end up in a position where you feel like you are the cause. You blame yourself and it is an emotional and a personal process because. Because you are a lifesaver, and you were supposed to have saved those people. Remember in the department we go to places that people are running away from. When you approach the scene, you do not even know how it looks like. You get there not knowing the situation. The successful rescue mission makes you another person. The rescue mission and having succeeded bring a different feeling. It even erases the failures. Success is brought by the training we receive from the department”

During the conversation with the researcher, Thapelo indicated that when there is no logical explanation for death, he would sometimes blame himself. He explained that although all calls are unique, he takes each experience to perfect the next mission. He further indicated that he struggles with self-blame as every journey is emotional and personal to him. He is trained to save lives and not doing so means that it is his fault. Thapelo always reflects on his contribution to an unsuccessful mission.

Maladaptive coping mechanisms

"I just survive; I can tell you that. I move on. At times I feel like my alcohol intake increases especially if there are more failed rescues."

"As a team, we would find ways of comforting each other. When we seated together, we would informally start talking about the scenes and sometimes find humour in some of them just so that we do not stress about it."

"My wife works shifts like I do. So, although the shifts are a disadvantage when I am feeling down, they work to my advantage. Because I know that when I walk in, she walks out to go to work then I get a chance to be alone."

According to Thapelo, talking about traumatic scenes with his teammates helps him cope; however, he noticed that after what he considers a failed mission there is an increase in his alcohol intake. Thapelo's alcohol intake is a concern as it is a maladaptive way of trying to cope with his traumatic experiences. Although he acknowledged that the job causes distance between him and his family, especially since his wife's work schedule differs from his, they both deal with trauma at their workplaces. Thapelo indicated that he does not want to burden her and, as a result, he isolates himself. Being alone at home affords him the opportunity to process the scenes, and also to cry. He stated that the team would sit together and make jokes about certain incidents, and laughing about some of the more serious, traumatic events makes it easier for him to cope.

Exposure to trauma

"There are some scenes that are a near-death experience like the one we attended to on the M17. We were told that a taxi had collided with a bakkie. We arrived there and attended to the patients whereby three people had died. The taxi owner arrived to sign off his taxi to the tow guys. On completion of that, the taxi owner tried to cross [the road] but a bus came with failed brakes and hit him. He died immediately. That was traumatic and for the fact that sometimes these are the people you know. That is the disadvantage of working around home because you attend to scenes of people you know".

"And in this department, you learn every day because not all the scenes are the same. The only time you stop learning is after you have left the department."

"We left here and went to Hammanskraal, and when we got there that little boy had drowned. It hit hard. There was heavy rain and he tried to run away but could not. The thing is there will always be that family member who has a child of the same age and you put yourself in their shoes. And sometimes these are things that are beyond you".

"I have lost colleagues on duty and it was quite sad. We have lost many due to suicide or in the line of duty. The other one was murdered after work during a robbery. Attending to the scene was traumatic. Remember we are one thing, and we belong together".

Thapelo stated that the EMS is a community of its own which means they face unique challenges. He has been exposed to many traumatic incidents during his years of service but has suppressed them and never sought professional help. Thapelo reported that each traumatic experience evokes unique feelings and he has developed the habit of being alone to process these events. He reported that he and his colleagues spend more time together than they do with their families and, therefore, sometimes share their experiences, even finding humour in some of the situations just to avoid or reduce their negative impact. Thapelo believes that changing the narrative by finding humour in the traumatic events may reduce the negative effects they are meant to have on them. He conveyed that the loss of a team member affects them as a team and they all collectively share the pain. He mentioned murder and suicide as some of the traumatic experiences that affected him while performing his duties. However, he did not seem to relate PTSD or MDD as possible contributing factors to suicide. When asked how he coped with these traumatic exposures, he responded:

"I just survive I can tell you that. I move on".

This suggests that he suppresses some of his emotions or uses maladaptive coping mechanisms, which eventually lead to psychological symptoms.

Psychological symptoms

"You sometimes become impatient and irritable even towards your colleagues. Because it always feels like you are not doing enough".

"Yes definitely. I do cry, it happens many times. You find your corner and tear. It's just that you cannot cry on the scene, we are not allowed but when I get home, I do cry a lot."

"It is my life. Some people died during training and the rest they died during operational duties. Most of us die due to these traumatic events. I have seen some of the people I trained with dying due to stroke. I did not understand it and kept on asking myself why do most of them have strokes? It clearly shows that the trauma took its toll. They suppress a lot of things and at the end of the day, you are human with feelings. These things that we see they do come back to us when we least expect it. Like flashbacks and some scenes, you take home with you, and they affect you. With me particularly with minors."

"You do get nightmares with the experience that you have obtained. But ke dilo tsedi fetang [its things that pass]"

"There will always be rain and whenever that happens you link it to the scene you saw during the rain"

"Sometimes you become very overprotective. At times because of your own experience, you deprive your child a chance to play. When they are out playing, and it starts raining the scene comes back and you start wondering where your kids are. You look for them, they do understand they need to be in the house. You do not just become protective, but you become overprotective".

The researcher noticed that although Thapelo described symptoms of PTSD and MDD, according to him they are normal. He indicated that they are things that come and go. There was also a lack of knowledge of psychological symptoms, and the interview process highlighted how he has normalised the symptoms being experienced; hence he never saw a need to seek professional help. During the interaction when he was made aware that he experienced psychological problems that may need professional intervention, he stated that he is currently older and will soon deal with those symptoms during his exit interview. This also showed the need for psycho-education on not only the psychological symptoms but also the role of a psychologist or an EAP. He reported that there are a lot of triggers to his traumatic exposure such as flashbacks and irritability; however, they are sometimes not spoken about. He also highlighted that he cries a lot when he is alone. Thapelo also spoke about hypervigilance and how certain parts of the events that he experienced may forever be part of his life as the triggers are things that he cannot control, for example, rain. He added that in a working environment, not everything is shared as your shared personal experiences and

feelings may be used against you to either break or build you. There also seemed to be trust issues involved when it came to being transparent towards EAPs.

Withdrawal from family

"My wife works shifts like I do. So, although the shifts are a disadvantage when I am feeling down, they work to my advantage. Because I know that when I walk in, she walks out to go to work then I get a chance to be alone".

"It is very difficult in a sense that I am longer at work than I am at home. So, I arrive home at 19:30 and sometimes they are asleep. So, it is robbed time with the family. But they do know and they understand. That is why I can never leave home without saying my goodbyes no matter what because it makes a difference".

Thapelo informed the researcher that although his shift patterns take time away from his family, he sometimes uses them to his advantage. During the conversation, he reported that whenever he was coming back from a difficult mission, he was grateful that he would not get a chance to burden his family and to use the time alone to reflect and cry as much as he wanted. By the time his family members return from work and school, he would have calmed down and found other ways to deal with the situation. Although the work schedule causes a strain on his relationships, it has also encouraged him to enforce good relationships with his family members as he believes that every conversation might be the last. As Thapelo pointed out:
"Because you can never know, that might be your last goodbye".

Understanding and support from family members

"They [family] know the situation to be quite honest and they understand the situation because they are so supportive. At times they know that I might not come back. There are some scenes that are near-death experiences like the one we attended to on the M17".

"It is very difficult in a sense that I am longer at work than I am at home. So, I arrive home at 19:30 and sometimes they are asleep. So, it is robbed time with the family. But they do know and they understand. That is why I can never leave home without saying my goodbyes no matter what because it makes a difference. We would have fought but after wearing this uniform I would wake them up before I leave just to say goodbye and let them know that I am leaving now. Because you can never know, that might be your last goodbye".

"It [the work] comes with the positives and the negatives. It is just that the negatives are demoralising and have more impact than the positives. The negatives are long-lasting but when there is support at home it's better".

"Erh my family at home also assisted. I am originally from Free State and I moved from there alone to Mafikeng. It also depends on who you have surrounded yourself with. At the same time, you need to be very vigilant with whom you share your personal experiences with. So, I would say the level of training, the team and family support helped. Who you socialise with is very important as they will make you or break you. I am left with my mother and I was home in November. My brother is a traffic officer, my older brother was in the military and my sister is a police officer; then my wife and younger brother's wife are nurses. My younger brother is also married to a nurse. So, we relate because we are all in the force. When I came back from home, I came back with my brother's kids and I asked my team to drill for them, just that they have a feeling of what I do".

Thapelo is originally from the Free State Province. Despite his parents and siblings being in the Free State, he indicated that he received positive support from them. Apart from his desire to keep his family out of his stressful work, his family is said to be understanding. He reported that the family understands that some experiences he deals with affect him, given that he narrates some of them, and they are always willing to listen and offer support where they can. He is fortunate as most of his family members are in the forces and can relate to some of the traumatic experiences he is exposed to. However, this also seems to have ensured that his attitude towards his psychological problems persists, as some of his family members may normalise the symptoms he presents with. Thapelo added that their support also encouraged him to have a positive attitude towards his work, and that opening up about certain experiences provides his family members with a chance to acknowledge that any goodbye might be the last one. He further added that positive family support alleviates stress levels and reinforces positive attitudes.

Bringing the job home

"It's just that you cannot cry on the scene, we are not allowed but when I get home, I do cry a lot. But it is something that you will enjoy. It comes with the positives and the negatives. It is

just that the negatives are demoralising and have more impact than the positives. The negatives are long-lasting but when there is support at home it's better".

"We left here and went to Hammankraal and when we got there that little boy had drowned. It hit hard. There was heavy rain and he tried to run away but could not. The thing is there will always be that family member who has a child of the same age and you put yourself in their shoes".

"Sometimes you become very overprotective. At times because of your own experience, you deprive your child a chance to play. When they are out playing, and it starts raining the scene comes back and you start wondering where your kids are. You look for them, they do understand they need to be in the house. You do not just become protective, but you become overprotective."

"They suppress a lot of things and at the end of the day, you are human with feelings. These things that we see they do come back to us when we least expect it. Like flashbacks and some scenes, you take home with you and they affect you. With me, particularly with minors."

During the conversation, the researcher tried to establish how Thapelo deals with the trauma and how he finds a balance between his work and family. Thapelo indicated that although he suppresses certain things, trauma has a way of catching up with him. He reported that because they do not cry at the scene, he finds time to cry when at home or finds a corner somewhere at work where he can cry. He added that he is sometimes haunted by flashbacks and hypervigilance depending on triggers. He reported that the scenes experienced affect him more when they involve children, as he has young children and there are also younger children in the broader family. These experiences challenged his parental skills as he would tend to parent his children based on the traumatic scenes he saw involving children. Thapelo acknowledged that his traumatic experiences took away the children's innocence and their chance to explore the world. Additionally, his traumatic experiences have affected his parenting, and whenever there is a trigger that reminds him of how his young clients died, the first people he thinks of are his children or his siblings' children. This is done in an attempt to avoid what may have been a possible cause of death in an event that he may have considered unsuccessful or a failed mission.

Effect of trauma on work performance

"They [traumatic scenes] do affect it [work performance], however, we work as a team. We know how our team members feel about scenes. We know what is expected of us no matter."

"Yes definitely. I do cry, it happens many times. You find your corner and tear. It's just that you cannot cry on the scene, we are not allowed but when I get home, I do cry a lot".

Thapelo informed the researcher that they know their team members' emotional challenges; therefore, they can protect and cover each other's weaknesses. The trauma experienced does affect their job performance, but the team members always find a way to close the gap as they know each other's strengths and weaknesses. Being overwhelmed by emotions seems to be another factor that may have an impact on their work performance. Thapelo mentioned that their jobs expose them to both negative and positive aspects and, therefore, these aspects seem to create a balance. While the negative aspects may be harmful, they also assist him strive to do better in the next mission to achieve desirable results. He, however, acknowledged that certain situations may be beyond their control.

Balancing work and family

"It is very difficult in a sense that I am longer at work than I am at home. So, I arrive home at 19:30 and sometimes they are asleep. So, it is robbed time with the family. But they do now and they understand. That is why I can never leave home without saying my goodbyes no matter what because it makes a difference. We may have fought but when wearing this uniform, I would wake them up before I leave just to say goodbye and let them know that I am leaving now. Because you can never know, that might be your last goodbye".

"Sometimes you become very overprotective. At times because of your own experience, you deprive your child a chance to play. When they are out playing, and it starts raining the scene comes back and you start wondering where your kids are. You look for them, they do understand they need to be in the house. You do not just become protective, but you become overprotective".

"You sometimes become impatient and irritable even towards your colleagues. Because it always feels like you are not doing enough."

"My wife works shifts like I do. So, although the shifts are a disadvantage when I am feeling down, they work to my advantage. Because I know that when I walk in, she walks out to go to work then I get a chance to be alone".

"And there will be a situation whereby when you arrive at the scene, on arrival you are welcomed by poverty. You just see that there is hunger in the family, and you end up being caught in a dilemma. That is why it is important to avoid taking your wallet with you. The longer you are in the department the more you develop a soft spot. You get to the scene and you become a parent or a social worker or even a household member. You sometimes find yourself asking questions like, why did you not clean? When last did you have a meal? And automatically you become a social worker unaware. Tired as you might be you find yourself making efforts to find help for them, like giving them money for bread and starting to enquire who the councillor of the area is. Or contacting people that you know can assist the family with other needs".

Although he attempts to strike a balance between work and family, Thapelo experiences challenges. He mentioned that it becomes hard to separate work from family as they work in communities whose families resemble their own family dynamics. The community members they are serving are a constant reminder of the potential hazards their family members may also find themselves in. Whenever their client is a child, their minds automatically relate it to their own children or the children in the broader family. Therefore, this affects how they experience the traumatic scenes they are exposed to and how they treat the children in the family. Thapelo acknowledged that his work demands take him away from his family. He added that when on night shift, he briefly sees his wife when he returns, and she would be leaving for work. Alternatively, when on the day shift, he returns home to find them sleeping. He added, however, that his wife understands and as a result, he ensures that no matter whether there is conflict or not, they get a chance to say goodbye. He justified their tradition of saying goodbye as a sign that they are both aware that one day he might not come back from work having died while performing his duties. While Thapelo appears to have accepted his fate at work, he is unsure if his wife comprehends the situation the same way he does. He added that their locus of control also gets challenged as they find their emotions are all over the place.

They tend to become irritable towards their colleagues and this may also affect their mood when going home.

Seeing their family in victims

"We left here and went to Hammanskraal and when we got there that little boy had drowned. It hit hard. There was heavy rain and he tried to run away but could not. The thing is there will always be that family member who has a child of the same age and you put yourself in their shoes. And sometimes these are things that are beyond you. There will always be rain and whenever that happens you link it to the scene you saw"

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Thapelo's empathy seems to heighten when children are involved. He indicated that whenever he attends scenes that involve children, he sees his own children or a relative's child. He added that the traumatic scenes involving children are hard to forget and are triggered by the sight of his own children. This has affected how he treats the children at the scene or his own children at home. Another significant factor that Thapelo highlighted was the communities that he serves. He also indicated that his experience in the department has made him very sensitive. Moreover, at some scenes, he finds himself trying to address psychosocial problems and socioeconomic factors affecting the victims or acting as a father of the household. He added that each household he accesses resembles a home for him; therefore, his family is expected to clean and maintain the household, and as the father in the family, the expectation is for him to provide. As a result, he always sees his family in the multiple family encounters he comes across in the workplace.

Overprotective towards own family due to traumatic exposure

"We left here and went to Hammanskraal and when we got there that little boy had drowned. It hit hard. There was heavy rain and he tried to run away but could not. The thing is there will always be that family member who has a child of the same age and you put yourself in their shoes. And sometimes these are things that are beyond you. There will always be rain and whenever that happens you link it to the scene you saw?"

"Sometimes you become very overprotective. At times because of your own experience, you deprive your child a chance to play. When they are out playing, and it starts raining the scene comes back and you start wondering where your kids are. You look for them, they do understand they need to be in the house. You do not just become protective, but you become overprotective."

According to Thapelo, exposure to traumatic experiences affects him and how he perceives the world. It has changed his attitude towards his children and what other people may consider normal. The traumatic experiences at his workplace deprive his children of the opportunity to explore. Thapelo added that he uses the traumatic encounters at work to try to implement corrective measures with his children. He would not want his children to be in situations similar to those some of his clients were found in, although he acknowledged that one can never be fully prepared for a scene, as they are all unique and evoke different feelings. Moreover, this makes him more guarded and overprotective. He highlighted that natural things such as rain, trigger thoughts of the death of children based on what he witnessed in Hammanskraal; therefore, whenever it rains, no matter where he is, the first automatic thought is that of his children's safety. He thus goes the extra mile to ensure that he is in control of the situation to ensure their safety. Thapelo's behaviour towards his children and family is an indication of the negative impact his exposure to traumatic events has on his overall functioning.

Neglected mental health

"I think it [stressors] is a combination of many things. Erh, I would like to say, the level of training I received is part of therapy, support that I receive is part of that. The people who groomed me when I got to the department helped. Erh, my family at home also assisted".

"Yes, I would like to take that route [seeking psychological assistance]) in time. Now I would be a veteran and would need to take care of myself from all angles. I'll see what I will do but so far so good".

"In the department, it takes a fit firefighter to carry out a rescue mission. So, training must be regular. It must be the name of the game and it must be hard and we combat easy. Physical fitness is the name of the game. Mental fitness, emotional fitness and physical fitness are important but, in this department, physical fitness is number one."

"I just wonder how I am going to cope once I have retired because this is when you see people roaming the streets. At least now there is what we call an exit interview, and it might assist because once you sit and relax all these traumatic incidents may come into play".

"I haven't (laughed). I have never seen a psychologist. Recently with COVID 19 there are some of my colleagues who have contracted the virus. But I have never seen a psychologist".

"Erh [clears throat], I must be honest with you and say no, there is no one taking care of our mental fitness. There is this department employee assistance programme (EAP) and as far as I am concerned it is not effective. You only attend to it when you feel like it and sometimes you get asked if you want to attend it. As far as I am concerned it should be compulsory, but it is not. So, most of the guys do not utilise it".*

During the interview, Thapelo pointed to a room that housed gym equipment, emphasising that the EMS is concerned about fitness. Fitness is seen as a priority, as there are many physical activities in the field. He, however, added that he wished they were equally concerned about their mental wellbeing. He highlighted that physical fitness is a requirement and wished their psychological wellbeing carried the same weight as the physical. He stated the two are perceived as separate issues and indicated that the management does not seem to see the link between them or how they may affect each other. Additionally, he indicated that he is worried about how his psychological symptoms may manifest once he is on pension. He reported that he has seen pensioners from the military (his brother) roaming the streets and feeling useless. He believes that once one is settled and not busy, the traumatic incidents resurface in the conscious mind. He has never utilised the services offered by the EAP and perceives the services as ineffective. The issue of confidentiality also seems to play a role in

why the services are not utilised. Despite all the psychological symptoms highlighted by Thapelo, he still did not see the need to access psychological services. However, when asked if he would consider accessing psychological services should he be afforded an opportunity to do so, he responded:

"Yes, I would like to take that route in no time. Now I would be a veteran and would need to take care of myself from all angles. I'll see, what I will do but so far so good".

This is an indication that he still perceives himself as psychologically fit and has no reason to access the services.

Lack of emotional support

"I can assure you there is no support. Emotional support is not there. Because you get to the extent of being frustrated and it is not good enough."

"I haven't [laughs]. I have never seen a psychologist. Recently with COVID-19, there are some of the colleagues who have contracted the virus. But I have never seen a psychologist!"

Thapelo reported that he has never consulted with a psychologist or attended an EAP as no one ever talks about their services. He and his colleagues do not receive any emotional support, even recently during the COVID-19 pandemic, despite most of them having been infected. He added that the infections occurred in the field as they were expected to assist those who were sick. He further stated that the only support they receive comes from each other; therefore, they saw a need to visit their infected colleagues but were instead threatened with being charged for not following orders and the COVID-19 regulations. Sitting in their offices and not physically supporting their colleagues was unbearable as they are one unit (family). The pandemic was the management's chance to encourage and psycho-educate them about taking care of their mental wellbeing, especially with the losses experienced due to COVID-19, as they may also have contracted the virus during the execution of their duties.

Team members as main source of support

"It also depends on who you have surrounded yourself with. At the same time, you need to be very vigilant with whom you share your personal experiences. So, I would say the level of training, the team, and family support helped. Who you socialise with is very important as they will make you or break you. I am left with my mother, and I was home in November. My brother

is a traffic officer, my older brother was in the military and my sister is a police officer and my wife and younger brother's wife are nurses. So, we relate because we are all in the force."

"As a team, we would find ways of comforting each other. When we are seated together, we will informally start talking about the scenes and sometimes find humour in some of them, just so that we do not stress about it."

"Remember we are one thing, and we belong together. We had members who were infected with COVID-19 and we knew we were not allowed to see them. However, there was a point where we were planning to go visit them because one of our own is not well. We just could not go because we were told we would get charged. So, we are family."

Thapelo reported that they consider each other as family as they spend more time with each other at work. When not on call they sit together and talk about work-related stressors and sometimes personal challenges. In that way, they can understand the reason why a member of the team is distracted on the scene and they can cover for them. Thapelo added that the only support they have is themselves as a team and it is always easy for them to discuss their frustrations in the team. He further mentioned that he values the presence of his colleagues and sees them as family members, especially because he does not have relatives in Pretoria. He pointed to them finding the humour in the serious incidents as it assists in not personalising the traumatic scenes and also assists in changing their perceptions and narratives of the scenes. Thapelo stressed the importance of maintaining good relationships with team members pointing out that they have a common understanding even though they may experience the same incident differently.

Access to psychological services

"I haven't [laughs]. I have never seen a psychologist. Recently with COVID-19, there are some of the colleagues who have contracted the virus. But I have never seen a psychologist!"

"Erh [clears throat], I must be honest with you and say no, there is no one taking care of our mental fitness. There is this department employee assistance programme (EAP) and as far as I am concerned it is not effective. You only attend to it when you feel like it and sometimes you get asked if you want to attend it. As far as I am concerned it should be compulsory, but it is not. So, most of the guys do not utilise it."

The EAP at their workplace is seen as ineffective, and Thapelo added that one only attends whenever they feel like it. It is not well marketed, and as a result, they do not see how it may assist them. He perceives talking to his team members as more beneficial than a formal session with the EAP. Thapelo personally believes that it should be compulsory and a marketing strategy for it should also be considered. He does not consider himself as having any psychological disorder and perceives his symptoms as normal. This may be because the majority of his family members are exposed to traumatic incidents at their workplace and likely present with similar symptoms. His colleagues also present with similar symptoms; therefore, they are perceived as normal. Being surrounded by people who present with similar symptoms makes it easy for Thapelo not to see them as a disorder, especially because the same trusted support structures (family and colleagues) do not see the need to access psychological services.

Diminished empathy

"In the family when somebody is injured, I tend to see some injuries as normal because there are people who loses eyes and I may see what they deem as an injury, as a scratch. So even when I attend the scene I am expecting to be confronted by a situation where there is amputation. The legs are there and the body is on the other side or the brains are out".

"It [exposure to traumatic events] does affect it [empathy] a lot. You assess when you arrive [at a scene] and really there would be that patient you see is not really urgent. Especially when you arrive on the scene your priority is the quiet one, and the one that is screaming and shouting is just an indication that there is life, as compared to the one who is quiet."

Thapelo indicated that whenever his children or people around him are injured, he does not panic. He believes that once a person can scream for help it means he is alive and that is all that matters. He worries about the silence following an injury. He added that whenever he is told of an injury, he expects the worst hence he does not entertain what he perceives as minor. He understands that his assessment of a serious injury is influenced by his experience and exposure to trauma. Thapelo presents with diminished empathy and his traumatic experiences have desensitised him. His experience of traumatic events has resulted in him always expecting the worst from any injury, including his family members and children.

Over empathetic

"You just see that there is hunger in the family, and you end up being caught in a dilemma. That is why it is important to avoid taking your wallet with you. The longer you are in the department the more develop a soft spot. You get to the scene, and you become a parent or a social worker or even a household member. You sometimes find yourself asking questions like, why did you not clean? When last did you have a meal? And automatically you become a social worker unaware. Tired as you might be you find yourself making efforts to find help for them, like giving them money for bread and starting to enquire who the councillor of the area is. Or contacting people that you know can assist the family with other needs."

"Yes definitely. I do cry it happens many times. You find your corner and tear. It's just that you cannot cry on the scene, we are not allowed but when I get home, I do cry a lot."

Thapelo reported that it is challenging dealing with families that are struggling financially. He is affected by poverty and added that he would sometimes go the extra mile and make contact with people he believes may be able to assist with problems not related to his field. This has led him to leave his wallet at home, to avoid the temptation of using money to resolve problems such as by buying groceries.

Thapelo emotionally connects with the people he meets at the scenes. He reports that although they are not allowed to cry on the scene, he finds a chance to cry as it haunts him. He added that although he cries privately, he usually feels better afterwards. Whenever a child is involved, he finds himself overreacting as he sees his children or those of his siblings.

Motivation or attitude towards work

"When I started, I was not married and now I am married. In the beginning, it was fun, and it felt at home because I had friends and support and I was only 21 years old, so it was never a problem."

"When you walk in [at scenes that need intervention] people have hope. And they would ask the family members or community members to give you a way so that you can assist. Sometimes they do that even after they see that there is no life in that body. But hopes come upon arrival of a firefighter and you are expected to make a plan. There would be a charred body but the people still have hope. You get lost in the scene".

"When you walk in and you see hope in people but your assessment has already showed you that there is no life, you already know that you need to find a way of giving these people support. You must address them politely although they are those who would still fight you but you need to find a way to make them understand that you tried your best".

"Definitely, I would [encourage family members to join EMS]. At the end of the day life has to be saved. It comes with the job and somebody has to do it. Our duty is to save life and life is everywhere. The grass is life and the ants as well because everything serves a purpose. If your pet fell into a drain, I need to go in there to save its life. Even a parrot trapped in the toilet we would have to sacrifice and save that pet. Everything around us is life. It is exhausting".

Thapelo has been working as a firefighter for over 31 years and has been exposed to numerous traumatic scenes. However, he still maintains a positive attitude towards his work. When asked if he was to choose any job he wanted, he responded that he would still work for the EMS even if given a second chance in life. This illustrates to the researcher the level of dedication Thapelo preserves, no matter the circumstances. He describes himself as having been active when he started and although the job is emotionally draining, he wakes up daily in a positive mood. He added that marital status also counted when he joined the department. Being single at the time made him more dedicated and flexible. He further stated that he had never planned to join EMS and that he did not know what he was getting himself into. The support he received from people he found at the workplace motivated him. He added that he is still investing the same amount of energy he did when he first joined. He expressed his love for what he does and mentioned that his duty is to save lives no matter the kind of lives.

Job demands

"There is a lot. There is a lot and very much. At times the public would be calling us for something that they should not be calling us for. But you cannot get there and say you are not supposed to be calling us".

"At times the community members would revolt and tell you that you came to the scene late. But if you ask them how they contacted us they will say 10111".

The job demands of the EMS are described by Thapelo as many and exhausting. He informed the researcher that reasons for a higher workload include fake calls and calls that are

not related to the scope of their work. Even when realising that the call was not meant for them, they find it difficult to leave the community members without solutions. In certain cases, he found himself wanting to assist with the client's social problems and this demanded his attention until he was sure that the issue was resolved. Thapelo would worry about the clients and make a follow-up to ensure that they received the assistance he organised.

Feeling stagnant/limitations

"It's not easy [getting a promotion]. You take time being stagnant; however, it is not demoralising because it is the culture or rather a norm".

"Now since 2010, they are doing National Diploma in Fire Technology. They have it in TUT [Tshwane University of Technology]. We have a doctor who is part of the panel. You may acquire those qualifications but if posts are not there, they are not there. And there is nothing one can do about it because they are scarce."

"When there is no promotional post, we all become equals. With people from Bophuthatswana, there was a course called "Integration" where we were all retrained. When I started the EMS was British and now it is American. So, we had to change that formation altogether. So even when you have been exposed to British it does not make a difference because America does not recognise British. In America, they do things clockwise while British is anticlockwise. "

Despite the unbearable workload mentioned, there is no financial motivation. Thapelo reported that there are no posts and they do not get paid enough. They remain in one position for a long time as promotion posts are scarce. He added that the past recruitment requirements were not the same as the current ones. Thapelo pointed to there being two groups in the EMS, a group with an educational background and a group with practical experience. He believes that both these groups play a vital role and can work well together bridging whatever gap there is. However, not everyone managed to further their studies and Thapelo emphasised that the power of experience should never be underestimated. He was recruited during the existence of Bophuthatswana and he considered his training then to be more intense when compared to the training that current recruits receive.

Safety

"Robberies, although I was never directly involved but I have heard some of my colleagues have experienced it. At times the community members would revolt and tell you that you came to the scene late. But if you ask them how they contacted us they will say 10111."

"There would be a charred body, but the people still have hope. You get lost in the scene. There is also a danger of leaving the car there due to robbery. When you walk in and you see hope in people, but your assessment has already showed you that there is no life, you already know that you need to find a way of giving these people support. You must address them politely although they are those who would still fight you, but you need to find a way to make them understand that you tried your best."

"There is this thing called golden hour philosophy, it must take you under a minute for you to be on the road. Speed is important but also your safety comes first. We are governed by this thing called the National Road Act so we cannot contravene that. You need to be there on time, but you can't contravene the law of the country. We do have training when it comes to driving efficiency"

Thapelo indicated a concern regarding their safety. So far, there is no means to bridge the safety gap, as the SAPS also experiences its own challenges regarding escort vehicles. He reported that the robberies they experience affect their performance. Another factor highlighted was their driving skills. Thapelo added that although they are also governed by the national road safety rules, they work under the urgency of saving lives. They find themselves caught in the dilemma of driving appropriately but arriving late or driving fast and risking their own lives. Their driving sometimes exposes them to becoming victims of motor vehicle accidents. There is no winning, as sometimes discretion is used.

No knowledge of scope of EMS

"At times the public would be calling us for something that they should not be calling us for. But you cannot get there and say you are not supposed to be calling us."

But if you ask them how they contacted us they will say 10111. That is where a failure comes from this department. Our public needs to be educated on how to call us, when to call us, and where to call us. Most people do not know our numbers, and these are the numbers that should

be plugged in with all the emergency numbers on the fridge. Remember you are not an island, you do not live alone."

Thapelo believes that educating the public about the scope of EMS and the appropriate numbers to contact when experiencing problems may reduce inappropriate calls and result in less burden. He added that there is much that the management needs to do including ensuring that basic things such as emergency contact numbers, are made known to the public. He added that more familiarity with what service they provide may also reduce the unrealistic expectations of community members.

5.5 SUMMARY

Different themes were highlighted during Thapelo's analysis. Thapelo has worked for the EMS for 32 years and he reported that it has always been something that he wanted to do. He added that he was motivated when he started, however did not anticipate what the traumatic exposures could do to his life (***exposure to trauma).*** In his work, he has been exposed to multiple traumatic scenes that he vividly remembers ***(exposure to trauma)***. While Thapelo presented with PTSD symptoms, he was unaware that they are psychological symptoms (***psychological symptoms)*** as he perceived them as normal. His perception of his symptoms may have been precipitated by the multiple exposures to traumatic events he has experienced and this has caused him to have ***diminished empathy*** or become ***overly empathetic***. He receives emotional support from his family members (***family support).*** Although he has a supportive family background, he stated that his work has strained his relationship with his wife as she also works shifts. As a result, it has created a gap between them. Being in the EMS has also affected how he relates to his family members and children. He added that when it comes to family, he tends to become overprotective and also presents with diminished empathy. He assesses injuries and always expects the worst; therefore, whenever a family member is injured, he does not see it as serious ***(diminished empathy)***. When it comes to his children, he would see them in the victims he has been exposed to and this has impacted how he treats them. Thapelo thus monitors his children and restricts their movement, especially given his exposure to traumatic events involving children ***(bringing the job home)***.

Thapelo would get frustrated at what he considers a failed mission. He tends to blame himself and feels like he failed the victim, his team, and himself as his main goal is to ensure that all victims are saved ***(self-blame; sense of failure)***. He expressed his frustration regarding

the management's ***lack of emotional support***. Thapelo indicated that although there is an EAP that is meant to accommodate their psychological wellbeing, they do not access it as it is deemed unhelpful. Despite his years of experience, he has never accessed psychological services ***(access to psychological services)***. According to Thapelo, support is mainly received from team members and he considers them family as they spend more time together. He indicated that they can express themselves openly because, as colleagues, they can better relate to one another. He added that as colleagues they would use humour while talking about their traumatic experiences ***(team members as main source of support)*** which assists them in dealing with the traumatic scenes. Thapelo's alcohol intake has increased over the years and he believes that he uses it to deal and cope with his traumatic experiences ***(maladaptive coping mechanism).***

According to Thapelo, his work is demanding with insufficient remuneration and chances of promotion (***job demands)***. He feels stagnant and added that although there are no promotion posts, there is now a bridge between those employed during Bophuthatswana and in early 2010 ***(feeling stagnant/ limitations).*** The veterans are more experienced in the field while the new recruits carry qualifications that can assist during missions. With the workload and fatigue, they also get demoralised when receiving calls that are not related to their scope of work. Thapelo believed that members of the public need to be educated on the scope of EMS to avoid delays in response and fake calls and doing so is largely the responsibility of management ***(no knowledge of scope of EMS).*** Moreover, their safety is in jeopardy as they are the victim of robberies. According to Thapelo, the work they do puts them at risk, especially because the environment they navigate through is also not conducive. He mentioned that increasingly the areas in which they work are informal settlements where there are no tar roads and the paths are man-made. In some instances, their vehicles are unable to access the scenes as the paths are either too narrow or have hills and potholes. He indicated that many areas do not have sufficient lighting.

CHAPTER 6

THE LIFE STORY OF TEBOGO

"The life of emotional disconnection"

6.1 PERSONAL DATA

Participant	:	Tebogo* pseudonym
Gender	:	Male
Age first employed	:	30 years
Current Age	:	40 years
Occupation	:	Paramedic
Years of service	:	10 years
Station	:	Mabopane Fire Station

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6.2 INTRODUCTION

This chapter elaborates on the interaction between the researcher and Tebogo which took place at his workplace. During the interview, the researcher noticed that the participant was filled with gratitude for his life and the life he had led. As a result, the pseudonym "Tebogo" emerged, meaning gratitude. He explained that he is forever grateful for his work; he was exposed to the field as a volunteer for eight years after he was permanently appointed and hence, has been formally employed for 10 years.

6.3 BACKGROUND

"I was 22 years old when I joined the department as a volunteer. I volunteered from 2001 until I was placed on contract for another four years, from 2006 until 2010. In 2010, I was appointed permanently hence my years of service is 10 years not 18 years. The number of years I have spent as a volunteer and on contract are not counted. So, if they were to check the age of employment, they would say I was 30 years old instead of 22 years old when I volunteered."

"Mmm when I came here, I knew that this is what I want. What I knew the first time when I came here, I knew that I'm putting myself in a difficult position and I will be dealing ka

mopheko a batho [with people's lives] and it is serious and tricky. So, I was aware that dealing ka bophelo bja motho [people's lives] is not something you can undermine. I came here with a prepared mind and I was ready to learn. I love what I do. But wabona [you see] when you come here for the sake of looking for a job or because you want to earn something you are going to have problems. With something that you like, you will definitely take care of it but if you do not like something you will not learn to appreciate it. There were no real commitments before the marriage and that is why I managed. I grew up, got married and had children".

6.4 VERBATIM EXTRACTS AND IDENTIFIED THEMES

Sense of failure

"You sometimes need to leave space for such things. You cannot do everything right. Wherever where you succeeded you succeed but if you failed there is nothing you can do. All you need to do is to thank God that at least I tried but hego padile ho padile [if it did not work out there is nothing we can do]. Wena [you] just tell yourself that at least I tried. Do not focus on the bad side but instead focus on your efforts. At least you have managed and did your best. You would have tried."

"The most difficult part is when we arrived, we were told that there is a child in there. We are there but we are unable to help. And hare fihla mowe bare botsa hore hona le ngwana kamowe [upon our arrival we were told that there was a baby in the shack]. We were there and there is life but we can't help and we felt helpless because we cannot. But unfortunately, we cannot help because we were from the ambulance side we still could not help even after the family members screamed that they should do something. The child who was trapped was below the age of one years old and upon their arrival there was life but unfortunately, a shack fire moves quickly".

Tebogo was enthusiastic and stated that he dedicates his energy to his work but is prepared for anything to happen. He added that he always leaves the scene knowing that he did all he could and there was nothing more he could have done to change the situation. He stated that he always put his faith in God to lead the way, adding that although one can blame oneself, one knows they have done their best. Tebogo expressed feelings of helplessness in incidents where he knew there was potential to offer further assistance, but their scope of work limited

them from providing such assistance. This results in a feeling of having disappointed the community members and the person who needed their help at the time of arrival.

Maladaptive/adaptive coping mechanisms

"To avoid such things, like sometimes social life counts a lot. If you deprive yourself from that you will have a problem. You must always be happy and mingle with people. But if you do not do that and you isolate yourself that is where you are going to start thinking of a lot of traumatic things. So, manage your social life well".

"No, it [death in the family and death witnessed at work] is the same thing. Death is death. Hence, I initially said you always need to be prepared for such. You must prepare a wall. But you do think of those things".

"I just tell myself that I need to do what I love the most or what makes me happy. I go out with my friends and family. Arrange with guys to go fishing and braai. When I come back, I am refreshed. Sometimes when we are out, we would talk about the scenes and laugh about them. You can't just sit. When you do not socialise, your mindset goes back, and you start thinking of all the past trauma but when you socialise your mindset goes forward, and you talk openly about other things."

"But there is no way I can socialise without alcohol, but I do not drink because I have problems. When I am happy, I do drink but when I am sad, I do not drink. So, I use alcohol for social purposes not to take away my problems".

Tebogo believes that interacting with other people (family and friends) helps him relieve stress. He seems to socialise to distract himself from flashbacks, stating that isolating oneself may result in traumatic symptoms. He does not think much about his traumatic experiences when he is in a social setting. Tebogo's reliance on social interactions does not necessarily mean that he dealt with the trauma in an adaptive manner; instead, it indicates suppression. He mentioned building a wall to avoid dealing with the trauma, which could be referred to as avoidance – a defence mechanism for coping. Additionally, although humour may result in positive psychosocial outcomes, it can also be used to protect the ego from emotional pain. Humour can be perceived as either a defence mechanism or a coping mechanism as it helps deal with stressful events. Although Tebogo acknowledges that he

consumes alcohol during his social gatherings, he added that he avoids drinking when he has problems. This is a positive indication that his maladaptive coping mechanisms are driven by his unconscious mind and are not intentional, but rather a way to protect his ego.

Exposure to trauma

"Yeah. The recent one keya [was a] shack fire. We responded and were the first to arrive on the scene neh. And a shack is a shack, so the fire moves quickly and gives you limited time. Unfortunately, we were the first to arrive but the machines that we use are too big and okase tsamaye ka speed sa rena because it loads a lot of things [the machine will not move on the same pace as we wish to move, it hampers the speed we want to run with as it loads a lot of things]."

"The most difficult part is when we arrived; we were told that there is a child in there. We are there but we are unable to help. And hare fihla mowe bare botsa hore hona le ngwana kamowe [upon our arrival we were told that there was a baby in the shack]. We were there and there is life but we can't help and we felt helpless because we cannot. But unfortunately, we cannot help because we were from the ambulance side we still could not help even after the family members screamed that we should do something. The child who was trapped was below the age of one year old and upon their arrival there was life but unfortunately, a shack fire moves quickly. When the firefighters arrived, it was too late, and the child had already died. It was only after the fire was extinguished that we could gain access just to check if indeed there was a child. We arrived there and eish en kena le ngwana was that age [I have a child of the same age] was at this home. Ey, and after we attended to the scene, I immediately contacted my partner to check on her and the kids. I had to check if everyone and everything is okay. I told her of the call, and I pleaded with her to please take care of the children".

Tebogo's narrative indicated that he is more empathetic to children and added:
"With an older person, you would say at least this person lived their life but what about the life of a child that is cut short? But eish kids, di call tsa bana [a call that involves children] they are more sensitive to me, I do not know about other people but nna [personally] they do affect me. A child is very innocent."

Tebogo has been exposed to many traumatic incidents but indicated that people need to learn to "separate" so that they can work effectively. As first responders, they get to see the

worst and it makes them feel helpless at times as community members become hopeful when they see them.

Psychological symptoms

"You must always be happy and mingle with people. But if you do not do that and you isolate yourself that is where you are going to start thinking of a lot of traumatic things. So, manage your social life well".

"Once a member dies on duty even if they work for a different station, it touches us. Like scene ela ya Johannesburg mo firefighters fell [like the scene that took place in Johannesburg where firefighters fell out of the windows]. You cannot forget that scene because that is what you do, and it can happen to any of you. It stays with us even if we do not know the lifesavers who died there but you have an idea of how it may have happened. It comes back even when you are watching a movie, the whole picture comes back".

Tebogo is a social person and told the researcher that flashbacks occur when he is alone; therefore, socialising helps distract him from the reality of his work. Psychological symptoms seem to be present in Tebogo's life, although he may not be aware that they may be a result of traumatic exposure. The scene that happened in Johannesburg led to his hypervigilance and flashbacks, which are evident even when watching movies. Although Tebogo was a secondary victim (through reading and was informed), the events seem to have evoked anxiety and fear for his safety. Tebogo has tailored his narrative and his social construction in a way that protects him from being vulnerable.

Withdrawal from family

"Yah, it does take away the quality time because hare bereke the same shift [we are not on the same shift]. When I walk out for duty, she walks in from duty and sometimes ke [it's] vice versa. Sometimes you accept your situation but try to make it work with the little time you have with them".

Tebogo explained to the researcher that his partner is also in the EMS although they work different shift patterns. He acknowledged that the shift patterns do affect his relationship, but he has accepted this. Tebogo added that when he returns from a day shift, his wife usually will be leaving for her night shift, and vice versa. Since time is an important factor, he makes

the most of the little time they have as a couple. He also mentioned that he prefers to socialise with her, as well as with family and friends.

Understanding and support from family members

"Sometimes you have to try even its even better for me because I get support. Like motho oke dulang le yena she also works here [the person I am in a relationship with works here with me]. So, she understands because we relate and speak the same language. So, I would speak to her hore ke kopane le [I would confide in her regarding the call I attended] a certain call and she understand because she also goes through the same thing. The more you talk about these things the more you feel relieved, and she understands everything I go through, and we would comfort each other".

"Arrange with guys to go fishing and braai. When I come back, I am refreshed. Sometimes when we are out, we would talk about the scenes and laugh about them. You can't just sit. When you do not socialise, your mindset goes back, and you start thinking of all the past trauma but when you socialise your mindset goes forward and you talk openly about other things".

"The more you talk about these things the more you feel relieved and she understands everything I go through, and we would comfort each other. Leyena [even her], when she is from work, she would get home and we would talk about it and discuss it until to our satisfaction. And talking about these traumatic incidents helps. After talking, you feel that something came out".

Tebogo reported that working with his wife has benefitted him, as she can relate to the traumatic experiences he shares with her. He also added that engaging with people who are not in the same field (family and friends) is also helpful as they sometimes laugh about scenes, he tells them about. He prefers socialising as it helps him avoid focusing or thinking of the events that occurred during his line of duty. Tebogo is talkative and believes in discussing his experiences or traumas, even though he has never consulted a therapist.

Bringing the job home

"We arrived there and eish en kena le ngwana was that age [I have a child of the same age] was at this home. Ey, and after we attended to the scene, I immediately contacted my partner

to check on her and the kids. I had to check if everyone and everything is okay. I told her of the call, and I pleaded with her to please take care of the children."

"You must prepare a wall, but you do think of those things. You see, the other thing is even now my partner and my children went on a holiday to Limpopo and they already know that they have to stop at certain filling stations and call. If they do not call, I call them and need to understand the reason they are quiet. Your job becomes part of you. You become overprotective if they do not call. I would call them, and they know they need to park on the side to take my call. This job does affect my personal life because it clicks in my head when they drive because there are accidents. I call many times and initially, they thought I did not trust them, or I am insecure but now they got used to it. They understand that it has nothing to do with poulelo [lack of trust] but their safety. I call and ask them to stop at the filling station and ask the attendants to help them monitor the tyres and refill the petrol. I would advise them on basic things like buying water and parking aside to sleep. They are not like me; I feel they are much safer when I drive them to Limpopo and come back the same day. In that way, I know they are safe. Unlike me, I can speak on the cellphone even when I drive and inform them of my whereabouts, and it feels okay. She is a woman with children, family comes first. They must just stop and rest no matter what."

"But eish kids, di call tsa bana [call that involves kids] they are more sensitive to me. I do not know about other people but nna [personally] they do affect me. A child is very innocent".

Tebogo's exposure to trauma interferes with his family's functioning. He mentioned that due to the number of accidents he has worked on, whenever his partner travels with their children he becomes paranoid and unsettled until they report that they have safely arrived. His caution/paranoia has led his wife to believe that he does not trust her as he expects her to inform him of everything she does, including breaks during her long-distance drives. She feels guarded and monitored. Having been exposed to multiple traumatic incidents, Tebogo has become empathetic, especially as he also has a family. He acknowledged being particularly sensitive to scenes involving children. After attending incidents with children, he usually contacts his partner to check on the safety of their own children. Experiences involving children have also influenced how he interacts with the children of family members.

Effect of trauma on work performance

"Not that it stays with me but if I come across something similar it triggers the past traumatic memories."

"I was fully prepared that I am going to be exposed to corpses, scattered brains, and fractures. It has not affected me in any way. You have to be prepared; it is like preplanning."

Tebogo reported that the trauma he experienced at work does not affect his job performance. He explained that he mentally prepared himself when he started working and learned to separate work from personal issues. He added that although he sometimes becomes emotional, he has learned to separate his emotions from his performance at work. He fully commits himself to his work and always hopes for positive outcomes.

Balancing work and family

"Again, learn to separate and remember gore nako yamo ke nako ya mo [remember that the time you spend at work should be dedicated to work and try to separate work challenges from personal challenges]. Do you understand? [posing the question to the researcher]. Do not confuse or mix the two. People would sometimes ask if we are not scared or if we do not forget hore hare foloha ambulance and drive your car hore hake lebale [people usually ask if getting into my private car from an ambulance is not confusing especially when it came to the speed limit]. They assume that I may drive over the speed limit in my private car after getting out of an ambulance. I always tell them that, no, you learn to separate the two; and everything has its time."

"Sometimes you have to try even its even better for me because I get support. Like motho oke dulang le yena she also works here [the person I am in a relationship with works here with me]. So, she understands because we relate and speak the same language. So, I would speak to her hore ke kopane le [I would confide in her regarding the call I attended], a certain call and she understand because she also goes through the same thing. The more you talk about these things the more you feel relieved, and she understands everything I go through, and we would comfort each other. Leyena [even her], when she is from work, she would get home and we would talk about it and discuss it until to our satisfaction. And talking about these traumatic incidents help. After talking, you feel that something came out."

"Yah, it does take away the quality time because hare bereke the same shift [we are not on the same shift]. When I walk out for duty, she walks in from duty and sometimes ke [it's] vice versa. Sometimes you accept your situation but try to make it work with the little time you have with them."

Tebogo acknowledged that balancing work and family is challenging; however, one needs to make it work with the little time they have. He added that because he and his partner are in the same field, they use the chances they have to talk about their work-related traumas, which can also take away from quality time. Tebogo emphasised that he has learned to separate work from personal life and wishes that other people could also find ways to condition themselves so that when they are in uniform their expectations and behaviours will not be the same as when they are in their civilian clothes.

Seeing their family in victims

"The child who was trapped was below the age of one year old and upon their arrival there was life but unfortunately a shack fire moves quickly. When the firefighters arrived, it was too late, and the child had already died. It was only after the fire was extinguished that we could gain access just to check if indeed there was a child. We arrived there and eish en kena le ngwana was that age [I have a child of the same age] was at this home. Ey, and after we attended to the scene, I immediately contacted my partner to check on her and the kids. I had to check if everyone and everything is okay. I told her of the call, and I pleaded with her to please take care of the children".

"Yah not really but sometimes dikeledi diatswa [tears do fall]. So, what I would do is that I would find my own corner and cry but quickly come back because the job has to be done. Especially in scenes that involve the young kids. It hits hard because I have children. With an older person, you would say at least this person lived their life but what about the life of a child that is cut short? But eish, kids, di call tsa bana [a call that involves children] they are more sensitive to me; I do not know about other people but nna [personally] they do affect me. A child is very innocent".

Tebogo sometimes sees his own family members in some of the victims, particularly children. Children are his weakest point, especially because he has young children himself. Following a rescue mission involving children, he usually contacts his wife and asks her to

check if the children are safe. Such scenes become personal for him, as he believes that children do not deserve to die in traumatic ways as they are innocent. Tebogo's distress reaction affects his family dynamics and threatens the family's stability.

Overprotective towards own family due to traumatic exposure

"You see the other thing is even now my partner and my children went on a holiday to Limpopo they already know that they have to stop at certain filling stations and call. If they do not call, I call them and need to understand the reason they are quiet. Your job becomes part of you. You become overprotective if they do not call. I would call them, and they know they need to park on the side to take my call. This job does affect my personal life because it clicks in my head when they drive because there are accidents. I call many times and initially, they thought I did not trust them, or I am insecure but now they got used to it. They understand that it has nothing to do with poulelo [lack of trust] but their safety. I call and ask them to stop at the filling station and to ask the attendants to help them monitor the tyres and refill the petrol. I would advise them on basic things like buying water and parking aside to sleep. They are not like me; I feel they are much safer when I drive them to Limpopo and come back the same day. In that way, I know they are safe. Unlike me, I can speak on the cellphone even when I drive and inform them of my whereabouts, and it feels okay. She is a woman with children, family comes first. They must just stop and rest no matter what."

Traumatic exposure has influenced how Tebogo perceives life, leading him to believe that he can control some situations. Asking his wife to stop at every filling station, is his way of giving her a chance to rest to avoid motor vehicle accidents. He panics if they do not return or answer his call, and this indicates, subconsciously, that he is aware that he cannot control her surroundings. Accidents are exactly that, accidents. Tebogo acknowledged that being overprotective might be perceived as paranoia or a lack of trust in his wife, but he is committed to always doing whatever it takes to protect his family when possible.

Neglected mental health

"Ke eng EAP? [What is EAP?]"

"Counsellors are there in the municipality, but you look for it. You can go look for it if you want it, other than that no one is looking out for you. You go to the scene and come back; you will deal with your issues on your own".

"I came prepared and knowledge has also built me. There are three things involved –, knowledge, physical fitness, and mental fitness. The most important one in the EMS is the physical fitness. Because they deal with what they see, and they do not see how you are emotionally. When you are not fit you will have problems in the streets because we need to be active".

"The department has built a gym for us; if you are not going to take it seriously, you are not taking care of yourself because it will affect you."

"But it would be nice hore hare boya [if we are debriefed when we come back] from di scene bare dudise fase [they must sit us down] and talk to us. At least barefe [they must offer us] debriefing. Hore [so that] we should also correct our faults we made at the scenes so that in future we can work better. We should be given a chance to sit and talk even if they make it an informal thing. Because if it can be a formal thing, some people are not open about their feelings and it may be seen as a personal attack or hold grudges when it is formalised. It should be a relaxed environment even in our dining room so that we do not hide our feelings. We need to discuss it hole monate [when we having fun]. We spend a lot of time together, so we need to learn to open up freely".

Tebogo reported that the department is more concerned about their physical wellbeing than their psychological wellbeing. He understood their reasoning as they need to be physically fit to execute their duties as their job is physically demanding. However, he acknowledged that their mental health is not prioritised. Surprisingly, he was unaware that the department had an EAP and did not know its purpose. He added that he believes that the EAP was available on request, but they are mostly left to deal with their traumas on their own. Tebogo suggested that it would be beneficial if they had a debriefing after attending traumatic scenes. He further suggested that the debriefing might be helpful if it was not formalised and counselling was provided in a casual manner. He believed that this may improve their mental wellbeing and also assist in correcting mistakes made at scenes.

Lack of emotional support

"[Sighing] It's limited but things change. If you do something due to salary that is where you will be affected because you do not like what you are doing. I believe leadership is about taking

responsibility. As a leader, you are my parent. Leadership goes hand in hand with responsibility. You cannot lead if you are afraid of taking responsibility."

"No not at all. There is no such here. You see that channel you only receive it when you force it. But when we return, the responsible person does not take it upon them to offer us. We are not being asked how scenes have affected us. That is why kere ngwana wagago wamotseba [hence I said, you know your child]. Ngwana wag ago ge ase right you should see through them but bona haba ebone [when your child is not doing well, you should be able to see through them, so that you can attend to them]. He ale [When your child is] quiet you should approach your child, be curious and ask if there is anything bothering them but not here. They do not notice behaviour change."

"Counsellors are there in the municipality, but you look for it. You can go look for it if you want it other than that no one is looking out for you. You go to the scene and come back; you will deal with your issues on your own."

Tebogo pointed to the lack of emotional support from the management. He sees management as "parents" and the staff members as "children". He explained that, just as parents are expected to notice when their children are unwell and ensure they are well taken care of, management should do the same for their employees. However, management does not take care of their mental wellbeing and is more concerned about performance. As a result, they often do not notice the underlying causes of poor job performance and absenteeism. When an employee's health deteriorates, management tends to believe it is due to reasons other than their affected mental health.

Team members as main source of support

"Sometimes you have to try even its even better for me because I get support. Like motho oke dulang le yena she also works here [the person I am in a relationship with works here with me]. So, she understands because we relate and speak the same language. So, I would speak to her hore ke kopane le [I would confide in her regarding the call I attended] and she understand because she also goes through the same thing. The more you talk about these things the more you feel relieved, and she understands everything I go through, and we would comfort each other. Leyena [even her], when she is from work, she would get home and we would talk

about it and discuss it until to our satisfaction. And talking about these traumatic incidents helps. After talking to you feel that something came out."

"But sometimes when you are teamed with a person, you already know that the partner is good and has better communication skills than you do. Then you talk amongst yourselves and ask them to at least be the one informing the family. Teamwork is important".

Tebogo emphasised the importance of teamwork, reporting that in his job, one cannot work in isolation. As team members, they know each other personally, and during a rescue mission, they can recognise one another's strengths and use those strengths to resolve the cases they face. He added that because they can relate, they usually use humour to cope with the challenging scenes they are confronted with. Tebogo feels privileged that his partner is also a member of the EMS, enabling them to talk about their experiences in a casual manner. Talking and laughing about their experiences helps them cope. Tebogo reported that his colleagues are like family and have learned to support each other despite their differences. He stated that he expected everything he was experiencing, knowing that the job focuses more on trauma. The nature of the job involves running into buildings that other people are running away from. He informed the researcher that someone has to do this job, and believes there is a reason he was destined for it.

Access to psychological services

"For me seeing a psychologist is like when I am sitting with my friends. When I am with my friends, I have a space where I can open up and talk about things. I prefer talking to my friends as I feel they relate more. At least my friends do not have to question me; I will just talk freely with them. But the psychologist will still have to probe further".

Tebogo reported that he has never accessed psychological services. His lack of knowledge about the EAP indicates that he may not be interested in attending. He believes that he would rather talk to his family members or friends about his traumatic experiences and personal problems. He avoids being questioned or probed by professionals, preferring to talk and find humour in his traumatic encounters. Tebogo's approach to issues affecting his mental wellbeing is a casual one. He is uncomfortable in formal settings, which may serve as a defence mechanism to avoid confronting his deeper issues or admitting that he may have a psychological problem. He only attended therapy when facing personal problems and does not

think he needs it for work-related purposes as he can simply have informal conversations with friends, colleagues, or his partner. Tebogo added that he believes formal settings can sometimes create discomfort and ruin relationships.

Diminished empathy

"I am used to more brutal things. Sometimes I can see that this person can stand up and go to the clinic. Remember you are not the transporter; you are not a venture or quantum; we are emergency services. Since I started here, I realised that I am stronger than before. With family members, I realised that I am becoming stronger. After a family member died, they would call me. And when I get there, I just tell them, no, the person is no more. They would cry and roll and I would just wait for them to finish. Initially, I would cry but now I do not. I just confirm to them that the family member has indeed passed. Now the family members rely on my strength."

"No, it [death in the family and death witnessed at work] is the same thing. Death is death. Hence, I initially said you always need to be prepared for such."

Tebogo stated that death does not scare him anymore. He added that when he was new in the EMS he used to be affected by death and would sometimes cry after witnessing it at a scene. However, it no longer affects him as much as it used to. He has become accustomed to seeing many corpses and is no longer affected by them. The exposure to traumatic experiences has diminished his level of empathy, and he is always prepared for anything that may happen at a scene. Tebogo's reaction to death is an indication that he is desensitised and has normalised death.

Over empathetic

"Yah, not really, but sometimes dikeledi diatswa [tears do fall]. So, what I would do is that I would find my own corner and cry but quickly come back because the job has to be done. Especially in scenes that involve the young kids. It hits hard because I have children. With an older person, you would say at least this person lived their life but what about the life of a child that is cut short? But eish, kids, di call tsa bana [call that involves children] they are more sensitive to me. I do not know about other people but nna [personally] they do affect me. A child is very innocent".

"We do a lot of things when we are there, you find yourself as a counsellor, pastor, mediator, and a supporter at the scene. It is the most difficult thing ever. Because if you do not do things accordingly and treat cases with dignity and sensitivity, you will end up having a second case whereby a family member collapses and you do not want that. You will end up taking one family member to the hospital if you're not sensitive".

"But you just need gore obe le botho [you need to have humanity]. Even if you do not have the skills ha ona le botho dilo di ba bonolo [once you have humanity, things become easy]".

"Sometimes you are called to intervene on elderly people who are fighting and hurting each other. And when you get there, they are older than you and old enough to be your parent. The challenge of having to intervene as a child to parent in a very strict manner. As a child, you must try to minimise the violence until the elderly man sees their fault. In our culture, reprimanding your parents hardly happens, it is not a norm as it is deemed as disrespect".

Tebogo is more vulnerable when faced with scenes involving children, especially those who are of a similar age to his own. He explained to the researcher that some incidents affect him deeply, and he ends up crying. However, although he cries, he cannot do so in front of the families involved. Certain incidents are too close to home, and he relates to them. He indicated that, despite his efforts to avoid thinking about these incidents, they would flash back to him while alone, which is why he tries to avoid being by himself. The community he works in is very traditional and he is expected to behave like a child when dealing with elderly couples. He highlighted the cultural expectations that make him more empathetic. Although they are not equipped with counselling skills, he believes that it might be beneficial for them to attend workshops. They often deal with scenes that require empathy, good communication, and counselling skills.

Motivation or attitude towards work

"I would say when I started it was more of thinking about what I would be exposed to and how I am going to handle it, and with that first call you are a bit scared. But now I saw all those things that I imagined before I started, so when I attend to a call, I expect the worst and I would feel like certain things are not as serious."

"Of course, this is what I love. If it was possible to get an upgrade of what we are doing now I would appreciate it. I came prepared and knowledge has also built me".

Tebogo indicated that he prepares himself for the worst as it helps him view some incidents as minor. He added that this mental preparation encourages a positive attitude towards the incidents he encounters. He maintains a positive outlook on his job and mentioned that if he was given an opportunity to choose a career again, he would choose the same work. He believes that someone has to do this job, and it happens to be him. When the researcher asked if he still enjoyed his job he responded:
"Of course, this is what I love".

No matter the challenges that Tebogo encounters, he is still passionate about his job and always tries to see the positive in it as he believes that his work is not just for him or management, but for the vulnerable members of the community.

Job demands

"Things are now better, ha hosa swanang le peleng [unlike before]. Initially, we would leave in the morning and return in the evening. You would receive calls while on another call and you would be moving from one call to the other. But now things are better as the province ended up taking over in rendering the EMS and has managed to get us others to relieve us."

According to Tebogo, job demands were initially unbearable. He reported that receiving one call would often lead to additional calls while on the scene, resulting in them leaving in the morning and only returning in the evening. However, he added that the department's workload decreased since the province took over. During the interview some of the EMS personnel were at the gym, while others were on lunch, and others were socialising, indicating that they do get breaks. Tebogo did point out that some days are worse than others.

Feeling stagnant/ limitations

"I was 22 years old when I joined the department as a volunteer. I volunteered from 2001 until I was placed on contract for another four years from 2006 until 2010. In 2010, I was appointed permanently, hence my year of service is 10 years, not 18 years. The number of years I have spent as a volunteer and on contract are not counted. So, if they were to check the age of employment, they would say I was 30 years old instead of 22 years old when I volunteered."

Tebogo has been in the department for 18 years but because of being a volunteer and on contract, only 10 years are recognised. He explained that volunteering at EMS was a challenge as he was not remunerated for his efforts. However, he still persevered because he knew what he wanted. He added that even after 18 years, he still performs the same duties he did as a volunteer. There are minimum opportunities for growth, as posts are scarce.

Safety

"The risky part these days is that people drive with loud music and their sitting positions in their cars do not give them proper access to view all the mirrors and blind spots. Sometimes they do not even hear the sirens, so you need to remember that you are not alone on the streets."

"You know the thing is sometimes when they see us, they become hopeful. Hona le dicall tsedingwe [there are certain calls] when we get there, even the SAPS are running away from the scenes and our duties are to go to incidents that people move away from. Sometimes we get lucky because the community members do not argue or fight with us, but they will shout. They will see that we are there and there is nothing we can do as we do not have the resources and that we did our best and we are there. They will fight with those who have the resources sometimes. It is not safe, but we go there, once there is a call there is adrenalin unleashed. The most important thing is not to communicate with the community members no matter what. They will shout and say you have arrived late. Remember you are not there for them, you are there for the patient. What I know is that no one will approach you and physically attack you. Once you start exchanging words with them then there will be conflict and you will cause trouble. We just look at them and keep quiet and do our job. Sometimes we get there and there is life, and once there is no life it touches you but there is nothing you can do. You deal with whatever that comes your way."

"We receive fake calls, and we are being robbed. It's just that I have never experienced it; however, some of my colleagues went through it. They would receive an emergency call and when they arrive at the scene, they rob them of their personal belongings (watches, cellphones, and money). The material we carry is very limited, so they are not interested in them. We only carry medicine to stabilise patients at that particular scene."

"You know you deal with a variety of things. Like the cases we spoke about regarding angry community members."

"I remember there was a riot in Garankuwa and I had a critical patient in the ambulance. The streets were filled with burning tyres and angry community members. But I knew that I needed to go past all of these if I wanted to save the patient. I got out of my ambulance and addressed the public. I informed them of the seriousness of the patient I had with me, I then went to the back and opened the ambulance and invited them to come and look at the patient."

Tebogo explained that they operate in dangerous neighbourhoods filled with angry people and are often targets of robbery and theft. He added that they are sometimes affected by riots that have nothing to do with them. He also mentioned that community members insult them, and because they are there to work, they do not carry anything to protect themselves. In some incidents, they encounter angry community members who expect them to save lives. He further stated that some expectations from community members are unrealistic, and this puts them at risk of being attacked. Tebogo noted that the equipment they use is heavy and some community infrastructure does not provide safe or even accessible routes to those in need.

No knowledge of scope of EMS

"Sometimes you are called to intervene on elderly people who are fighting and hurting each other. And when you get there, they are older than you and old enough to be your parents. The challenge of having to intervene as a child to parents in a very strict manner. As a child, you must try to minimise the violence until the elderly man sees their fault. In our culture, reprimanding your parents hardly happens, it is not a norm as it is deemed as disrespect. You sometimes become the punching bag of community members, you would get insulted and be told that they are paying you with their tax money, and yet you keep failing them. It's hard, there are a lot of challenges, but the important thing is to ignore. People always talk, either you do good or bad they will always talk, so just ignore them."

"We do a lot of things when we are there, you find yourself as a counsellor, pastor, mediator, and a supporter at the scene. It is the most difficult thing ever. Because if you do not do things accordingly and treat cases with dignity and sensitivity you will end up having a second case whereby a family member collapses and you do not want that. You will end up taking one family member to the hospital if you're not sensitive".

Tebogo finds it challenging to intervene in domestic disputes, especially when the couple is older. Culturally he was raised to respect his elders, and reprimanding or arguing with them is perceived as a sign of disrespect. However, he noted that his job puts him in uncomfortable situations where he must act like an elder. This can expose him to retaliation from the male partners involved. Tebogo also mentioned that they are sometimes contacted to assist with issues unrelated to their job duties. As a result, they find themselves in the position of having to play multiple roles, and the community members' expectations tend to be unrealistic.

6.5 SUMMARY

The researcher transcribed and analysed Tebogo's life story, highlighting different themes during the analysis. It emerged that Tebogo has worked for the EMS for 18 years. However, he spent eight years either as a volunteer or a contract worker. The department does not count voluntary service or contract work as official employment; hence, he has served 10 and not 18 years. He has occupied the same position since his employment ***(feeling stagnant).*** While Tebogo was mentally prepared to witness many things on the scenes he attends, he acknowledged that one can never be fully prepared which leads him to always expect the worst ***(motivation/ attitude towards work).*** He recognised that there was considerable pressure at work but that since the province took over the department the burden has lessened ***(job demands).*** Tebogo's job presents many risks. They are targets of robbery and theft; although he has not experienced them personally, it affected him after his colleagues experienced them ***(safety).*** He expressed that they are targets for angry community members, and the best way to survive is not to engage in verbal altercations with them. Tebogo indicated that their job is demanding; however, they are sometimes discouraged by fake calls and he believes that the community's lack of knowledge of the scope of the EMS can be time-consuming ***(no knowledge of scope of EMS).***

Tebogo has been exposed to multiple traumatic incidents that he vividly remembers ***(exposure to trauma)***. This exposure has resulted in avoidant and psychological symptoms such as flashbacks ***(psychological symptoms).*** It has also led to him avoiding being alone. He prefers socialising as he believes it helps in relieving stress or forgetting the trauma he was exposed to ***(adaptive coping mechanism).*** He spends more time with his family and friends to avoid being alone. He receives adequate support from his family and colleagues

(understanding and support from family members). Tebogo and his team members would informally talk about the scenes and try and find humour in them to cope. His wife also works for the EMS, and he finds it easy to talk to her about his traumas since she can relate. Tebogo added that although his wife can relate to the traumas, their shift patterns separate them as he leaves for work when she comes home ***(withdrawal from family)***. Although he believes that he has found a balance between family and work, he appears to be psychologically affected ***(balancing work and family).*** He reported that scenes involving children particularly affected him, as he would immediately contact his wife to check on the children. He would also regularly contact his wife while she is on long-distance drives and insist that she take breaks to avoid accidents ***(bringing a job home, seeing their family in victims).*** He reported that during a call, he does not exert effort in remembering the scene, but some situations may trigger old memories ***(effect of trauma on work performance).*** In some incidents, he feels like he failed the victim as they would arrive at a scene and find that while there is life, the unfortunate thing is that the primary need is for a firefighter and not an ambulance ***(sense of failure)***. Tebogo, however, acknowledged that they cannot always get everything right.

On returning from traumatic scenes, they do not receive any formal debriefing. Tebogo stated, *"You are on your own".*

They do not receive emotional support from management. The focus in the EMS seems to be physical fitness, with a gym on the premises rather than mental health support (with a psychologist readily available) ***(neglected mental health/lack of emotional support).*** Tebogo has never accessed psychological services as he compares it to sitting with a friend. As a result, he prefers sharing his problems with his friends ***(access to psychological services).***

CHAPTER 7

THE LIFE STORY OF MPHO

"The life of anger and self-blame"

7.1 PERSONAL DATA

Participant	:	Mpho* pseudonym
Gender	:	Female
Age first employed	:	27 years
Current Age	:	34 years
Occupation	:	Firefighter
Years of service	:	07 years
Station	:	Mabopane Fire Station

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7.2 INTRODUCTION

This chapter elaborates on the conversation the researcher had with an EMS employee, Mpho, regarding her lived experiences as a first responder to traumatic events. She was the first female to be interviewed and shared interesting insights with the researcher. During the interview, follow-up questions were asked to provide clarity and to elaborate on the responses received. The pseudonym "Mpho" used was strategically chosen based on the participant's character, challenges, experiences, and the impression they left on the researcher.

7.3 BACKGROUND

"I started working in the EMS at the age of 27 years old. When I started at the department I was already married. When I started things were a bit difficult. Okay fine, we go to training ya [for] firefighting; it's three months and two weeks and ya paramedic ke kgwedi [a month]. Training is about education and we use props, and you are not confronted with the reality. But once you finished that is where you deal with reality, yoh [sighing]. Remember in the real world you do not deal with props you deal with real people. That first call, when you receive it, you panic because you do not know what to expect. We are talking about the real situation. You doubt yourself on the way; you do not know the type of family is waiting for; you do not know if you will manage to assist the family; you do not know what to do; and you fear being

in shock and freezing. However, once you arrive there, your mind switches and you focus on the patient without thinking twice. With my first call, I was surprised that I worked and focused well, especially because I panicked while driving there. However, once I finish and we were returning to the station, I start wondering how I did it and the panic would come back. The horrible scene would come back as it was. Like initially, when I started, these traumatic scenes used to affect me a lot, especially where there is death. Ketla laster kgwedi [I would spend an entire month seeing the whole scene as it was/flashbacks]. Whenever I'm seated and I close my eyes I would see the scene and it was not easy. But with time I adjusted and realised that this is my job. I have adjusted but even now when we receive a call I still panic; I'm not sure if I am the only one. Because even now when we receive a call, on our way to the scene, everyone is quiet in the truck. You can tell that everyone is gone with their thoughts as no one says anything to anyone. However, when we are driving back, it becomes a different atmosphere. We would be talking, laughing, and having conversations, and sometimes we even talk about the scenes. Usually, when I am quiet, I will be having a silent prayer. Yoh, when you are the driver, you worry about the people you are driving while worrying about the unknown scene".

7.4 VERBATIM EXTRACTS AND IDENTIFIED THEMES

Sense of failure

"I feel very useless, like a failure. You have many thoughts, and your mind takes you back to what I could have done differently?"

"Yoh, that [perceived failed mission] is not nice at all. The problem is that we do not receive the call directly. Control looks at the station nearby the fire and by that time the fire is getting worse. By the time we are informed, it's late. Sometimes we get there, and the fire is put out. The community members are already angry, and they would ask us what we really want because there is no longer a fire. They will tell us that we arrived late. In that case, our officer will have to calm them down and explain to them that a fire is unpredictable; they also need to extinguish it just to ensure that it will not come back."

Mpho expressed to the researcher that whenever she approaches a scene, the intention is to ensure that she saves a life. She indicated that whenever death occurs, she feels like she failed the family of the deceased. She added that they feel defeated, as it is usually not their fault and the community members are not aware. They do not receive the calls directly but have

them transferred to them by control. Calming community members when they feel like they have intentionally failed them, is one of the challenges. Mpho, however, indicated that they usually allow the SAPS to take over and address the community members.

Self-blame

"Sometimes I would question and blame God hore mara why asaphela nyana esale ngwana [I would question why God did not spare their life because they are too young to die]. I would sit there and feel like it is not fair. I would also put myself in the parent's position and ask myself how I was going to deal with this if this child lying here was mine."

Mpho reported that death during a rescue mission makes her question many things, including God. It tests her faith, and she carries the trauma with her longer, wondering what it is that she could have done differently to save the child. Her sense of self-blame emanates from her empathy towards children, as she always feels they are too young to lose their lives and they could have arrived in time to save everyone.

Maladaptive coping mechanisms

"Once I enter the clinic for my leg, and I am told I am obese because of my body mass index BMI. It puts me under pressure, and I get stressed. And bothata ke hore nna hake streseha keja a lot [when I am stressed, I eat a lot]."

Mpho stated that she is aware that physical fitness is a priority in the department. However, she added that because she has no other way to deal with stressful situations, she finds comfort in food. The dilemma faced by Mpho is a psychological challenge and will remain a pattern. Instead of losing weight to relieve pressure on her leg and to be considered fit to perform duties, she becomes consumed by the pressure and ends up eating to try and make herself feel better; however, this results in her gaining more weight. Until she finds an appropriate way to deal with her psychological stressor, weight will be a problematic factor, as she will continue to binge eat.

Exposure to trauma

"Training is about education and we use props, and you are not confronted with the reality. But once you finished, that is where you deal with reality, yoh [sighing]. Remember in the real world you do not deal with props you deal with real people. Those first calls, when you receive

them, you panic because you do not know what to expect. We are talking about the real situation".

"Yoh [sighing]. The one [traumatic incident] at M17. We were almost killed by a bus and I will never forget it. However, there are those that are worse, especially if they include kids. I have kids, sometimes I get there, and the victims are the same age as my children. When I got there ke bona situation ketla tlala dikeledi ka mahlong [when I get to the scene and see how horrible it is, I would find myself being overwhelmed]. Sometimes I would question and blame God hore mara why asaphela nyana esale ngwana [I would question why God did not spare their life because they are too young to die"].

"However, when it comes to children I am failing to accept things like accidents and drowning of kids are difficult to cope with. You find a newborn in a pit toilet and that thing stays with me, iha etswe [it is unforgettable]. I ask myself a lot of questions, ke mosadi and mosadi omongwe go tlile bjang alahlela ngwana ka toilet aphela, aowa [I am a woman, I ask myself what could have pushed another woman to throw their baby in a pit toilet whilst they are still alive, no ways]. And then just move on with their lives after such a deed. The baby would survive for a while and die later. The mothers of these kids are never found, and the way I see it they go to a random toilet and throw away the child. So ohumana bang ba motse lebona ba makatsa ke ngwana alla toilet [you would find that the owner of the house is also alarmed by the crying baby in the toilet and they do not know the mother]. These things are not okay, and you wonder what is wrong with this mother. There are a lot of women out there who struggle to have bana [babies]. Why after birth motho asebotse spetlele hore yena akase kgone ngwana owe en opalelwa kego mofa lerato le alehlokang nebatla motseya ba baomhlokang [Why can't the mothers be honest with the hospital personnel that they will not afford to raise those babies or to offer them the love they think they deserve and leave them at the hospital where they are safe? Those who desperately want babies will take them]."

"Yoo [screaming], there is this child, eish, I will never forget that child because she was the same age as my firstborn. I will never forget that scene, I could not even tell that it was a girl due to her injuries, and I thought it was a boy. That child had multiple fractures. I remember the fractures on the joints and head. So, I got there and wished I could do something like perform a magic hore atsoge [so that she can wake up]. There was a point where I saw that she almost died on the scene but they resuscitated her until she became better. An ambulance

took her, and she died the same day. When we were at the scene, I could still see that lady. Ke gopola ke mokgothatsa kere oska wara otlo ba sharp [I remember consoling that lady (mother) and telling her not to worry the child will be fine]. I could see that she is trying to be strong but when I heard the ambulance attendants asking about head injuries, I already knew she will not survive it. She was classified as P1 due to her injuries. I will never forget that scene; I sometimes avoid passing by it but I have to due to work. So, I would immediately receive the flashbacks."

"Ya, the one at M17 leyona nkase elebale [I will also not forget it]. I was on call that day. There was a collision between a quantum and a 1400 van. Apparently, the van lost control and landed on the wrong lane. As a result, it collided with the quantum. The passengers in the van were two male adults and a three-year-old child; they all died on the scene. Those who were in the quantum were taken to hospital. We got there and we worked hard, after attending to those in need and after the pathology car left, immediately a bus came rushing and the road is steep. The bus driver realised late that there was an accident. He tried to apply the brakes and they failed and he then hooted as an alternative option. We were the first people to notice that there was a problem with the bus. We quickly moved, however, mo tseleng hona le koloi ya owner ya quantum otlile ho signa di pampiri tsa breakdown hore etseye quantum [the owner of the quantum had parked his car on the other side on the road]. He was there to sign off the permission to the breakdown people so that they can take his quantum. And the breakdown vehicle was also parked by the roadside. Our equipment was also there. We moved but we were not aware of what was happening. The bus hit the owner of the quantum, hit the side of the breakdown, hit another police car and then it stopped after hitting another police van that was parked at the stop sign. The driver of the police van informed them that the door of the car got stuck and did not open. When we approached the owner of the quantum, he had already died, and the driver of the police car had soft tissue injuries. It was a scene after a scene. We were all traumatised because the road was supposed to be blocked and we were relaxed. People who were supposed to block the road blocked it too close to the accident. I was traumatised and thought that it could have been me".

"And a few weeks prior to the M17 accident we almost died in the fire truck. Our driver was driving with his window opened, and a bird flew in and hit him. It confused him and he lost focus and our truck drove straight into the bushes. How he managed to drive the truck through

the bushes to the main road it's still beyond me. And we still continued rushing to the scene even after that accident."

"I have not experienced that [losing a team member on the scene] but ke sure that tsatsi le ilo fihlang koba le bothata [I am sure that the day I will encounter that, I will have a serious problem]. So far it has never happened. We are a family, and it would be very difficult I already know I will not cope."

During the interview, Mpho stated that it is always easy to pass and perform practical exercises as they used props. She expressed her initial anxiety about attending a scene with real people. There is the fear of making mistakes or seeing a dead person. Mpho compared the practical training to the reality of dealing with human beings. She explained how easy it was to pass and confidently perform procedures on props, but that dealing with human beings brings anxiety and self-doubt. She shared her multiple work-related traumatic exposures and added that she experiences hypervigilance and flashbacks. However, of all the trauma she endured, she struggled most with coming to terms with scenes involving children. She explained that because she has young children, it affects her more, as she becomes empathetic towards the mother. She sometimes blames God for not saving children, as she believes they had much to do in their future but that this had been cut short. Mpho has never lost a colleague while in the field, but she assured the researcher that it would emotionally paralyse her should she experience it. She added that her colleagues are a family and have a close relationship. Apart from her exposure to traumatic incidents, Mpho pointed to having near-death experiences while driving to scenes, which is traumatic.

Psychological symptoms

"I do not have nightmares, but my heart becomes sore especially if there was death. But as time goes by ka thoma go affecta ke di call tsa bana [with time the calls that affected me the most are the ones that included children]. You see when it comes to those ones, I am unable to handle them even now. I have kids and now I am extremely sensitive and overprotective".

"However, once I finish [with a scene] and we are returning to the station, I start wondering how I did it and the panic would come back. The horrible scene would come back as it was. Like, initially, when I started these traumatic scenes used to affect me a lot, especially where there is death. Ketla laster kgwedi [I would spend an entire month seeing the whole scene as it

was/flashbacks]. Whenever I'm seated and I close my eyes I would see the scene and it was not easy. But with time I adjusted, and realised that this is my job. I have adjusted but even now when we receive a call I still panic; I'm not sure if I am the only one. Because even now when we receive a call, on our way to the scene everyone is quiet in the truck. You can tell that everyone is gone with their thoughts as no one says anything to anyone".

"When we were at the scene, I could still see that lady. Ke gopola ke mokgothatsa kere oska wara otlo ba sharp [I remember consoling that lady (mother) and telling her not to worry the child will be fine]. I could see that she is trying to be strong but when I heard the ambulance attendant asking about head injuries, I already knew she will not survive it. She was classified as P1 due to her injuries. I will never forget that scene; I sometimes avoid passing by it but I have to due to work. So, I would immediately receive the flashbacks".

"With my kids, if they are at school, I panic a lot. If the transport is a few minutes late it finds me in serious panic. I only get relieved when I see the school transport parking and dropping them off. When they are at school, I become miserable because I do not relax".

"However, there is a point where I am seated alone and when I close my eyes everything just comes back as it was".

"A few months back I was hospitalised due to a medical condition. When I saw a psychiatrist or psychologist, I am not sure which one it was, I told him that I have a problem. I am very forgetful, and I do not know why. I would stand up to fetch something and once I am up, I would have forgotten. Even if you ask me something basic and things that I am sure I know, I will just become blank. That doctor told me hore [that] I have something called anxiety and I told him that I once observed my behaviour and googled it. So, after I googled it I realised that I do meet the criteria. Doctor ole are ke bone psychologist ke tsamaye di session [That doctor recommended that I consult with a psychologist and schedule sessions]. I told him I will go in January because this is bothering me. The next person may think I am stupid, I think because I am used to suppressing everything. I told my colleagues about it and they said it is normal because it also happens to them".

Mpho reported that she was initially unaware that some physical ailments could be the result of unattended psychological problems. She described her psychological challenges

inaccurately because she is not psycho-educated about them. She seems to be presenting with eating problems, flashbacks, insomnia, anxiety, forgetfulness, hypervigilance, and headaches. However, she did not think that her presentations were more psychological than medical. She stated that she is on a weight-loss journey as her BMI indicated that she is overweight. Mpho is an emotional eater and her weight gain is stressing her, and although she was advised to lose weight, she eats for comfort. She was diagnosed with anxiety and when she told her colleagues about her diagnosis, they assured her that it was normal and as a result, she never continued with her scheduled therapy sessions. This is an indication that the society Mpho is living in (her colleagues) has normalised depressive and trauma symptoms. During the conversation, it became evident to the researcher that Mpho was struggling with psychological problems she was unaware of and had normalised.

Psychosomatic symptoms

"I do not have nightmares, but my heart becomes sore, especially if there was death. But as time goes by ka thoma go affecta ke di call tsa bana [the call that affected me the most are the ones that included children]".

"A few months back I was hospitalised due to a medical condition'.

Mpho did not perceive her medical condition to have been a result of suppressed psychological problems. She stated that she was surprised when she was referred to a psychologist, as there was no medical explanation for what she believed was a medical issue. She mentioned that her weight gain was due to her tendency to overeat whenever she was stressed. Mpho pointed out that although she was referred to a psychologist, she only went once and never followed up since her colleagues reassured her that her symptoms were normal.

Understanding and support from family members

"Yes, he [partner] does listen to me. He works in a tertiary institution, although we cannot relate, he does listen and offer support. The fact that at least he listened I feel better but unfortunately once I close my eyes I am on my own".

During the conversation, Mpho emphasised that catharsis has helped her. She found talking to her family and her partner very helpful although she was aware that he might not relate to her experiences. She indicated that talking liberates her, however, once she is alone

and closes her eyes she struggles with flashbacks. It is evident that she does not know the psychological impact her job might have on her.

Bringing the job home

"You ketla bolela ka yona non-stop [I would talk about it non-stop] until it gets to a point mo ke feelang like batho ba kea ba bora [where I feel like I'm boring these people]. Every day whatever I come across I would describe it in detail, but I feel like I become better when I talk about it"

"However, there is a point where I am seated alone and when I close my eyes everything just comes back as it was".

Mpho spends time with her family, mainly talking about the traumatic incidents. She added that although she is sometimes aware that they cannot fully relate, opening up has helped her a lot. Mpho fears being alone to avoid flashbacks, so she prefers being with family and talking about her day. However, her detailed description of the traumatic incidents might also result in secondary trauma.

Effect of trauma on work performance

"Once a member dies on duty even if they work for a different station, it touches us. Like the scene ela ya Johannesburg mo firefighters fell [that took place in Johannesburg where firefighters fell out of the windows]. You cannot forget that scene because that is what you do, and it can happen to any of you. It stays with us even if we do not know the lifesavers who died there, but you have an idea of how it may have happened. It comes back even when you are watching a movie, the whole picture comes back".

"That first call when you receive it you panic because you do not know what to expect. We are talking about the real situation. You doubt yourself on the way; you do not know the type of family waiting; you do not know if you will manage to assist the family; you do not know what to do; and you fear being in shock and freezing".

"I have adjusted but even now when we receive a call I still panic, I'm not sure if I am the only one. Because even now when we receive a call, on our way to the scene everyone is quiet in

the truck. You can tell that everyone is gone with their thoughts as no one says anything to anyone".

"But as time goes by ka thoma go affecta ke di call tsa bana [the calls that affected me the most are the ones that included children]. You see when it comes to those ones, I am unable to handle them, even now. I have kids and now I am extremely sensitive and overprotective".

According to Mpho, they are like a family and what happens at any station affects them regardless of the relationship. She informed the researcher that the incident in Johannesburg affected her for a long time although she had never met the victims. During the conversation, it emerged that the trauma endured at work does affect her performance. Mpho still panics and experiences shock when called to the scenes. She added that the shock is evident through their behaviour at the scenes, as they are all consumed by their individual thoughts of what may be waiting for them. This results in self-doubt and what she describes as "freezing" at the scene. Mpho's biggest challenge is having to deal with children, finding it difficult to detach as she has children. She further stated that she always sees her children in the victims and cannot imagine how she will survive should one of her children die. She is affected holistically, impacting not only her performance at work but also her general functioning.

Seeing their family in victims

"I have kids and now I am extremely sensitive and overprotective. If I become a passenger in your car, I always observe and would complain about your driving. I would have that thing that would want you not to make a mistake. I am aware that someone might come and make a mistake, but it must not be you. With my kids, if they are at school, I panic a lot. If the transport is a few minutes late it finds me in serious panic. I only get relieved when I see the school transport parking and dropping them off. I am extremely overprotective, and I am aware that I bore them, even them going outside the yard for me is a big deal. They do not go outside without my watch. I do not even want them to fall. This job has changed me a lot. I would sometimes call myself to order, especially when they play. When they play outside, I sit outside and monitor them. When I enter the house, I expect them to also follow me and be in the house. When they are at school, I become miserable because I do not relax. Kena le ban aba two [By the way I have two children aged 12 years and six years]. At least I trust the firstborn and they are both in primary school. I speak to the young one on what to do and what not to do. I tell them not to fight as anything might happen".

Mpho made it clear that she finds it challenging to treat or save children. She stated that it always takes her back to her own children, as she feels they are innocent and have a future to explore. This affects how she relates to her own children, adding that she restricts their movements and their playful behaviour because she always thinks of the possibility of severe injuries or even death. Mpho admitted that she constantly thinks of the worst and has become overprotective towards her children. She finds it hard to separate her work from her family life.

Overprotective towards own family due to traumatic exposure

"I have kids and now I am extremely sensitive and overprotective. With my kids, if they are at school, I panic a lot. If the transport is a few minutes late it finds me in serious panic. I only get relieved when I see the school transport parking and dropping them off. I am extremely overprotective, and I am aware that I bore them. Even them going outside the yard for me is a big deal. They do not go outside without my watch. I do not even want them to fall. This job has changed me a lot. I would sometimes call myself to order, especially when they play. When they play outside, I sit outside and monitor them. When I enter the house, I expect them to also follow me and be in the house. When they are at school, I become miserable because I do not relax. Kena le ban aba two [By the way I have two children aged 12 years and six years]. At least I trust the first born and they are both in primary school. I speak to the young one on what to do and what not to do. I tell them not to fight as anything might happen".

"I have kids sometimes I get there, and the victims are the same age as my children. When I get there ke bona situation ketla tlala dikeledi ka mahlong [When I get to the scene and see how horrible it is, I would find myself being overwhelmed. Sometimes I would question and blame God hore mara why asaphela nyana esale ngwana [why God did not spare their life because they are too young to die]. I would sit there and feel like it is not fair. I would also put myself in the parent's position and ask myself how I was going to deal with this if this child lying here was mine".

"If I become a passenger in your car, I always observe and would complain about your driving. I would have that thing that would want you not to make a mistake. I am aware that someone might come and make a mistake, but it must not be you".

Mpho finds it challenging to balance her feelings for her victims and her children. She stated that whenever she deals with children, it always takes her back to her own. The countertransference affects her as she sees her own children as the victims; as a result, she becomes extremely protective of her children. Her attitude towards her children affects their relationship. Mpho restricts her children's movement, panics when their school transport is late, and even guards how they play. Her attitude towards her children is influenced by her traumatic exposures at work. Mpho added that she cries at the scene and empathises with the parents of the victims, thinking that she would never cope if her children were in the same position as the victims. It appears that her general functioning is also affected, as she monitors family members driving her. She always anticipates fatal accidents, knowing that no matter how careful one is, the other driver might make mistakes.

Neglected mental health

"No, the biggest concern here is the physical fitness. Like I said, for me there is no counselling offered. It would just be the case of the pastor and at that time. Do you see how I look? I was told I am obsessed. Once I entered the clinic for my leg, I am told I am obsessed because of my body mass index BMI. It puts me under pressure, and I get stressed. And bothata ke hore nna hake streseha keja a lot [when I am stressed, I eat a lot]. I am struggling with my leg, so I wish they could afford me the opportunity to firstly deal with my injuries and then I will focus on my weight. I know that once I return to the job that requires physical activities I will be stressed. The thing is once you are out there you are on your own because you will not be able to run. They have built a gym for us to keep fit. We have a gym, not a psychologist [laughs]. Remember when you are a firefighter, you are a combination of both. But you attend to what you are called for when the paramedics are around".

"No there is no support. They would sometimes call a pastor to come speak and pray for us mara counselling, no, here, you are on your own".

"I do not know, I think di [they are] available I don't know. But we are not told about them. And when I joined, I could tell that people are traumatised and others even see that they are not coping. We are like people who work in mortuaries because death does not move us that much anymore. We get there and attend the cases and sometimes have conversations and even eat. You learn to suppress things and just move on. Like I said I am mostly affected by the death of children".

According to Mpho, the main priority of the department is their physical fitness and they are never referred to a psychologist, the EAP, or even offered debriefing. They have a gym, but no effort is made to offer them counselling. During the conversation, Mpho gave the impression that she had no knowledge of the existence of the EAP at work and added that it is clear to her and her colleagues that they are traumatised. She compared their experiences to those people who work in mortuaries, as they are also exposed to traumatic incidents. She explained that they are desensitised to the extent that they manage to eat at certain scenes and have conversations as if there is no trauma. Mpho became worried when she was told that she was overweight and needed to ensure that she lost weight and became fit, but nothing was said about her psychological wellbeing. She added that she understands this, as she is expected to be active and fast when in the field. However, she is an emotional eater and indicated that whenever she feels stressed, she will find comfort in food. She was referred to a psychologist for anxiety, but following a conversation with her colleagues, she did not attend subsequent sessions as she was reassured that her symptoms were normal. Their mental wellbeing is neglected, and they are not encouraged to utilise the available facilities that offer psychological support.

Lack of emotional support

"No there is no support. They would sometimes call a pastor to come speak and pray for us mara counselling, no, here you are on your own".

"I do not know, I think di [EAP] are available I don't know. But we are not told about them. And when I joined, I could tell that people are traumatised and others even see that they are not coping".

"We have a gym, not a psychologist [laughs]".

"No one debriefs you before and after the call. It is up to you to seek psychological help whenever you feel like you are not coping".

"Dilo tse di iragalang mo scene hadi sharp at all [The things we encounter in the scenes are very traumatic]. Things stay with us for long. At least if they were organising a few sessions for us, it would be better. Those few sessions would help a lot. So here we are on our own".

During the interview, Mpho highlighted that the department's main focus is on their physical fitness and not their mental health. Hence, there are gyms and not psychological services on the premises. There is no support from management, and a pastor is invited to pray for them. Mpho admitted to being affected by the traumatic incidents they are exposed to at work and reported that she wishes a debriefing after a call could be arranged as a source of support. Whenever a colleague needs counselling or debriefing, they tend to normalise how they feel. She was unaware of the availability of the EAP at her workplace, indicating that the services are not utilised, either because they are not marketed or employees have no faith in them.

Team members as main source of support

"What can I say, maybe even the equipment we use can be a challenge. Yooo [disbelief], our job is difficult. That equipment is heavy. After I got here, I once sat down and said to myself: yes it is true some jobs are designed for men, not women. The weight is hectic, you carry a spreader and as a woman, I feel everything is tough. The comforting thing is small equipment that has water. But the rest, this job is strenuous. The pressure of the water, you get tired. Sometimes it's tough when you are teamed with a male who does not feel sorry for you. He would say kamoka remo mmerekong [we are all here to work]. And then you find those who will assist you during the call. But when we are with some of our colleagues, how would tell them of your challenges are wapallwa [and say you fail to carry out certain duties]. So, to avoid that you just toughen up and push hard, they will have to see for themselves that you are trying but it's hard."

"However, when we are driving back, it becomes a different atmosphere. We would be talking, laughing, and having conversations and sometimes we even talk about the scenes. Usually, when I am quiet, I will be having a silent prayer".

"But in most cases when we work as a team, we manage to help each other find a location we are called to".

"We are a family, and it would be very difficult as I already know I will not cope".

"Kerena hore hare boya from call retla fihla re yoh guys ketlhaha call ebjana (It's usual that we would voluntarily share with our colleagues of the experience we just encountered on a call]. At least they listen and they would probe further, so just that on its own helps us in a way".

Mpho indicated that they are a family and only have each other to rely on. Although she emphasised that their working relationship has turned them into family members, she added that the team that is assigned to them can either make or break them. She added that having an unsupportive colleague (a team member) may put pressure on them as females as they find themselves having to go the extra mile or over-compensating to avoid being seen as weak and needy. Their silence during the drive to the scene is an indication of anxiety about the unknown; however, returning from the scene is characterised by the use of humour as a mechanism to deal with their traumatic experiences. Mpho further added that they share their experiences with each other and doing so has assisted them to deal with the trauma endured. They find it easy to open up to their team members, finding it comforting as they can relate to each other's experiences. Talking to team members appears to be a mechanism that EMS personnel use to deal with their trauma.

Support from chaplain

"They would sometimes call a pastor to come speak and pray for us mara counselling, no, here, you are on your own".

Although Mpho mentioned that they called a chaplain to assist them, she was not confident that a chaplain was the right person for their experiences. She stated that, as a result, they are on their own. She believes that they need psychological intervention rather than prayers after traumatic exposure.

Access to psychological services

"I do not know, I think di [they are] available, I don't know. But we are not told about them. And when I joined, I could tell that people are traumatised and others, even see that they are not coping".

"A few months back I was hospitalised due to a medical condition. But when I saw a psychiatrist or psychologist, I am not sure which one it was. I told him that I have a problem,

I am very forgetful, and I do not know why. I would stand up to fetch something and once I am up I would have forgotten. That doctor told me hore [that] I have something called anxiety and I told him that I once observe my behaviour and googled it. So, after I googled it, I realised that I do meet the criteria. Doctor ole are ke bone psychologist ke tsamaye di session [That doctor recommended that I consult with a psychologist and schedule sessions]. I told him I will go in January because this is bothering me. The next person may think I am stupid. I think because I am used to suppress everything. I told my colleagues about it and they said it is normal because it also happens to them".

When Mpho was asked about the availability of counselling or the EAP, she indicated that she does not know what they do and what their scope is. She was not aware of any psychological assistance at work but emphasised that the focus was on their physical state and not their psychological wellbeing. Mpho attended a therapy session once but only because she was hospitalised and the therapist came to her bedside. She added that she was hospitalised due to her medical condition, and it was only after the assessment by the medical doctor that the need to see a psychologist was identified. She did not attend the follow-up session because all her colleagues present with similar symptoms, and these symptoms are perceived as normal.

Diminished empathy

"We are like people who work in mortuaries because death does not move us that much anymore. We get there and attend the cases and sometimes have conversations, and even eat."

"I no longer get affected. I just get shocked for a while and move on. But before I joined the force I would cry for days and not heal. But now I move on quickly in the same manner I do here at work. I sometimes ask myself if my reaction to death is normal. Lately, I quickly ask about burial but initially, I would not even ask".

Mpho highlighted that she became a different person after she joined the EMS and acknowledged that her attitude and approach to life were influenced by her job. She added that previously she was sensitive, and death scared her; however, she realised that she now perceives it as a process people need to get through and let pass. During family burials, she is more focused on the preparations and arrangements for burial rather than on her feelings. She approaches traumatic incidents at home in the same manner she would at work – by moving on to the next chapter.

Over empathetic

"Yooo [shock]. There are incidents where you just want to help. You become a lot of things, supporter, mother etc."

"But as time goes by ka thoma go affecta ke di call tsa bana [with time the call that affected me the most are the ones that included children]. You see when it comes to those ones, I am unable to handle them, even now".

"When it is an adult, I do not know how I eventually managed to accept that these things happen. Mara, ha etla mo bananeg kea palelwa (However, when it comes to children I am failing to accept] things like accidents and drowning of kids are difficult to cope with. You find a newborn in a pit toilet and that thing stays with me, iha etswe [it is unforgettable]. I ask myself a lot of questions, ke mosadi and mosadi omongwe go tlile bjang alahlela ngwana ka toilet aphela, aowa [I am a woman, I ask myself what could have pushed another woman to throw their baby in a pit toilet whilst they are still alive, no ways]. And just move on with their lives after such a deed. The baby would survive for a while and die later. The mothers of these kids are never found and the way I see it, they go to a random toilet and throw away the child. So ohumana bang ba motse lebona ba makatsa ke ngwana alla toilet [So you would find that the owners of the house is also alarmed by the crying baby in the toilet and they do not know the mother]. These things are not okay, and you wonder what is wrong with this mother. There are a lot of women out there who struggle to have bana [babies]. Why after birth motho asebotse spetlele hore yena akase kgone ngwana owe en opalelwa kego mofa lerato le alehlokang nebatla motseya ba baomhlokang [Why can't the mothers be honest with the hospital personnel that they will not afford to raise those babies or to offer them the love they think they deserve and leave them at the hospital where they are safe? Those who desperately want babies will take them]".

"Like in situations where ohumana bana basena dijo [you find kids without food]. Or where a person lost everything due to fire, how do you comfort that person? She has lost everything so what more are you going to say to make them feel better? As a woman sometimes you just offer a hug".

Mpho stated that being a woman at the scene and witnessing others struggle is a challenge. As a result, she finds herself questioning the family's functioning. Although her job is practical, she finds herself emotional and hugs the grieving to make them feel better. They play multiple roles at the scene. She indicated that the first thing one might notice when entering the house is the family system and the possibility that they might be experiencing financial problems. They become many things at the scene and sometimes find themselves dealing with social work issues. Mpho is overly empathetic towards children compared to adults. She added that it does not get better, and even after her years of experience she still struggles to process incidents involving children. She becomes emotional, and it gets worse if the children are abandoned. Mpho believes that there are other women who struggle to conceive and may take better care of the abandoned child, and she wishes that women would think differently when it comes to children.

Motivation or attitude towards work

This is a calling. I would choose it over and over again. What might strain me might be the equipment, but I love my job. I once fell on duty trying to quickly extinguish the fire. I hit a small pole with my leg and I fell on the ground so bad. But I immediately stood up and continued with my duty. After that, I walked to the truck. I realised later that I was badly injured. When I go to work, I leave Mpho at home or in the office. But when I get to the scene, I focus on what is expected of me. Ketswa ko Mpho klaar [I completely detach from Mpho].

Although Mpho has experienced trauma during her line of duty, she still loves and enjoys her job. She added that she does not focus on herself while on duty and deals with her personal problems only after taking off her uniform. She is dedicated and sacrifices herself to ensure that her patients are well taken care of before anything else.

Safety

"I have not experienced that, but my colleagues went through that. They got robbed and we were always scared. It made us realise that these people mean business and if they want to, they may even attack us here at work. So, what we do is reswara lepopotane [we use phones that are not Android], and we also carry at least R20.00 just to satisfy them because they can get violent if they do not find anything. You can't go to a call without a phone because we get connected through it. So, we carry those things just to satisfy criminals. You are not just traumatised by scenes but again by angry community members. Sometimes bare planela and

he hona lewa pelo otla re emela mile before crime scene are botse hore leskaya mola [Sometimes the community members would devise a way to attack us and if there is one person in the crowd who still have humanity, he would wait for us miles before the scene and warn us and even inform us of the plan]. Then we will ask for backup from SAPS and they do come, although sometimes they take time to arrive because we contact them late. We always get lost when going to the location."

"Our driver was driving with his window opened, and a bird flew in and hit him. It confused him and he lost focus and our truck drove straight into the bushes. How he managed to drive the truck through the bushes to the main road it's still beyond me. And we still continued rushing to the scene even after that accident".

During her interaction with Mpho, the researcher realised that although she had never been robbed, her colleagues had been. The narratives from her colleagues made her hypervigilant and a secondary victim. Her colleagues' trauma has affected her, and to protect themselves from being victimised, they ensure that they carry something they do not think is of value, for example, a cheap cellphone that is not Android and a small amount of money (R20.00). This is done simply to satisfy the criminal and to also protect themselves from being attacked for not having anything on them. Mpho indicated that sometimes the SAPS might assist; however, they also experience the same challenges as them and, therefore, assistance only happens occasionally. She mentioned a traumatic incident where they were almost involved in an accident, and during the conversation, it was clear that no matter what they encountered on the road, the job needed to be done.

Gender challenges

"Mara, ha etla mo bananeg kea palelwa [However, when it comes to children I am failing to accept] things like accidents and drowning of kids are difficult to cope with. You find a newborn in a pit toilet and that thing stays with me, iha etswe [it is unforgettable]. I ask myself a lot of questions, ke mosadi and mosadi omongwe go tlile bjang alahlela ngwana ka toilet aphela, aowa [I am a woman, I ask myself what could have pushed another woman to throw their baby in a pit toilet while they are still alive, no ways]. And just move on with their lives after such a deed".

"What can I say, maybe even the equipment we use can be a challenge. Yooo [disbelief] our job is difficult. That equipment is heavy. After I got here, I once sat down and said to myself, yes, it is true some jobs are designed for men, not women. The weight is hectic, you carry a spreader and as a woman, I feel everything is tough. The comforting thing is a small equipment that has water. But the rest, this job is strenuous. The pressure of the water, you get tired. Sometimes it's tough when you a teamed with a male who does not feel sorry for you. He would say kamoka remo mmerekong [we are all here to work]".

"These things are not okay, and you wonder what is wrong with this mother. There are a lot of women out there who struggle to have bana [babies]. Why after birth motho asebotse spetlele hore yena akase kgone ngwana owe en opalelwa kego mofa lerato le alehlokang nebatla motseya ba baomhlokang [Why can't the mothers be honest with the hospital personnel that they will not afford to raise those babies or to offer them the love they think they deserve and leave them at the hospital where they are safe? Those who desperately want babies will take them"].

"She has lost everything so what more are you going to say to make them feel better. As a woman, sometimes you just offer a hug".

"The challenges of period pains are also there, but when you are pregnant you are relieved from your duty and given office work. So, you have to disclose immediately after you find out. However, if you joined with the passion of helping people you will be able to help and fight through. But if otla ka mentality yah ore obatla tshelete everything etloba boima for wena [if you join with the mentality of wanting a salary, everything is going to be hard. It will be more challenging]".

Mpho is empathetic to children, stating that it is difficult being a woman and seeing a baby in a pit toilet. She indicated that women are emotional beings, and sometimes they offer victims hugs just to make both themselves and the victims feel better. Mpho also expressed the burden the job comes with and believes it is designed for men, as they are required to carry heavy equipment. Menstrual cramps also seem to pose a challenge, as they cannot take monthly sick leave for this reason. She indicated that it gets better when one has supportive and understanding team members. Another challenge mentioned by Mpho was that the equipment

they carry is heavy for a woman's physique. As a result, they over-compensate just so they are not perceived as weak due to their gender.

7.5 SUMMARY

Mpho's narrative was analysed, and themes were extracted. In the interview, Mpho indicated that she worked for the EMS for approximately seven years and in those years, she does not remember being offered counselling by management ***(lack of emotional support)***. The main priority of the department is physical fitness, not psychological wellbeing. Mpho has never accessed psychological services; however, when she joined the EMS, she realised that her colleagues appeared traumatised. After sharing her symptoms with them, they told her that they were normal as they were also experiencing similar symptoms ***(access to psychological services)***. She added that management would rather ask a chaplain to pray for them instead of arranging counselling. Mpho's work exposed her to multiple traumatic scenes that made her feel like her heart became physically painful ***(exposure to trauma; psychosomatic syndrome)***. She was once admitted to hospital for a physical ailment and was surprised when she was eventually referred to a psychologist. Mpho was not aware that her presentation (including nightmares, flashbacks, insomnia, and heart palpitations) was more psychological than physical ***(psychological symptoms).***

Mpho stated that *"Whenever I'm seated and I close my eyes I would see the scene and it was not easy"*. Her partner and family serve as her main sources of support although they cannot fully relate ***(understanding and support from family)***. To make herself feel better she talks non-stop to her family members about the scenes experienced ***(bringing the job home),*** and although they have asked if she ever considered seeing a professional, she still did not see the need. Mpho is sometimes affected by a failed rescue mission as it makes her feel useless ***(sense of failure)***; as a result, she resorts to over-eating ***(maladaptive coping mechanism)***. She blames herself, especially if the victim is a child ***(self-blame)***. Mpho is more sensitive to scenes involving children as she has young children; moreover, she also panics and experiences flashbacks when watching movies or attending similar scenes ***(effect of trauma on work performance).*** Her behaviour towards her family and children changed after she joined the EMS. She is paranoid and miserable when her children are not with her ***(seeing their family in victims; overprotective towards own family due to trauma).***

During the conversation with Mpho, the researcher observed that she laughed and smiled a lot, even when describing her trauma. It became apparent that the coping mechanism

used by her team was finding humour in the scenes ***(main source of support).*** She indicated that she sees dead people daily; therefore, it no longer scares her ***(diminished empathy)***. Instead, she would be affected more when she notices that the family in crisis does not only need medical intervention but could also benefit from financial or psychosocial support ***(over-empathetic).*** She stated that *"As a woman sometimes you just offer a hug".* Her experiences have not changed her passion for her job. She reported *"This is a calling. I would choose it over and over again. When I go to work, I leave Mpho at home or in the office. But when I get to the scene, I focus on what is expected of me. Ketswa ko Mpho klaar [I completely detach from Mpho]* ***(motivation or attitude towards work)***. Mpho identified heavy equipment as one of the biggest challenges for females and mentioned the need to prove to male colleagues that she is equally capable ***(gender challenges)***. The other significant challenge was their safety as EMS personnel. Although she never experienced a robbery, she finds herself carrying petty cash and a cheap cellphone, so that criminals do not violate them when they do not find anything of value. The environment in which they have to work exposes them to danger. Despite being targets of theft, the cellphones are needed for the operator to provide them with the victim's location ***(safety).***

CHAPTER 8

THE LIFE STORY OF LEBO

"The life of distress and facades"

8.1 PERSONAL DATA

Participant	:	Lebo*pseudonym
Gender	:	Female
Age first employed	:	33 years
Current age	:	40 years
Occupation	:	Paramedic
Years of service	:	07 years
Station	:	Mabopane Fire Station

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8.2 INTRODUCTION

This chapter elaborates on the conversation between the researcher and Lebogang (Lebo). In the conversation, the researcher explored Lebo's lived experiences as a first-time responder to traumatic events. When needed, follow-up questions were asked to provide clarity and to obtain more detailed information. The pseudonym "Lebo" was chosen based on her challenges, experiences, and the impression she left on the researcher. More than anything, she seemed grateful for the experiences her job offered her, despite finding many of them traumatic.

8.3 BACKGROUND

"Ok, I started as a reserve in 2010. I was 30 years old. In 2013, I was employed permanently, and I was 33 years old. My passion has always been to help people; this is something that I have always wanted. I remember ko skolong hake bona ambulance, ne ke eba excited [when I was at school, I would get excited whenever I see an ambulance] and I would just see myself driving it. And then I came and was faced with the reality of things. Yoh, initially it was scary, and it came with a lot of traumatic experiences".

8.4 VERBATIM EXTRACTS AND IDENTIFIED THEMES

Self-blame

"[Laughs] That one [a perceived failed mission] is depressing and it comes with a lot of self-blame. We work according to protocol, although you know you can help the patient, as long as you are not certified to do the job, you cannot do it. You beat yourself up and ask yourself a lot of questions. You knew what the patient needed but the protocol does not allow you. And you cannot take a risk because if the patient dies, they will blame you for not following protocol".

Lebo gets depressed by failed missions, especially if she knew that she was capable of changing the outcome of the scene, but her qualifications limit her. She stated that although they sometimes have the ability to perform certain procedures, they are restricted by protocols that require them to transfer or refer the case instead. She explained that while their exposure provides them with experience when one is not qualified to perform a certain procedure, one must refer or wait for the relevant person. This results in Lebo blaming herself and feeling depressed.

Maladaptive coping mechanisms

"You just get used to it. Death in the family and of a stranger is the same as it causes pain. But we try to be strong".

Lebo appears to have normalised the symptoms she experiences. She indicated that the only coping mechanism she uses is to move on and forget about anything that has happened. She suppresses her emotions and tries not to resolve or think about her experiences. This may explain some of her psychosomatic symptoms.

Exposure to trauma

"I remember ko skolong hake bona ambulance, ne ke eba excited [when I was at school, I would get excited whenever I see an ambulance] and I would just see myself driving it. And then I came and was faced with the reality of things. Yoh, initially it was scary, and it came with a lot of traumatic experiences".

"Yes, an accident that I attended at metro rail. A young boy that the train decapitated him. I was with my colleague whose duty is to declare. So, when we arrived there, it was clear that there was no life and she had to declare immediately because his body parts were scattered".

"I remember after I started nehona le mme omongwe [there was a lady] that we fetched with an ambulance and she was okay. When we left with her, she was talking to neighbours and informing them that she was going to the hospital. Even in the ambulance, we had a conversation and I just never thought she will die. She suddenly changed as we were driving her to the hospital and she died on her way to the hospital. That thing traumatised me because according to me she was fine and I did not expect her to die. We had to take her to the mortuary. It gave me a different perspective about death. I have spent the whole month with that scene bothering me. It has taught me that every illness is serious and death can come at any time".

"The scenes that involve children give me more stress because I have children. I never expect a child to die, that traumatises me more than all of them".

Lebo is particularly sensitive to scenes involving children. As a mother, she is more deeply affected by incidents involving children. While she has been exposed to many traumatic incidents, she vividly remembers an incident that has haunted her for a long time. She compares school to the reality she faces daily and admits that the latter is different and traumatic. She added that the first scene that stands out for her involved picking up the body parts of a young boy who was hit by a train. She described it as an unpleasant experience and she continues to struggle with the flashbacks of the event.

Psychological symptoms

"Like mathomong neke eba ledi flashbacks [at the beginning I used to have flashbacks]. I remember after I started nehona le mme omongwe [there was a lady] that we fetched with an ambulance, and she was okay. When we left with her, she was talking to neighbours and informing them that she was going to the hospital. Even in the ambulance, we had a conversation and I just never thought she will die. She suddenly changed as we were driving her to the hospital and she died on her way to the hospital. That thing traumatised me because according to me she was fine and I did not expect her to die. We had to take her to the mortuary. It gave me a different perspective about death. I have spent the whole month with that scene bothering me".

"However, my biggest problem right now is my memory. I am battling with my memory, and it is getting worse".

"I am suffering from a terrible headache and it bothers me. If you feel like you will not be able to perform, the best you can do for yourself is to take sick leave. But if you do come when you are not well, you will be expected to be active and participate during those calls".

Lebo struggles with her memory and she that it is getting worse. She also highlighted her challenges with flashbacks and severe headaches. After the traumatic scenes, she would experience flashbacks, but she believes that it gets better over time. Lebo does not associate the above-mentioned symptoms with psychological problems. Rather, she perceives these issues as medical conditions that she struggles to manage and is trying to cope with.

Psychosomatic symptoms

"I am suffering from a terrible headache, and it bothers me. If you feel like you will not be able to perform, the best you can do for yourself is to take sick leave. But if you do come when you are not well, you will be expected to be active and participate during those calls".

"It is hard you can't forget these things. Sometimes you become stressed unaware. They do come back and sometimes even the smell of the scene remains with you".

"I have never looked at it in that way. My memory is getting worse. Initially I thought it was age, but I am only 40 so it cannot be".

Lebo mentioned that she is bothered by her constant headaches and memory loss. She indicated that she has been struggling with headaches for several years. When asked about her headaches, she reported that she consulted a medical doctor. She mentioned that despite leaving a traumatic scene, she still struggles with her sense of smell, continuing to smell things like blood, human tissue, or oil from the scene. Lebo is unaware that this is a symptom of olfactory hallucination. She does not realise that the symptoms she is experiencing are psychological and need psychiatric treatment. She is also unaware that her exposure to traumatic incidents may be contributing to the problems she is presenting with.

Withdrawal from family

"We are on duty for three days and three nights, and off duty for three days. It starts from 7 o'clock and ends at 7 o'clock. It is tiring even if you have not done much. Just being in overalls and boots the whole day is also tiring".

"When you are off you become a mother and a wife especially because I do not have a helper. The three days off is not enough for me because I need to ensure that I spend quality time with my family. Remember that although they say we are off for three days it is two days. The first day of those three days is used for sleeping".

The shift pattern seems to be more of a disadvantage than an advantage to Lebo. She mentioned that they are supposed to be resting on their off days; however, as a woman, there are expectations and duties that need to be performed when at home. She stated that she prefers to use her off days to create bonds with her loved ones.

Understanding and support from family members

"Yes, when I get home, I talk about my traumatic scenes a lot. For me, that is the thing that helps me heal. My partner is supportive because he can relate. He is working at SAPS so whenever I talk about the traumatic scenes, he comforts me".

Lebo is fortunate in that her partner works in the SAPS. She mentioned that he can relate to her experiences as he also works in a similar environment. Lebo finds that talking about her experiences provided her with significant relief.

Bringing the job home

"Yes, when I get home, I talk about my traumatic scenes a lot. For me, that is the thing that helps me heal. My partner is supportive because he can relate. He is working at SAPS so whenever I talk about the traumatic scenes, he comforts me".

According to Lebo, being a mother and attending to scenes involving children affects how she treats her own children. She stated that after attending to scenes involving children, she always contacts family members to check on her own children. She always imagines her children going through similar situations, hence contacting them is her way of reassuring herself that her children are well. Talking about her experiences whenever she is at home

appears to help Lebo to cope; however, doing so may also impact her relationships, as she is always bringing her work home.

Effect of trauma on work performance

"No, it has not affected me. It depends on the coping mechanism. I tell myself that this is my job and there is a difference between people who are passionate about the job and those who are doing it for salary. I just move on."

"It is different, and you can never say you are used to something. Initially, I just had an idea of what is expected of me but with time I have been exposed to a lot of traumatic scenes. Kearapela kamo pelong [I pray silently in my heart]. The conversation in the car to the scene depends on the team you are with. We would come back sad but still talking. Sometimes, we would just laugh about it".

Lebo seems to have normalised her maladaptive coping mechanisms. She believes that accepting that the trauma forms part of her job and moving on as if it did not happen, helps her. However, she added that because of her passion and motivation for the job, she ensures that her work is not affected by the trauma she endures. Lebo's passion acts as a protective mechanism for her performance. She does acknowledge the anxiety of attending scenes as they affect her and her colleagues differently each time. Their anxiety is expressed in the silence on their way to scenes and a silent prayer being offered. Humour is also used as a defence mechanism in coping with traumatic experiences.

Seeing their family in victims

'The scenes that involve children give me more stress because I have children. I never expect a child to die, that traumatises me more than all of them".

Lebo struggles with scenes involving children. However, she mentioned that she sometimes worries about all her family members. Her worry is often triggered by the incidents she has attended to. Lebo told the researcher that she can never imagine a child dying because they have not had the opportunity to live longer.

Overprotective towards own family due to traumatic exposure

"Yes, you become overprotective towards your family members, you worry about everything. I have kids and it has also taught me to walk very far from the streets. I find myself measuring the distance because I do not want to make a mistake; I need to play far from the streets".

"The scenes that involve children give me more stress because I have children. I never expect a child to die, that traumatises me more than all of them".

Lebo explained that although she always imagined herself working in the EMS, her experiences have changed her perception about life and death. Her job interferes with how she relates to her children. She stated that she even goes so far as to measure the distance from a pavement to the street. Lebo ensures that her children do not go out onto the streets and that she also avoids being on the streets herself, as a way of avoiding pedestrian accidents. She is unaware that her fear of streets is one of the symptoms of PTSD; she perceives it as a precaution. Lebo emphasised that her countertransference with children she comes across is because she has children herself and never imagined a child dying.

Neglected mental health

"In the seven years that I have been here, I have never heard of anyone being offered psychological support. You are on your own no matter what. Maybe others receive counselling on request after they inform management that they are traumatised. After these traumatic exposures, life goes on. Mara watlwayela because hadi swane and lerona as batho hare swane [But you get used to it but always remember that scenes are never the same, and also, we are unique individuals]".

"No, I have never consulted with any psychologist".

"I do not think I would utilise their service. I am used to everything happening. I always tell myself that they will pass just like all these other ones. I don't know maybe I have not come across boss yadi [a big scene] accident".

"My memory is getting worse. Initially, I thought it was age, but I am only 40, so it cannot be. On another note, I think maybe I should give a psychologist a chance especially now that you have mentioned that it may be triggered by work circumstances".

Lebo does not think the department prioritise their mental wellbeing. It seems that managers have normalised the symptoms in the same way that staff members have. Lebo added that unless an individual has requested the services, they cannot be assisted; however, she has never heard of anyone receiving psychological interventions from the workplace. She has never utilised psychological services, mainly because she has normalised the symptoms she is presenting with. However, when Lebo complained of being forgetful and the researcher highlighted the possibility that this was a result of the trauma she has endured, she added that she has never viewed any of her problems as psychological. She pointed out that the majority of her colleagues present with similar symptoms and they have not sought any psychological intervention.

Lack of emotional support

"In the seven years that I have been here, I have never heard of anyone being offered psychological support. You are on your own no matter what. Maybe others receive counselling on request after they inform management that they are traumatised".

"After these traumatic exposures, life goes on. Mara watlwayela because hadi swane and lerona as batho hare swane [But you get used to it but always remember that scenes are never the same and also, we are unique individuals]. So, they may affect us differently. Nna nka feeler hore [I may feel that] it has hit hard while the next person may not be affected by it".

"No, not at all. We would talk about it [traumatic scenes] amongst ourselves".

Lebo believes that the exposure to traumatic experiences may affect individuals differently and acknowledges that it affects her. However, in the seven years she has been in the department she has never heard of anyone being referred to a psychologist for trauma counselling or personal problems. Lebo added that even debriefings have never been organised for them. Instead, they always found a way of moving on without any professional assistance, including talking amongst themselves.

Team members as main source of support

"The conversation in the car to the scene depends on the team you are with. We would come back sad but still talking. Sometimes, we would just laugh about it".

"We would talk about it amongst ourselves".

Lebo told the researcher that she finds support from her team members. She stated that after a traumatic incident the mood in the vehicle changes. Although there is tension, some of the colleagues find humour in the scene, which makes it easier for team members to talk about it. The only way they debrief is through conversations about the scene with colleagues.

Access to psychological services

"No, I have never consulted with any psychologist".

"No not at all. We would talk about it amongst ourselves".

"I do not think I would utilise their service. I am used to everything happening. I always tell myself that they will pass just like all these other ones. I don't know maybe I have not come across boss yadi [a big scene] accident".

The lack of knowledge of psychological services may be the main reason Lebo has never consulted a therapist. She mentioned that she thought her psychosomatic symptoms were medical conditions. Psycho-education could benefit her. Lebo indicated that she benefits from talking to her colleagues and told the researcher that even if given the chance, she would still not consult a psychologist. She has normalised the trauma, and as a result, sees no need to seek help. While Lebo has not intentionally neglected her mental health, she did not think there was a need for assistance. Only once the researcher explained the cause of some of her psychosomatic symptoms, did she state that she might give counselling a chance. Lebo believes that all the scenes that she has attended to have not been sufficiently traumatic to warrant her obtaining professional help. The incident where she had to pick up the body parts of a victim was not perceived as traumatic enough. However, she added that she has yet to encounter a more traumatic scene. Lebo went so far as to compare the severity of incidents but still feels that nothing has been severe enough yet.

Diminished empathy

"You just get used to it. Death in the family and of a stranger is the same as it causes pain".

"No, it has not affected me. It depends on the coping mechanism. I tell myself that this is my job and there is a difference between people who are passionate about the job and those who are doing it for salary. I just move on".

Lebo mentioned that death results in the same pain, regardless of the relationship. However, she also indicated that she has learned to move on. Her emotions are suppressed as a coping mechanism and she is aware of the need to serve people as she is passionate about her job.

Over empathetic

"You play multiple roles when you are at the scene".

"The scenes that involve children give me more stress because I have children. I never expect a child to die, that traumatises me more than all of them".

"But we try to be strong. I sometimes find myself emotional at the scene and I would avoid crying in front of the families and would cry while on my own. Unfortunately, that is my life and there is no way one can choose the calls they want to attend to. When there is a call, you are not really prepared for how the scene looks like. We get to know how the scene looks like when we arrive there".

Lebo stated that although she is an emotional person, she always ensures that she does not cry in front of grieving family members. However, whenever she is alone, she finds herself crying and experiencing flashbacks. Lebo acknowledged that she becomes emotional at the scenes, and mentioned that there is no escaping her emotions, as they are part of her life and the demands of her job. They often find themselves playing multiple roles at the scene; although they were not trained for this during basic training, they find themselves comforting family members and calming them. Her biggest challenges are having to treat or lose a child at the scene. Lebo is empathetic as she has younger children and does not think they deserve to die at a young age.

Motivation or attitude towards work

"It is different, and you can never say you are used to something. Initially, I just had an idea of what is expected of me but with time I have been exposed to a lot of traumatic scenes. Kearapela kamo pelong [I pray silently in my heart]".

"We are on duty for three days and three nights, and off duty for three days. It starts from 7 o'clock and ends at 7 o'clock. It is tiring even if you have not done much. Just being in overalls and boots the whole day is also tiring".

"When you are off you become a mother and a wife, especially because I do not have a helper. The three days off is not enough for me because I need to ensure that I spend quality time with my family. Remember that although they say we are off for three days it is two days. The first day of those three days is used for sleeping".

"I love my job; I would choose this job over and over again. I do not want any other job. I will not cope with office work".

"My passion has always been to help people. This is something that I have always wanted. I remember ko skolong hake bona ambulance, ne ke eba excited [I remember when I was at school, I would get excited whenever I see an ambulance] and I would just see myself driving it".

"I tell myself that this is my job and there is a difference between people who are passionate about the job and those who are doing it for salary. I just move on".

"Mo EMS? [Here at EMS?]. I would change the shortage of equipment. Ensure that all the equipment and vehicles are enough. Because I feel once the personnel have adequate equipment they will be motivated to work. Sometimes when you are on call, you would receive more calls. Soshanguve is very busy and it needs more cars and more personnel".

"It is a good feeling. It is very encouraging knowing hore [that] I have saved somebody's life. Even being thanked by community members means a lot".

No matter the traumatic exposures she has experienced, Lebo is still motivated to work. However, she acknowledged that she is not the same person. Lebo compared those who joined the force for monetary reasons with those driven by passion. She believes that passionate people find ways of moving on and executing their duties regardless of the trauma experienced. However, those who are in it for the money lose interest quickly and do not complain. Lebo may not be aware that, regardless of her motivation, she is also affected psychologically by the job and needs to care for her mental wellbeing to perform better. However, job demands interfere with her lifestyle. Spending time with family members appears to be a challenge as she often spends her off days sleeping. Lebo added that it gets demoralising when wanting to assist a victim but not being able to do so due to not having adequate equipment. She pointed to shortages of vehicles which frustrates them as it causes delays in responding to multiple incidents. Lebo, however, finds motivation in the appreciation of community members after attending a call.

Feeling stagnant/ Limitations

"I really do not know how it works maybe because I am not interested. However, we do have limited posts, meaning you could be on the same post for a long time. [Laughs] I really do not care about promotions. Being a manager is not an easy task so I am happy where I am. Being in charge of a lot of people is a challenge, and I do not see myself reprimanding an older person. But there are limited posts for a lot of people."

Being a young leader seems to be a challenge for Lebo. She told the researcher that they have older colleagues whom they view as parental figures. Culturally, a child does not reprimand an elder, so Lebo finds comfort in being managed rather than being given tasks that would make her seem disrespectful to elderly people. Although she indicated that she is not interested in any managerial post, Lebo pointed out that the EMS does not have an adequate number of posts, hence the department is stagnant with little to no growth.

Safety

"We sometimes receive fake calls or pranks. It is scary, especially because we are women and sometimes, they would pair two women. I remember there was a time me and my female colleague attended to a call and on our way back we realised that we were being followed. I was the driver when this happened, and it was around 3 am. There was a vehicle that had been following us for a while. It stops with us wherever we stop, so at some point when we got to the

stop sign the car parked very close to us and before it even stopped properly the passenger was coming out of the car. We immediately panicked and drove away, and that car still followed us. We learned later that the car had a patient and they wanted us to rush her to the hospital. Sometimes when we attend to a call after midnight, we find the gate already opened. And when you walk in, you are welcomed by a group of men. We would walk in with them even though we are panicking. I only start relaxing and feeling the sense of relief when I get into the house and find females. It is difficult when you are a woman. You worry about being raped and I do not really care much about being robbed because I can replace whatever they stole. They target our personal belongings because we do not carry a lot of drugs with us. You can't go on call without a cell phone because they use them to communicate with us. We used to have radios but unfortunately, we no longer have them. SAPS will sometimes escort out but it is rare. If there are riots, we inform control and we change the route for an alternative one".

"You see Soshanguve and Mabopane have a lot of informal settlements. It is very tricky, and we do get lost. Sometimes our vehicles can't be driven all the way to the house, and we would be stuck. Fortunately, some community members are already aware that vehicles will not have access to their houses, and they wait for us at the corner. Leaving the state's car is also not safe. Some houses do not have house numbers or street names but will ask for landmarks which also help".

"Our duty is to walk into the scene that people run away from. When we get there, some people understand and others do not understand our role".

"We usually rush to the scene because we want to save a person's life. You get used to it but the most important thing is your safety together with your colleagues and patients. Sirens is just to alert the public that we need to go past. There has been an accident whereby an ambulance driver gets involved in an accident. I remember one day neke driver [I was driving] and when I get to the stop sign another car hit me from behind. We informed control and he organised another car to attend to the scene. But I love my job.

Lebo informed the researcher that the job they do not only comes with trauma but also numerous risks. They are expected to go into environments that everyone is running away from. She indicated that the terrain and infrastructure of the areas they work in pose significant risks. Lebo added that they sometimes need to exit their vehicle to access patients, and patients may

wait in an accessible area to subsequently provide directions. This situation places her and her colleagues' lives at risk, especially as they are sometimes only females. She mentioned that, given the limited number of drugs they carry, they are rather targeted for their personal belongings. Lebo also mentioned the important point of sometimes only having a female partner in the evening which makes them vulnerable. They are at risk of being raped, especially because not all calls are genuine and they enter different households without any form of protection. They are also at risk of being attacked by community members who do not understand their role or feel aggrieved. Although she loves and enjoys her job, Lebo noted that their lives are not only compromised when interacting with community members but also while driving to the scenes. They are always in a hurry, and although they use sirens to alert individuals to clear out of the way, other drivers might not cooperate and this may also put their lives at risk and expose them to motor vehicle accidents.

No knowledge of scope of EMS

"We sometimes receive fake calls or pranks. It is scary, especially because we are women and sometimes, they would pair two women".

"Our duty is to walk into the scene that people run away from. When we get there, some people understand and others do not understand our role. But you need to make sure that everyone is satisfied before you leave and you have explained the cause. Speaking to family members also leaves you relieved although they react differently. Others may tell you that they were aware that there was no longer life while others are in shock. You play multiple roles when you are at the scene. The scenes that involve children give me more stress because I have children. I never expect a child to die, that traumatise me more than all of them.

Prank calls appear to be a significant challenge encountered by the EMS. Lebo stated that these calls instil fear in them and may discourage them from attending crucial scenes. She added that while some community members understand their roles, others do not. Although not trained, they are responsible for providing counselling to the grieving, which is a difficult task, especially when the victims are children. They often find themselves performing multiple roles at the scene for the benefit of the victim or the victim's family.

Gender challenges

"We sometimes receive fake calls or pranks. It is scary, especially because we are women and sometimes, they would pair two women. I remember there was a time me and my female colleague attended to a call and on our way back we realised that we were being followed. I was the driver when this happened, and it was around 3 am. There was a vehicle that had been following us for a while. It stops with us wherever we stop, so at some point when we got to the stop sign the car parked very close to us and before it even stopped properly the passenger was coming out of the car. We immediately panicked and drove away, and that car still followed us. We learned later that the car had a patient and they wanted us to rush her to the hospital. Sometimes when we attend to a call after midnight, we find the gate already opened. And when you walk in, you are welcomed by a group of men. We would walk in with them even though we are panicking. I only start relaxing and feeling the sense of relief when I get into the house and find females. It is difficult when you are a woman".

"You worry about being raped and I do not really care much about being robbed because I can replace whatever they stole. They target our personal belongings because we do not carry a lot of drugs with us. You can't go on call without a cell phone because they use them to communicate with us. We used to have radios but unfortunately, we no longer have them. SAPS will sometimes escort out but it is rare. If there are riots, we inform control and we change the route for an alternative one".

"Carrying all these heavy equipment is an exercise. When I am on my periods, I work as I am until I come back. When you attend to a call you forget about your personal issues".

"When you are off you become a mother and a wife, especially because I do not have a helper".

Lebo reported that the biological makeup of females is also a factor in the challenges they encounter. She mentioned that menstruation may interfere with their job performance and added that leave cannot always be taken during this time. Therefore, once they report for duty, they are expected to perform like all their colleagues. She noted that the equipment they need to carry is also heavy for them as women, but it must be done. Lebo added that whenever two females are paired there is an immediate fear of driving at night and concern about being raped. She stated that although she has never been robbed while on duty, she would rather have material things taken from her than be violated by strangers. Another factor that Lebo

highlighted, is that gender-related challenges do not only affect them while on duty but also in their home lives. Upon returning home, women are still expected to play the roles of mother and wife. The expectation is for them to nurture and ensure that everyone is satisfied, even though they may be returning from a traumatic scene and feeling exhausted. The trauma is set aside, and submission becomes an expectation.

8.5 SUMMARY

Lebo is a 40-year-old female who has been working for EMS for seven years. In the conversation, it emerged that during her years of service, she could not recall any colleague being offered psychological assistance. She, herself, has never consulted with a psychologist, believing that there is no need to do so. She also believes that the trauma she has been exposed to has not triggered her to a point where she feels the need for psychological intervention ***(neglected mental health; employer's lack of emotional support; access to psychological services)***. Despite thinking that she did not need psychological services, it emerged during the interview that Lebo was experiencing flashbacks, memory loss, and headaches ***(psychological symptoms; psychosomatic symptoms)***. This is an indication that she is unaware of the effect her work is having on her psychological wellbeing ***(effect of trauma on work performance).*** Lebo is motivated to perform her duties, believing that there is a difference between being motivated to work and being driven by money. She stated that:

"*I love my job; I would choose this job over and over again. I do not want any other job".*

Death does not affect her, regardless of the relationship she had with the deceased ***(maladaptive coping mechanism; diminished empathy)***.

While Lebo has been exposed to many traumatic incidents, she still believes that she has yet to meet one that has affected her:

"I always tell myself that they will pass just like all these other ones. I don't know maybe I have not come across boss yadi [a big scene] accident".

She, however, acknowledged that the theory learned at university does not prepare anyone sufficiently for the reality they face daily. She mentioned feeling depressed and defeated during what is considered a failed mission. Some failed missions could be prevented, however, as arriving on the scene without a needed qualification or certificate to perform certain procedures, disadvantages the victims ***(self-blame).*** Lebo would find herself playing multiple roles at a scene and would sometimes cry when she realised that the victim's needs were not only medical ***(overprotective).*** Scenes involving children, in particular, affect her as she

believes that no child deserves to die. Lebo would contact her family to check on her children after attending to scenes involving children ***(overprotective towards own family due to traumatic exposure; seeing their family in victims).*** Whenever she experienced these traumas, she would talk to her husband who can relate because, working for the SAPS, his job is similar to hers ***(understanding support from home; bringing job home)***. Her husband is a police officer and their shift patterns create a gap between them and their children ***(withdrawal from family)***.

When Lebo is off duty, she spends much of her time fulfilling her duties as a wife and mother. This does not give her enough time to rest. The challenges of being a female also affect her while at work, as she is still expected to work during her menstrual cycle and carry heavy equipment. Another factor that Lebo mentioned was being paired to work at night with a female; this raised their chances of being attacked or violated. She added:

"Our duty is to walk into the scene that people run away from. When we get there, some people understand and others do not understand" ***(gender challenges; safety)***.

They receive multiple prank calls unrelated to their work and also struggle with issues relating to the environment in which they work, including community members not understanding the work that they do ***(no knowledge of scope of EMS).*** Despite her hard work and experience, Lebo has no interest in being promoted and added that she does not know what it takes for one to be recognised and promoted ***(feeling stagnant/ limitations).*** Lebo draws her strength from the support she receives from her colleagues. They find humour as a way of coping with the traumatic scenes they experience ***(team members as main source of support)***.

CHAPTER 9

THE LIFE STORY OF LESHOLE

"The life of feelings of failure and stagnation"

9.1 PERSONAL DATA

Participant	:	Leshole *pseudonym
Gender	:	Male
Age first employed	:	20 years
Current age	:	49 years
Occupation	:	Firefighter
Years of service	:	30 years
Station	:	Roslyn Station

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9.2 INTRODUCTION

This chapter elaborates on the conversation the researcher had with Leshole. The researcher explored Leshole's lived experiences as a first-time responder to traumatic events. Leshole was given a chance to freely narrate his individual personal life stories. Follow-up questions were asked to provide clarity and to obtain more detailed information. The pseudonym "Leshole" is used in these narratives to maintain confidentiality as stated in the informed consent form. The pseudonym was strategically chosen based on the participant's character, challenges, experiences, and the impression he left on the researcher. Leshole has been working in the department for approximately 30 years, and despite being affected by traumatic experiences, he remains motivated to save lives.

9.3 BACKGROUND

"I came straight out of the army. I started in 1991 in the Pretoria fire department. My basic training was six months and after the basic training, they send you to a station where personnel was needed. I was about 17 to 18 years old".

9.4 VERBATIM EXTRACTS AND IDENTIFIED THEMES

Sense of failure

"You can hear a person screaming but you can't save them because we do not have enough water to get to the person."

Leshole expressed the sadness and disappointment he feels during scenes that leave him feeling helpless. He pointed out that some challenges are beyond his and his colleagues' control and this makes them feel like failures, knowing that they could have helped if not for certain protocols.

Maladaptive coping mechanisms

"I am not the same mentally. You cannot be the same there is too much trauma. Like I said, the scenes are different and they affect you differently. Some guys use alcohol to cope. I also drink." "you go for alcohol just to forget"

"And it said that to get the help you need to probe before you get help. A lot of guys do not get help and that is why we would go for alcohol or medicines."

"In my family life because of what I have done in my off days, you go for alcohol just to forget. Other guys use dagga or use something just to forget. I'm not going say it is the fault of what I do but since I joined, I have been divorced twice."

"Most of the guys use some medications that the doctor prescribes."

"Some of the guys use something to sleep."

During the conversation with Leshole, it became clear that although the personnel are exposed to various scenes that affect them differently, the majority find it difficult to cope. Alcohol emerged as a dominant maladaptive coping mechanism among the EMS personnel. Leshole believes that fishing and drinking alcohol bring him comfort. Although he did not admit to other maladaptive behaviours such as the abuse of marijuana and over-the-counter medication, he indicated that some of his colleagues use these substances to cope with the traumatic incidents experienced at work.

Exposure to trauma

"I came straight out of the army. I started in 1991 in the Pretoria fire department. My basic training was 6 months and after the basic training, they send you to a station where personnel were needed. I was about 17 to 18 years old."

"My first major incident was in Brokonspruit Private School in 1992. It was a double-story house that burned where teachers stayed in and those two kids burned to death in the house. We had to extinguish the fire. Until today, 29 years later, I still see those children. After that, I was placed at another station, and I dealt with major accidents and all the medical calls. There was a bus and the bakkie that was in an accident. It had security guards and the whole eight people in the bakkie were dead from the impact; it was a security guard and the whole road is full of brains and skulls were scattered everywhere. You could not even walk properly because it was slimy".

"There are so many things. Like two to three years ago kids drowned here. There were kids that drowned, and we had to search for those kids around 20:00 to 21:00 in the evening. You have to put on a rope and find the bodies. All you do is go back home to take a shower and return back on duty. The officers up there promise to put you up for recommendation, but nothing happens. It's honestly there are so many things that we see and do we just wish our brains can forget what our eyes see".

"Especially winter months in the extensions, negligence of some parents makes donga fires and leave the dongas in the house and leave the kids alone while they go to the shebeen. So many parents have lost their kids in the shack fires. Because of the infrastructure there, we struggle with water. Let's say we have a rescue pump and a water tank, but still, in rural areas, we need more infrastructure, water and so many things. If you have not got enough water to extinguish the fire. You can hear a person screaming but you can't save them because we do not have enough water to get to the person.

"Like on Mabopane highway, we even call it the highway of death. In my career, I can't tell you how many bodies I saw there, how many accidents, drownings, stabbings and assaults how many gunshots. I have delivered quite a few babies".

"Walking with a guy's head it has been decapitated and now you must find the body and you do not know which body belongs to which head. Their screams as well. The guy is trapped in a burning car and that scream, the way they shout, and scream stays with you. And the smell; if you get to a major accident where people are dead, the mixture of blood, the oil of the car, the anti-freeze, it's horrific. The decomposed bodies as well. SAPS once called us to a scene in Klipgat where a guy fell into a hole. When we arrived there, it was a guy that was murdered and thrown into a pit toilet. On our way from that scene, we got another call that there was a body floating in the dam. Now you must recover that decomposed body from the dam. Aeroplane accidents just the other day at Wonderboom, I was at that accident. There are so many things, and the most bad thing about everything is that you remember all your incidents. Not the bumper bashes, but the horrific ones stay with you. I have done like how many drownings".

"The kids that have drowned at home, the quarry holes here at block XX in the public swimming places. Just about a month ago the same story – kids thought they can take a chance and swim and the child could not swim. At 21:00 in the evening, you get a call about the drownings so in the pitch dark you dive in the water and feel all over and they just tie a rope on the waist and when you feel something soft you have to be pulled up".

"Like the other day, there was a fire and I had to climb through the window to see if the child had burned to death. I couldn't see the child in all the debris and I accidentally stepped on top of the child and her brain and everything came out".

"Like the other day, we had a vehicle and a truck at Roslyn Road. I was not aware because I was busy extricating the two people from the vehicle that was lying on its side. We had to cut the roof and put the roof to the side so we can take the patient out through the roof. Then there was a truck in the bushes with the truck driver trapped inside as well. So, I went from extracting these people to extricate the truck driver. On my way back to the vehicle I was told that there are two guys in the bushes as well. But by that time the head injuries were just severe because there were brains and skulls all over; then you know the people had to be declared dead immediately as P4".

"We put our own life in danger. Since 1991 there are so many incidents that I can remember it like it was yesterday".

Leshole had been exposed to multiple traumatic scenes even before he joined the EMS, as he had served in the military from a young age. During the conversation, he expressed feeling emotionally drained and indicated that the unfortunate thing about his traumatic experiences is that he vividly remembers all of them. He stated that another trauma that their job exposes them to, is being sent to scenes with inadequate tools. Due to their desire to save lives, they find themselves implementing alternative measures to rescue the people in need. Leshole added that it was only when their efforts to rescue victims did not succeed, that they are blamed for doing things they were not supposed to. However, when the mission is a success, they receive no appreciation. He wished that there was a possibility of all the memories being erased, as they have affected his family life. Given a second chance, Leshole stated that he would not choose the same career path, but he still emphasised his love for his job.

Psychological symptoms

"Even when you sleep at night it's hard. Some of the guys use something to sleep. But when you sleep you have nightmares, and you shake at night and your partner will wake you up every night".

"I am not the same mentally. You cannot be the same, there is too much trauma. Like I said the scenes are different and they affect you differently".

"It's honestly there are so many things that we see and do we just wish our brains can forget what our eyes see".

"There are so many things, and the worst thing about everything is that you remember all your incidents. Not the bumper bashes, but the horrific ones stay with you".

"Like I said earlier, it's just that your mind can't forget what your eye has seen."

While Leshole was able to explain the symptoms of PTSD, he was not aware that it was a psychological problem that needed to be addressed by a psychologist or a psychiatrist. He mentioned that he saw many things that interfered with his general functioning. Sometimes he experiences nightmares and also shakes and screams during sleep. Although his wife has never complained, he is aware that these issues may have contributed to his previous marriage not

lasting. Leshole believes that he may have lost his family because the traumatic experiences may have created a personality that he, himself, cannot recognise. He acknowledges that he is not the same person mentally since he began working in the EMS. However, he believes that the psychological impact may have started when he was working in the military. He wishes he could forget everything he has seen while on duty.

Psychosomatic symptoms

"Their screams as well. The guy is trapped in a burning car and that scream, the way they shout, and scream stays with you. And the smell if you get to a major accident where people are dead, the mixture of blood, the oil of the car, the anti-freeze, it's horrific. The decomposed bodies as well."

"Even when you sleep at night it's hard".

According to Leshole, some of his senses have been affected by his traumatic experiences. He describes the impact the trauma has had on him but is unaware that his symptoms are psychosomatic. He added that his overall functioning has been affected; as a result, he no longer has the same energy when approaching traumatic scenes.

Withdrawal from family

"When you leave home, you sometimes leave knowing it could be the final one. Hence most of us do not tell our wives and kids what we do".

"You can't tell your wife in details what you have seen. How many times do you have to pick up body parts? Walking with a guy's head which has been decapacitated and now you must find the body and you do not know which body belongs to which head".

His role at work and the trauma he has experienced have created a gap between Leshole and his family. He believes that not talking about his job or what it entails is a way of protecting them. He emphasised that his job is his life and thus cannot talk about it daily. This has, however, changed him as a father and husband.

Understanding and support from family members

"I'm not going say it is the fault of what I do but since I joined, I have been divorced twice. You can't take what you experience at work, home. You can't tell your wife in detail what you have seen. How many times do you have to pick up body parts?"

"When you leave home, you sometimes leave knowing it could be the final one. Hence most of us do not tell our wives and kids what we do".

Although Leshole believes that not talking about his job and experiences with his family is a protective mechanism, he is unaware that it has also affected family functioning. His family members may have noticed behavioural changes, but may not be aware that these may be related to the traumatic scenes he is constantly exposed to. Leshole informed the researcher that he has been divorced twice since joining the EMS; however, he does not realise that his traumatic experiences and maladaptive coping mechanisms may have contributed to his marital conflicts.

Bringing the job home

"You can't take what you experience at work at home. You can't tell your wife in detail what you have seen. How many times do you have to pick up body parts? Walking with a guy's head which has been decapacitated and now you must find the body and you do not know which body belongs to which head".

"In my family life because of what I have done, in my off days, you go for alcohol just to forget. Other guys use dagga or use something just to forget. I'm not going say it is the fault of what I do but since I joined, I have been divorced twice".

Leshole spoke of the effort required to separate his work and family life. However, he is unaware that although he does not talk about his traumatic experiences, his family members may be exposed as secondary victims. Leshole's psychosomatic and psychological symptoms and maladaptive coping mechanisms may affect how he relates to them, in effect, indirectly bringing his job home. He stated that he has been divorced twice since joining the EMS and believes that this may be a result of how his life has changed since his exposure to multiple traumatic incidents.

Effect of trauma on work performance

"For me, when I started, there was so much adrenalin rush. The older you get the more traumatised you become. If there is a chance for you while you are at the stations and there are youngsters. You can say I will not go because I know it is a bad scene. The younger ones from our shift understand, they call me uncle or oom [uncle] because they say I am the older one here. So, when we get to the scene, they will say, no oom, you can stay back, we will do the job".

"We leave the station together and we know that the person sitting next to me might not come back with me. We made a decision to get into the career so you must be willing to go into places and do things that a normal person wouldn't do. When you leave home, you sometimes leave knowing it could be the final one."

Leshole informed the researcher that he feels he has seen enough traumatic scenes and is no longer interested in witnessing any more. He wishes that he could erase his memories or forget what he has seen in the past. He stated that his adrenalin rush is no longer the same and believes that, due to the trauma endured at work, he prefers to find reasons to avoid attending to scenes. He always anticipates the worst. Leshole reported that his working relationship with colleagues has become like that of a family. He explained that his situation is challenging because not involving family members in his job affects him; however, his colleagues are also part of his family. He indicated that responding to a scene is just as traumatic because the team might return from an incident without a team member who was present. Leshole added that whenever he leaves home, he is aware it might be the last time he sees his family.

Overprotective towards own family due to traumatic exposure

"You become strict with the kids. You do not want them to go out at night and you do not want them to go to disco with the boyfriends because of the accidents that you see. They do not understand why I am strict because I do not tell them what I really face at work."

Raising children while working in the EMS can be challenging. This has made the participants (including Leshole) overly protective towards their children due to their exposure to traumatic incidents while on duty. Leshole noted that he is strict with his children and restricts their movement because he perceives many things as unsafe.

Neglected mental health

"No, I have never seen one [psychologist]. I do not know if I want to see one. I honestly do not know".

"Having a psychologist to speak to us might help some of the guys. There were quite a few different chaplains in the service. They would appoint someone from the army to be our chaplain and now he wants to come talk to us. With the guy who committed suicide, they called the chaplain that night to come speak to us. He did not even know our colleague and yet he still wanted to talk about our colleague. The guys told him quick that you did not even know our colleague and yet you want to speak about him".

"Like I said, there is an EAP in place but the guys do not want to talk to them because they feel like they do not know what we do and sometimes it feels like they work for the department so it becomes difficult to open up to them".

"I am not the same mentally. You cannot be the same, there is too much trauma. Like I said, the scenes are different and they affect you differently."

Despite being exposed to numerous traumatic incidents, Leshole has never consulted a psychologist. He added that management fails them by organising a chaplain instead of a qualified psychologist – a person who can relate to their problems. He reported that most psychological services provided by the department are not appreciated as many believe that the EAP works for the department, and consulting with them might disadvantage them or put their jobs at risk.

Lack of emotional support

"*No, not at all".*

"If they consider someone who has been on the ground level to manage the EMS would be better. A person with that experience knows what did not work for them while attending scenes and they know the loopholes. They have been traumatised and know what could have assisted and what they needed to get better".

"Our resources were very limited at one stage and we were still expected to perform the same duty".

"But if you listen to the news, it is always about how SAPS is traumatised in the trauma ward in the hospitals. When they talk about trauma, they mention SAPS. And these are the people who do not touch those patients. I understand that they also see traumatic stuff but give the fire and ambulance personnel a chance and acknowledge what they do".

"When you open the newspapers, it is always about SAPS and metro police's efforts and their trauma. There is never any mention of traumatised EMS personnel, but the policeman is seeing what I am seeing. The difference is that he is standing there, and I am the one face-to-face with the dead person and their brains. We are the ones picking people's body parts up. They are forgetting that usually before those people got there, I was there and I had to try and save life".

During the conversation, Leshole was asked if he thought there was enough support from management, to which he responded that there was absolutely no support. He believes that although there is an EAP or a chaplain is sometimes asked to offer them debriefing, colleagues do not feel comfortable as they cannot relate to them. Leshole believes that referrals should be made to someone who has experience as a firefighter or paramedic, as that person would have a better understanding of their trauma. He added that the only people who are seen as being traumatised are those in the SAPS. Leshole pointed out that people forget that the SAPS are there to ensure that the scene is secured, while EMS personnel attend to the situation. As a result, the trauma experienced by EMS workers is often normalised.

Team members as main source of support

"The one EMS personnel came to me said he is so traumatised as we were talking about the scene. He is not physically tired, but he is mentally tired. And it is said that to get the help you need to probe before you get help. A lot of guys do not get help and that is why we would go for alcohol or medicines".

"But each of us has a different way of how we deal with the trauma. Normally the guys talk to one another and usually we have debriefing after a major accident".

"The younger ones from our shift understand they call me uncle or oom [uncle] because they say I am the older one here. So, when we get to the scene, they will say no oom, you can stay back we will do the job. A lot of the guys here when they started, they were contract workers for grass fires. Then they applied for duty and got the positions they went for training. So, if you ask most of them, I trained them in the station. I taught them the equipment, what they are, what they are used for, how they operate, how they work, and they appreciate".

Leshole indicated that they do not receive support from the management. He added that he and his colleagues speak to each other as they have a common understanding. It is easier to speak to colleagues as they can relate and they find ways to debrief one another. Leshole, however, emphasised that they are emotionally exhausted. He reported that being in a good team is also beneficial. He mentioned that he has trained many of the younger members, so whenever they feel a scene is too traumatic or overwhelming for him, they ask him to step aside and ensure that his role is still attended to.

Support from chaplain

"Having a psychologist to speak to us might help some of the guys. There were quite a few different chaplains in the service. They would appoint someone from the army to be our chaplain and now he wants to come talk to us. With the guy who committed suicide, they called the chaplain that night to come speak to us. He did not even know our colleague and yet he still wanted to talk about our colleague.' The guys told him quick that you did not even know our colleague and yet you want to speak about him".

"There is help from the counsel side they call them employee wellness programmes. There are two ladies [EAP] but the guys do not want to talk to them because they cannot do anything for us. They are not going through what we are going through, they don't see what we see".

According to Leshole, management tends to bring military pastors to pray for them. He reported that the pastor cannot relate to what they go through and, therefore, their intervention is not helping. Having intervention from someone who has a history of actively working in the EMS may be beneficial as the person may relate to what they have experienced during the traumatic scenes. Leshole informed the researcher that they needed a person who could relate to them. He stated:

"If they consider someone who has been on the ground level to manage the EMS would be better. A person with that experience know what did not work for them while attending scenes and they know the loopholes. They have been traumatised and know what could have assisted and what they needed to get better".

Leshole acknowledged that they do have an EAP as well as a chaplain offering psychological services; however, the EMS personnel do not utilise them as they feel they cannot relate. Leshole added that despite the chaplain's services, they feel helpless and unsupported emotionally.

Access to psychological services

"No, I have never seen one. I do not know if I want to see one. I honestly do not know"

"Like I said, there is EAP in place but the guys do not want to talk to them because they feel like they do not know what we do and sometimes it feels like they work for the department so it becomes difficult to open up to them."

As noted, despite being exposed to numerous traumatic incidents, Leshole has never sought psychological help and is unsure if he needs to. He acknowledged that the job changed him and mentioned experiencing some symptoms of PTSD. He does, however, believe that psychological intervention might benefit many of his colleagues. An EAP is perceived as being aligned with the department, so they do not utilise its services, believing that it might be biased or that the information could be reported back to the management.

Motivation or attitude towards work

"For me when I started there was so much adrenalin rush. The older you get the more traumatised you become. If there is a chance for you while you are at the stations and there are youngsters. You can say, I will not go because I know it is a bad scene. The younger ones from our shift understand, they call me uncle or oom [uncle] because they say I am the older one here. So, when we get to the scene, they will say, no oom, you can stay back, we will do the job".

"I am not the same mentally. You cannot be the same, there is too much trauma. Like I said, the scenes are different and they affect you differently".

"A few days back there was a bad accident. The one EMS personnel came to me said he is so traumatised as we were talking about the scene. He is not physically tired, but he is mentally tired".

"As an individual when you are being thanked means a lot and you feel great about it. You know you have done your job; you have assisted the community. You did years of training to save people's lives. For me, it is a calling, not a job and there are members for whom it's a job, not a calling. We highly appreciate the gesture. There are so many things that the community members did for us over these years. There were so many elders, especially when we work over Christmas, they brought food, and they cooked for us. They bring cake just so to show their appreciation of what we have done for them. It motivates you as a paramedic, EMS member firefighter. But now it is no more."

Leshole informed the researcher that he is no longer as motivated to do his job and feels unappreciated. The management's lack of support has diminished their motivation to work. He added that the energy he had when he started at the department has waned over the years, primarily due to exposure to trauma and the lack of support. According to Leshole, their attitude towards their work has changed, and they are not the same mentally. Their functioning has deteriorated significantly compared to when they first started working. However, he noted that community members can uplift their spirits. He told the researcher that whenever a community member shows appreciation for their efforts, it gives them a reason to keep going and perform well.

Job demands

"But honestly, I can say the fire and ambulance personnel do not get the acknowledgement they deserve. There are so many of my colleagues that have committed suicide since I started until now. We have lost so many colleagues. One of the colleagues burned to death while on duty, the other one drowned in Centurion while rescuing people, and others committed suicide. One colleague went into the back of the generator room in the station; we received a call and when we check the address only to find that it was our colleague who committed suicide by hanging himself. And on the same day, a colleague who was on the scene asked to take a few minutes just to go home quickly; and a few minutes later we got a call that he had shot himself in the front yard. There are so many things that traumatise us."

Leshole stated that many things need to be done but there is little support from management. As a result, several of his colleagues have committed suicide. The pressure at work affects their psychological wellbeing, leading some to suicide or maladaptive coping mechanisms as the only way out of the situation. They experience much pressure and trauma but there is no acknowledgement of their struggles.

Feeling stagnant/ limitations

"A lot of the guys here when they started, they were contract workers for grass fires. Then they applied for duty and got the positions, they went for training. So, if you ask most of them, I trained them in the station. I taught them the equipment, what they are, what they are used for, how they operate, and how they work, and they appreciate".

"The offices up there promise to put you up for recommendation, but nothing happens".

Despite training many recruits at the station, Leshole has remained in the same rank for years. He stated that there is no growth in the department and they only have each other for support. Therefore, his colleagues' gestures of appreciation keep him motivated. He mentioned that they get promises of being recommended for better positions but these are never kept, and this is demoralising.

Safety

"So many children have lost their kids in the shack fires. Because of the infrastructure there, we struggle with water. Let's say we have a rescue pump and a water tank but still in rural areas we need more infrastructure, water and so many things. If you do not have enough water to extinguish the fire you will not be able to perform your duties. You can hear a person screaming but you can't save them because we do not have enough water to get to the person. Like the other day, there was a fire and I had to climb through the window to see if a child had burned to death".

"At 21:00 in the evening, you get a call about the drownings; so, in the pitch dark, you dive into the water and feel all over, and they just tie a rope on the waist and when you feel something soft you have to be pulled up".

"The community members do not appreciate us. Like youngsters under the influence of alcohol they would damage our resources without thinking tomorrow it would be their house. They do not think that tomorrow it will be their houses and when our resources are damaged, we can't get to their own houses. We put our own life in danger. Since 1991 there are so many incidents that I can remember it like it was yesterday".

According to Leshole, multiple contributing factors make them feel unsafe. He indicated that the infrastructure in the rural areas exposes them to many hazardous incidents but they are still expected to perform. The community's tendency to damage resources during protests also puts their lives at risk and makes it difficult for them to perform their duties. Leshole expressed his disappointment with the behaviour of grieving community members, stating that their attitude makes it hard for them to work. Working in an environment where people do not understand their scope and pose threats makes it hard for them to work effectively. EMS personnel sometimes risk their lives to satisfy grieving family members, compromising their own safety in the process.

No knowledge of scope of EMS

"But we do have a diving team that has all the necessary equipment. But when we are in the extensions, the community does not understand that we do not have the diving equipment with us and some of us cannot swim. We need to get the divers out or SAPS to recover the bodies. But the community does not understand and they will fight with us or even assault us, and we can't leave the scene while the child is in the dam. So, we have to make a decision even if it is not part of the protocol. I only got my shirt. Get my pants and my boots off and wrap the rope around the waist and dive in, or else we are going to wait for four to five hours and the community members do not know these things."

The community members' lack of understanding of the EMS personnel's roles can also put their lives at risk. Leshole believes that they would benefit from being better equipped with materials and training for incidents, especially those involving swimming so that they do not need to wait for divers to attend to drownings. When community members see them at the scene there is an expectation for immediate action, and they become frustrated when they appear to be doing little. Community members do not understand that their scope of work limits their ability to act, which results in frustration on their part.

9.5 SUMMARY

Leshole is a 49-year-old male firefighter, who has been working for EMS for approximately 30 years. He joined the military at the age of 17 years and moved to EMS at 19. He has witnessed traumatic incidents in both the military and the EMS. He vividly remembers incidents dating back to 1992, including the screams of children he had to rescue and the smell of dead bodies (***exposure to trauma***). He stated:

"I wish our brains can forget what our eyes see".

Given the trauma Leshole has been exposed to, one would expect him to have sought professional help; however, he has never seen a psychologist or utilised the EAP (***neglected mental health; access to psychological services***). Although the EAP is said to be available upon request, it is not utilised as the EMS members do not trust it, believing that it is part of the department and that their interactions may not be kept confidential. The EMS management is deemed as unsupportive and Leshole believes that things may be different if they were managed by a person with firsthand experience of working in the field. Management is perceived as not understanding and this is reflected in them usually employing military chaplains to pray for them after they have lost a colleague (***lack of emotional support***). As a result, the main source of support comes from colleagues as they can relate to each other. Leshole added that although they try to support each other, they are also emotionally tired (***team members as main source of support***).

Family members try to provide emotional support, but they too are affected by Leshole's experiences. His behaviour towards his family members and children has changed; he denies them the freedom to go out at night with the fear that they may also be involved in accidents and die (***bringing the job home; overprotective towards own family due to traumatic exposure***). Leshole stated that although they understood, he eventually stopped telling them about his experiences at work (***understanding support from family; bringing the job home***). Leshole has been divorced twice since he joined the force and he informed the researcher: "*I am not the same mentally. You cannot be the same there is too much trauma*".

He reported struggling with nightmares and insomnia, and his sense of smell has also been affected (***psychological symptoms; psychosomatic symptoms***). Whenever he leaves home, he understands that he could be seeing his family for the last time (***withdrawal from family***).

There appears to be a demanding workload with insufficient resources (***job demands***) which has affected Leshole's motivation at work. He always anticipates the worst and prefers to send younger colleagues to attend to scenes. Another concern he raised was their safety as

first responders. The infrastructure and terrain make it difficult to access certain areas, and this would sometimes result in what he considered failed missions (***safety; sense of failure***). This sense of failure affects them, leading some to deal with it through substance abuse (***maladaptive coping mechanisms***). However, the appreciation from community members motivates him to want to do more (***motivation or attitude towards work; effect of trauma on work performance***). Despite his years of experience and the training he has provided to colleagues, Leshole has never been promoted (***feeling stagnant***).

CHAPTER 10

THE LIFE STORY OF THUSO

"The life of wisdom and advocacy"

10.1 PERSONAL DATA

Participant	:	Thuso* pseudonym
Gender	:	Male
Age first employed	:	23 years
Current Age	:	44 years
Occupation	:	Leading firefighter
Rank	:	Company commander
Years of service	:	20 years
Station	:	Jabulani Fire Station

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10.2 INTRODUCTION

This chapter elaborates on the conversation between the researcher and Thuso. Thuso is a pseudonym chosen for the participant after the conversation. The pseudonym was strategically chosen based on the participant's character, challenges, experiences, and the impression he left on the researcher. It was chosen based on his enthusiasm to continue working in the EMS even after the traumatic incidents that seem to have affected his life. He considers himself the voice of other EMS personnel and indicated that he is always willing to assist and represent his colleagues whenever there is a need. Thuso, in the vernacular, means "help or saviour". He was given a chance to freely narrate his personal life stories. Follow-up questions were asked to provide clarity and to obtain more detailed information.

10.3 BACKGROUND

"I was 22 years old when I started, and now I'm 44 years old. Ge ke thoma EMS ene ele ka nako ela [when I started at the EMS. It was at the time of NPMFS – Northern Pretoria Metropolitan F Structure] then in 2000 gwa tsena Tshwane [Tshwane took over]. Tshwane took all these smaller municipalities such as Centurion, Akasia and Pretoria. Tshwane came with some changes that for most of my colleagues ebile [were] scary. Number one, most of my

mentors were used to the behaviour that there was a commitment from top management we had and the chief that we reported to. When I started our chief was responsible for Jabulani and Roslyn fire stations. The other fire stations like Garankuwa, Mabopane, Wonderboom and Themba were external municipalities. In my experience as a junior at that time, everything was excellent. We worked for 72 hours and sometimes 24 hours, depending on the workload at that time. The most important thing about the old management was we had "help mekaar". Meaning if you have a problem, you report it to the same person. There was a structure that was easy to follow. If you were junior you report to one person, and when you are a fireman, you report to one person, and firefighters report to one person as well. There was no random reporting, there was a structure, hence it was paramedical. Most of the personnel were police officers and from the military hence it was called paramedical. We would salute and have rank. The "help mekaar" helped with peace and we did not struggle with the equipment. But now if you were to report that you need a certain equipment you are not consulted before it is bought. The person does not even know which fire engine works best. The best way is to consult us and find out from us because we are the ones using it. In my understanding when they deliver them, they are not what we need because they do not have the power we need. There is an old one that has a lifespan of 20 years; when I arrived, it was new and it is still in good condition. There was no communication from the operational management".

"I feel your research must start from the top management. We work to clean the mess and make them look good. And it should not work like that. I am a unionist, and I am one of the directors at unions; I am responsible for representing the personnel in all these settings. So, you can imagine that when a member is in trouble or not coping, they all come to me. I have been in that position for 10 years. You see now when you enter there are guards, it is because I had to force the management to get us security. We are the target of the public".

10.4 VERBATIM EXTRACTS AND IDENTIFIED THEMES

Sense of failure

"When we get to the scenes people's eyes lit up. And having to break the news to them is never easy".

According to Thuso, community members rely on them for a successful mission and do not understand when they are unsuccessful. During the conversation, he mentioned that by

just appearing at the scene, people gain hope. However, arriving late or having unsuccessful rescues makes them appear incompetent or as failures, even though there are many reasons for the late arrivals or failed missions. The community members are unaware of the challenges that the firefighters face when attending to a scene. Thuso added that unsuccessful rescue missions also affect them.

Maladaptive coping mechanisms

"We tend to find comfort in alcohol, same applies with SAPS. We are underpaid but overworked".

"For example, we relate with SAPS and once their members abuse alcohol they are quick to judge them. Now, when a member starts consuming alcohol, they are on their case without trying to find out the root cause. They are always ready to condemn us, forgetting that they are not taking care of us".

"Each person comes with their own experiences and trauma and to which I can relate. It is not easy, and it is never easy. I once thought of quitting the position because I couldn't anymore, but I started asking myself that if I quit on these people, where do I expect them to go".

"It [trauma] lasted a month, and I could not cope. But from there I learned that every scene is unique. You need to think broad".

During the conversation, alcohol appeared as the dominant method EMS personnel use to cope with their trauma. However, the unfortunate part is that management seems to focus more on the substance use itself, without offering adequate assistance that would deal with what is precipitating the substance abuse. Another factor deemed a maladaptive coping mechanism was suppression. Thuso described a traumatic incident that happened in 1999, noting how vividly he still remembers it. He mentioned that although he did not cope well, he had to think broadly and move on. Psychological help was never sought, and he suppressed the trauma in an attempt to cope.

Exposure to trauma

"There was a case in Mamelodi where kids drowned. I was one of the people who were deployed to assist. We worked well but we are never shown recognition".

"Imagine finding a child in the pit toilet and the mothers are afraid to go in to save them. Because I am not just a lifesaver but a parent as well, the parental instincts kick in and we see the child as our own and develop an urge to save the child. I have seen my girlfriend pregnant so I know the challenges of pregnancy, hence I would switch and want to go into the pit toilet to save the child. So, with us who have children and have seen our partners pregnant, when we are confronted with a maternity case, we have the urge to help the woman give birth. But this is the job that we have signed for, we took an oath and ours is to save lives. I chose a career where I knew that I would have to risk my life to save lives. I go to places that no one wants to go to. No one will give you a 'job well done' except for our immediate boss [supervisor]. The top management are white collars they do not have time to congratulate us".

Thuso has been exposed to multiple traumatic incidents. The researcher found it interesting that he vividly remembers incidents that happened 22 years ago. This indicates that despite all the successful missions, they never forget and never receive any recognition. Thuso highlighted that they are seen as part of the team by management only when they succeed and receive positive exposure. However, when trauma affects them, management distances themselves from them.

Understanding and support from family members

"I'm not married but I talk to my kids. My daughter is a cop, so we can relate. So, with her we are able to talk about calls and counsel each other".

Thuso indicated that although he is not married, he appreciates the support he receives from his daughter who is a member of the SAPS. He finds it easy to talk to her, and they can comfort each other as they deal with similar traumas at work. Talking to someone who can relate to the trauma seems important to Thuso. He advocates for stakeholders who have been in the security or protective services, as he believes they easily understand, having been in similar positions before. According to Thuso, talking to a person who can empathise is easier as they can relate better. He added that some family members may not understand their pain when they share their experiences, but those in the security cluster may have a deeper understanding.

Bringing the job home

"I am not married but I talk to my kids. My daughter is a cop so we can relate. So, with her we are able to talk about calls and counsel each other".

"This work is my life. My son knows that when I am not in the house, he must remove all the plugs. The only one he leaves is the fridge and everything must be off. He already knows because should anything happen, who will be there to save them? They are aware that when I leave the house I may not come back. They watch these American shows, and they are aware".

Thuso reported that although he talks to his children about the dangers of fire, he still finds himself preoccupied with their safety. This is caused by numerous traumatic incidents he has been exposed to while at work. According to Thuso, most of the precautionary measures implemented at home are influenced by the nature of traumatic events they are exposed to daily while on duty. He believes that one unconsciously brings one's job home, not realising the impact it may have on the children.

Seeing their family in victims

"When we rush to the scene, we switch from who we are to what we are expected to be… Imagine finding a child in the pit toilet and the mothers are afraid to go in to save them. Because I am not just a lifesaver but a parent as well, the parental instincts kick in and we see the child as our own and develop an urge to save the child. I have seen my girlfriend pregnant so I know the challenges of pregnancy, hence I would switch and want to go into the pit toilet to save the child. So, with us who have children and have seen our partners pregnant, when we are confronted with a maternity case, we have the urge to help the woman give birth. But this is the job that we have signed for, we took an oath and ours is to save lives. I chose a career where I knew that I would have to risk my life to save lives. I go to places that no one wants to go to. No one will give you a 'job well done' except for our immediate boss [supervisor]. The top management are white collars they do not have time to congratulate us".

Thuso's job has no specific target population; he deals with children and adults presenting with different medical or emergency situations. Although he is not married, having children meant that he was present for his pregnant partner. Thuso stated that when he must help a pregnant woman, he ensures that all goes well as he understands the complications that may occur. His desire to assist stems from the fact that he has seen his partners pregnant and

has supported them throughout their milestones. Thuso is particularly sensitive to scenes that involve children, as they are helpless and vulnerable. He believes he was made to do this job and if he does not do it, he would not be fulfilling his purpose in life. Thuso, however, emphasised his disappointment with management, as they failed to acknowledge his and his colleagues' efforts or the impact the trauma may have on them.

Overprotective towards own family due to traumatic exposure

"This work is my life. My son knows that when I am not in the house, he must remove all the plugs. The only one he leaves is the fridge and everything must be off. He already knows because should anything happen, who will be there to save them? They are aware that when I leave the house I may not come back".

According to Thuso, although he has not explained the scope of his work to his younger children, they have learned about it by watching programmes on television. He stated that the job he does becomes part of his life, and he takes it home. Thuso has taught his children to switch off all electric appliances in the house, fearing any electrical fault taking place in his absence. He added that his fear is not being around to save them when he is out there saving other people. This fear stems from the numerous fires he has had to extinguish, and this has resulted in him being overly protective of his family and children. Thus, he expressed unease about leaving his children alone in the house while he was at work. The fear of not being able to save his children if a fatal incident occurs worries him. However, he acknowledges that he may not be able to save everyone, especially his children, as he cannot predict the accidents, fires, or floods that may happen in his absence.

Neglected mental health

"Unfortunately, they have focused on the physical health not psychological. We are a family with my colleagues but just related with the top management".

"We are not saying we want praises, but we need every cluster ya [of] EMS to have their own psychologist because we are a lot. It would be great when coming from a traumatic scene and finding someone to speak to. We tend to find comfort in alcohol, the same applies with SAPS. We are underpaid but overworked. SAPS, EMS, metro police, let me just say all uniform personnel we can relate. I wish we can form a task team where we support each other. I have

raised it with the management, and they supported the idea. The chairperson was an EMS director, and she was a lady but she quit on us".

"Basic things like recently with the COVID-19 cases our supervisor had to work hard for the places to be sanitised. We should not be fighting for such but fortunately, our supervisor is a lawyer, so he has the ability to help us with interventions. He is very helpful. But in conclusion that is who we are because the community's safety comes first. It is hard but we have to do it".

"No, like I said I am one person who talks openly to people. So, we do talk with my team after calls. But there has never been anything formal".

During her interaction with Thuso, the researcher realised that physical fitness is a priority in the EMS department. Thuso indicated that they draw strength from talking to and supporting each other as team members. He added that they have spoken to management about having a psychologist assigned to them whenever they return from traumatic scenes. According to Thuso, although this was agreed to by management, it has never materialised. Although Thuso is passionate about helping and representing his colleagues, he has neglected his own mental health. He has never consulted with any mental healthcare provider and believes that, although he has never engaged in any formal counselling, the debriefings he has with his colleagues assist him. Thuso made it clear that trauma debriefings could help them as a team, as they are struggling with their emotions.

Lack of emotional support

"The top management are white collars; they do not have time to congratulate us".

"There was a case in Mamelodi where kids drowned, I was one of the people who were deployed to assist. We worked well but we were never shown recognition. There are many incidents we attend to, but we are never acknowledged or recognised. When there is a disaster, they dwell more on the disaster than the people who helped in the disaster. There is no support, all they do is blame us. In my understanding of EMS, my colleagues are struggling and there is no support".

"For example, we relate with SAPS, and once their members abuse alcohol they are quick to judge them. Now when a member starts consuming alcohol, they are on their case without

trying to find out the root cause. They are always ready to condemn us, forgetting that they are not taking care of us".

"For example, when you are sitting next to me, I see a woman, not a doctor, but when you look at me you see an EMS. So, we have lost our morals as beings. We are not even given the chance to hear our reasoning capacity, but we are judged based on what we do".

"There is no proper guidance from top management and the elders are not recognised, but what I can tell you? It is never easy to deal with the EMS personnel's problems".

"The other downfall is that with black people, once they have a qualification, they tend to lack compassion and they undermine each other. And only if we all do our part, the members will not be crushed as they need to be spoken to so that they are fit mentally. There is no compassion from our managers. Members are demoralised by how the management treats and handles their issues".

I feel your research must start from the top management. We work to clean the mess and make them look good. And it should not work like that. I am a unionist, and I am one of the directors at unions, I am responsible for representing the personnel in all these settings. So, you can imagine that when a member is in trouble or not coping, they all come to me".

Many things seem to have changed from the time Thuso joined the EMS to the present. He made it clear that previously, the management style was more accommodating and considerate than it currently is. Since certain qualifications were introduced, there is a level of disrespect from the younger personnel, which disrupts their working system. He believes that experienced personnel are sidelined due to their lack of formal qualifications, although they have a better understanding of the work because of their experience. This has created division among them and has made it harder for them to support each other. During the conversation, it emerged that the management's image is more important than the personnel's wellbeing. Thuso was frustrated at the lack of support, especially because he is a union representative and gets to hear most grievances. The conversation highlighted that missions might sometimes fail due to insufficient resources and emotional problems. According to Thuso, being consulted about their needs at the department is taboo, as management assumes what may be beneficial for them. Additionally, most individuals in management do not have any experience working in

traumatic scenes, making it difficult for them to support or empathise with their firefighting staff.

Team members as main source of support

"So, I already know that in some of the cases, I do not have to go to the unions. I listen to them and hear from them how they want to be assisted. Remember, the personnel also make mistakes so I need to also teach them how to take responsibility and being honest. I would sometimes offer my support but also advise them to apologise when I realise, they are in the wrong. I would sometimes accompany them just so that they go apologise and take responsibility. People need to learn to be remorseful when they are at fault. Anger is not right, and it destroys a lot of things".

"But with my team, we have each other's back. When they go in water I'm there, and when they enter the smoke I am there".

So, we do talk with my team after calls. But there has never been anything formal.

During the interview, Thuso mentioned that his team members are his family. It was clear that they relied on each other for comfort and debriefing. Thuso, being a union representative, has found his role a difficult one, as he must be a mediator in most instances as well as the voice of reason. He feels torn between management and his team but indicated that his team members come first, as they all go through the same experiences.

Access to psychological services

"No, like I said, I am one person who talks openly to people. So, we do talk with my team after calls. But there has never been anything formal".

Thuso reported that he is the voice for his colleagues as he is a union representative. He stated that he feels overwhelmed by his colleagues' grievances and sometimes offers them informal counselling. The work he does seems to be overwhelming; however, it was concerning to ascertain that he had never accessed psychological services. It appears that Thuso has normalised the symptoms he and his colleagues present with. He believes that he heals through talking with his colleagues.

Job demands

"We are underpaid but overworked. SAPS, EMS, metro police, let me just say all uniform personnel we can relate. I wish we can form a task team where we support each other".

"There are operational cars that are not working and yet we are still expected to perform. Members are demoralised. They look at us as lazy, but we are not".

"Most of the personnel were police officers and from the military, hence it was called paramedical. We would salute and have rank. The "help mekaar" helped with peace and we did not struggle with the equipment. But now if you were to report that you need a certain equipment you are not consulted before it is bought. The person does not even know which fire engine works best".

Thuso indicated that they are expected to do a lot with limited resources. They are not consulted in terms of what is appropriate for their work; instead, management buys what they think may benefit them. In most cases, whatever is bought, eventually works to their disadvantage. Additionally, they work strenuous hours but are not appreciated. Thuso added that the work they do does not correspond with the salary they earn. He mentioned that they are overwhelmed with work but are compensated with low salaries.

Motivation or attitude towards work

"But this is the job that we have signed for, we took an oath and ours is to save lives. I chose a career where I knew that I would have to risk my life to save lives. I go to places that no one wants to go to. No one will give you a 'job well done' except for our immediate boss [supervisor]".

"Yes, we have lost a member. Have you ever heard of a firefighter who drowned in Centurion? That man worked with me in the same shift. In the morning, we parted, and we left I took the lorry and when we came back, I could not see him. I asked my supervisor where he was, and they just said to me he is gone. I was scared but that is my job. We are not here for money, but this is a calling. If you join because there are no job opportunities, you will be disrespectful and you will not appreciate. Our team found a way of dealing with things. That is who you are and that is what we signed for".

"There are operational cars that are not working and yet we are still expected to perform. Members are demoralised They look at us as lazy, but we are not. When we rush to the scene, we switch from who we are to what we are".

"We are all born with our fists closed and I believe in those fists we come carrying our blessings. I believe that is what God has sent me to do and that after my birth once I opened my fist, the calling was to help people. I swore to say I will never forget where I come from. I take it that it is my gift but I'm telling you it is never easy, but it takes guts and a high level of regard for colleagues. Most of my colleagues are still young and we receive them as elders."

Thuso's working experience over the years has exposed him to many traumatic scenes. However, he still believes that being a part of the EMS was and is his calling. He stated that his passion is to save people and protect community members. According to Thuso, he is not in the EMS for money but to fulfil what God wants him to do, which is to serve and protect. When talking about his job, Thuso's facial expression lit up, indicating that he enjoys what he does and will not choose any other job than the one he currently has. With the high job demands and low pay, one might expect Thuso to have regrets or feel aggrieved, but he made it clear that given the opportunity to choose a career again, he would still choose EMS. He maintains a positive attitude towards his work although he strongly believes that management can do more to protect them. Thuso added that a further factor that tends to demoralise their motivation is the lack of appropriate or functional resources.

Feeling stagnant/ limitations

"We try to groom them as elders. I once approached management again and told them not to lose our morals as caregivers. If we want the department to function properly, take an elderly person with experience and pair them with these youngsters who have qualifications. They should ask the elders to groom the youngsters so that when they leave for pension, they should leave them with more knowledge than just books. The elders should groom the youngsters with their general knowledge, and they will work well together once merged like that. Remember there is no second chances in the scenes, we leave and come back with a different spirit. Unfortunately, they take the youngsters because of their level of education, and I refused to be ruled by a youngster with no experience. A textbook does not work at the scene. We just need managers and not bosses, there is a huge difference. What I can tell you, is that they come with a lot of energy, and we try to groom them. But you have those who are just disrespectful to the

elderly, and it becomes difficult. In the same breath, I can't blame them. During the intake, they do not get proper guidance and advice. They are not well orientated about the department so when they arrive here, they start competing for those limited positions".

"Now there is a new law that states that acting must be rotational. They rotate but it's not working for all of us as others are not capable. The youngsters are more recognised than the elders. They act and make a lot of mistakes. There is no proper guidance from top management and the elders are not recognised; but what I can tell you? It is never easy to deal with the EMS personnel's problems".

The gap between the EMS personnel who were recruited long ago (without formal qualifications) and those who were recruited recently, has not been bridged. Thuso believes that the older people carry the EMS flag with pride and respect whereas the younger generations have different morals and beliefs. He stated that the younger generation relies more on their education, whereas those who were recruited before formal qualifications were required, rely on experience. Management seems to sideline older personnel who did not further their education. Thuso loves helping people and he feels that, if things were done his way, he would pair the two groups together, as experience and education can complement each other.

Safety

"We are the target of the public. Last year ko Garankuwa they once received a fake call, and they were robbed after the caller told them there was a sick person they needed to attend to. Number two Mabopane fire station, they were ambushed and robbed in the station. And here they came, and they wanted an ambulance by force".

"They are aware that when I leave the house I may not come back. They watch these American shows, and they are aware. But with my team, we have each other's back".

"You see now when you enter there are guards, it is because I had to force the management to get us security. We are the target of the public. Because here, when the ambulance is broken, they are parked under the shades for long. I have asked them to take them to the garage because they attract unnecessary attention. When an operational vehicle is not fit for operation, it should be taken away until it is ready for action",

Thuso reported that they are a target for many things, such as robberies and hijackings. They do not have any security measures that protect them from angry community members or community members who make fake calls with the intention of robbing them. Although he has never been robbed, Thuso explained that most of his colleagues have been robbed of their personal belongings while on duty. He expressed discomfort regarding multiple state vehicles and ambulances parked at their workplace, noting that most of them are not functioning and attract unnecessary attention. Security guards were deployed at the gates following several thefts of vehicles.

Gender challenges

"Women go through the most and you would expect management to go to her and speak to her woman to woman. So, I end up being the support for the personnel of all the five stations".

According to Thuso, women in the EMS perform the same duties as men. While he expected management to be more supportive of women, this was not the case. Thuso recognises that women may be facing significant challenges, as they are expected to carry the same equipment that men do.

10.5 SUMMARY

During the conversation with Thuso, it became clear to the researcher that he was frustrated and lacked a platform where he felt he could be heard. He has been in the department for 20 years and feels a lot has changed since he joined. Management does not offer them emotional support and find it hard to relate with them (***lack of emotional support***). Gender was highlighted, as women were said to be facing significant challenges without management's recognition (***gender challenges***). The only support indicated was the care and respect they have towards each other as team members. They can relate to each other through their shared experiences on the job (***team members as main source of support***). The only thing that seems to be causing a rift between them as colleagues concerns their level of education. The elderly personnel with no educational background feel undermined by the youngsters who have obtained a tertiary qualification. Thuso suggested that a possible solution could involve the pairing of qualified individuals with experienced personnel to encourage and motivate them (***feeling stagnant/limitations***).

Thuso's daughter, being in the SAPS, is to his advantage as they can share their traumatic experiences. He is more comfortable talking to her as she can relate (***understanding support from family members***). Despite the trauma, Thuso is still motivated to save lives as he mentioned:

"*We are all born with our fists closed and I believe in those fists we come carrying our blessings. I believe that is what God has sent me to do and that after my birth once I opened my fist, the calling was to help people. I swore to say I will never forget where I come from. I take it that it is my gift but I'm telling you it is never easy*" (***motivation or attitude towards work***).

Even though he would never quit his job, Thuso complained of the strain the job puts them under and believes they are underpaid and expected to do more with inadequate resources (***job demands***). In his 20 years with the EMS, Thuso has been exposed to multiple traumatic incidents, yet he has never attended an EAP or consulted a psychologist. He vividly remembers scenes involving children, noting the significant impact on his life. He indicated that the main focus of the EMS is their physical fitness and not their mental health (***neglected mental health; exposure to trauma***). Despite the toll his job takes on him, he stated:

"*This is the job that we have signed for; we took an oath and ours is to save lives*".

This situation has resulted in substance abuse as a coping mechanism. Thuso informed the researcher that they get judged for their drinking habits without any effort to try to understand the underlying factors contributing to these behaviours (***maladaptive coping mechanisms***). Additionally, Thuso's exposure to multiple traumatic incidents also affects how he relates to his family members. His children are not allowed to switch on electric appliances in his absence. He added:

"*They are aware that when I leave the house I may not come back*".

Thuso feels a strong need to assist and ensure that rescue missions are successful as he sees his partner and children in the victims he encounters (***bringing the job home; overprotective towards own family due to traumatic exposure; seeing their family in victims***). He feels defeated when his level of education and lack of resources hinder his ability to assist at a scene, especially when he knows that he is capable of helping: *"When we got to the scenes people's eyes lit up. And having to break the news to them is never easy. When it comes to drownings we are not trained in diving and we do not have all the necessary equipment like those of scuba divers"* (***sense of failure***).

Other factors that demoralise him include the lack of safety during their calls. They are often targets for angry community members and experience fake calls, robberies, and hijackings(***safety***). Thuso added:

"*I chose a career where I knew that I would have to risk my life to save lives. I go to places that no one wants to go to*".

CHAPTER 11

THE LIFE STORY OF LERATO

"The life of helplessness and lifting batons"

11.1 PERSONAL DATA

Participant	:	Lerato* pseudonym
Gender	:	Female
Age first employed	:	27 years
Current Age	:	34 years
Occupation	:	Paramedic
Years of service	:	07 years
Station	:	Jabulani Station

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11.2 INTRODUCTION

This chapter elaborates on the conversation the researcher had with Lerato. The pseudonym emerged when the researcher noticed how much she valued her job. Lerato means love and was considered appropriate, as she had compassion, patience and love towards people, especially her victims. The pseudonym was strategically chosen based on the participant's character, challenges, experiences, and the impression they left on the researcher. This chapter explores Lerato's lived experiences as a first-time responder to traumatic events. Follow-up questions were also asked to provide clarity and to obtain more detailed information.

11.3 BACKGROUND

"I started as a reserve in 2010; I was 24 years old. In 2013 I was employed permanently, and I was 27 years old. So, our work experience starts from 2013 because when you volunteer it was for experience and the thousand hours required by the school for you to qualify. It does not really demoralise when you don't get paid. Oba le hope yahore batlo go hira [You become hopeful that you will get hired eventually].

When I started it was tough; however, for me, things were a bit better because when I started the priority was events because it was 2010. So, I attended soccer events before any other

traumatic scenes. But when I started attending other scenes, I realised that the most important thing is the people you are teamed with. I was fortunate because my team members were supportive, and they guided me through the whole process".

11.4 VERBATIM EXTRACTS AND IDENTIFIED THEMES

Maladaptive coping mechanisms

**[Laughs]Fortunately, I do not drink but there was this other lady who once made a comment that this job will make you drink. I do get overwhelmed although I do not drink, I would think that at least those who drink may be a bit better.*

Lerato informed the researcher that although she does not consume alcohol, she views it as an adaptive coping mechanism that seems to work for those who do. She indicated that in her conversations with colleagues, they assessed and recognised that the nature of their job might lead them to consume alcohol. For most EMS personnel, alcohol consumption appears to be a common coping mechanism, and this has become normalised.

Exposure to trauma

"When I started it was tough; however, for me, things were a bit better because when I started the priority was events because it was 2010. So, I attended soccer events before any other traumatic scenes. But when I started attending other scenes, I realised that the most important thing is the people you are teamed with. I was fortunate because my team members were supportive, and they guided me through the whole process".

"It was maternity [laughs]. When I started it was at the time when hospitals were overcrowded, and they would send people away. So, when you go to the scene you are with your partner. On that day we had a pregnant woman and had to take her to Kalafong Hospital, and I could tell hore [that] it [the pregnancy] was far. Yoh! I panicked and when I held the child, I felt like the baby is going to fall. We stopped and parked on the side, but my team members were helpful and supportive. So, we have cases where babies are bridged, so I am always afraid to make mistakes. I had low self-esteem but with time I was okay. But whenever we have a maternity case, the whole picture of the very first scene comes back. That whole picture lasted a month in my mind".*

"However, there are those scenes that involve kids. Those ones are hectic. They affect me a lot; I would call my partner immediately on the scene and tell him because I have kids. When we get to the station, we would talk about it further".

During the conversation with the researcher, Lerato stated that there is a significant difference between practising in a classroom with a prop and dealing with real-life situations. She was fortunate as her first year of working was the year SA hosted the soccer World Cup. As a result, she was stationed at stadiums and the focus was on treating injuries that occurred there. She stated that she found being in the field challenging and that she was exposed to many pregnant women. Lerato said that whenever she sees a pregnant woman it always triggers memories of her first experience assisting one. She informed the researcher that during her first call, she had to transport a pregnant woman to the hospital but unfortunately the hospitals in the vicinity were full. They had to take her to an alternative hospital which was at a distance, and she had to deliver the baby while on the way. Lerato laughed during the conversation, explaining how anxious she was at the time, fearing that the baby might slip out of her hands, especially since she had not yet had children of her own. Lerato noted that during traumatic situations, the most important factor that helps one cope is the relationship they have with their teammates. She was 27 years old when she started and now, as a 34-year-old, she has children of her own. Therefore, as a mother herself, having children as victims always leaves her traumatised, as she always imagines her own children in those situations.

Psychological symptoms

"I do sleep but sometimes I lose my appetite depending on the scene I had attended".

"You do get home and you are not in the mood to talk or even have sex. I feel he just has to understand. So, what I do is I would call my partner in advance and tell him that when I get home, he is prepared that I am exhausted".

"But whenever we have a maternity case, the whole picture of the very first scene comes back. That whole picture lasted a month in my mind. Ha ofihla hae, the first thing you do wahlapa and obatlotle ka the whole experience [When you arrive home after work, the first thing I do is to bathe and after that, I just want to tell everyone in the family about the experience]".

"It was hard, especially after I gave birth. My daughter is now five years old. Having to leave her was torture. Neke feeler okare kea molahla [I felt like I was abandoning her]. The family will contact you and tell you the child is not well, ka nako ewe k emo [at that moment I am here at work]. I would feel helpless. When you get home, you must cook and breastfeed no matter how exhausted you are. As a woman, you do a lot of things. Your job, family, child, partner needs you and you are tired and trying to be there for everyone. It is hard".

Lerato described symptoms of PTSD, although she did not perceive them as a psychological problem. She experienced feelings of helplessness, fatigue, loss of appetite, low libido, flashbacks, irritability, hypervigilance, and tearfulness. However, she had normalised these symptoms and considered them as part of her job. She explained that having to return to work after having her first child, she felt as though she was abandoning her child and found it hard to cope. She believes that talking to her family members and teammates has helped her through the healing process.

Psychosomatic symptoms

"I do sleep but sometimes I lose my appetite depending on the scene I had attended".

"Initially it used to affect me because I was always tired".

"I think it affects the family relations when you are tired because you just want to be alone. You do get home and you are not in the mood to talk or even have sex".

Talking to Lerato, it appeared that her psychosomatic symptoms were perceived by her as normal and, therefore, the need for psychotherapy was not recognised. Instead, the team believes that talking to one another about the traumatic scenes they have experienced may help them forget the things they have been exposed to.

Withdrawal from family

"It does affect me, especially with the kids. Like now it's school holidays and I am here while they are home. I could be spending time with her. We work for six days in total and the first three days are day shifts while the remaining three days are night shift. We are then off duty for three days. And we use the first off day to sleep, so it's actually two days off. So, in these two days, I need to make sure I give everyone attention and attend to the household. But for

nna ke feela okare ebile night shift ebetere [But I personally feel like the night shift is better]. I get to spend time with the child during the day and then leave for work. Although we knock off at 7 o'clock it is never really 7 o'clock. Because you can get a call at half past six and it will end late. You will get a call late and end up arriving home at 22:00."

"I think it affects the family relations when you are tired because you just want to be alone. You do get home and you are not in the mood to talk or even have sex. I feel he just has to understand. So, what I do is I would call my partner in advance and tell him that when I get home, he is prepared that I am exhausted".

"I do miss to be with my family, we always miss family events during the festive".

"Like now it's December and we were told that no one is allowed to take leave. We are all on duty unless if you have reported sick or family responsibility".

"My daughter is now five years old. Having to leave her was torture. Neke feeler okare kea molahla [I felt like I was abandoning her]. The family will contact you and tell you the child is not well, ka nako ewe kemo [at that moment I am here at work]. I would feel helpless".

According to Lerato, as much as she values her job, she feels it is taking her away from her family members. She informed the researcher that their shift patterns worsened the situation. She explained that in some cases, they are still at the scene after their shift has ended and are not allowed to abandon a mission. As a result, they would get home later than expected. This makes Lerato feel she is missing out on her child's development and leaves her feeling helpless and like an unavailable partner. Family is important to Lerato but she is unable to spend time with them due to fatigue and shift patterns. She also feels guilty for missing out on family events as they are usually not allowed to take annual leave in December, as this is the festive season during which many fatalities occur.

Understanding and support from family members

"My dad worked here, and he was the one who encouraged me to study to be a paramedic".

[Laughs] Yes, he did prepare me. He is on pension, but he gets excited when you tell him about the job. He still encourages me to further my studies in the EMS. He is very supportive because he understands what this job comes with".

"Ha ofihla hae the first thing you do wahlapa and obatlotle ka the whole experience [When you arrive home after work, the first thing I do is to bathe and after that, I just want to tell everyone in the family about the experience"].

"By talking about them le [with] family and colleagues. That is why nekere batho ba oberekang le bona ba bohlokwa [I said your team members play an important role] we support each other a lot".

Lerato emphasised the importance of having good relationships with both her team and family members. She told the researcher that her father, who was also part of the EMS and is currently on pension, had prepared her for the challenges that she currently faces According to Lerato, she has a strong family support system, which provides her with a platform to talk about her frustrations at work including the traumatic scenes she witnesses. She added that whenever she gets home, she always has something to tell her family members and they are readily available to listen. She finds this comforting as she feels better after talking to them, even though they may not fully relate to her experiences.

Bringing the job home

"When you arrive home after work, the first thing I do is to bathe and after that, I just want to tell everyone in the family about the experience".

"I think it affects the family relations when you are tired because you just want to be alone. You do get home and you are not in the mood to talk or even have sex. I feel he just has to understand. So, what I do is I would call my partner in advance and tell him that when I get home, he is prepared that I am exhausted".

"Mara hona le tse eleng hore sometimes dina le bana kamo hare [However, there are those scenes that involve kids]. Those ones are hectic. They affect me a lot; I would call my partner immediately on the scene and tell him because I have kids. When we get to the station, we would talk about it further".

During the conversation, Lerato informed the researcher that scenes involving children affected her the most. Whenever she attends such scenes, she always becomes empathetic and imagines her own children going through the same thing or herself as a mother losing a child. She indicated that although her family members are supportive and listen to her recount the traumatic events, she feels that it also takes away from her family time. When she is exhausted, she sometimes hesitates to go home because she knows she will be expected to perform her duties as a wife and mother, even though her family may not fully understand what she is going through. Lerato finds it challenging to satisfy the needs of her family after a demanding day at work. She sometimes gets emotional when sharing her experiences with her family members.

Effect of trauma on work performance

"[laughs] Yyoh nna ake emele corner ke lla hona mowe [I do not wait to be alone I cry on the scene]. When something touches me upon my arrival I just cry because I understand".

Lerato stated that whenever she encounters a scene that makes her emotional, she cries immediately. Her team understands her reaction and they do not comment on it but will later check if she is okay. Although this emotional response may shift the focus of empathy and affect her work performance, she always ensures that her team members perform well.

Balancing work and family

"I feel he just has to understand. So, what I do is I would call my partner in advance and tell him that when I get home, he is prepared that I am exhausted".

"We work for six days in total and the first three days are day shifts while the remaining three days are night shift. We are then off duty for three days. And we use the first off day to sleep, so it's actually two days off. So, in these two days, I need to make sure I give everyone attention and attend to the household. But for nna ke feela okare ebile night shift ebetere [But I personally feel like the night shift is better]. I get to spend time with the child during the day and then leave to work".

"When you get home, you must cook and breastfeed no matter how exhausted you are. As a woman, you do a lot of things. Your job, family, child, partner needs you and you are tired and trying to be there for everyone. It is hard".

"Sometimes look at this job and ask hore, [how] do you cope doing men's job? But on the side of the ambulance, it is not that hard. Now they are going to combine firefighter and ambulance, I do not know; we will see, maybe we will get used to it".

Lerato seems to be struggling to strike a balance between her personal life and work. According to her, the job she is doing is meant for men, not women, and she sometimes wonders how she manages to succeed. She explained how their shift patterns affect their personal lives, stating that, as a woman, it becomes challenging due to the expectations placed on her at home. Their days off are used to fulfil household needs, and as a result, she does not get a chance to rest sufficiently.

Seeing their family in victims

"[Laughs] Yoh nna ake emele corner ke lla hona mowe [I do not wait to be alone; I cry on the scene]. When something touches me upon my arrival I just cry because I understand. The scenes that involve the death of a youngster break me. I cry with the family because I feel like I am part of them".

"Mara hona le tse eleng hore sometimes dina le bana kamo hare [However, there are those scenes that involve kids]. Those ones are hectic. They affect me a lot; I would call my partner immediately on the scene and tell him because I have kids. When we get to the station, we would talk about it further".

Lerato is very sensitive and emphasised that children are her weakest link. After attending scenes that involve children, she usually contacts her partner and asks him to check on their children. She sees her own children in the victims and knows, as a mother, she may not cope with the loss, were it to happen. She mentioned that she often cries with the grieving family members, believing that they would understand that her emotions are a way of empathising with their pain.

Neglected mental health

"They would ask if we need to see a psychologist. It hardly happens but it does in a few cases. It is not compulsory, so sometimes when you report you may get offered counselling".

"Management is not there in the streets so I feel they would not understand. Focus ya bone ke stats [Their focus is on statistics]. Like now, it's December and we were told that no one is allowed to take leave. We are all on duty unless if you have reported sick or family responsibility".

"I used to consult a psychologist but it was for personal problems. I do not get too affected because I have a very supportive team. We spend a lot of time here so we are family and we would spend the night talking about these incidents and it helps. I initially used to be worried about the people I would be teamed with, but I was fortunate to have my team because they are non-judgemental. Sometimes when we are seated and do not have much to do, we will start taking out equipment and training each other. This helps us refresh our memories and boost us when we go on call".

"When we return from the scene, we usually write process notes; sometimes they would ask what happened at the scene. But it's not because they are checking if you are okay, but it's because they are just curious [Laughs]".

"What is that"? [When asked if they have an EAP at their workplace]

"There are people who do provide us counselling. The people who have personal issues so they can go and consult".

Lerato was not aware of the presence of the EAP. However, when it was explained to her, she seemed to believe that the counselling provided was intended only for personal problems. She has accessed psychological services once, stating that it was for personal and not work-related problems. According to Lerato, going for counselling is not compulsory at their workplace and they access the services when they have personal problems. She added that management is more concerned about statistics than their staff's mental wellbeing. They are expected to write process notes following a traumatic scene. While she finds this challenging at times and wishes that their mental states and not just the occurrences at the scenes could be checked, she acknowledges that the latter is important for their managers. It seems as if having managers who have never worked in the field is a challenge at the EMS as the personnel feel they cannot relate, hence their focus is more on statistics. Lerato finds comfort in talking to her

colleagues, believing they are more understanding because they have all been exposed to similar traumatic experiences.

Lack of emotional support

"It's just that where we work our managers are not on the streets. But even after completing our mission no one will applaud you. It never happens".

"We are applauded because of stats, not because of performance. Hake hopole le one day bare re berekile [I do not remember ever being told we did well]. We would only contact them when we need something, but I think it is because they are far from us and always in their offices. When we return from the scene, we usually write process notes; sometimes they ask what happened at the scene. But it's not because they are checking if you are okay, but it's because they are just curious[Laughs]".

The lack of emotional support from management appears to be a significant issue. Lerato feels that whenever management asks about a call, it is not out of concern but rather out of curiosity. The gap between managers and personnel is strained and remains unaddressed. She added that the lack of emotional support from management may stem from the fact that most managers do not have any idea of the situations their staff get exposed to. They never get applauded for the good work they do; instead, they are recognised only for the statistics they have achieved.

Team members as main source of support

"I do not get too affected because I have a very supportive team. We spend a lot of time here so we are family so we would spend the night talking about these incidents and it helps. I initially used to be worried about the people I would be teamed with, but I was fortunate to have my team because they are non-judgemental. Sometimes when we are seated and do not have much to do, we will start taking out equipment and training each other. This helps us refresh our memories and boost us when we go on call".

"But when I started attending other scenes, I realised that the most important thing is the people you are teamed with. I was fortunate because my team members were supportive, and they guided me through the whole process".

"That is why nekere batho ba oberekang le bona ba bohlokwa [That is why I said your team members play an important role we support each other a lot]. When we come back from the scene we would sit down and talk about all these experiences and just that moment, ya thusa [that moment helps]. If you are able to communicate properly and share everything it becomes easy. My team members give you the platform to vent. Sometimes even if ha obolele bahobona [you do not talk they can see through you] because we are a family and they already know us. So, if one of us is affected they would speak to that person".

"The team you are with can either break or make you. We spend a lot of time together and we are family. So, we already know each other, even personal things. We would see if someone is in a bad mood, we would know what cheers a person or what their favourite meal is".

Lerato seems to benefit more from the support of her team members than from the service providers at work. She realised after joining the EMS that the most important aspect of their work is maintaining good relationships with her team members. Since her employment at the EMS, she has always been paired with an understanding team. They consider each other family and because they spend so much time together, they understand each other both at a professional and personal level. They hold their debriefing and training sessions as a team, which Lerato finds beneficial. The team members she works with understand that she is overly sensitive and tends to cry at most scenes. They can offer her emotional support while ensuring that their tasks are successfully performed.

Access to psychological services

"There are people who do provide us counselling. The people who have personal issues so they can go and consult".

"I used to see a psychologist but for personal problems. I do not get too affected because I have a very supportive team".

When Lerato was asked about accessing psychological services, she stated that it was for personal reasons. She added that her colleagues who access the services do so to address their personal problems. This has shown the researcher that the symptoms experienced by the EMS personnel are perceived as normal as the only time they access psychological services is when they have personal and not work-related problems.

Over empathetic

"[Laughs] Yoh nna ake emele corner ke lla hona mowe [I do not wait to be alone, I cry on the scene]. When something touches me upon my arrival, I just cry because I understand. The scenes that involve the death of a youngster break me. I cry with the family because I feel like I am part of them".

Lerato is unable to hold back her emotions. She stated that because she has children, she often becomes tearful when attending scenes that involve children. Even when the incidents do not involve children, she typically gets emotional and believes that the families understand that she is also affected. She experiences secondary trauma. Although they are expected to be strong for the grieving families, her team members understand that she is usually tearful during these scenes and ensure that everything is handled properly.

Motivation or attitude towards work

"My dad worked here, and he was the one who encouraged me to study to be a paramedic. I love office work so I thought adjusting to this job will be hard. I only started loving this job after ke [I] volunteered".

"[Laughs] Yes, he did prepare me. He is on pension, but he gets excited when you tell him about the job. He still encourages me to further my studies in the EMS. He is very supportive because he understands what this job comes with".

"[Laughs] Iyo, if I would decide to stay or choose, I would choose paramedic; however, do office work and not fieldwork. I still feel I am an office person. But I got to love this one. I was once asked to work in the office and while there, I missed the field. I missed the adrenalin and I missed making a difference. Sometimes when the families thank us it means a lot. It makes me feel like ya mmereko oke oberekang odira difference [the job that I am doing makes a difference in the community]".

Lerato's father worked for the EMS and he encouraged her to join the force. Although he is on pension, he still has a significant influence on her. Lerato stated that she loves office work but her father still encourages her to study further in the EMS field. She added that while she enjoys office work, she was once placed in an office and the experience made her realise that she prefers being in the field. She learned to fall in love with the work and missed the

adrenalin rush of fieldwork while in the office. Although Lerato is affected by some of the scenes and finds herself being over-empathetic, she is still motivated to excel as an EMS staff member. She is also encouraged and motivated by community members applauding their efforts as a token of appreciation. This gesture inspires her to do more, but she is deeply affected when she has unsuccessful missions.

Safety

"We get linked with the caller and sometimes they would wait for us at the corner. Soshanguve has a lot of squatter camps, so it is difficult for us to drive in their locations".

"Sometimes they become calm, but your approach is important because once you become emotional it sparks conflict. Usually, when we go to the community we go there with SAPS and we do not address. Our duty is to ensure that me and my partner are safe and if it is unsafe, we report to control and turn back".

"I have never experienced that [robbery], but my colleagues have been through it. They took their cellphones, watches and money. We also receive fake calls and when arrive at the stated address, the family will be shocked and we will realise that whoever made the call is probably ko corning ore lebeletse watshega [is probably at the corner looking at the situation and laughing]. Others would just say it's the government's vehicle and we need to work".

"They [fake calls] are very annoying because sometimes there is someone who needs urgent help and motho ene wabapala [someone is still playing games].

During the conversation, it emerged that fake calls and robberies are amongst their biggest challenges. Lerato also mentioned that an angry community can pose a danger to them, especially if they believe that the EMS team has responded late. They wish to have backup from the SAPS; however, they understand that the SAPS have their own challenges. The areas they are assigned often have unfavourable terrain. It becomes dangerous for them, especially as females, to have to walk to the patient leaving the ambulance behind.

No knowledge of scope of EMS

"We also receive fake calls and when arrive at the stated address the family will be shocked and we will realise that whoever made the call is probably ko corning ore lebeletse watshega

[is probably at the corner looking at the situation and laughing]. Others would just say it's the government's vehicle so we need to work".

"Yoh [sighing]. People have hopes when they see us. But it's mainly because they do not have enough information about what we do. There are incidents where we arrive and there is just no life. And the community would blame us for arriving late. People are not informed on how to get hold of us and they go through SAPS. So, what we do is that we still need to be calm and explain to them of the procedure".

The community members become hopeful when they see EMS personnel arrive at the scene, but their expectations can sometimes be unrealistic. Lerato believes that this is due to a lack of understanding of their scope and procedures. They sometimes get blamed for arriving late but the community members do not understand that the call does not go to their EMS station; rather a switchboard assigns the call depending on the caller's location. The community members see a chance of life upon the EMS team's arrival, even though, at times, there is no life to be saved. Lerato added that it is always advisable to involve the SAPS, especially when it comes to addressing grieving family members.

Gender challenges

"Sometimes look at this job and ask hore, how do you cope doing a men's job? But on the side of the ambulance, it is not that hard. Now they are going to combine firefighter and ambulance, I do not know, we will see, maybe we will get used to it".

"I work with men, so our job needs more exercise. Initially it used to affect me because I was always tired".

"The family will contact you and tell you the child is not well, ka nako ewe kemo [at that moment I am here at work]. I would feel helpless. When you get home, you must cook and breastfeed no matter how exhausted you are. As a woman, you do a lot of things. Your job, family, child, partner needs you and you are tired and trying to be there for everyone. It is hard".

Lerato expressed the challenges they encounter as women in the EMS. She reported that it is hard to meet the demands at home when they return from work. She complained about

fatigue but added that she realised that it is a man's job and, therefore, for them to meet the job demands they needed to be extra fit, hence exercising is important.

11.5 SUMMARY

This chapter presented extracts from the transcribed conversation between the participant and the researcher. During the conversation, as with the previous ones (and the one to follow), various themes emerged; however, it is important to note that these themes are not meant to represent the general population of EMS personnel.

Lerato indicated that in the seven years she has been employed by the EMS, she has not consulted a psychologist. She is under the impression that she could only seek psychological help when she has personal problems (***neglected mental health; access to psychological services***). Psychological support is not offered by their management, which invests in gym facilities rather than in psychological services. Should management ask about their traumatic scenes, it is done mainly out of curiosity and not to offer emotional support. The most important issues that management seems concerned about are monthly statistics and the physical fitness of the personnel (***lack of emotional support***). The main sources of support for Lerato come from her team members and family. She stated:

"The team you are with can either break or make you. We spend a lot of time together and we are family. So, we already know each other even personal things. We would see if someone is in a bad mood, we would know what cheers a person or what their favourite meal is." ***(team members as main source of support)***.

Lerato confides in her father, who encouraged her to join the EMS. Although he is retired, he remains supportive and can relate to all her experiences *(**understanding support from family members**)*.

Lerato appears to be significantly affected by the trauma endured; she still cries at the scenes and incidents involving children affect her the most, as she has children of her own (***over-empathetic; seeing their family in victims; effect trauma has on work performance***). When she returns home, all she does is talk about her day and the traumatic scenes. Her shift patterns also affect her family functioning. Moreover, Lerato added:

"I work with men, so our job needs more exercise. Initially it used to affect me because I was always tired".

As a woman, there are many expectations when she arrives home. She is expected to perform her duties as a mother and wife, and she finds it hard to find a balance (***bringing the***

job home; balancing work and family; gender challenges). While Lerato talks about her experiences when she arrives home, there are days when she isolates herself and presents symptoms of fatigue, including low libido (***psychosomatic symptoms; withdrawal from family***). She noted:

"*I do miss to be with my family; we always miss family events during the festive*".

Although Lerato believes that her working environment may not have affected her psychological wellbeing, she is unaware that her vegetative symptoms (such as poor appetite, low mood, low libido, insomnia, and flashbacks) are indicative of MDD (***psychological symptoms***).

Lerato has been exposed to multiple traumatic scenes; however, the incident that stood out during the conversation was the first which concerned a maternity case. She continues to experience flashbacks whenever she has to assist in a maternity case (***exposure to trauma***). Although Lerato is of sober habits and does not consume alcohol, she expressed a desire to drink in order to cope. She stated:

"*I do get overwhelmed although I do not drink; I would think that at least those who drink may be a bit better*" (***maladaptive coping mechanisms***).

Despite her traumatic experiences, Lerato's father still encourages her to further her studies in the EMS. Although she enjoys being office-based more than being in the field, she realised during a previous office assignment that she missed the adrenaline rush of being in the field and making a difference in the lives of those in need. The gratitude from community members encourages her to want to do more (***motivation or attitude towards work***). However, Lerato feels discouraged by some disgruntled community members who lack knowledge of the processes involved in contacting the EMS. Fake calls also discourage the team, as they will be told that the state vehicles need to be used (***no knowledge of EMS***). They are also at risk of being attacked or robbed. Although Lerato has never been robbed, her colleagues have experienced such incidents. The terrain and lack of resources also play a significant role in the EMS personnel's safety. They would sometimes be expected to navigate informal settlements without appropriate equipment, and this poses a risk to their lives (***safety***).

CHAPTER 12

THE LIFE STORY OF NALEDI

"The life of hope and faith"

12.1 PERSONAL DATA

Participant	:	Naledi* pseudonym
Gender	:	Female
Age first employed	:	20 years
Current age	:	31 years
Occupation	:	Firefighter
Rank	:	Company commander
Years of service	:	11 years
Station	:	Roslyn Station

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12.2 INTRODUCTION

This chapter elaborates on the conversation the researcher had with Naledi regarding her lived experiences as a first-time responder to traumatic events. She was given the chance to freely narrate her individual personal life story. Follow-up questions were asked to provide clarity and obtain more detailed information. The pseudonym "Naledi" was chosen due to her experience as a young female who was given the opportunity to manage from an early age. She narrated her experience with confidence and had respect for her elders, despite holding a higher position than them. Naledi is a Setswana name meaning "star" – she left the impression of a rising star on the researcher.

12.3 BACKGROUND

"I started working as an EMS personnel member in 2009 when I was 20 years old. It has always been something that I wanted; however, my interests were in paramedics, so fortunately or unfortunately for me, I ended up as a firefighter. But at least fire is concentrating on both paramedics and firefighting; now I have the best of both. It is interesting. The passion means a lot, treating patients also gives you the satisfaction that you are doing what you love most,

and saving someone's life means a lot. However, it has its disadvantages and advantages. When I started, I was excited but the first time I started on the shift it was night shift and the first reality that I attended was the one that shocked me the most. Although it did not stick with me for long but whenever someone asks me about the first traumatic incident it is the first thing that comes to mind".

12.4 VERBATIM EXTRACTS AND IDENTIFIED THEMES

Exposure to trauma

"So, imagine leaving here and coming back resofelele [without] other members, not complete".

"It was in the evening of my first shift. And there was an accident on Molefe Makinta's road. There was a collision of a truck and a convertible car. The convertible car belonged to three young men who just got back for the first time from their one-year and six months military training. It was traumatising but after the two calls I received it felt like that was not as traumatising. But it always comes back because that was the first real case that I attended. The three men died and I was seeing a corpse for the first time. The car was squashed. That was where the learning curve started, and that was where I saw that I am patient enough to treat the patients in that manner. That was when I started falling in love with what I do. I am enjoying my work. The thing stuck on my mind for a year or so until I saw more other traumatic scenes".

"Yes, I am from around, so I attend to people that I know. The first time it was difficult because I did not want anyone to touch her. But I quickly remembered that we work as a team. I felt like I would do better if it was me but at the same time, I know that my colleagues also know better so I should work with them. You feel sceptical but at the same time you know that this is how we work; we need to be a team. So, I had to accept help. Fortunately, the patient survived".

"It was just one case of a guy I went to training with. We were working at Garankuwa Fire Station. I think it was personal issues or work had an impact with his personal issues, but he hanged himself. We did not have that much experience by then, and everyone kept on asking themselves what could have been the cause. Especially because we did not have the experience but unfortunately, he was not there to tell us what was bothering him".

Naledi has been exposed to many traumatic scenes. She explained to the researcher that because they receive multiple calls a day, they easily move on. However, being alone brings back all the scenes they may have attended to on the day. During the conversation, it emerged that working around one's neighbourhood might be a challenge as one gets to attend to familiar faces. Naledi explained that when a patient is someone she knows, she is tempted to ensure that she is the only person helping, just to avoid failing them. The patient's family members place their trust in her, and she often works under pressure with the fear of failing someone she knows.

Withdrawal from family

"When the baby started to grow then I felt my life changed. The industry is nice because you are doing something that you love but you start to feel like, no, if I was not working night shift, I would be with other people on my side that I am responsible for. Because now it is no longer about me. I have other people to think for and about. So, I had to find the balance".

"Sometimes the next shift is short-staffed and they come a few minutes before our knock-off time, therefore they do not attend to any emergency calls as it is not 19:00 as yet. We are then expected to attend to the call. Sometimes they relieve you at the scene and by the time you get home you are tired, and people are sleeping. You do not even see the child and the only person you see is the one in front of you [her husband]".

"Sometimes your partner might notice that you are withdrawing and may recommend counselling for you".

Naledi joined the department at the age of 20 years when she did not have a child or a partner. She stated that sometimes the job takes you away from loved ones and it becomes a challenge. The strenuous job demands both mental and physical attention, and by the time they finish work, they often withdraw from family. However, in her case, her partner is very attentive and usually notices when she withdraws, recommending that she attend counselling.

Understanding and support from family members

"No, I do not talk to him about it, but he is very supportive. I do not think anyone can understand this thing [laughs]".

"For me, it does not affect my performance. I am coping and especially because I have support at home. Although there are some days where I feel down. You just feel strained and feel you cannot just recharge due to work politics. Some will affect you, but you always have to find your way back".

Naledi informed the researcher that although she has a supportive partner, she prefers not to overwhelm him with her traumatic stories. They affect her as she would feel down, but she always finds her way back. Her partner consistently recommends that she attend counselling whenever he notices a change in her behaviour or mood.

Bringing the job home

"Sometimes your partner might notice that you are withdrawing and may recommend counselling for you".

"When I attend scenes where children are involved, I would be frustrated with the parent, but I quickly calm down and tell myself that they did not know better. It will touch you most especially if the kids are the same age as mine and I always say I would not want my child to go through that. I sometimes learn from the scenes and make sure that it does not happen with my child".

Naledi is a strong woman who loves and enjoys her job. However, it appears that she does not notice when the job is affecting her and her loved ones. Fortunately, her partner can recognise when she changes and recommends appropriate help. Naledi uses her experiences as a guide to help her children avoid finding themselves in similar situations.

Effect of trauma on work performance

"You start to know different kinds of smells. If someone bleeds now, I would be the first to identify it. The smell stays with you forever; you already know how a burned body smells like; you know how a decomposed body smells like".

According to Naledi, her job has exposed her to many traumatic incidents. She mentioned that she can now differentiate between various smells. The job has affected her

senses; she informed the researcher that she no longer needs to see what may have happened – she can now determine it just by the smell.

Balancing work and family

"It affects the relationship. It strains the relationship because I am young. It will cripple you if you are not paying attention. The most important thing is to take time off. Because although he understands but you do not want him to complain. But at the same time when you are off you start noticing unnecessary things. When I started staying with my partner the relationship was a problem. You want things in a certain way because you are used to being alone. I was already emotionally independent when I met him and was used to just sleeping when I am off. But now when they want family time you need to explain to them of your fatigue. Although your partner understands, you also need to understand that you need to make sacrifices it cannot always be him who makes sacrifices".

"Right now, I struggle. It is not like before. You feel like when they say rest you have to rest because you work from 7:00 to 19:00. Our knocking-off time is not constant; it is not really 19:00. Sometimes it's 7:00 when you are on call and sometimes it is even before you arrive at the scene. Sometimes the next shift is short-staffed and they come a few minutes before our knock-off time, therefore they do not attend to any emergency calls as it is not 19:00 as yet. We are then expected to attend to the call. Sometimes they relieve you at the scene and by the time you get home you are tired, and people are sleeping. You do not even see the child and the only person you see is the one in front of you [her husband]".

Naledi told the researcher that she still finds it hard to balance her work and family life. She explained that sometimes it is not up to her, as the shift only ends when a mission is completed. This has caused a strain on her family life. She added that at times, she would arrive home to find her child and husband sleeping.

Seeing their family in victims

"When I attend scenes where children are involved, I would be frustrated with the parent, but I quickly calm down and tell myself that they did not know better. It will touch you most especially if the kids are the same age as mine and I always say I would not want my child to go through that. I sometimes learn from the scenes and make sure that it does not happen with my child".

Attending scenes involving children the same age as Naledi's seems to be particularly challenging for her. She expressed the frustration she feels as a mother when she realises that another mother was unable to protect her children. However, she also acknowledged that no mother would intentionally hurt or neglect her children. She calms down once she convinces herself that accidents do happen.

Overprotective towards own family due to traumatic exposure

"I am now overprotective. Too much overprotective and it is not good because you do not want small mistakes that will harm them, especially when you think about the incidents. You do not want candles near them, and you do not want fireworks in this season; you just do not want to see them because you know the harm they can cause your child. I do feel that I am taking away her childhood because a learning curve is when you touch, taste and feel and immediately when she starts to touch something that I know is harmful, I make it clear that she needs to stop. To me it is natural but to her, she becomes puzzled because that is how she will learn".

The conversation between Naledi and the researcher took place in December. She mentioned that in the festive season, she panics as children often get burned by fireworks. Her child is not allowed to be exposed to them, as she does not buy them. However, she realises that her job has made her parenting skills more challenging as she focuses on preventing harm, which affects her child's development and restricts her freedom to explore.

Emotional support

"They do offer counselling here at work. You can go any time, any day. If you come back from a call and feel that you need it, it is available".

Naledi reported that there is counselling offered and is readily available for those in need of it. Her awareness of the availability of psychological services may be influenced by her position as a manager.

Team members as main source of support

"No, it is easy to talk because I do not bottle up. I think it is a tradition here at work. We talk about some of the calls and sometimes find humour in them. If you feel it scared you, you talk about it".

"And when we come back from a call and we are refreshed, we start having a pep talk as a team about the scenes. And if we feel you need it, we recommend proper counselling for you."

Humour seems to be a coping mechanism for the EMS personnel. Naledi emphasised that they are a family, and they work as a team. She told the researcher that they talk about the scenes and in that way, they counsel each other. Working in teams seems to strengthen the bonds between the EMS personnel and assists them in getting through the trauma experienced.

Access to psychological services

"They do offer counselling here at work. You can go any time, any day. If you come back from a call and feel that you need it, it is available".

"And when we come back from a call and we are refreshed, we start having a pep talk as a team about the scenes. And if we feel you need it, we recommend proper counselling for you".

Although Naledi has never attended any therapeutic intervention, she was the only participant among those the researcher interacted with who mentioned that counselling (psychological services) was offered. She, however, stated that the personnel need to refer themselves or are sometimes referred by colleagues. It could be that Naledi's position has exposed her to the available facilities while her colleagues have not been exposed to them. Naledi has never utilised these services informing the researcher that she prefers talking to people, finding it more helpful than engaging in individual sessions.

Diminished empathy

"But something in you changes oba le bokgopo bobontshi [you become stubborn/heartless] because other things I treat them like they are normal even if they are not. Death is death to me because I see corpses every day and I got used to it. But other people would say until it hits home then you will know and understand how it feels. Maybe if it hits me close, I will understand how it feels."

During the conversation with the researcher, Naledi explained how the job has changed her perception of death. She sees many dead bodies and they no longer affect her. She feels the

job has made her hard-hearted but believes that perhaps death may feel different once it hits home. However, at present, death and corpses do not have an impact on her life.

Motivation or attitude towards work

"For now, I can say there is no energy or motivation compared to that time I joined. I think it's because I was young and there were a lot of opportunities".

"In 2012 I graduated with fire technology. Ka 2013 I was given an opportunity to act for a month or so then when posts came, and I got promoted as a commander when I was very young – I was 24 years old. The challenge was having to address or reprimand older people. And remember those are the fathers who welcomed us and taught us when we arrived. So, it was a bit uncomfortable because I would look at them as fathers and myself as a daughter. So, I had to be careful how I address them. I would do things with them when I wanted it to be done. I would ask if they want things to be done before I suggest. Again, respect is earned. Being a leader is not something you buy in the shop. And each challenge comes with the education. You get to understand that leading needs to give you a level of understanding people. You just need to remember that being a leader you have to be able to train people, motivate, and mentor people. What you do on your left, should also apply on the right. I need to have an open relationship with them and if you move something, they will understand that and will follow you. It becomes easy for them to also approach you once they feel you have not moved things in a position that is dangerous. Then the level of maturity also counts when you are leading people".

Naledi started her job at the young age of 20 years. She was fortunate to be afforded a good opportunity early in life and her educational background also advocated for her. She reported that her job is her passion, and she will strive to succeed. Although she works with older colleagues, she noted that, unfortunately, there is no substitute for bridging the gap between education and experience; however, the two can be combined in a team to mentor each other.

Feeling stagnant/ Limitations

"In 2013 I was given an opportunity to act for a month or so then when posts came, I got promoted as a commander and I was very young, I was 24 years old".

Naledi's career progressed more quickly than that of her peers. She reported that she was fortunate to be promoted early in her career, as promotions are usually scarce in their department. She indicated that this scarcity is evident as her her last promotion was in 2014 and she was interviewed in 2021 (seven years since her promotion) and there is no promise or hope for another promotion.

Safety

"When I started here there were a few robberies, but I never experienced them. But I think those who get targeted are ambulance people because they do not attend to scenes in groups like us. They will sometimes steal your personal things from the truck when you are busy. The community needs to be taught and if it was possible fire and ambulance education should be taught".

"The challenging things sometimes ke di [it's the] riots".

"There is a lack of knowledge regarding our job and even when you try to educate them at the scene, it defeats the purpose as the people are usually angry and have no interest to be educated at the time. And when on duty, always remember your safety comes first. Not everyone is found calm because people are frustrated".

Working as EMS personnel does not seem to get any easier. Their demanding jobs come with other factors that put their lives at risk. Naledi told the researcher that riots and robberies make their lives difficult and hinder their ability to execute their jobs. They are employed to serve with pride, but the multiple fake calls they receive are discouraging. She explained that, unlike firefighters, the responders in ambulances are targets as they do not attend scenes in groups. She stated that frustrated community members or crowds also threaten their lives, especially if they feel that the response time was too long, not understanding that they do not receive the calls for assistance directly.

No knowledge of scope of EMS

"And the community members blaming us for arriving late. I do not blame them because we do not teach our people. Like if you ask them which number did you contact, they say 10111. There is a lack, and even thou you realise the lack it's just that the person is too angry to be educated at that time. When you look at the time they called and the time you received a call

there is a huge difference. People do not have our emergency number and it is sad to feel like we are isolated as a department. And when on duty, always remember your safety comes first. Not everyone is found calm because people are frustrated".

"Even when they see us at Shoprite, they think we are security guards [laughs]. And they start asking for help in the shop".

"When people see us arriving in uniform, they do develop hope and feel like we will wake the person. There is pressure but how you carry yourself matters the most. So not give people hope before you have checked everything and do not confirm anything until you finish working with the patient. Sometimes when we walk in, they will be asking how the patient is, and do not reply until you see and finish with the patient. Remember you are there for the patient, so concentrate on the patient. Sometimes the scene becomes messy and has a lot of people but you always sense the people who are closer to the patient".

According to Naledi, community members have little or no knowledge of the scope of their work, which leads to unrealistic expectations. She reported that once someone is in uniform, they are expected to perform anything, ranging from security to attending to patients. She added that a challenge that community members face is the lack of knowledge concerning emergency personnel. An educational initiative covering basic information such as emergency contact numbers and the scope of the EMS might save both the members of the community and the EMS time, as appropriate channels would be followed, allowing for more urgent responses to scenes.

Gender challenges

"Age is a big factor for me. When you get older you get tired, so I know I won't make it as a woman".

"Beside anything else, us as females we are very few in the department. So, I would say there are baby steps towards the issue ya women for the management to learn. Especially because in the management the majority is males. We have about two if not three females in the management who have also worked on the ground level before. Things may get harder for us as women but when you reach out that is when they recognise you and make sure you get the help you need. But you know the environment, once it starts as male, it takes time for people to

adjust. Remember this is a man-dominated work and sometimes you feel that they forget that we are there. They sometimes expect you to perform how the magic man performs. But remember we are not the same as men in terms of physical structure, stamina and strength. But believe me, once you get to the scene as a woman, that is where you feel that you have brothers and fathers. You will feel that you are a lady, and they will teach you everything and be there for you when you reach out. But we also fight with everything that we have and avoid being looked at as females. With our mood swings and periods, we just alert the officer that it's that time of the month but you are willing to work. It becomes easy for the officer to pair you with someone who will balance things at work. Because I do not think it will be fair to be booked every month for a week at that. But the nature in us sometimes does not allow it. And you know that sometime gokuka dilo tsa boima gwa strainer [carrying heavy goods is strenuous]".

"Carrying all these heavy equipment is an exercise. When I am on my periods, I work as I am until I come back. When you attend to a call you forget about your personal issues".

Naledi pointed out that the jobs they do are male-dominated. She indicated that the equipment they are expected to carry is too heavy for a woman to manage. She further indicated that the older one becomes, the harder the job is. Management is predominantly male, and Naledi feels that sometimes they forget there are women in the department.

12.5 SUMMARY

This chapter presented an analysis of the transcribed conversation between the researcher and the participant. Several themes emerged and it is important to once again note that they are not meant to represent EMS personnel in general.

Naledi has worked in the EMS for approximately 11 years. She was 20 years old when she was first employed and is currently 31. During the conversation, her ***attitude or motivation towards her work*** was slightly different from the narratives of the other participants. The researcher understood her position as she was promoted at the young age of 24 years. She added that she found it challenging to manage elders who have been there longer. Although she was promoted six years ago and since then she has never had any promise of another promotion, she still felt there is hope for women to be promoted and get to the management level. She pointed to EMS being male-dominated and this was reflected in fewer females than males in management. Being a female in the industry can be stressful as they experience other

challenges besides their work. They struggle with mood swings, period pains, getting easily tired, and dealing with carrying heavy equipment (***gender challenges***). Naledi emphasised the importance of teamwork and that being paired with males is comforting as they offer emotional support and their physiques also allow them to do more physical work than them at the scenes. While they are treated like "queens" there is always the need to prove oneself as a female and to be looked at as a partner and not as just a woman (***team members as main source of support)***

Her team usually deal with traumatic scenes by finding humour in them (***maladaptive coping mechanisms***) and Naledi felt that doing so helps ease the tension. Apart from the support from team members and the members referring each other for help, she believes that management offers adequate psychological support to the EMS personnel. Naledi stated that psychological services are readily available to all staff members; however, she has never consulted or accessed psychological services herself (***lack of emotional support by management; access to psychological services; neglected mental health).*** Naledi's awareness of the availability of psychological services differs from that of the other participants and this could be due to her being management. Her position could account for her knowledge regarding the process for accessing psychological services.

Naledi explained that the EMS department is a male-dominated one and acknowledged that it can change an individual's personality or attitude; therefore, she had to find balance. She was young and single when she started working but things have changed and her current situation is more challenging. She now has a child and a partner and is aware that being exposed to dangerous scenes is not always about her but also the people in her life. As a mother and a partner, the work shift patterns affect how she relates and the quality time she could be sharing with her family; as a result, she sometimes ends up withdrawing or feeling alone (***withdrawal from family; balancing work and family***). Although her partner is understanding and supportive, she stopped sharing her traumatic experiences with him as she feels that no one, but her colleagues, will ever understand what they go through. The support assists her as the traumas have not affected her work performance (***understanding support from family members***).

Naledi has been exposed to multiple traumatic scenes. According to her, the most traumatic one was attending to a vehicle accident in which three young men died. Although she has never lost a team member at a scene, she has lost a colleague to suicide just a few months after they had started working. She explained that these memories/scenes last for a long time and they are also triggered by similar scenes.

"When I started, I was excited but the first time I started on the shift it was night shift and the first reality that I attended was the one that shocked me the most. Although it did not stick with me for long but whenever someone asks me about traumatic incidents, it is the first one that comes to mind" (***exposure to trauma***).

Naledi mentioned that assisting a person that one knows is hard as there is pressure to rescue and perform. The incidents experienced have had the following effect on her:

"You start to know different kinds of smells. If someone bleeds now, I would be the first to identify it. The smell stays with you forever; you already know how a burned body smells like; you know how a decomposed body smells like" ***(effect of trauma on work performance)***.

Scenes involving children in particular are frustrating for Naledi and have affected how she treats her child. She stated:

"I do feel that I am taking away her childhood because a learning curve is when you touch, taste and feel and immediately when she starts to touch something that I know is harmful, I make it clear that she needs to stop. To me it is natural but to her, she becomes puzzled because that is how she will learn".

Naledi acknowledges that it is because of her job that she uses the traumatic scenes as a guide for the do's and don'ts that need to apply to her child. She always ensures that there are no candles in the house and also does not buy fireworks during the festive season (***bringing the job home; seeing their family in victims; overprotective towards own family due to traumatic exposure***).

In their attempts to save lives, EMS personnel often enter environments and buildings that other people are running from. Despite this, these community members can pose a threat to their safety. Naledi raised concerns about her team's safety when attending to a scene. Riots, angry community members, and being a target for robbery are significant challenges. Although she has never personally experienced it, her colleagues have been robbed (***safety***) and this has affected their empathy. Naledi added that the work they do can make one heartless (***diminished empathy***). She referred to community members' lack of knowledge about their role which could also be a reason for their grievances. EMS personnel are sometimes confused with security guards and the necessary contact numbers needed to reach them are usually not known; instead, people contact the SAPS. Naledi believed that community members need to be educated about the role of EMS and informed of the emergency contact numbers (***no knowledge of scope of EMS***).

CHAPTER 13

COMPARATIVE ANALYSIS

13.1 INTRODUCTION

This chapter comprises an analysis of the raw data obtained from the transcriptions derived from the semi-structured interviews. Thematic analysis was used, focusing on the comparison of the identified themes and sub-themes that emerged from the conversations with participants. These themes addressed the research questions. The study involved eight participants selected using non-probability sampling. Five of the participants were firefighters and three were paramedics. Despite the interviews being conducted in English, it is noteworthy that these individuals had different linguistic backgrounds and life experiences (Kim & Williams, 2021). The researcher observed that each participant expressed themselves uniquely through language that resonated with their personal realities. Schwartz et al. (2020) suggest that language plays a fundamental role in terms of facilitating social interactions. The analysis will integrate the relevant literature and the theoretical frameworks to enhance understanding.

According to Pfohl (2008), in social constructionism individuals construct their lives through storytelling and in this regard, the researcher assisted in revealing glimpses of the participants' inner truths. Phillips (2023) reports on the role of language in social constructionism; furthermore, on how people interact and articulate their lives and how their environments can influence their experiences. Andrews (2012) posits that individuals' understanding of knowledge is constructed through their daily interactions and their realities are shaped through the use of language. Duan et al. (2023) asserts that social constructionism encourages a person to question their environment and emphasises that EMS needs to be recognised holistically and that its culture needs to be known and understood.

Maslow's hierarchy of needs was used to assess the participants' motivations and requirements. Maslow's theory examines human motivation and differentiates between deficiency and growth needs. Bagas (2020) discusses how Maslow's hierarchy illustrates the connection of these needs when they are unmet or unsatisfied. Cui et al. (2021) contend that Maslow posited that needs do not have to be fully met but should satisfy the individual to some degree. According to Ștefan et al. (2020), satisfying lower-order needs is a prerequisite to progressing to higher-level needs and inadequate satisfaction of these needs may not motivate individuals. Maslow's theory suggests that prolonged unmet needs strengthen their influence

over time. Maslow also recognised that these needs can be flexible, influenced by individual differences and situational contexts. For instance, Maslow observed that some individuals might prioritise esteem needs before seeking employment that fulfils their physiological needs. Maslow's hierarchy comprises physiological, safety, love/belonging, esteem, and self-actualisation needs, with physiological needs taking precedence as the foundational level (Cui et al., 2021). West (2022) categorises physiological, safety, love/belonging, and esteem needs as deficiency needs, showing that motivation decreases if these needs are unmet. Self-actualisation is considered a growth or being need, where motivation increases as these needs are fulfilled. The growth needs reflect individuals' innate desire for personal development, driving them to ascend the hierarchy of needs. Smith et al. (2019) noted that first responders, such as EMS personnel, risk their lives and prioritise the needs of others over their own, often at the expense of their safety and wellbeing. In the following sections, the researcher integrates these needs with the literature review and theoretical framework, juxtaposing them with findings derived from participant responses.

13.2 ANALYSIS AND DISCUSSION OF THEMES AND SUB-THEMES

Table 1 below lists the themes and the sub-themes that emerged during the conversation with the eight participants. Each theme is subsequently analysed and discussed.

Table 1: Main and sub-themes

Main themes	**Sub-themes**
1. *Sense of failure*	• *Failing yourself* • *Failing your colleagues* • *Failing the person who needed help*
2. *Self-blame*	• *Feel like you are the cause* • *Should have saved the person*
3. *Maladaptive coping mechanisms*	• *Substance abuse* • *Overeating*
4. *Exposure to trauma*	• *Attending to scenes of people you know* • *Attending to scenes of minors* • *Exposure to death* • *General*

	• *Losing colleagues*
5. *Psychological and Psycho-somatic symptoms*	• *Flashbacks* • *Irritability* • *Nightmares* • *Anxiety/panic* • *Forgetfulness* • *Fear for own safety* • *Loss of appetite* • *Headaches*
6. *Bringing the job home*	• *Emotional when home* • *Discussing traumatic scenes with family members* • *Lack of quality time with family due to long work hours* • *Exhaustion due to balancing work, being a wife, and/or a mother (fatigue)* • *Withdrawal from family* • *A platform for catharsis* • *Fear or traumatizing them*
7. *Effect of trauma on work performance*	• *General* • *Anxious when called out* • *Avoiding traumatic scenes*
8. Team members as the main source of support	• Prepared mentally/supportive team/good team members help
9. *Seeing their family in victims*	• *Victims who have children your children's age / child victims your child's age* • *Restricting own kids' freedom* • *General fear for family's safety* • *Overprotective towards own family due to traumatic exposure*
10. *Neglected mental health*	• *Physical fitness takes priority above mental fitness*

	• *EAP not effective* • *No-professional debriefing after visiting a traumatic scene* • *Counsellors are available but not utilized* • *No counselling support available* • *Lack of emotional support after traumatic incidents* • *Access to psychological services (work and personal)* • *For personal problems*
11. Empathy versus Sympathy/Compassion	• *Injuries/death seen as "normal" (used to it)* • *Humour to lighten the situation* • *Learn to ignore/suppress* • *Become a social worker/counsellor/family member* • *Scenes with children affects them more*
12. Motivation or attitude towards work	• *Feel they are/were mentally prepared* • *Successful missions motivate them* • *They would still choose EMS as a career* • *Feels it is their duty/calling/passion* • *Acknowledgement motivates them* • *Feel they make a difference* • *Feels they were not prepared mentally* • *Less motivated with time* • *Restricting own kids' freedom* • *General fear for family's safety*
13. Job demand and Stagnation	• *Work overload* • *Overlapping shifts* • *High job demand vs low pay* • *No growth or promotions*

14. Safety	• *Unsafe infrastructure* • *Unsafe personnel* • *Unrealistic expectations*
15. No knowledge of the scope of EMS	• *Multiple roles* • *Not being taken seriously*
16. Gender challenges	• *Lack of support* • *Physical constraints* • *Unsympathetic male colleagues* • *Period pains* • *Safety concerns*

13.2.1 Sense of failure

EMS personnel play a critical role in society, responding to life-threatening situations swiftly with skill and compassion. However, their line of work exposes them to difficult and often traumatic experiences that can impact their mental and emotional wellbeing (Rojas et al., 2022). One significant aspect of this exposure is the sense of failure experienced by EMS personnel when they perceive themselves as falling short in their duties or outcomes. Participants' perceptions of failure in their roles as emergency responders reveal a common thread: the profound emotional and psychological challenges inherent in their duties. Various emotional responses, coping mechanisms, and professional dynamics contribute to their individual experiences and wellbeing in the face of adversity. This sense of failure can have profound effects on their overall experiences and wellbeing. Hoff et al. (2023) concur that the perception of failure contributes to feelings of guilt, shame and inadequacy among EMS personnel. Their study found that these negative emotions can take a toll on the personnel's mental health, leading to stress, burnout, and other psychological challenges.

The experiences shared by the EMS personnel shed light on the profound impact of perceived failure on their wellbeing. One participant expressed:

"I feel very useless, like a failure. You have many thoughts, and your mind takes you back to what I could have done differently?".

This participant struggled with a significant event that weighs heavily on them, reflecting on a failed rescue. Meanwhile, another adopts a more logical approach, acknowledging the inevitability of failure in their line of work. Yet another participant expressed feelings of

inadequacy and self-doubt, highlighting the mental distress and questioning of their actions in the face of failure. These emotions were articulated in various ways. One participant shared:
"*The most difficult part is when we arrived, we were told that there is a child in there. We are there but we are unable to help. And hare fihla mowe bare botsa hore hona le ngwana kamowe (upon our arrival we were told that there was a baby in the shack). We were there and there is life but we can't help and we felt helpless. But unfortunately, we cannot help because we were from the ambulance side we still could not help even after the family members screamed that they should do something. The child who was trapped was below the age of 1years old and upon their arrival there was life but unfortunately a shack fire moves quickly".*
This sentiment suggests the internalisation of failure and the self-critical nature of EMS professionals when interventions do not meet their expectations (ALmutairi & El Mahalli, 2020). Certain policies and protocols also need to be adhered to prior assistance. Not everyone who works as an EMS personnel member is authorised to intervene in certain calls (Becker et al., 2013).

The reflections of EMS personnel emphasise the significance of understanding their experiences with failure. They feel defeated as they may have the ability to assist, however are not qualified to do so. The sense of disappointment extends beyond professional boundaries and impacts their sense of self-worth resulting in anxiety (Lawn et al., 2020). Participants internalised the sense of failure, attributing it not just to the outcome of the mission but also to themselves, the victim, and the entire team (ALmutairi & El Mahalli, 2020; Behnke et al., 2019). According to Maslow's hierarchy of needs, serving with honour and maintaining dignity is recognised as a crucial factor for improving an individual's self-esteem and facilitating personal development (Bagas, 2020). Practical limitations, such as insufficient resources, were also cited as factors that hindered participants' ability to save lives despite their best efforts. The emotional burden of sharing bad news with families at the scene further highlighted the complex nature of failure perception among first responders. In pointing to the difficulty of their work, one participant vented:
"You can hear a person screaming but you can't save them because we do not have enough water to get to the person."
Another expressed:
"When we get to the scenes people's eyes lit up. And having to break the news to them is never easy".

Through these narratives, it becomes apparent that the perception of failure involves not only personal accountability and resilience but also external factors and the emotional toll of their roles.

Lawn et al. (2020) emphasise that understanding how EMS personnel perceive and respond to failure is crucial for addressing their emotional needs, improving their resilience, and enhancing their overall job satisfaction and performance. The description of failure as an entirely personal experience reflects the socially constructed identity of emergency responders as life-savers who bear the responsibility of preserving life. EMS personnel, influenced by external factors, define and internalise failure based on societal constructions of success and failure (Lawn et al., 2020). The sense of failure experienced by EMS professionals is not only shaped by the outcomes of their missions but also by social constructions and early socialisation experiences. Recognising the influence of societal narratives and peer interactions on perceptions of failure is essential for supporting EMS personnel's emotional wellbeing and resilience (Afshari et al., 2021). According to Phillips (2023), social constructionism presents effective insights into how individuals interpret and construct reality, including the concept of failure. Social constructionism theory suggests that reality is shaped by social interactions and language, influencing how individuals perceive and interpret events. From this perspective, the interpretation of failure is not innate but shaped by societal norms and narratives, social processes, and cultural expectations. Moreover, emotional responses to failure are shaped by early socialisation experiences and peer influences.

Childhood interactions with family members and caregivers contribute to the development of emotional competence, influencing how individuals perceive and cope with failure later in life (Butvilas et al., 2022). These individuals play a crucial role in nurturing and guiding children, instructing them on how to recognise, process, and respond to emotions. Consequently, the participants' reactions to perceived failed missions are influenced by the different communities that shaped them, resulting in varying impacts and responses to similar events. Additionally, colleagues and peers within the EMS profession may reinforce or challenge existing emotional norms, contributing to variations in responses to failure among EMS personnel (Hoff et al., 2023). The language used, such as feeling like "the cause" of the failure, reflects how the norms and expectations of the profession contribute to their sense of self. Some EMS perspectives align with social constructionism by emphasising the importance of outlining failure in a positive light and stressing the role of language and interpretation in shaping their experience. One participant stated:

"You sometimes need to leave space for such things. You cannot do everything right. Wherever where you succeeded you succeed but if you failed there is nothing you can do.

The focus on gratitude and effort constructs a narrative that lessens the negative impact of failure on their self-concept. However, expressions of self-doubt and inadequacy reflect the internalisation of societal expectations and norms within the emergency response profession. The language used to articulate feelings – such as "useless" and questioning their actions – shows how social constructions of success and failure influence individual perceptions (Drury et al., 2019). The acknowledgement of practical barriers reflects a broader understanding of failure beyond the individual agency, illustrating how external factors shape the perceived effectiveness of EMS personnel. This aligns with social constructionism's emphasis on contextual influences in shaping reality (Berger & Luckmann, 2023). The task of sharing bad news highlights the social aspect of failure, as the EMS personnel navigate the emotional reactions of others at the scene. The need to communicate effectively and manage emotions reflects the socially constructed roles and expectations placed on emergency responders (Drury et al., 2019).

While the participants did not explicitly address gender dynamics, the incorporation of both male and female perspectives emphasises the significance of considering gender in understanding the responses to failure among emergency responders. Although the participants refrained from disclosing their gender, age, or expertise as factors impacting their perceptions of failure, the diversity of viewpoints provided valuable insights into the interdisciplinary nature of emergency services. Different roles, such as firefighters and paramedics, were represented, highlighting the distinct experiences and responsibilities within the profession. One participant advocated for a mindset based on acceptance and appreciation, proposing a coping mechanism grounded in resilience and belief, highlighting the role of positive reframing and gratitude in navigating the emotional challenges of emergency response work.

By emphasising recognition efforts and concentrating on the positive aspects of their work, one participant demonstrated a proactive approach to managing the stress and emotional repercussions of failed rescue missions. Another participant's coping strategy involved internal contemplation and introspection, indicating a more reflective approach to processing setbacks. This highlights the importance of self-awareness and emotional processing in handling the psychological strain of emergency response tasks. Through engaging in introspective activities such as self-evaluation, this participant actively sought to comprehend and tackle the emotional challenges inherent in their occupation.

13.2.2 Self-blame

Stanley et al. (2016) noted that first responders, such as firefighters and paramedics, face life-threatening situations where saving lives is paramount. Firefighters, in particular, bravely enter burning buildings as others flee, focusing on ensuring the safety of those in danger. Consequently, some participants, when embarking on a mission, described a transformative process in which they consciously set aside their personal concerns and fears, assuming a different mindset as they stepped into their professional roles. Their responsibility to save lives amidst unpredictable and often traumatic circumstances, comes with a profound emotional burden. Beyond the physical demands of their duties, EMS personnel frequently struggle with self-blame when outcomes do not align with their efforts (Noble, 2023). One participant articulated the emotional dilemma faced when confronting traumatic outcomes:

"*You keep on asking yourself questions like, what is it that I did not do right? You end up in a position where you feel like you are the cause. You blame yourself and it is an emotional and a personal process. Because you are a life saver, and you were supposed to have saved those people. Remember in the department we go to places that people are running away from. When you approach the scene, you do not even know how it looks like*."

This statement reflects the internal struggle of assigning responsibility in circumstances where the fragility of life challenges even the most skilled interventions. Another responder reflected on the question of divine intervention versus personal responsibility, expressing:

"*Sometimes I would question and blame God hore mara why asaphela nyana esale ngwana [why did God not spare their life because they are too young to die]. It feels incredibly unfair. I imagine myself in the parents' shoes, contemplating how I would cope if this were my child lying here.*"

This introspection reveals the deep emotional toll of witnessing tragedy, compounded by feelings of powerlessness in the face of fate (JOSE, 2023).

Another participant reported that a child's death during a rescue mission makes her question many things including God. Her faith is tested and she carries the trauma long after the event, wondering what it is that she could have done differently to save the child. Her sense of self-blame emanates from her empathy towards children as she always feels they are too young to die and that she should have arrived in time to save them. Reflecting on adherence to protocol despite personal convictions, one participant shared:

"[Laughing]. That one is depressing and it comes with a lot of self-blame. We work according to protocol, although you know you can help the patient, as long as you are not certified to do

the job you cannot do it. You beat yourself up and ask yourself a lot of questions. You knew what the patient needed but the protocol does not allow you. And you cannot take a risk because if the patient dies, they will blame you for not following protocol."

This reflection highlights the internal conflict responders face when compelled to follow strict procedural guidelines, even when they believe alternative actions could have led to better outcomes. This participant experienced profound distress following unsuccessful missions, particularly when she believed her expertise could have changed the outcome but was restricted by protocol. She explained that despite being capable of performing certain procedures, protocol often stipulates that she is required to refer cases to specialists, leaving her feeling overwhelmed with personal responsibility and sadness. Furthermore, the impact on personal and professional identity is richly expressed by another participant who articulated:

"*There are moments when I arrive at a scene and find life, but by the time I leave, there's none left. It weighs on me for a long time, leaving me with a sense of failure. I'm plagued with questions like where I went wrong and why I couldn't save that person. It's the most challenging aspect of the job."*

This statement summarises the broader inferences of perceived failure and self-blame within a tightly knit community of emergency responders, where individual outcomes resonate deeply across collective experiences. While conversing with the researcher, this participant indicated that when there is no logical explanation for death, he would sometimes blame himself. When asked about how he further deals with the self-blame he responded:

"I just survive I can tell you that. I move on. At times I feel like my alcohol intake increases especially if there are more failed rescues."

One participant explained that although each call is unique, every experience enables him to perfect the next mission. However, he struggles with self-blame as each journey is emotional and personal to him. He is trained to save lives and not doing so he considers to be his fault; he always reflects on his contribution to unsuccessful missions. The experiences shared by emergency responders provide a profound and distressing insight into the emotional and psychological challenges inherent in their roles. These professionals confront immense burdens that extend beyond the physical demands of their jobs to involve complex emotional situations. Responders often find themselves struggling with intense feelings of responsibility and self-blame when results do not align with their efforts. They internalise traumatic events, questioning what more they could have done and feel personally accountable even in situations that were beyond their control. This burden is particularly acute when young lives are lost, evoking deep empathy and a sense of injustice that can challenge their faith and resilience.

Among the eight EMS personnel interviewed, only three expressed experiencing varying degrees of self-blame. Five participants did not mention experiencing self-blame. Of those who did, one talked about increased alcohol intake when faced with deaths during rescue missions. Another participant, particularly affected by cases involving children, questioned what more she could have done to save them. The third participant's feelings of depression stemmed from failed missions and the limitation imposed by protocols restricting certain procedures which could have saved lives. Participants shared the subtle and difficult experience of feeling responsible, particularly in instances where they perceived themselves as the cause of the problem or the unsuccessful outcomes of rescue missions. Among the participants, those who expressed feelings of personal responsibility for the outcomes of rescue missions were identified. Notably, a veteran firefighter with 32 years of service, and a female firefighter with seven years of service, shared experiences where they believed they were the cause of the problem. One described moment of self-blame after unsuccessful rescue missions, indicating a strong sense of personal accountability. Similarly, the second expressed profound feelings of concern, especially in cases involving children, where she questioned what more she could have done and blamed God for not sparing the lives of the young ones.

Conversely, some participants did not report feeling responsible for the outcomes of their work. Male participants, including a paramedic with 10 years of service, and a firefighter with 30 years of service, did not express feelings of being the cause of the problem. Despite their extensive experience in emergency response roles, these individuals did not internalise guilt for the outcomes of rescue missions in the same manner as the participants mentioned above. The participants' attitudes during the attendance of a scene indicate that, although they act differently in front of victims, survivors or families, there is a sense of self-blame whenever they are alone or with colleagues. Every incident an individual encounters is incorporated into their autobiographical memory and becomes part of their identity and sense of self.

Therefore, distressing events are not easily incorporated, as they do not fit into existing mental schemas (Payne & Edwards, 2009). According to Shankar and Kumar (2014), organisational sustainability research emphasises the impact of emotional labour on employee wellbeing, stressing how the management of emotions affects work outcomes, particularly in high-stress professions like firefighting. Shankar and Kumar (2014) argue that the management of emotional labour by employees has a substantial impact on various outcomes in the workplace, including burnout, dissatisfaction with one's job, depression, and cognitive impairments. These repercussions are especially pronounced in high-pressure occupations like firefighting, where individuals frequently confront circumstances demanding emotional

reactions that might diverge from the expected professional behaviour set by their organisations (Hoff et al., 2023; Shankar et al., 2014). The coping strategies underscore the complexity of managing feelings of responsibility among emergency responders and the potential implications for their mental wellbeing. In social constructionism individuals in professions requiring emotional labour must find an effective way to manage their emotions (Shankar et al., 2014; Dudau, et al., 2020) and project desired feelings according to environmental demands. Thus, the participants' practice of mentally switching gears aligns with the suggestion that societal expectations can prompt individuals to engage in either surface or deep acting.

In these scenarios, individuals may find themselves adjusting their internal emotions to meet professional standards or develop coping mechanisms to maintain a facade of emotional resilience (Knapp et al., 2022). Gender, years of service, and rank within the emergency response hierarchy did not emerge as determining factors in the experience of feeling responsible among the participants. Both male and female participants, regardless of their years of service or rank, reported different degrees of personal responsibility for the outcomes of rescue operations. Self-blame experiences were not exclusive to a particular gender, as both male and female participants expressed them. Among those who did not express self-blame, there was an even split between genders. There is no clear correlation between years of service or rank and the experience of self-blame. Participants with varying years of service and ranks either expressed or did not express self-blame. While some emergency responders experience self-blame in their roles, others do not. Factors such as the nature of the incident, personal coping mechanisms, and limitations within their roles contribute to the presence or absence of self-blame. Thus, gender and rank do not appear to be determining factors in the experience of self-blame among participants.

During the interviews, participants shared their experiences of feeling responsible for saving lives during emergency responses. They perceived themselves as having the capability or obligation to save the person but were unable to do so. Among the participants, some expressed feelings of personal responsibility for saving lives during rescue missions. A male firefighter with more than 30 years of service, and a female firefighter with less than 10 years of service, shared events where they believed they should have saved the person but were unable to. The more experienced participant described moments of self-blame and guilt after unsuccessful rescue tasks, especially when there was no logical explanation for the results. Similarly, the less experienced participant expressed profound feelings of responsibility, mainly when children were involved, where she questioned what more she could have done to

alter the outcome and save the individual. Some participants, both males and female's paramedic and a firefighter with 10 and 30 years of service respectively – did not articulate a strong sense of personal responsibility for saving lives during rescue assignments. Despite their extensive experience in emergency response roles, these individuals did not express feelings of obligation or guilt for not being able to save a person in the same way as other participants. Further exploration exposed differences in coping mechanisms employed by individuals in response to feeling responsible for saving lives. One participant disclosed resorting to increased alcohol intake as a means of coping with self-blame, while another described having the trauma longer and questioning her faith in demanding situations.

Shame and blame are significant challenges for first responders with potential effects on their mental wellbeing. Firefighters, in particular, are exposed to highly stressful settings and witness events of a traumatic nature, resulting in physical and psychological harm (Jo et al., 2018). Existing research indicates that the reluctance to seek mental health assistance among firefighters can exacerbate their suffering. The perspective of stigma, as exemplified in various studies (Kyron et al., 2020), highlights the adverse impact of stigmatisation on individuals. Effectively managing shame and blame in the first responders' community necessitates a nuanced examination of the inconsistent interpretations associated with their duties, as well as the provision of strong support mechanisms to alleviate job-related stress (Houton, 2022). Initiatives aimed at destigmatising the act of seeking mental health support and encouraging peer-based assistance play a crucial role in improving the overall wellness of first responders (Houton, 2022; Kyron et al., 2020).

According to Hoff et al. (2023), shame is a highly negative emotional reaction shown to have long-term deleterious effects on the mental health of clinicians. Prior studies have focused on in-hospital personnel, but very little is known about what drives shame reactions in EMS, a field with very high rates of PTSD, burnout, anxiety, and depression. Participants frequently identified complex medical cases as emotionally difficult, which led to the strongest shame reactions. Shame reactions were more common when EMS clinicians perceived they had made errors in patient care, whereas guilt reactions were more common when patient outcomes seemed "inevitable" despite any intervention. Common themes related to coping mechanisms included both personal strategies, which tended to be less successful than interpersonal strategies, particularly when emotions were shared with colleagues. This reflects a perceived culture change within EMS, where sharing emotions with colleagues is seen as a departure from the "old school" mindset of keeping emotions to oneself like they are not "good enough". These lingering emotions were identified after attending to what they perceive

as difficult cases. They result in longstanding shame; The EMS personnel do not share their feelings therefore a culture of sharing their emotions with colleagues was encouraged as it is a positive way to recover and develop resilience. Personal introspection regarding the roots of the sentinel events was also encouraged (Hoff et al., 2023).

13.2.3 Maladaptive coping mechanisms

Emergency responders are faced with unique challenges in their line of duty, often exposed to traumatic incidents that can profoundly impact their mental health. Their work exposes them to traumatic events that require them to find ways of coping for them to be effective, both at home and at work (Lawn et al., 2020). The theme of maladaptive coping mechanisms explores how these professionals navigate stress and trauma, shedding light on the diverse strategies they employ to cope with the emotional toll of their work. The narratives of the participants disclosed a range of coping mechanisms influenced by personal experiences, job demands, and organisational support structures. While some EMS professionals turn to alcohol as a means of managing stress, others navigate their challenges through alternative methods such as stress eating. Some demonstrate resilience and communal support as coping strategies, pointing to the significance of peer relationships and organisational culture in mitigating the impact of trauma. One participant described his coping strategy:

"*I just survive I can tell you that. I move on. At times I feel like my alcohol intake increases, especially if there are more failed rescues.*"

Another referred to substance use and its impact on personal life:

"*I also drink and I also love fishing and hunting and it helps me get out of the environment. In my family life, because of what I have done in my off days, you go for alcohol just to forget."*

The first participant's reliance on alcohol as a coping mechanism after a stressful rescue operation reflects a common response among emergency responders (Soravia et al., 2021; Lawn et al., 2020). His use of humour with colleagues to ease stress underscores the importance of peer support in managing emotional strain. According to Lawn et al. (2020), reliance on alcohol and recreational activities indicates the dual impact of his job on personal relationships and mental health. The latter narrative underscores the complicated relationship between coping mechanisms and their consequences beyond the workplace. This participant elaborated that alcohol helps him forget while some of his colleagues use marijuana:

"*Other guys use dagga or use something just to forget. I'm not going to say is the fault of what I do but since I joined, I have been divorced twice.*"

The use or abuse of substances has created a gap between themselves and their family members. According to Maslow's hierarchy of needs, love and belonging are crucial (Cui et al., 2021), yet employment, which is supposed to be an important physiological need, brings feelings of loss and relationship breakdown during the process. Stress among EMS personnel have effects on family disintegration that lead to extramarital affairs, substance abuse, anger issues, divorce, depression, anxiety, frustration, and the possibility of suicide (May et al., 2023). Furthermore, Brooks and Brooks (2021) argue that EMS personnel may be exposed to intrusive or recurring thoughts triggered by their environment, which they may find difficult to manage. Due to the intense stress experienced in their work environments, some paramedics may turn to alcohol as a coping mechanism, increasing their susceptibility to suicidal tendencies (May et al., 2023). According to Lawn et al., (2020), the effects of constant exposure to traumatic events do not only affect the EMS personnel but also their families. Emergency personnel often allocate less time to their families, potentially leading to issues such as substance abuse, increased irritability towards partners or children, and higher absenteeism from work (Lawn, 2020). While studies suggest that many EMS personnel are hesitant to utilise EAPs due to concerns about confidentiality breaches or negative repercussions on their employment records, it is important to promote their utilisation. EAPs can provide valuable social and organisational support, which can significantly benefit EMS personnel (Shalton, 2023). Studies show that emergency workers are likely to turn to substance misuse or mindfulness practices to cope with their traumatic symptoms (Counson et al., 2019). Mindfulness is crucial for the prevention of PTSD, as it improves emotional regulation in response to traumatic experiences. Developing a sense of detachment through mindfulness serves as a coping mechanism that allows people to handle traumatic encounters without opting for substance abuse (Counson et al., 2019).

One EMS professional shared the following on stress-induced eating:

"Once I enter the clinic for my leg, I am told I am obese because of my body mass index (BMI). It puts me under pressure, and I get stressed. And bothata ke hore nna hake streseha keja a lot [when I am stressed, I eat a lot]."

This experience illustrates how stress can manifest in maladaptive behaviours like overeating. Their coping strategy reflects an attempt to self-soothe amidst job-related pressures, emphasising the intersection of physical and emotional health challenges faced by female firefighters (McCann-Pineo et al., 2024). Binge eating serves as a coping mechanism for dealing with challenges, particularly when faced with stress, adverse moods, and other

undesirable sentiments. Studies show that people diagnosed with binge eating disorder may engage in maladaptive eating patterns such as overeating as a means to cope with stressful circumstances (Gibson, 2021). Moreover, scholarly investigations suggest that individuals classified as overweight are more prone to displaying emotional eating tendencies in comparison to individuals with a healthy BMI, underscoring a relationship between weight status and coping mechanisms in response to stress (Gibson, 2021). Furthermore, individuals with high BMIs often resort to passive coping mechanisms like self-blame and social seclusion, which can result in unhealthy eating habits such as emotional eating, ultimately contributing to weight increase and the onset of obesity. Therefore, it is vital to address coping strategies and advocate for healthier approaches to stress management in order to prevent excessive consumption and the resultant health implications (Favieri, 2021).

On emotional resilience, one participant stated:

"*You just get used to it. Death in the family and of a stranger is the same as it causes pain. But we try to be strong*."

This participant's tolerant approach underlines resilience and emotional strength in the face of trauma, reflecting a coping strategy that prioritises maintaining composure and strength in difficult situations. Social constructionism represents a movement aimed at redefining psychological concepts such as the mind, self, and emotions (Gergen, 2022). Culture plays a vital role in shaping cognitive processes related to social, emotional, and self-relevant tasks, influencing how individuals attend to, encode, and retrieve memories based on their cultural backgrounds. In essence, culture provides a framework through which individuals interpret and navigate their social interactions (Schwartz et al., 2020). According to Mishra (2023), social constructivism theory emphasises individual autonomy, reflective thought, problem-solving abilities, collaborative learning, and support. It challenges rationalist approaches by emphasising the impact of social interactions and the influential role of ideas in shaping norms and identities.

Manstead (2018) notes that EMS personnel are expected to use their skills to reconcile the perceived differences between social expectations and subjectivity. Their skills are used to manage and control other's emotions to ensure that all clients are satisfied with the services rendered even as they suppress their own emotions. During the interviews, six participants revealed that suppressing their emotions often led to maladaptive coping mechanisms. Many EMS personnel resort to alcohol, marijuana, and prescribed medications to cope with trauma. While conversing with the researcher, participants maintained a euthymic effect; however, they frequently expressed their emotions through laughter when narrating traumatic events and how

they experienced and managed them. On communal support and systemic challenges, one participant shared:

"*We tend to find comfort in alcohol same applies with SAPS. We are underpaid but overworked. For example, we relate with SAPS and once their member abuse alcohol they are quick to judge them. Now when a member starts consuming alcohol, they are on their case without trying to find out the root cause. They are always ready to condemn us forgetting that they are not taking care of us. Each person comes with their own experiences and trauma, and of which I can relate*."

The critique of external support systems and emphasis on communal solidarity among firefighters highlights the organisational and systemic factors that influence coping mechanisms (Boroş, 2019). This participant's perspective implies a need for structural support and understanding within the emergency response community.

Social encouragement has been directly linked to reduced levels of burnout, a decreased likelihood of developing mental disorders, and increased resilience in overcoming challenges (Brais et al., 2023). This contributes significantly to improved wellbeing, encourages growth following traumatic experiences, and alleviates symptoms associated with PTSD among EMS professionals. Therefore, nurturing robust social support systems within and beyond the workplace is crucial to boosting the mental health and overall wellness of EMS staff (Vig et al., 2020).

Alcohol use disorder is prevalent among firefighters, estimated at approximately 50%, which is nearly double the rate observed in the general population (Vujanovic et al., 2022). Given the persistent stress and potential trauma inherent in firefighting, coupled with high rates of psychological challenges among firefighters, there is an urgent need for specialised mental health promotion initiatives and preventive programmes tailored specifically for this vulnerable group (Oliveira et al., 2023).

Paramedics often resort to alcohol abuse as a coping mechanism due to the intense stress they face in their workplace (Duschek et al., 2020). Geuzinge et al. (2020) noted that paramedics seek solace from trauma through their social networks, which vary significantly across different occupational sectors. These supportive networks differ between workplace and family environments, as well as within the workplace itself, encompassing interactions with peers versus supervisors. One participant reflected on contrasting coping strategies:

"*Fortunately, I do not drink but there was this other lady who once commented that this job will make you drink. I do get overwhelmed although I do not drink, I would think that at least those who drink may be a bit better*."

The above observation on peer behaviour and personal resilience illustrates awareness of differing coping strategies within her profession (Loef et al., 2021). Her insights capture the pressures and choices emergency responders encounter in managing occupational stress. According to ALmutairi and El Mahalli (2020), EMS personnel have different ways of dealing with occupational stress depending on the job they do, the number of years they have served the department, and their ability to cope with job demands. Their definitions and understandings of trauma are shaped by their personal perceptions of what constitutes trauma and the factors they believe predict it. EMS personnel presenting with primary or secondary trauma tend to adopt different coping mechanisms. Ntatamala and Adams (2022) argue that PTSD symptoms are prevalent among EMS personnel, especially when resilience to cope with occupational trauma is not actively developed.

This underscores the critical necessity for EMS organisations to offer mental health support and resources focused on promoting resilience. Additionally, empathic distress creates a significant concern when providers feel emotionally drained and struggle to maintain compassion (Graves, Joyce & Hegazi, 2022). This can detrimentally affect both patient care and provider wellbeing. Therefore, EMS agencies must invest in interventions that enhance compassion, reduce empathic distress, and mitigate secondary trauma. Such initiatives may include mindfulness training, resilience-building techniques, and ensuring access to comprehensive mental health resources and support services (Ducar et al., 2020). Behnke et al. (2019) assert that the concept of a sense of coherence, which reflects individuals' perceptions of their mental wellbeing and their ability to utilise coping strategies effectively, can play a crucial role in managing mental health challenges.

Participants' narratives not only add depth and richness to the lived experiences of EMS professionals but also serve as guiding forces motivated by socio-cultural factors (McAdams, 2019). These narratives not only reflect reality but actively shape it, empowering individuals to imbue their experiences with meaning (Kaliris & Issari, 2022). Emergency responders engage in constructing narratives drawn from their lived experiences, using storytelling as a tool to shape both personal and collective understanding. Narratives serve as a form of social engagement, allowing individuals to comprehend and interpret their lives. They play a pivotal role in driving social change, with their impact evident in bodily expressions and actions (Avraamidou, 2019).

13.2.4 Exposure to trauma

Research suggests that exposure to traumatic events in the field contributes to burnout; however, the management style within the EMS hierarchy also exerts a significant influence. Glad et al. (2024) found that paramedics reported being uncomfortable in treating a relative or a patient known to them. However, it was further added that increased work experience and exposure may lead to more comfort and positive response, although there might be faced with pressure to perform. Two participants mentioned their encounters with death at work, emphasising both personal and professional challenges. One reflected that knowing the victims personally highlights the emotional strain of responding to incidents involving acquaintances. She narrated:

"*That was traumatic and for the fact that sometimes these are the people you know. That is the disadvantage of working around home because you attend to scenes of people you know.*"

The personal connection complicates the grieving process and adds layers of emotional difficulty to an already demanding job. Beyer et al. (2023) noted that recurrent trauma, including past traumatic injuries, can have adverse psychological, emotional, and social effects. Ogińska-Bulik et al. (2021) discussed updates in the DSM-5, noting the inclusion of indirect exposure to traumatic events, such as witnessing patient deaths or engaging in difficult conversations with patients and families. These experiences contribute to stress, negative emotions, and distress among emergency professionals. Another participant described his first major incident, and the lack of recognition from higher management portrays the harsh realities and lack of external validation faced by emergency responders:

"*My first major incident was in a double-story house that burned where teachers stayed in and those two kids burned to death in the house. I go to places that no one wants to go to. No one will give you a job well done except for our immediate boss* [supervisor]. *The top management are white collars they do not have time to congratulate us.*"

The recognition of disparity can contribute to feelings of undervaluation and frustration within the profession. Boland et al. (2021) highlight the lack of support from employers, who prioritise performance over personnel wellbeing. Consequently, EMS personnel often face pressure to excel professionally, potentially at the expense of their mental health.

McCann (2022) emphasises the critical role of management in understanding employees' needs, including their family responsibilities, and ensuring they receive sufficient support. Ogińska-Bulik et al. (2021), as noted above, pointed out a significant update in the DSM-5, which broadened the etiological factors to encompass indirect exposure to traumatic

events. This includes scenarios like often witnessing patient deaths or engaging in challenging conversations with patients and their families Two participants expressed a profound emotional response when attending scenes where children are involved. One participant's immediate need to share her emotions with her partner indicates the personal impact of her work on her family life. She stated:

"*Those ones are hectic, they affect me a lot, I would call my partner immediately on the scene and tell him because I have kids. When we get to the station, we would talk about it further*."

The emotional strain of encountering and dealing with such distressing scenes is evident in EMS personnel's need for support and debriefing after returning from such scenes. In contrast, a second participant emphasised their professional duty and commitment to saving lives despite the emotional challenges, reflecting a stoic resolve and adherence to their oath. He reflected:

"*This is the job that we have signed for, we took an oath and ours is to save lives.*"

The disparity shows different coping mechanisms among responders and illustrates the tension between personal emotional responses and professional responsibilities. Eskesen et al. (2023) point out that exposure to trauma is linked with social distancing, physical disability or mental challenges such as post traumatic disorder. Trauma may affect young workers who were previously healthy. The young workers are also at risk of developing diseases at a later stage. Insights from Beyer et al. (2023) suggest that repeated exposure to trauma, including past traumatic injuries, can result in negative outcomes affecting psychological, emotional, and social aspects. Study participants shared systemic challenges and frustrations in their work. They commented on the lack of recognition and unfulfilled bureaucratic promises, highlighting the disconnect between frontline responders and management. One participant stated:

"*The offices up there promise to put you up for recommendation, but nothing happens. Since 1991 there are so many incidents that I can remember it like it was yesterday*."

The frustration over unfulfilled promises and lack of acknowledgement can contribute to burnout and disillusionment (Ogińska-Bulik et al., 2021) among emergency responders.

Majani et al. (2023) emphasised that factors such as exposure to trauma, PTSD, symptoms of depression, and conflicts in marital relationships can profoundly impact the mental health and overall wellbeing of firefighters. Trauma can be grouped into three main types based on how an injury occurs: penetrating trauma, blunt trauma, and deceleration trauma (Dumovich & Singh, 2022). Bodrug-Lungu et al. (2023) and Appiah-Marfo (2022) agree that cultural and societal norms play a significant role in shaping individuals' self-perceptions following traumatic experiences. Each society's unique approach to handling trauma influences how personal identities are formed. According to Lewis et al. (2022), in cases of

PTSD, self-stigma – where negative societal attitudes are internalised – can lead to various negative outcomes such as depression, reduced income, increased anxiety, and symptoms of traumatic stress. Additionally, how trauma narratives are received by the public can affect the mental wellbeing of survivors, especially in cases of sexual violence, where stories may receive less empathy due to cultural taboos and a preference for positive outcomes.
back."

According to Díaz-Tamayo et al. (2022), active coping strategies should be encouraged over avoidance strategies. Promoting the development of adaptive coping methods among EMS personnel – whether they centre on problem-solving or seeking emotional support – can enhance their ability to manage stressful situations effectively. Traumatic experiences have the potential to challenge an individual's fundamental beliefs, highlighting the importance of making sense of these experiences within different cultural contexts (Theisen-Womersley, 2021).

Participants also reflected on the loss of colleagues, illustrating the emotional pain and the companionship among EMS personnel. One participant shared:
"*I have lost colleagues on duty and it was quite sad. We have lost many due to suicide or in the line of duty. We are one thing, and we belong together*."
The mention of colleagues lost to suicide or in the line of duty highlights broader mental health challenges within the profession. The loss of colleagues can deepen the sense of solidarity among survivors, reinforcing the bonds formed through shared experiences and challenges. One participant elaborated:
"*I think it was personal issues or work that had an impact with his personal issues, but he hanged himself*."

According to Steyn et al. (2013), most 1st responders presented with hyper-arousal which can be deemed as a predictor for suicidal behaviour. The trauma they are exposed to is not that of their patients only but also of the loss of their colleagues and family members. This participant's account of a colleague's suicide illustrates the impact of personal issues and the difficulty of recognising and addressing mental health issues among peers. This suggests the need for better support systems and increased awareness of mental health issues within emergency response teams (McCann, 2022).

Lane et al. (2020) emphasise significant parallels between military personnel and emergency responders concerning their training, culture, and identity. Both cohorts undergo intensive training focused on discipline and composure, enabling them to perform efficiently in high-stress situations while managing emotional reactions. These organisations cultivate

strong bonds among members through shared goals, camaraderie, and loyalty, promoting a cohesive personal and occupational identity within their ranks (Lane et al., 2020).

Novikova (2024) and Basadien (2024) suggests that revisiting traumatic events through self-disclosure helps individuals acknowledge their vulnerability and strengthen social relationships. Discussing traumatic experiences also helps individuals find meaning amid trauma. Furthermore, despite the stereotype that women are more expressive, research indicates that they often experience higher levels of stress in response to adversity compared to men. Men, conversely, are often identified as less likely to share their emotional experiences due to concerns about being perceived as "weak" (Minnie et al., 2015). According to Minnie et al. (2015) EMS personnel do not express the emotions elicited by the traumatic incidents but instead talk about the technical details. In an attempt to deal with their traumatic experiences, the EMS personnel use emotion-focused coping more than the problem-focused coping method. Their training was more focused on diagnosing and treating patients and not how to deal with their emotions.

13.2.5 Psychological and Psycho-somatic symptoms

According to Bradley and Hess (2021), primary trauma refers to the initial and direct experience of a traumatic event by an individual. It includes the instant psychological and emotional effect triggered by the event, typically resulting in feelings of fear, helplessness, or horror during or immediately after the traumatic experience. This personal exposure to trauma can induce substantial psychological distress and have enduring effects on the individual's mental and emotional health (Ryu et al., 2020).

According to Levin et al. (2014) in terms of the DSM-5, PTSD is typically diagnosed following exposure to threats of death, injury, or compromised physical integrity. Individuals with PTSD often re-experience the trauma through flashbacks, physiological reactions, emotional numbness, avoidance of triggers, and hypervigilance in certain situations. The analysis of participants' narratives revealed profound psychological impacts associated with their work in EMS, as evidenced by themes such as flashbacks, irritability, nightmares, anxiety or panic, forgetfulness, and fear for their own safety. These themes highlight the complex and distressing experiences faced by EMS personnel due to their frequent exposure to traumatic incidents.

A particularly significant theme was the frequent exposure to traumatic events, with the most notable sub-theme being the profound psychological impact of attending scenes involving minors. Many participants found these situations very distressing, especially because they could empathise with the parents of the young victims by drawing on their own experiences as parents. The psychological symptoms associated with PTSD and flashbacks to traumatic scenes were reported by six of the eight participants. Participants described attempts to forget or distract themselves from these incidents, only for them to resurface unexpectedly in flashbacks, nightmares, and mood disturbance. Some vividly narrated the experience of flashbacks, where traumatic events suddenly replayed in their minds. For example, one participant shared:

"Whenever I'm seated and I close my eyes I would see the scene."

This illustrates the persistent and intrusive nature of these memories, which affect daily functioning and emotional wellbeing. This aligns with PTSD criteria, where intrusive memories of trauma are a common feature (First et al., 2021). The repetition of such memories can lead to emotional distress and impair daily life (Branson, 2019). The frequency and intensity of flashbacks varied among participants, with some experiencing severe and persistent occurrences while others mentioned occasional recurrences. Nightmares were also prevalent, with one participant mentioning that:

"When you sleep you have nightmares, and you shake at night.".

Sleep disturbances are common among individuals with PTSD and are associated with the frequent recall of traumatic events during sleep (Lewis et al., 2020). Many participants reported nightmares, with some detailing specific traumatic scenes while others highlighted the overall distress caused. Reports indicate that 70 to 90% of individuals with PTSD experience sleep disturbances (Lewis et al., 2020). Nightmares (intrusions) and sleep difficulties (hyperarousal) are specifically listed in the DSM-5 diagnostic criteria for PTSD (Lewis et al., 2020).

Additionally, emergency responders tend to be forgetful and also experience anxiety. Several participants noted cognitive impairments such as forgetfulness and difficulty concentrating, which they attributed to their job-related stress. One mentioned:

"My biggest problem right now is my memory. I am battling with my memory, and it is getting worse."

These cognitive deficits are consistent with symptoms of PTSD and can significantly impact work performance and daily functioning (Vujanovic et al., 2022) Another participant shared:

"I am very forgetful, and I do not know why. I would stand up to fetch something and once I am up, I would have forgotten. Even if you ask me something basic and things that I am sure I know, I will just become blank. That doctor told me that I have something called anxiety."

Petzold et al. (2022) and Schauer et al. (2015) noted that stress can erode memories and induce forgetfulness, while also triggering flight or fight responses. Some forces may control others, impacting human functioning, meaning, and morals. The level of cognitive impairment differed among participants; while some reported severe memory problems, others experienced milder forgetfulness.

Wood et al. (2020) argues that experiences, memories, and emotions are not merely psychological phenomena but are enacted socially. Social constructionism, as emphasised by Wood et al. (2020), focuses on the connection between individuals and considers narratives as active social actions through which human lives and identities are performed and shaped. Emotions and thoughts are both personal and culturally situated and accessible through culture-specific frameworks. Furthermore, anxiety and panic responses were repeatedly mentioned by participants, mostly in relation to the anticipation of or response to emergency calls. Some participants expressed feelings of fear and anxiety. One described their experience of anxiety: *"Even now when we receive a call, on our way to the scene everyone is quiet in the truck. You can tell that everyone is gone with their thoughts as no one says anything to anyone."*
These responses are adaptive in high-risk situations but can become maladaptive when they persist outside of work contexts (Machado et al., 2022). This intensified state of arousal and vigilance, while beneficial in emergencies, can contribute to chronic stress and anxiety disorders over time. The intensity of these responses varied among participants, with some describing intense panic reactions, while others mentioned more generalised anxiety states (WHO, 2022).

The psychological presentations of participants can complicate their ability to achieve a sense of self-esteem portrayed by independence, status, and fulfilment of social needs. Symptoms linked to PTSD and anxiety may lead individuals to feel inadequate, potentially impending their successful attainment of self-actualisation, where they strive to fulfil their maximum potential. According to Straud et al. (2018), the events that EMS personnel respond to may take a toll on their mental and physical health. As a result, they develop the symptoms or diagnosis of PTSD. Straud et al. (2018) stated that the prevalence rate of PTSD in firefighters ranges from 17% to 22% as compared to the general population's rate of 6.8% to 8%. Additionally, some emergency medical personnel may become resilient to the anticipated trauma, while others may develop trauma-related behavioural disorders such as avoidance, insomnia/hypersomnia, anxiety, flashbacks, depression, and negative moods. Furthermore, there is a rising concern regarding suicide rates among public safety personnel, including police officers and EMS personnel such as firefighters and paramedics (Tatebe et al., 2020). These

professions are often exposed to high-stress environments and traumatic incidents, which can contribute to mental health challenges. One common emotional response observed among participants in studies is heightened irritability and emotional reactivity. This was expressed by one participant who mentioned feeling impatient and irritable towards colleagues, illustrating the difficulty in managing emotions after exposure to trauma. They noted:

"You sometimes become impatient and irritable even towards your colleagues."

Such emotional dysregulation is a characteristic feature of PTSD and can significantly impact interpersonal relationships and workplace dynamics. Irritability as a symptom is well-documented in PTSD literature and is exacerbated by the chronic stress and emotional strain inherent in EMS work (Protocol, 2014).

Different participants in various studies have expressed irritability and mood swings as direct consequences of their traumatic experiences, further emphasising the psychological toll of their profession. These emotional challenges not only affect the individual's wellbeing but also have broader implications for their professional interactions and overall workplace environment. Fox et al. (2021) noted that many first responders exhibited hyperarousal, a significant predictor of suicidal behaviour. However, the sources of irritability among participants varied; it could come from perceived workload deficiencies or stress-induced hyperarousal. During discussions with participants, only two incidents of suicide were mentioned. The daily exposure to trauma can exacerbate PTSD symptoms among first responders. These personnel often experience psychological reactions such as fear of legal consequences, anger, sleep difficulties, and cognitive distortions. Additionally, they may display inappropriate behaviour, engage in extramarital affairs, experience emotional numbness or detachment, lose motivation, become moody, or resort to substance abuse as coping mechanisms.

Straud et al. (2018), explored how trauma impacts memory and emotional regulation, leading to symptoms such as flashbacks and mood disturbances. This is similar to the experiences reported by the study participants, who often mention intrusive memories and increased irritability as significant challenges they face. Furthermore, Padmanabhanunni and Pretorius (2023) argue that cognitive appraisals play an important role in the development of PTSD. They suggest that individuals who perceive the world as unsafe or threatening may be more susceptible to experiencing symptoms such as anxiety and hyperarousal. This perspective aligns with the findings from various studies where EMS personnel describe persistent feelings of hypervigilance and anxiety related to their work environment.

According to Saleem et al. (2021), feelings are influenced by language and are culturally derived as social products based on beliefs. Culture shapes how individuals experience events, the meaning they attribute to these events, and how they express themselves emotionally. Moreover, for emotions to manifest physiologically, cognition plays a crucial role in interpreting these emotional signals. Some participants did not articulate their emotions openly in the study but noted experiences of psychosomatic symptoms. These bodily responses, such as headaches and fatigue, were interpreted by the participants as indicators of emotional distress and a need for rest or sleep. This suggests a disconnect between conscious emotional expression and subconscious physiological responses among EMS personnel exposed to trauma (Johnson, 2022). This observation implies the complex connection between cultural influences, cognitive processes, and physiological responses that shape how individuals perceive and respond to their emotional experiences, particularly in high-stress professions like EMS (Dasen, 2022). Participants often described their physical symptoms, such as headaches and loss of appetite as responses to their emotional states triggered by traumatic incidents. They reported that whenever they experience fatigue or headaches, they consult a medical doctor.

Stanisławska-Kubiak et al. (2023) state that people often interpret their psychosomatic symptoms through a medical lens rather than recognising their psychological origins. Psychosomatic symptoms were not well understood by the majority of the participants. For instance, one participant recounted how distressing it is to receive calls that involve children. Such calls deeply affected her, leading to stress-induced binging and subsequent weight gain. She initially interpreted these symptoms only as medical issues but eventually sought psychological support when she realised the psychological origins of her distress. Similarly, another participant struggled with persistent headaches and memory issues, initially attributing them to unrelated factors rather than recognising them as potential psychological symptoms due to trauma exposure. Despite seeking medical assistance for headaches, the participant remained unaware of the psychological origins of her symptoms. She stated:

"I was not aware that the symptoms I presented with are psychological symptoms and need psychiatric treatment."

The perception that psychosomatic symptoms are purely medical until one is encouraged to seek psychological support indicates a common disconnect between physical symptoms and the underlying psychological causes (Stanisławska-Kubiak et al., 2023). This pattern suggests the importance of raising awareness about psychosomatic symptoms among EMS personnel and ensuring they have access to comprehensive psychological support combined with medical care (Lawn et al., 2020). There is a recognised gap in understanding the necessity for targeted

training and support within EMS agencies to encourage awareness of mental health issues and promote prompt intervention (Sampaio, Gonçalves & Sequeira, 2022). This indicates a prevalent misconception that physical symptoms are often viewed in isolation as medical issues rather than potential signs of underlying psychological distress (Johanna et al., 2022).

The struggle to forget traumatic scenes, coupled with the experience of olfactory hallucinations linked to those scenes, highlights the profound and enduring impact of these experiences on the daily lives and cognitive functioning of EMS workers (Lyndon & Corlett, 2020). Given the rigorous demands of their roles, paramedics often have minimal opportunities to address the emotional impact of traumatic experiences, prioritise physical recovery, or even attend to basic needs such as rest and nutrition (Lawn et al., 2020). The psychosomatic symptoms experienced by EMS personnel have an impact on their daily lives and professional performance. Persistent headaches were frequently reported among participants, impacting their daily functioning and overall health. A participant described her struggle with headaches, noting:

"I am suffering from a terrible headache, and it bothers me."

This symptom is consistent with stress-related tension headaches, which can result from prolonged exposure to stressful and traumatic situations (Rittenberger et al, 202; Lambru et al., 2021). Such incidences indicate the significance of addressing psychosomatic symptoms not only for personal wellbeing but also to maintain effective job performance and safety (Straud et al., 2018). The team's reliance on informal peer support to cope with trauma (Shalaby & Agyapong, 2020) shows a cultural acceptance of these symptoms as occupational hazards rather than indicators of underlying psychological distress. Loss of appetite also emerged as a prominent psychosomatic symptom among participants, often linked to participants' exposure to traumatic incidents. One participant shared her experience, stating:

"*I do sleep but sometimes I lose my appetite depending on the scene I had attended."*

This reflects the emotional strain of their work, where distressing events can suppress appetite as a physiological response to stress (Roer et al., 2021).

According to Henry, Burks and Zoernig (2024), prolonged exposure to traumatic incidents among EMS personnel can lead to significant physical and emotional repercussions, as noted by one participant. His description of sensory disturbances and insomnia following traumatic incidents emphasises how such experiences can disrupt normal functioning. His unawareness of the psychosomatic nature of his symptoms suggests a gap in recognising the psychological toll of his work, potentially hindering appropriate intervention and support. EMS personnel experiences illustrate how psychosomatic symptoms can become normalised within

EMS culture. Fluctuating appetite and fatigue are seen as routine aspects of the job, influencing their family relationships and personal wellness (Mansouri, 2021).

According to Majani et al. (2023), full-time firefighters often experience deterioration in their physical health, potentially linked to excessive alcohol consumption used as a coping mechanism for trauma. Amadi and Rosemary (2023) asserts that vitamins could enhance both the physical and mental wellbeing of employees in taxing duties, acknowledging the strain on their health. EMS personnel express a strong commitment to their duties, viewing work as an essential physiological requirement (Ponndee, 2024; Lawn et al., 2020). However, the challenging nature of their duties may cause emotional instability, fatigue, and PTSD due to high levels of stress, stressful incidents, and a demanding work environment (Lawn et al., 2020). Factors such as insufficient sleep, prolonged work shifts, exposure to traumatic occurrences, and limited support from the organisation and colleagues contribute to the psychological strain faced by EMS professionals (Lawn et al., 2020). Approaches such as mental resilience, support from the organisation and colleagues, as well as debriefing procedures are recognised as vital to fostering satisfaction, decreasing exhaustion, and alleviating secondary traumatic stress among EMS personnel (Coyte, et al., 2024; Miller, 2016).

13.2.6 Bringing the job home

May et al. (2023) reported that international studies on PTSD among EFRs like firefighters, police, and ambulance personnel have mainly focused on the effects of exposure to mass casualty events or disasters. The existing literature indicates that family members often experience negative mental health and relational outcomes (Waddell et al., 2020; Waddell et al., 2023). Studies have also found that PTSD among service members can negatively impact interpersonal relationships and the mental health of other family members, including spouses and children (May et al., 2023). Skeffington (2021) highlighted a significant impairment in family functioning associated with the mental health symptoms of emergency responders. The presence of comorbid affective and anxiety disorders, along with PTSD, has a considerable impact on the functioning of emergency responders in family contexts.

A qualitative study conducted in 2020 in Australia explored the experiences of partners of emergency responders and veterans living with PTSD, revealing significant impacts on both partners' mental health and overall family functioning. Partners often felt the need to shield their families from the effects of PTSD symptoms, particularly the dysregulated emotions and

behaviours frequently exhibited by their affected partner (Waddell et al., 2020; Waddell et al., 2023). Military and emergency responder organisations promote strong bonds through shared purpose, camaraderie, and loyalty, leading to a closely-knit personal and occupational identity among members. This sense of identity also extends to family members, referred to as the "serving family," who share the lifestyle and the potential for sacrifices, injuries, and intense service during emergencies or conflicts (May et al., 2023). EMS personnel often face emotional challenges when transitioning from work to home environments.

A study participant expressed:

"It's just that you cannot cry on the scene, we are not allowed but when I get home, I do cry a lot."

This response reflects the emotional suppression necessary during duty and the subsequent release and processing of emotions in private settings. Such emotional regulation strategies are common among emergency responders, influenced by the need to maintain composure during critical incidents (Kshtriya et al., 2022). By openly discussing their true feelings and experiences, EMS personnel can cultivate a positive attitude that may alleviate their stress levels and reduce the need for emotional "acting." In the context of emotional labour, two distinct approaches are discussed: deep acting and surface acting (Willoughby, 2024). Deep acting involves modifying internal emotions to align with professional expectations, aiming for genuine emotional expression. Conversely, surface acting involves displaying fake emotions or maintaining a thick emotional skin, focusing more on outward appearances than genuine feelings (Ngcobo et al., 2022). The participants seem to be presenting with both deep and surface acting as they mentioned that they leave their personal beliefs, fears and problems outside and focus on saving life. One participant's narrative emphasises the emotional burden that EFRs carry. He reflects on the necessity to suppress emotions during work but acknowledges the inevitable impact when returning home. His experience of crying alone after shifts highlights the emotional release necessary to cope with traumatic scenes, particularly those involving minors. The dichotomy of suppressing emotions at work and releasing them at home underscores the psychological toll these experiences take on EMS personnel (May et al., 2023).

Other experiences noted the role of communication and social support in coping with trauma. One participant's practice of communicating traumatic incidents at home as a means of processing her emotions echoes Bountress et al.'s (2020) research, which emphasises the therapeutic benefits of narrative disclosure among trauma survivors. However, the participant's awareness of the potential burden on their family from graphic details suggests the need for

boundaries when sharing traumatic events to prevent secondary trauma among family members (Bountress et al., 2020). Similarly, another participant's reliance on their partner for support and understanding reflects May et al. (2023), who note the significance of spousal support to lessen the impact of trauma on first responders' mental health. However, constant exposure to trauma narratives may strain familial relationships and emotional intimacy, necessitating strategies to balance emotional disclosure to preserve healthy family dynamics (May et al., 2023).

Many EMS personnel find solace in communicating their work experiences with family, viewing it as a coping mechanism and a means to process trauma. One EMS worker mentioned: *"Every day whatever I come across I would describe it in detail."*

All participants noted that they received understanding and support from their family members which helps them to cope with the work they do. EMS workers tend to bring their jobs home, with four out of the eight indicating that they discuss the traumatic scenes they witness with their family members.

One participant concurred with the therapeutic value of discussing work experiences with his partner, who shares a similar occupational context:

"The more you talk about these things the more you feel relieved... She understands everything I go through, and we would comfort each other."

The mutual support within the family context shows the significance of shared perceptions that lessen the emotional toll of their jobs, even though sharing experiences can be a delicate concern that could potentially traumatise family members (Goble, 2020).

Participants revealed challenges in balancing demanding work schedules with family tasks. One participant's account of eagerly sharing work experiences with family after a shift illustrates the integration of work life into personal narratives:

"When you arrive home after work, the first thing I do is to bathe and after that, I just want to tell everyone in the family about the experience."

A supportive environment where both personal achievements and challenges are acknowledged and processed is encouraged by this integration. For familial support to be enhanced, strategies should focus on advancing open communication and providing resources to cope with work-related stress (Breyre et al., 2022). Initiatives such as family counselling sessions or peer support groups could facilitate discussions and strengthen emotional bonds within the family unit (Sharp et al., 2022). Moreover, organisational policies should promote work-life balance to alleviate the strain on EMS personnel and their families, as Meacham et al. (2025) suggest in their study of firefighters (Abhishek et al., 2023). Another participant

reinforced this sentiment by emphasising the importance of sharing experiences with someone who understands the challenges of their work environment. He stated:

"Yes, when I get home, I talk about my traumatic scenes a lot. For me, that is the thing that helps me heal. My partner is supportive because he can relate. He is working at SAPS so whenever I talk about the traumatic scenes, he comforts me".

This mutual support within the family helps alleviate the emotional burden associated with EMS duties and promotes resilience (Breyre et al., 2022). This indicates a need to share the experiences to cope effectively. The sharing, however, can inadvertently expose family members to secondary trauma (Cramm et al., 2022). Although there are therapeutic benefits in talking about traumatic incidents, there is a need for caution to prevent overwhelming family members with graphic details. One participant echoed similar sentiments, noting how discussing traumatic scenes helps her heal but can also strain her relationships due to the emotional toll and her family's inability to fully understand the experiences. This suggests a delicate balance between seeking support and protecting family members from vicarious trauma (Waddell et al., 2020; Waddell et al., 2023). Conversely, two participants find solace in discussing their traumatic experiences at home. For one, sharing detailed accounts of her day helps to process emotions, although she acknowledges the challenge of relating these experiences to family members who may not fully understand. The process of verbalising trauma serves as a coping mechanism but also risks secondary trauma for family members inadvertently exposed to graphic details (Bountress et al., 2020). Some experiences align with others in finding comfort through sharing, especially with a partner who can relate due to their own role in law enforcement. However, the participant recognises that bringing work home may strain her relationships, as constant exposure to trauma narratives might affect familial dynamics and emotional intimacy (May et al., 2023).

EMS personnel benefit from the knowledge they obtain through constant interaction with their colleagues. Moreover, the demands of the profession can lead to emotional detachment from non-EMS individuals, as seen in one participant's reluctance to share details of his traumatic work experiences with his family. He narrated:

"You can't tell your wife in details what you have seen... This has, however, changed me as a father and a husband".

Similarly, another participant expressed hesitation in discussing certain aspects of her job with her partner, though she appreciates his support. This reluctance comes from the belief that some experiences are inherently difficult for outsiders to fully understand. Her statement:

"I do not think anyone can understand this thing"

underscores the isolating nature of certain EMS experiences and the internal struggle to reconcile personal emotions with familial expectations.

Emotional distancing can further exacerbate feelings of isolation and hinder effective communication within family relationships. Isolation or difficulty in establishing connections beyond their workplace can worsen EMS personnel's anxiety, PTSD, and depression (Lawn et al., 2020). Themes such as "withdrawal from family", "bringing the job home", and "balancing work and family" suggest that they have little time to connect with their families or community.

One participant shared how her family's understanding and encouragement, especially from her father who comprehends EMS work, have positively influenced her career growth. This familial support illustrates the significant impact family members can have on the professional development and emotional wellbeing of EMS personnel. This perspective underscores the importance of language in influencing EMS personnel's perceptions and experiences. According to Anderson et al. (2020), EMS personnel should strive to involve their family members in their professional world so that their loved ones can understand the realities that shape their working environment.

Participants shared how their job motivates their interactions with their partners and children, resulting in being overprotective and anxious about their safety. The caution during family activities and frequent check-ins reflect a coping mechanism rooted in professional experiences aimed at minimising risks and ensuring family wellbeing (May et al., 2023). One participant noted the adverse effects of traumatic exposures on his family life, which led to divorce due to his maladaptive coping mechanism of alcohol use. His inability to effectively separate work stressors from personal life indicates the need for inclusive support and coping strategies for EMS personnel and their families (Skeffington, 2021). Some of these narratives provide insights into how traumatic exposures can disrupt family dynamics.

The struggles with alcohol and failed marriages indicate the pervasive impact of unaddressed trauma on personal relationships. The attempts to compartmentalise work from family life reveal the challenges EMS personnel face in maintaining emotional boundaries (Sharp et al., 2022). Effective support strategies are crucial to ease the impact of trauma on EMS personnel and their families. When early signs of emotional distress are recognised and accessible counselling and mental health services are provided, coping mechanisms can be enhanced and adverse outcomes in family relationships can be prevented (Bountress et al., 2020; Cramm et al., 2019).

Another participant's account illustrates heightened vigilance and overprotectiveness towards his family due to the nature of his job. He shared:

"*I constantly check on my family's safety during travels and teaching safety protocols*".

His response reflects a coping mechanism to minimise his anxieties due to traumatic incidents witnessed on duty. This hyper-awareness, while intended to safeguard his loved ones, also indicates the intrusion of work-related stress into his personal life (Skeffington, 2021). Another participant described how scenes involving children affect him, impacting his parenting style and creating a sense of overprotectiveness towards his own children. This emotional transfer from work to home implies a challenge in labelling traumatic experiences and indicates the potential impact on family dynamics and personal wellness (May et al., 2023). Furthermore, the hyper-vigilance and overprotectiveness towards family members mirror studies on how trauma exposure affects family dynamics. Research by Skeffington (2021) indicates that EMS often develop heightened alertness and safety behaviours in their personal lives, influenced by their experiences of witnessing accidents and tragedies. This perpetual concern for family safety can strain relationships but also underscores a strong desire to shield loved ones from potential harm, shaped by the trauma they encounter at work (Skeffington, 2021).

According to Lawn et al. (2024), partners of veterans exposed to workplace trauma often experience feelings of isolation, confusion, loneliness, and a lack of control over their lives. For EMS personnel, their relationships are frequently strained due to their shift patterns which prevent them from fulfilling household responsibilities or spending time with their children (Sharp et al., 2022). Six of the study participants cited their shift schedules as a major barrier to family interaction. Participants consistently expressed feelings of isolation and a lack of quality time with their loved ones due to irregular work hours. For instance, one reflected on the dichotomy of benefitting from alone time after difficult missions, yet feeling sad about the overall strain on family relationships caused by his shift schedule:

"My wife works shifts like I do... I get a chance to be alone".

Solo time can aid workers in maintaining a stable emotional state when interacting with their families. This adaptive coping strategy enables them to navigate the emotional complexities of their job while maintaining meaningful connections with their loved ones (Perry-Jenkins & Gerstel, 2020).

The experience of emotional withdrawal and difficulty engaging with family due to exhaustion after work shows the strain that EMS workers face in balancing personal and professional responsibilities. The hesitation to return home when fatigued shows the need for supportive environments that accommodate the emotional demands of EMS personnel post-shift (Cramm et al., 2019). One participant's narrative introduces the crucial role of family

members in recognising behavioural changes indicative of trauma. The partner's suggestion of counselling exhibits the importance of early intervention and support systems to ease the long-term effects of work-related trauma on EFRs and their families (Waddell et al., 2020; Waddell et al., 2023). It is evident that while the emotional impact of trauma on EMS personnel and their families is well-documented, personalised support strategies to address individual and familial needs remain essential. Health professionals must enhance their perception of vicarious trauma in family members and develop directed interventions to support EMS personnel in managing and mitigating these effects (Cramm et al., 2022).

These sentiments align the Maslow's hierarchy of needs in the love and belonging stage, romantic attachments, family, community involvements and friendships are of importance. However, the challenge of shift work impedes their ability to attain the love and belonging stage in Maslow's hierarchy, which emphasises meaningful relationships and a sense of community. This need for interpersonal relationships may motivate behaviour (Mustofa, 2022). Essential to this stage is the exchange of affection (Mustofa, 2022). Watkins et al. (2022) contend that the shift patterns of firefighters impact their marriages and emotional wellbeing. One participant noted:

"It is tiring... being in overalls and boots the whole day... When you are off you become a mother and a wife...."

From a social constructionist perspective, the workplace environment of EMS personnel serves as a microcosm that shapes their identities and social realities (Morales, 2021). Fitzgerald (2020) argues that knowledge and identity are constructed through interactions within society, which, in this context, primarily consists of colleagues who share similar work experiences.

According to Baert, Morgan and Ushiyama (2024), societal reality is a mixture of subjective and objective elements. This belief is supported by the idea that individuals within a society interact and exchange ideas, which can lead to habitual behaviours and routines. Burr (2024) notes that social constructionism emphasises how organisations, knowledge, and identities are socially constructed. It contrasts with essentialist views by proposing that personal experiences are shaped through social interactions. This perspective posits that social realities, identities, and knowledge are influenced by cultural, social, and historical contexts.

The negative view of self-worth may affect EMS family functioning as EMS personnel may perceive their contribution to the family as insignificant (Watkins et al., 2022). One participant stressed that during festive seasons they are often not allowed to take annual leave and this creates a gap between them and their family members.

Participants demonstrated resilience by recognising the challenges caused by their shift schedules while actively pursuing to make the most of their limited time with family. One participant elaborated:

"Time is an important factor therefore I use the little time I have... to spend time together."

This adaptive approach underscores how crucial communication and mutual understanding are within relationships affected by work schedule demands (Sias et al., 2020).

Another participant's experience showed the need for proactive measures to address emotional withdrawal and stress within EMS personnel, including the suggestion of counselling:

"Sometimes your partner might notice that you are withdrawing and may recommend counselling for you."

Recognising these signs early and offering adequate support mechanisms could mitigate the negative impacts on family dynamics. Opposite shifts for partners or couples can diminish the quality time they can spend together. Studies show similar challenges in other emergency service professions, not just EMS (Watkins et al., 2022). There is an emotional toll on the job that makes EMS workers reluctant to discuss their work with their families, fearing the psychological burden it may impose on them (Lawn et al., 2020). This behaviour reflects a protective mechanism aimed at protecting loved ones from the trauma associated with EMS duties. Such emotional distancing can further exacerbate feelings of isolation and loneliness within the family unit (Brandt et al., 2022). Furthermore, a participant noted the challenge of balancing work duties with personal commitments. She expressed the conflict between her dedication to her job and her desire to be present for her family, especially as a new mother. According to Fitong Ketchiwou and Dzansi (2023), there is a conflict between the traits, roles, and skills expected of EMS personnel and those required of a parent or spouse.

Single firefighters are often seen as having a limited support system from partners, which can make it a struggle for them to cope with trauma due to perceived isolation (Zegel et al., 2024; Pickering, 2025). According to Uhnoo and Persson (2020), firefighters use their expertise to navigate the differences between societal norms and personal realities. While proficient at managing and regulating others' emotions in their professional roles, maintaining these qualities with their families can present challenges.

Some participants stressed the major impact of long work hours on their ability to spend quality time with their families. For instance, one described arriving home late, often after his family had gone to bed. This situation is echoed by another, who points out that shift patterns and unpredictable working hours prevent her from resting adequately or engaging fully with her family during off days. These experiences portray a common theme in the literature where

demanding work schedules, normally in emergency services, erode family time (Lawn et al., 2020). Professionals in high-stress jobs, like emergency services, often confront challenges in sustaining work-life balance due to irregular schedules and the emotional demands of their work. The emotional toll is further exacerbated when workers feel detached from their families due to work commitments (Higgins, 2020), as highlighted by one participant who referred to: *"…missing family moments and important goodbyes"*.

The emotional distress of balancing work and family responsibilities is evident in participants' narratives. Another participant revealed:

"The fatigue and strain caused by irregular work hours, which disrupts family routines and personal rest".

This sentiment is shared by a participant who remarked on the emotional independence required for her job conflicting with the emotional support and presence expected at home (Spagnoli & Molinaro, 2020). Such experiences resonate with the literature on relationships and work management.

Maslach and Leiter (2022) disclose how professionals in emotionally demanding roles must navigate contradictory expectations between the emotional detachment required at work and the emotional engagement expected in personal relationships. This conflict can lead to emotional exhaustion, as noted by one participant's narrative:

"… feeling drained after long shifts".

According to Epstein (2022), there are societal expectations that influence professionals' roles at work and at home. This is often expressed as frustration with gender norms that suggest female job is more suitable for men, reflecting broader societal attitudes that can limit career advancement for women in high-stress professions (Hicks, 2021; Cheryan & Markus, 2020). Similarly, the expectation for emotional labour both at work and home places additional strain on women (Epstein, 2022). Fitong Ketchiwou & Dzansi (2023) argue that these ingrained beliefs perpetuate stereotypes and hinder professional progress for women who balance caregiving duties with their careers. This perspective aligns with the participants' rejection of predefined roles and their efforts to challenge gender norms (Hicks, 2021).

Kyron et al. (2021) suggest that support from family members and colleagues can be valuable for emergency personnel. Those who receive sufficient support from their families are less likely to take mental health stress leave. Nickerson (2024) argues that social constructionism posits knowledge and reality as products of ongoing conversations, emphasising the realities shaped through interactions and discussions. The interaction of family members with EMS personnel blends their realities, influencing the social constructions within

EMS contexts. While participants expressed frustration that family members may not fully understand their experiences, the merging of these two realities has the potential to alleviate mental stress. According to Mtetwa (2022), family serves as a crucial pillar of support for EMS personnel, offering a platform for catharsis where traumatic experiences can be shared and processed. Some participants constantly noted the invaluable role of their families in providing emotional support and understanding. One participant emphasised how his family's awareness of the dangers inherent in his job and their supportive attitude significantly contribute to his wellbeing. He noted:

"They [family] *know the situation to be quite honest and they understand the situation because they are so supportive. That is why I can never leave home without saying my goodbyes... Because you can never know, that might be your last goodbye."*

This support is not merely passive but actively involves emotional validation and a willingness to engage in discussions about traumatic incidents encountered on duty. Open communication strengthens familial bonds and also provides emotional relief by acknowledging the uncertainties inherent in EMS work (Goble, 2020). Additionally, language facilitates the exchange of words, which, according to Becker (2023), helps to lessen the chaos of constantly changing circumstances. Although family members serve as a good support system for emergency workers they may also be affected by their partners' narratives. In addition, the stress experienced by emergency personnel can be transmitted to family members (Kyron et al., 2021). May et al. (2023). reported that emergency personnel's stress may dampen the quality of marital interaction and cause negative feelings towards the relationship.

Despite serving as a valuable support system for emergency workers, family members may also be affected by their partners' narratives. The stress endured by EMS can affect their family members as well (Kyron et al., 2021). According to May et al. (2023), the stress experienced can diminish the quality of marital interactions and lead to negative feelings within relationships. All participants acknowledged receiving understanding and support from their family members, which aids them in coping with their work. Additionally, participants often bring their work home, with four out of eight indicating that they discuss the traumatic scenes they witnessed with their family members. Bolis et al. (2023) affirm that social interactions provide society with the meanings internalised by individuals. Socialisation or interactions are done by constructing concepts through language, which transmits thoughts and feelings.

Participants shared that they are very emotional when at home with their families thus finding it difficult to separate their work and family lives. Meacham et al. (2025) noted that most paramedics perceived their family members, friends, and partners as more supportive

compared to their supervisors or managers. Participants also struggle to maintain a balance between their work and family lives, with five out of eight indicating that they have difficulty spending quality time with their families due to the demands of their jobs. Additionally, two participants find the task of balancing work and family responsibilities to be very exhausting. Pasca and Wagner (2022) state that firefighters often experience job interference with their family functioning, which can lead to distress (Pasca et al., 2023).

Notwithstanding this concern, family support plays a crucial role in job performance and overall work satisfaction. Social or family support is particularly valuable for firefighters who work voluntarily, as it helps mitigate feelings of isolation and demoralisation often associated with the absence of a salary (Meacham et al., 2025). Hoell et al. (2023) assert that collateral information from paramedics' family members revealed that their stressful and traumatic jobs significantly impact their interpersonal relationships. Paramedics' reduced interest in social interactions, as a result of trauma experienced at work, also affects their home and social environments. Fang et al. (2020) have shown that many individuals use numbing as a protective or defensive mechanism. This numbing can manifest as expressing negative feelings towards family members and partners. The social constructionist theory suggests that the family unit becomes a context where the realities of EMS personnel are negotiated and understood. Social realities are constructed through conversations, and family interactions shape the narratives and meanings attached to their experiences (Phillips, 2023). The family members' interaction with EMS personnel merges their social constructions. This mutual construction of reality helps bridge the gap between the unique challenges faced at work and the supportive environment at home (Burnett, 2025; Breyre et al., 2022).

The literature supports the notion that social support, mostly from family members, significantly contributes to the mental wellbeing of emergency personnel (Kyron et al., 2021). Family support acts as a buffer against the negative impacts of job-related stress and facilitates psychological resilience. However, effective support mechanisms require mutual understanding and communication (Bernuzzi, Sommovigo & Setti, 2022). The detachment and emotional unavailability resulting from these challenges can hinder parents' ability to engage and enjoy interactions with their children, leading to strained relationships. Phillips (2023) emphasised that people's realities are subjective and cannot be directly compared.

13.2.7 Effect of trauma on work performance

Social constructionists argue that concepts are not inherent discoveries but rather products of social construction to correspond with perceived realities (Ulianov, 2022). When exploring trauma survivors working in teams, the social constructionist viewpoint emphasises how the belief in the supportive aspect of teamwork impacts their experiences and results. The participants' recognition of trauma's influence on their performance, while also finding comfort in teamwork, illustrates the social construction of resilience and collective safeguarding within the team (Butowski et al., 2022). This collaborative setting not only supports their rescue efforts but also satisfies their social desires for affection and inclusivity, potentially facilitating their advancement towards recognition and self-realisation. The intersection of individual experiences with social constructs, such as teamwork, demonstrates how social realities can mould perceptions and behaviours in significant ways (Levy, 2020). EMS personnel are often subjected to traumatic scenes that can trigger each other, as well as be triggered by daily activities like watching TV or movies (Loef et al., 2021). The belief that mental observables are objects of language, stored in the mind, while mental operations are visible through prompted acts, suggests the intricate connection between language and reality (Seuren, 2023). Research on visual cognition suggests that language-specific features can influence both verbal encoding and event perception, impacting cognitive processing from the earliest stages (Ünal et al., 2016). Additionally, the role of information and psychological operations in crisis and communication response emphasises the use of reliable or false information to control individual and mass consciousness, displaying the power of manipulation and psychological influence that shape perceptions and behaviours (Kyrychok et al., 2024). However, participants felt that their coping mechanisms protected them from being affected by their traumatic exposure. One mentioned that:

"No, it has not affected me. It depends on the coping mechanism. I tell myself that this is my job and there is a difference between people who are passionate about the job and those who are doing it for salary. I just move on."

Although they view "just moving on" as part of their coping mechanism Lawn et al., (2020) suggest that most EMS personnel experience avoidance symptoms following a traumatic exposure. They apply emotion-focusing coping mechanisms that temporarily help them deal with their emotions. Therefore, this coping strategy may be temporary and they may experience psychological or psychosomatic symptoms in future. Another participant, a

firefighter with over three decades of experience, emphasised the emotional strain of responding to distressing scenes involving minors. He shared:

"You find your corner and tear. It's just that you cannot cry on the scene, we are not allowed but when I get home, I do cry a lot."

Emotional release is a challenge in the management of intense emotions while on duty, having an impact on immediate job performance (Bakker & De Vries, 2021). Another participant, a paramedic, reflected on the mental preparation required to separate personal emotions from professional duties:

"*I prepared myself mentally when I started working and learned to separate the work and personal factors."*

His coping strategy of separation allows him to maintain concentration during critical incidents despite the emotional trauma (Chew et al., 2020). However, he also acknowledged the enduring effects of trauma, especially in situations that include children, which can trigger increased anxiety and emotional responses. Similarly, another paramedic described the lasting impact of traumatic scenes on her work performance:

"I still panic and experience shock when called to the scene."

Her experience indicates the persistent psychological effects of trauma, influencing her initial reactions and ability to function effectively in emergencies (Sharp et al., 2022). Many participants discussed adaptive coping mechanisms that help them navigate their demanding roles despite the challenges. One emphasised her passion for the job as a protective factor:

"However, if you joined with the passion of helping people you will be able to help and fight through. But if otla ka mentality yah ore obatla tshelete everything etloba boima for wena (if you join with the mentality of wanting a salary, everything is going to be hard. It will be more challenging). I am not saying we enjoy seeing corpses but there is always an excitement and fulfilment. Especially if we managed to extinguish a fire and the community members approach us and thank us. That is a big deal to us. Mo mmerekong (here at work) we are thanked by companies and they will acknowledge us and that means a lot to us. It boosts our egos."

This dedication allows her to maintain professional composure and efficacy in challenging situations (Lyra et al., 2025). Conversely, a veteran firefighter, expressed a weariness and desire to avoid further trauma exposure:

"I saw enough traumatic scenes and am no longer interested in seeing anything anymore."

His approach implies the cumulative strain of repeated exposure to trauma, leading to strategies of avoidance that can impact willingness to engage in certain assignments (Hofer, Guarnera & Savell, 2021).

The central subject throughout the participants' narratives was the critical role of teamwork and peer support in lessening the effects of trauma on work performance. One noted: *"We know how our team members feel about scenes. We know what is expected of us no matter what."*

The mutual understanding among team members encourages a supportive environment where colleagues can anticipate and compensate for each other's emotional vulnerabilities, enhancing overall team resilience (Hartwig et al., 2020).

13.2.8 Team members as the main source of support

Positive support from both family members and employers can decrease the risk of suicide. However, mental health support in the workplace appears insufficient for both firefighters and paramedics (Otten et al., 2022). Lentz et al. (2022) note that the available interventions tend to be isolated, centred on individuals, and do not address accumulated chronic stressors caused by difficulties that impact the psychological health of staff or the culture of blame within institutions. The requirements of the structure can at times overshadow the welfare of employees, leading to a mindset of service and sacrifice, yet the personal consequences of upholding work principles can be substantial (Davis et al., 2024). Crafting interventions that address the varied stressors encountered by these professionals poses a challenge.

To improve mental health support, it is advisable to adopt a systemic approach that focuses on enhancing working conditions, recalibrating the work atmosphere, investing in comprehensive system strategies, and employing organisational diagnostic frameworks (Jackman et al., 2022). All eight participants noted neglect of their mental health by managers but reported receiving support from their team members. Firefighters were more likely than paramedics to report receiving support from their team members. Participants emphasised the familial nature of their work relationships due to spending extensive time together and sharing the significance of teamwork. Two participants stated:

"I have a very supportive team. We spend a lot of time here, so we are family. We would spend the night talking about these incidents and it helps."

"*For me seeing a psychologist is like when I am sitting with my friends. When I am with my friends, I have a space where I can open up and talk about things. I prefer talking to my friends as I feel they relate more. At least my friends do not have to question me; I will just talk freely with them. But the psychologist will still have to probe further".*

Jones et al. (2019) note that EMS personnel often rely on peer support due to perceived barriers to accessing formal psychological services. Many participants normalised their experiences of stress and trauma, considering them inherent to the job rather than as indicators of psychological distress that require professional intervention.

The EMS personnel described their team members as more than colleagues, perceiving them as family. This familial bond is emphasised through shared experiences, frequent interactions, and a mutual understanding of the demands of their job. This sentiment is also reflected in a statement by another participant, who emphasised:

"*The only support we have is ourselves as a team."*

The familial identity is not merely an image but a practical manifestation of their shared experiences and mutual support mechanisms. The participant further stated:

"Remember we [the team] are one thing, and we belong together. So, we are family."

Hughes et al. (2017) reported that reported that the EMS personnel spend more time together at work. Working in high-risk environment requires positive mindsets. The EMS personnel do not work in isolation; they are always in teams. Positive support from team members in the EMS, improve the outcome of the performance. encourages them to work hard and also protect each other during a call. Teammates are always willing to sacrifice and protect each other especially when the other teammate is faced with sensitive cases (Oliveira et al., 2021). Emergency personnel could benefit significantly from receiving support not only from their family members and colleagues (Lawn et al., 2020) but also from the broader social support network. Yousaf et al. (2020) noted that high control over one's work environment is not the sole protective factor against stressors; social support also plays a critical role in mitigating job demands. The eight participants in the study indicated that supportive team members are crucial in helping them cope with work stressors, particularly because these colleagues can empathise with their experiences. Though team support is strong, the absence of adequate mental health support from their managers or organisational structures was frequently highlighted by participants.

This deficiency indicates the reliance EMS personnel place on each other for emotional and psychological support. One participant bluntly stated:

"*We do not have support from the management."*

This resonates with broader concerns about organisational neglect of mental health needs in high-stress professions (Hecker, 2024). The subjective reality experienced in society is shaped by both primary and secondary socialisation processes. Primary socialisation occurs in early years within the family environment (Bottmeyer, 2023), and plays a significant role in

preparing individuals for societal interactions and norms. This foundational phase establishes initial perceptions and behaviours that influence future social interactions. Subsequently, educational experiences contribute to secondary socialisation, further shaping individuals' perceptions of society and their roles within it. Conversations and interactions continuously maintain, modify, and reconstruct individuals' subjective realities within their social contexts (Darmon, 2023). Central to the supportive role of team members is their ability to understand and relate to each other's experiences. Their shared understanding is crucial to enable open discussions about traumatic incidents, as noted by one of the participants:

"*Talking to team members sounded like a culture that the EMS personnel are using to deal with their trauma."*

The culture of open communication serves as a critical debriefing mechanism, allowing team members to process and contextualise their experiences together (Reay et al., 2020). Moreover, humour emerged as a coping mechanism among members, as they found ways to lighten the emotional burden of their work through shared laughter and informal conversations about their experiences. As one participant mentioned:

"Some of the colleagues may find humour in the scenes and it makes it easy for the team members to talk about it."

The use of humour not only helps in immediate stress relief but also improves resilience through reframing traumatic event narratives (Asiimwe Kyomugisha, 2025). In subjective reality, concepts are exchanged freely among individuals with a shared understanding, without needing to redefine them. This subjective reality is how individuals perceive the world through their own experiences. EMS personnel who spend significant time together develop a shared subjective reality based on their shared experiences, essentially speaking the same "language" of experiences (Ketelaar, 2024; Holmberg et al., 2016). Darmon (2023) further explains that to comprehend human behaviour and experiences, it is crucial to focus on the language used by individuals within a society to communicate.

Through social interactions, individuals internalise the meanings that shape their perceptions of reality within society. Socialisation and interactions involve constructing concepts through language, which serves as the medium for transmitting thoughts and emotions. Purves (2021) argue that society's reality includes subjective and objective dimensions. They suggest that within the same society, people interact and share ideas, leading to habitualisation and routinisation. This process implies that repeated actions form patterns that become rooted and effortless (Rafanell, 2024). The participants in the study emphasised a familial bond among EMS personnel, perceiving their work environment as a different society

where ideas, traumas, and experiences are exchanged through interactions, motivating habitualisation and routinisation. Habitualisation is described by Rafanell (2024) as actions that become repetitive and can be performed in the future with minimal effort. This tradition of sharing experiences among EMS personnel may persist across generations, reinforcing their collective identity based on shared experiences and symptoms. Their identity is thus rooted in their social interactions rather than solely internal factors (Rafanell, 2024). Furthermore, individuals derive their identity and place within society through social interactions. EMS personnel, for instance, derive their identity from their relationships with colleagues in the workplace.

Additionally, interactions with significant others, such as family members can mediate their understanding of the objective reality of society. The support from team members can enhance their self-esteem and promote a sense of belonging, leading to self-actualisation, and the realisation of their full potential through social interaction (Rafanell, 2024). EMS personnel construct their social reality through continuous interactions and shared meanings (Darmon, 2023). Their daily interactions not only reinforce their identity as a cohesive unit but also shape their coping strategies and emotional responses to their work environment. This subjective reality, built upon shared experiences and mutual support, becomes integral to their resilience and wellbeing (Purves, 2021; Afita et al., 2023).

13.2.9 Seeing their family in victims

According to Satchell et al. (2023), the majority of EMS personnel are parents with partners and children at home, which tends to make them more sympathetic towards others. EMS personnel are susceptible to significant trauma, and those who are parents may become excessively protective of children as a result. Goble (2020), reported that the EMS personnel often find themselves using coping strategies at work that may clash with the expectations their families have for them at home. These professionals usually choose less effective coping strategies, such as avoidance or detachment in order to manage their job stress. This can lead to negative outcomes like symptoms of PTSD and burnout (Almutairi et al., 2020; Díaz-Tamayo et al., 2022). Owen et al. (2023) and Orton-Owens (2024) argue that factors such as personal trauma history, job stress, and inadequate benefits contribute to the use of these less helpful coping strategies among EMS professionals, impacting their mental and overall health. Though some coping strategies, such as acceptance, are linked to better mental health and confidence in their abilities, others, like self-criticism, can increase work-related stress and

decrease job satisfaction (Rojas et al., 2022). Understanding how work stressors affect personal life balance is crucial for EMS personnel to prevent mental health issues and maintain a healthy balance between their work and personal lives (Van Puyvelde et al., 2023). While EMS personnel may be exposed to traumatic-related experiences, the manifestation of traumatic symptoms can vary among individuals (Behnke et al., 2020).

Seven of the eight participants mentioned that their jobs influenced their relationships with family members and children. All of these participants are parents who use scenes from their work as parenting guides. They admitted feeling vulnerable when children are involved, often imagining themselves in the shoes of parents who have lost a child. This has made them anxious, prompting immediate contact with their partners and children after such scenes, seeking reassurance about their safety (May et al., 2023). Buhmann, et al. (2020) state that in interactions, people generally believe that others will respond based on certain expectations shaped by the situation, which are not rigid norms but rather fluid guidelines for behaviour. These expectations come naturally within social contexts and are motivated by the participants' dynamic responses to time and place. Social conditions are seen as frameworks that can shape human behaviour, and interaction focuses on how individuals interpret and navigate various settings in their own unique ways (Bohnemeyer, 2020). Additionally, emotional culture plays a role in guiding how people express their emotions in different social settings, indirectly shaping outward exhibitions of feelings (Abrutyn, 2020). The narratives from the participants reflect a strong emotional connection with victims, mainly children. Three participants expressed intense distress when encountered scenes that involved children of similar ages to their own.

One participant clearly described how seeing children in distress triggers personal reflections on his own children's safety, leading him to immediately contact his family to ensure their safety. He articulated:

"The child who was trapped was below the age of one year, the child died. I have a child of the same age. After the scene, I immediately contacted my partner to check on her and the kids and I pleaded with her to please take care of the children".

This emotional resonance is consistent with findings by ALmutairi and El Mahalli (2020), who note that EMS personnel often assume coping strategies that include emotional distance to protect themselves from devastating emotions. However, despite attempts to endure emotional detachment, personal connections to victims' circumstances can still profoundly affect them (Orton-Owens, 2024). Participants' experiences imply how their work affects their roles within their families. For instance, one admitted to crying with families at scenes

involving children, showing a profound empathy that extends beyond professional boundaries into her personal life. This emotional crossover reflects the concept of emotion work (Biss, 2025), where individuals manage their emotions to meet societal and professional expectations. The tension between displaying empathy at work and maintaining emotional stability at home can create challenges for EMS personnel in balancing their caregiving roles within their families (Roth et al., 2009; Orton-Owen, 2024). Moreover, the overprotectiveness observed by some participants, particularly the attentiveness to their children's safety (Bruysters and Pilkington, 2023), suggests an increased sensitivity and concern directly linked to their professional experiences. These participants expressed that their overprotectiveness manifests in restricting their children's freedom out of fear that something bad might happen to them. Additionally, some participants stated that they have a general fear for their family's safety as a whole, and limits outdoor play or enforcing strict safety measures. Two participants narrated: *"I have kids and now I am extremely sensitive and overprotective. I do not even want them to fall. This job has changed me a lot."*

"This work is my life. My son knows that when I am not in the house, he must remove all the plugs. The only one he leaves is the fridge and everything must be off. He already knows because should anything happen, who will be there to save them? They are aware that when I leave the house I may not come back".

This statement suggests how EMS personnel's enhanced awareness of potential dangers, personally witnessed in their professional roles, translates into strict measures at home. Such behaviours are grounded in their perceived responsibilities and anxieties concerning the protection of their families (McCann, 2022).

According to Yang and Chen (2021), emotional labour is heavily involved in professions where individuals must manage their feelings to provide effective service while also maintaining personal wellness. Some participants shared with the researcher that they often find themselves crying during certain scenes, while others sometimes offer hugs in response. According to Biss (2025), there is a societal expectation that individuals should sob when they are sad and express gratitude towards kindness (emotion-work). Wang et al (2020) and Wang et al., (2022) notes professionals in these roles often face expectations to suppress their own emotions in order to meet client needs and maintain a calm atmosphere. The quality of interaction with clients is central to service delivery, requiring employees to effectively manage their emotions and behaviour. They are expected to display emotions deemed appropriate for the situation, regardless of their genuine feelings (Wang et al., 2020).

Procter and Winter (2020) define client work as the practices surrounding how clients are managed within organisations. This can result in emotions being either concealed or exaggerated. While workplace policies guide these emotional displays, offering excellent service and receiving positive feedback can bring fulfilment to clients, employees, and management (Dudau & Brunetto, 2020). One participant elaborated that he sometimes sees his family members in some of the victims, especially children. Children are his weakest point especially because he has young children. Following a rescue mission affecting children, he usually contacts his wife and asks her to check if the children are safe. The scene becomes personal and he believes that children do not deserve to die in any traumatic manner as they are innocent. The distress reaction affects his family dynamic and threatens the family's stability.

The blurring of professional and personal boundaries is clear in narratives where EMS personnel feel compelled to act beyond their official roles, such as providing financial assistance or seeking additional support for distressed families. Such occurrences signify a double identity shaped by their job responsibilities and personal values (Eaton et al., 2021). The participants' tendency to assume roles akin to social workers or parents during emergency responses reveals a complex interaction between professional duties and personal ethics. According to Salminen-Tuomaala et al. (2021), EMS providers frequently encounter potential victims of elder mistreatment and are uniquely positioned to identify such cases. However, they face barriers in reporting these cases, such as a lack of specific protocols, communication challenges with healthcare providers and social workers, time constraints, and inadequate follow-up mechanisms (Manoti, 2021). The development of the Emergency Medical Services Role Identity Scale (EMS-RIS) further suggests the significance of understanding EMS professionals' duty identity and how it may influence their interactions and stress levels, shedding light on their versatile tasks and challenges (Suokonautio et al., 2024). Effective coping strategies and organisational support are critical to managing the emotional strain of witnessing traumatic events involving children. There is a need for customised interventions that acknowledge the unique emotional challenges posed by experiences with child victims.

Abrutyn and Lizardo (2020) argue that experiences, memories, and emotions are not solely internal psychological processes but are actively enacted and shaped through social interactions. This highlights a significant theme in which participants often relate their family members to victims, particularly if the victims are of similar age to their own children.

This phenomenon suggests that people construct and interpret their realities through interactions, where social identities and realities are negotiated and maintained (Brown, 2022).

In the context of EMS personnel, their reality is profoundly influenced by the trauma they regularly encounter during work. Spending significant time in this environment leads to the normalisation of pain and suffering within their conversations with colleagues (Houston-Crook, 2025). Therefore, the act of contacting their family members immediately after witnessing a traumatic event aligns with their socially constructed reality, where such actions are rationalised as necessary for reassurance and safety (Behnke et al., 2021). The participants expressed behaviours that suggest overprotection towards their families, particularly their children, stemming from their traumatic experiences in the EMS.

Participants' stories also reveal psychological stress, where traumatic exposure alters their perceptions of risk and safety in daily situations. One participant's narrative illuminates this shift:

"Whenever there is rain, no matter where I will be, the first automatic thought is that of my children's safety."

The hyper-vigilance coping mechanism, influenced by trauma-induced fears (Ehlers et al., 2023), shows how individuals reshape their reality through interactions and rationalisations (Schaub, 2010). Moreover, another participant's behaviour – recommending that family members stop at every filling station to ensure safety – reflects a sense of control over perceived risks, as he stated:

"I know they are much safer when I drive them."

The control-seeking behaviour is a response to the impulsiveness and potential danger EMS personnel face regularly (Sarcia, 2020), and is an indication of how meanings and reactions are shaped by societal norms and personal experiences (Uhnoo & Persson, 2020). The participants' empathy with victims, especially children of similar ages to their own, explains countertransference, an incident where EMS personnel project their own family relationships onto their patients (Jacobs et al, 2023; Hofer, 2025). The emotional connection influences their protective instincts and can lead to increased emotional responses on the job and at home. One participant's concern about her child's exposure to harm, such as fireworks, implies a conflict between professional knowledge and parenting practices:

"*My child is not allowed to be exposed to them [fireworks] as she does not buy them."*

This conflict signifies the challenge EMS personnel face in balancing their professional experiences with nurturing their children's development (Uhnoo & Persson, 2020). The impact of traumatic exposure on EMS personnel's family dynamics is critical to creating effective support strategies. Organisational interventions should consider offering comprehensive mental health resources, peer support networks (Hruska & Barduhn, 2021b) and family

counselling to help EMS personnel navigate their dual roles as caregivers and protectors (Hruska & Barduhn, 2021a). Furthermore, policies and training programmes should incorporate family-centred approaches to enhance awareness and understanding among both EMS personnel and their families regarding the emotional and psychological challenges inherent in the profession (Akram, 2024; Joubert et al., 2024). The community often expects EMS personnel to be calm and suppress their emotions in favour of prioritising saving lives and providing comfort. They do not consider them as human beings with families, children, and spouses (Lawn et al., 2020).

According to Sandberg and Alvesson (2021), meanings and reactions shape what people perceive as common sense in their natural reality, which is naturally taken for granted and based on personal experiences. Slote (2020) argues that common sense is believed to be shared among the majority, inferring that EMS personnel are commonly expected to handle emotional situations without visible reactions and to embody a resilient, heroic image. It is crucial to recognise that the families of EMS personnel may not share the same perspective due to their different experiences and interpretations of the world. Therefore, the attitude and behaviours of EMS personnel towards their work and the community's expectations may sometimes be misunderstood or misinterpreted by their loved ones (Goble, 2020). Geuzinge et al. (2020) suggest that the construction of reality for emergency staff is affected by their daily interactions with colleagues, while for their family members, reality is influenced by social interactions with others. Notwithstanding these different constructions of reality, certain aspects are expected to be shared due to familial relationships. However, the responses of EMS personnel to trauma may be misinterpreted, and they may be perceived as too strict or overprotective.

EMS personnel enter the profession for various reasons; some are driven by meeting physiological needs, while others fulfil long-held aspirations (Lawn et al., 2020). While their uniform role in saving lives garners respect, honour and social status in the community, it also impacts their relationships with family members and their sense of belonging (McIntosh, 2022).

13.2.10 Neglected mental health

According to Pandit and Krieger (2024), the neglect of emotions began within the Western understanding of the body and mind and became rooted in the social sciences in the latter part of the 20th century. Van Kleef and Côté (2022) observe that the growing interest in

emotions brought about significant changes in the social realm, with feelings surpassing thoughts in importance during the 1980s. All participants confirmed that they had never sought psychological assistance. Joji (2023) stated that mental health services are underutilised by other racial groups, while the majority of participants in the current study were black South Africans. None of the eight participants had accessed psychological services to manage work-related stress symptoms, believing these services were only necessary for personal issues. Ntatamala (2021) asserts that firefighters and paramedics often underreport symptoms of PTSD, they perceive them as a normal aspect of their profession. This attitude may lead to suicidal tendencies (Whitman, 2023), although participants themselves did not report such tendencies. However, they mentioned colleagues who had died by suicide. Describing these colleagues, they portrayed them as reserved individuals who seldom expressed their emotions. Access to mental health services could lessen the risk of suicide (Fontanella et al., 2020). Mental health is considered a fundamental physiological requirement; neglecting it could destabilise an individual's overall functioning (Pezzella et al., 2022) and affect their self-esteem, sense of safety, and belonging, according to Maslow's hierarchy of needs (Crandall et al., 2020). Participants emphasised a prevalent underutilisation of psychological services within EMS settings, even though EAPs are available. One participant stated:

"*No one is taking care of our mental fitness. The EAP is not effective. It should be compulsory,"*

Several participants mentioned a lack of awareness about available psychological services. This was evident in responses from two of them, who were somewhat aware of services but had limited knowledge about how to access them. One participant shared:

"They do offer counselling here at work, but I have never used it."

The inadequate marketing and visibility of EAPs within their workplace contribute to this lack of awareness, reinforcing the underutilisation observed (Katema & Hapunda, 2024).

This suggests the uncertainty and perceived ineffectiveness of existing mental health support systems (Pandit & Krieger, 2024). This feeling is further echoed by another participant, who mentioned:

"*I do not know if I want to see one [psychologist]. Like I said there is EAP in place but the guys do not want to talk to them because they feel like they do not know what we do and sometimes it feels like they work for the department so it becomes difficult to open up to them."*

The normalisation could be ascribed to a lack of awareness about the potential benefits of psychological interventions or a cultural tendency to downplay mental health issues within the EMS professional context (Alghamdi, 2022). The reluctance to use EAPs can be attributed to concerns about confidentiality and a belief that these services are geared more towards personal

issues than the unique stressors of EMS work (Testa et al., 2023). Regarding the normalisation of trauma and lack of formal debriefing, one participant stated that:

"No one debriefs you before and after the call. It is up to you to seek psychological help whenever you feel like you are not coping".

While the other participant emphasised the need for structured support:

"It would be nice if we are debriefed when we come back from the scene... we need to discuss it while having fun."

This informal approach to debriefing suggests a gap identified in the literature, where inadequate debriefing can lead to unresolved trauma and emotional suppression (Casas & Benuto, 2022).

Studies indicate the importance of psychological assistance and timely interventions for EMS workers to improve their psychological wellbeing (Thomas, 2023). The dominance of physical fitness over mental health is evident among participants. One stated:

"We have a gym, not a psychologist."

This response reflects a cultural and organisational bias towards prioritising physical capabilities in EMS environments (Petrie et al., 2018). While physical fitness is crucial for job performance, neglecting mental health can lead to adverse outcomes such as burnout and reduced job satisfaction among EMS personnel (Behnke et al., 2021). Studies on firefighters have revealed the impact of work-related stress on health, indicating the need for a holistic approach to improve quality of life, where physical fitness alone may not be indicative of overall health status (Toczko et al., 2023). Priyono and Saraswati (2023) argue that paramedics experience negative effects of burnout on job performance, thus it is crucial to attend to mental health holistically, not only physical fitness. This may enhance overall job performance and satisfaction.

Cultural factors that influence help-seeking behaviours can be demonstrated by comments from some participants. The resilience and reluctance to seek professional help can be linked to societal norms around masculinity and toughness, which discourage emotional expression and help-seeking behaviours. It is crucial to address cultural barriers to promote a supportive environment where EMS personnel feel comfortable accessing mental health resources (Thielmann et al., 2022). Organisational factors impacting mental health support are articulated by a participant's advocacy for better resources. They noted:

"We need every cluster of EMS to have their own psychologist... Basic things like COVID-19 sanitisation, we should not be fighting for."

The call for dedicated mental health resources suggests a need for leadership commitment and resource allocation to support EMS personnel adequately (Lawn et al., 2020). Factors that contribute to adverse mental health results among EMS personnel are often connected to inadequacies in meeting their basic safety and informational needs, suggesting that prioritising resources is essential (Du et al., 2022).

The lack of mental health specialists within EMS restricts the availability of support services for staff, indicating a gap that could be addressed through the use of telemedicine to connect workers and volunteers with mental health specialists throughout placement cycles (Woodward et al., 2022). Other participants narrated that:

"No, there is no support. They would sometimes call a pastor to come speak and pray for us, but no counselling"

"*Occasionally a pastor is called to offer spiritual support through speaking and prayer*."

The response reflects a significant gap in formal psychological support within EMS settings (Pandit & Krieger, 2024). Dedicated counselling services are absent despite the presence of chaplaincy interventions, which implies a systemic oversight in addressing the mental health needs of EMS personnel. According to Rogers (2023), the reliance on chaplains for post-incident support indicates the need for more specialised psychological interventions tailored to the unique challenges EMS personnel face. Carey et al. (2018) assert that chaplaincy care has the potential to assist individuals who are vulnerable to trauma and PTSD, moral injury, and traumatic grief in discovering meaning and reconnection. However, it is essential to supplement these interventions with specialised psychological treatments that target the distinct stressors experienced by EMS personnel.

Abdelmotaleb and Saha (2020) argue that employers are both legally and ethically obligated to ensure the wellbeing of their employees. Similarly, Hietanen-Kunwald and Haapio (2021) emphasise the employer's responsibility to assume a proactive approach to prevent or minimise workplace violence, suggesting the implementation of policies aimed at reducing injuries, liabilities and losses. The main themes that emerged indicate a concerning lack of psychological support available to participants in their workplaces, with almost all participants (seven of the eight) expressing feelings of neglect regarding their mental health by their work managers. This was further narrated by one participant:

"I can assure you there is no support. Because you get to the extent of being frustrated and it is not good enough."

The phrase:

"Here you are on your own"

suggests a feeling of isolation and the perception that employees must manage their emotional difficulties independently, without the structured support that counselling services could provide (Hennekam et al., 2020). McFarland and Hlubocky (2021) concur that these factors collectively contribute to a lack of adequate strategies to support EMS personnel after traumatic missions. Thus, the absence of support mechanisms and opportunities for personal mastery exacerbates distress among EMS personnel, leading to psychological issues such as burnout.

These challenges can significantly impact EMS personnel's performance and wellbeing in their roles. Gergen (2022) asserts that the social construction of reality is shaped by power dynamics and the production, reproduction, and challenges of knowledge. Power is described by Friel et al. (2021) as the capability of certain social actors to influence others, irrespective of resistance. Avelino (2021) adds that individuals who exercise power may use it to exert control over others or even weaponize it by constraining imaginative possibilities. EMS personnel in positions of authority (management) possess both power and knowledge. Therefore, they bear the responsibility to mediate the social constructionism within their subordinates. Their authority enables them to use their power to ensure the wellbeing of their employees. One participant narrated:

"There is no proper guidance from top management and the elders are not recognised."

According to Jonker, Graupner, and Rossouw (2020), effective policies should be continuously reviewed and supervisors must receive training on how to appropriately manage the trauma experienced by their subordinates. Though burnout among EMS personnel may be caused by exposure to traumatic incidents, it is also influenced by management styles within their hierarchy. Research suggests there is a notable lack of support from EMS employers, with an emphasis instead placed on performance metrics (Lawn et al., 2020). Consequently, EMS personnel are faced with significant pressure to perform, which in turn results in the neglect of their psychological wellness. To address these challenges, management should apply a more empathetic approach that takes into account the personal and family responsibilities of their workers. This includes fostering a supportive environment that prioritises not only performance but also the mental health and overall wellbeing of EMS personnel. Another participant expressed frustration and disappointment over the lack of psychological support provided in their workplace, despite the challenges and traumatic nature of their job:

"*In the seven years that I have been here, I have never heard of anyone being offered psychological support,"*

This reflects an ongoing issue where employees have not been provided with formal or proactive mental health assistance. The participant elaborated:

"Maybe others receive counselling on request after they inform management that they are traumatised."

This implies that employees feel they must cope with these challenges independently, without the support of counselling or other mental health services. This is a reactive rather than proactive approach to mental health support. Employees may only receive help if they explicitly request it after a traumatic experience, rather than proactively having structured support systems in place. There is a reflection of acceptance of the current situation or a sense of resilience to continue with their duties despite the emotional stress (Anderson et al., 2020).

However, a contrasting perspective emerged, such as an acknowledgement of available counselling services. One participant stated:

"*They do offer counselling here at work. You can go anytime any day. If you come back from a call and feel that you need it, they are available."*

This perspective as a manager may skew her view compared to frontline personnel, who report a lack of awareness or trust in these services. This disparity suggests a need for improved communication and transparency regarding available support (Alkuwayti et al., 2023).

In contemporary times, a range of professionals such as members of the clergy, activists, psychiatrists, and psychologists are recognised for their role in influencing emotions and contributing to the perception and management of emotional experiences (Sielaff et al., 2021). Emotion work, particularly in interaction constructions, involves activities aimed at eliciting appropriate emotional responses in specific situations and contexts. This suggests the significance of exhibiting relevant emotions at the right times (Güler & Marşap, 2019). This perspective aligns with the social constructivist view, which argues that emotions are socially constructed rather than purely biological, carrying meaning within specific socio-cultural contexts and challenging traditional biological perspectives on emotions (Mazzone & Khosla, 2021). Over time, perceptions of emotional expressions have shifted, leading to emotions once viewed as predominantly positive now considered harmful and requiring management (Ortony, 2022). Emotional work plays a crucial role within modern business organisations, where it is instrumental in improving employee health, production, and creativity. It contributes to outcomes that support authentic relationships and foster a positive work environment (Duarte et al., 2023).

According to Elfenbein (2023), the functions of emotion creators and the practice of emotion work highlight the complex dynamics between emotions, individuals, and societal expectations across various professional settings. Studies indicate the importance of psychological support and early interventions for emergency workers to improve their job

quality (Thomas, 2023). Paramedics play a significant role in communities, rescuing those in dire need, but face challenges such as limited access to psychological services (Lentz et al., 2022).

Nilsen (2020) noted that psychologists have different theoretical frameworks that guide their interventions aimed at bridging the gap between common sense and scientific knowledge. Generally, the theoretical domains framework (TDF) is used to investigate barriers and assist facilitators in implementing behaviour change interventions, although it has been criticised for focusing more on individual rather than organisational behaviour change (Lorencatto, 2022).

The ambiguity-adoptability-accessibility (3A) framework has been suggested to provide a more integrative method to understand different effect paradigms in behavioural research, and to improve explanatory understanding and applicability of findings across diverse theories (Calder et al., 2023). The study participants had not utilised the psychological services provided by their employer, nor had they sought help from public or private institutions. This means that many of them had not verbalised their emotions, leading to the manifestation of maladaptive coping mechanisms, psychosomatic symptoms, or psychological issues (Morie et al., 2022).

The participants' narratives also shed light on the challenges and suggestions for accessing psychological services within their profession, where exposure to traumatic incidents is commonplace. One participant highlighted:

"*It might be beneficial for them [EMS personnel] to be taken for workshops. They deal with a lot of scenes requiring empathy and good communication and counselling skills."*

Becker (2023) argues that there is nothing outside of text as people will not know how they feel without talking. People's opinions create existence and give meaning to things. Langlieb et al. (2021) stated that, although the department has the EAP readily available, emergency personnel do not utilise the service. According to Mtetwa (2021) and Grant et al., (2022), psychological knowledge is not only historical but also culturally specific. Social life is continually changing; hence, individuals need to access psychological services. The reality of feelings needs to be put into words for mutual understanding.

Emotions need to be spoken about for people to understand how they feel inside (Borghi, 2022). The majority of participants, five out of eight, stated that they have never seen a psychologist since they started working as an EMS personnel member. More telling is that of the three who indicated that they had seen a psychologist, none saw one for work-related reasons. Participants' consultations were focused on their medical conditions, possibly psychosomatic symptoms when they were referred to psychologists. One revealed:

"I was hospitalised due to a medical condition. But when I saw a psychologist, I am not sure which one it was."

This may be due to their lack of knowledge of psychological problems which results in being unable to identify them (Mtetwa, 2021; Grant et al., 2022). Petrie et al. (2018) reported that another way to assist emergency medical personnel in identifying psychological problems is by providing training to equip them with various skills. The training would help them identify colleagues with psychological problems and refer them to relevant stakeholders. The participants reported that they spend time together and know each other's behaviours, so the training might improve their access to psychological services, which are currently underutilised (Jones et al., 2019). Sharing traumatic experiences with professionals and colleagues can be beneficial (Hoff et al., 2023).

Social constructionism reminds us that all values, principles, and ideologies are human-made and shaped by social discourse. The social constructionism perspective represents a movement towards redefining psychological constructs such as the mind, self, and emotions (Burr & Dick, 2021). Burns et al. (2022) suggest that therapists oriented towards constructionism empower clients to take control of their lives and acknowledge that therapists' decisions can also be influenced by socially constructed realities. The interpretivist approach, akin to constructionism, focuses on how meanings are created, negotiated, sustained, and changed, aiming to understand lived experiences from the perspective of those experiencing them (Burr & Dick, 2021). Interpretivists value human subjective experiences and strive for a science that recognises objectivity within subjective realities. Though social constructionism and social constructivism are often used interchangeably, it is crucial to differentiate them; social constructivism focuses on individuals' mental processing of the world, whereas social constructionism emphasises the social perspective (Burr, 2025). Discursive psychologists also study how social realities are constructed through the specific use of language.

13.2.11 Empathy versus Sympathy/Compassion

According to van Kleef and Côté (2021), emotions are a critical aspect of social life, as highlighted by various authors in the provided contexts. Initially perceived as biological and private, emotions were considered psychological and not governed by social rules in the 1990s. However, the sociology of emotions has evolved to emphasise the social construction of emotions, their role in interpersonal relationships, and their impact on society (Van Kleef et al., 2022; Papakitsou, 2020). The historiography of emotions has also expanded to view

emotions as a category of cross-analysis that illuminates various aspects of social life, transcending mere individual experiences (Barclay et al., 2020). Furthermore, the study of emotions within a social framework has become increasingly interdisciplinary, exploring emotional contagion, digital environments, and the critical psychology of emotion to understand the complex and multifaceted nature of emotions in society (Belli, 2023).

The study by Wagner et al. (2019) found that exposure to traumatic events had a more pronounced effect on diminished empathy among firefighters compared to paramedics. Specifically, firefighters reported a greater decrease in empathy overall. However, both firefighters and paramedics acknowledged experiencing diminished empathy to a significant extent. Paramedics were more likely than firefighters to report fluctuations in empathy, experiencing both diminished empathy and, at times, excessive empathy depending on the situation. This variability suggests that paramedics may find themselves emotionally fluctuating more often than firefighters. The diminished empathy reported by both groups was largely attributed to becoming desensitised or "used to" witnessing injury and death as part of their job. Over time, this exposure led some participants to perceive these traumatic events as normal occurrences, potentially numbing their empathetic responses. Participants narrated:

"In the family when somebody is injured, I tend to see some injuries as normal because there are people who loses eyes and I may see what they deem as an injury as a scratch";

"No, it is the same thing. Death is death";

"We are like people who work in mortuaries because death does not move us that much anymore. We get there and attend the cases and sometimes have conversations and even eat. You learn to suppress things and just move on. Like I said I am mostly affected by the death of children".

Participants mentioned a normalisation of injuries and death as a coping mechanism due to their extensive exposure to such incidents. Normalisation manifests as a perception that these events are "normal" or routine occurrences in their line of work (Afana et al., 2020).

This normalisation suggests a desensitisation to the severity of injuries and death, which over time diminishes their emotional responses (Batool, et al., 2023). Research regarding firefighters and paramedics indicates that exposure to traumatic incidents may have varying effects on empathy within these two professions. In comparison to non-firefighter counterparts, both career and volunteer firefighters demonstrated elevated levels of trauma, potentially leading to a decrease in empathetic capacity as a result of their work-related encounters (Garmon-Jones, 2021). Moreover, the research highlights that firefighter displayed lower levels of alexithymia, particularly in terms of their externally focused cognitive processes,

which could further contribute to differences in how they respond empathetically. In contrast, a separate study focusing on nurses and paramedics (Geuzinge et al., 2020), found that paramedics exhibited higher efficacy in treating PTSD, suggesting a potentially distinct approach to handling traumatic events that might impact their empathy levels. Consequently, while exposure to traumatic incidents could diminish empathy among firefighters, the influence on paramedics could be contingent upon their individual coping strategies and attitudes towards PTSD and trauma-related interventions (Houton, 2022).

Humour emerged as another coping strategy among participants to ease the emotional intensity of traumatic scenes. They often use humour to distance themselves emotionally from the distressing nature of their work. According to Semmel (2020), humour is recognised as therapeutic in stressful situations and contributes to resilience and overall wellbeing.

The use of humour and casual behaviour around traumatic scenes illustrates their efforts to maintain emotional distance (Semmel, 2020). Some participants laughed as they were narrating their traumatic experiences, this may be mistaken as making fun of the patients.

Another coping mechanism identified among participants is the suppression of emotions. Suppression involves consciously or unconsciously inhibiting emotional reactions in order to function effectively in their roles (Mikkelsen, Gray & Petersen, 2020). Participants described suppressing their emotions as a means to move on from traumatic incidents quickly. One participant shared:

"*I just get shocked for a while and move on. But before I joined the force I would cry for days and not heal. But now I move on quickly in the same manner I do here at work."*

According to Mary et al. (2020), suppression allows people to continue their duties without being overwhelmed by emotional responses. Studies by Petrie et al. (2018) and Ogińska-Bulik et al. (2021), support the idea that emergency medical personnel are at high risk of emotional desensitisation and mental health challenges due to their exposure to trauma. According to Petrie et al. (2018), another method to help emergency medical personnel recognise psychological issues is by providing them with training that enhances their skills in this area. Firefighters and paramedics are at high risk of developing mental health issues and facing premature mortality due to the nature of their work (Wesemann et al., 2022; Almutairi et al., 2024; Gurung et al., 2022).

The provision of training programmes such as Psychological First Aid (PFA) has demonstrated encouraging outcomes to enhance the capabilities, knowledge, and attitudes of these professionals towards dealing with psychological challenges effectively (Wang et al., 2024). Research has highlighted that PFA interventions, particularly when delivered by peer

support personnel, cater to immediate needs, diminish stigma, promote help-seeking behaviours, and enhance coping strategies among EMS workers. This underscores the significance of such training initiatives in organisations at high risk (Gurung et al., 2022). Catalan's (2024) study found that first responders have an increased risk of suicide. This heightened risk is attributed to the nature of their daily work, where they are repeatedly exposed to traumatic events. Over time, first responders may become desensitised to these experiences or develop a reduced fear of death as a coping mechanism.

Social constructionism emphasises prioritising an individual's cultural and social contexts rather than their biological and personal attributes. It centres on the study of emotions by exploring their types and the subjective experiences associated with them (Gergen, 2022). According to Van Kleef and Côté (2022), individuals are also influenced by culture in how they are expected to respond in social situations by regulating the outward expression of emotions. These norms not only shape how emotions are displayed but also contribute to moral evaluations and influence how individuals identify and articulate their feelings.

In contrast to these cultural norms, Western societies, as noted, often emphasise avoiding expressions of anxiety to uphold personal pride (Van Kleef and Côté, 2022). In contemporary society, figures such as members of the clergy, activists, psychiatrists, and psychologists play significant roles in shaping emotional norms. Over time, societal attitudes towards the expression of emotions have evolved, with some emotions once viewed positively now considered detrimental and requiring regulation (Cheshin, 2020). Participants referenced cultural expectations that influence how emotions should be expressed and managed, particularly in contexts involving the elderly or culturally sensitive situations. Cultural norms and personal identities also shape empathetic responses (Zygouri et al., 2024). Participants indicated that they are sometimes faced with the dilemma of being sympathetic that empathetic. A participant shared:

"*I never expect a child to die, that traumatises me more than all of them. But we try to be strong. I sometimes find myself emotional at the scene and I would avoid crying in front of the families and would cry while on my own. Unfortunately, that is my life and there is no way one can choose the calls they want to attend to.*"

This narrative implies how EMS professionals' identity as mothers influences their emotional responses, stressing vulnerability when children are involved.

Gender also played a role, as female participants discussed how their identities as mothers increased their emotional responses when children were involved (Dudau & Brunetto, 2020; Offer & Kaplan, 2021). According to Cheshin (2020), in specific workplace settings

personnel are expected to show emotions that are deemed appropriate, regardless of their true feelings. Such a requirement can lead to either masking or exaggerating their true emotions. While these displays are driven by organisational policies aimed at achieving excellent service delivery and gaining positive appraisals from clients, management, and self, some participants reported a diverse spectrum of empathetic responses following exposure to traumatic experiences. While some noted a decreased capacity to feel empathy, others mentioned becoming more sensitive to others' experiences (Tei & Fujino, 2023). Interestingly, several participants described experiencing both heightened empathy and reduced empathy, depending on the specific circumstances they encountered. Mental preparedness was identified as a contributing factor influencing the extent to which individuals were affected by traumatic events (Philip & Cherian, 2020). Those who reported feeling an overwhelming amount of empathy particularly highlighted scenes that included children as especially impactful. Furthermore, the role expansion observed among the responders, where they sometimes act as social workers or counsellors due to their empathetic responses, is supported by previous research (Hoff et al., 2023; Renkiewicz & Hubble, 2021; Williams et al., 2017).

The participants described instances where they extended beyond their medical duties to address broader social issues such as poverty or neglect, reflecting a strong commitment to holistic care. One participant mentioned:

"*You play multiple roles when you are at the scene. I sometimes find myself emotional at the scene and I would avoid crying in front of the families and would cry while on my own. Unfortunately, that is my life and there is no way one can choose the calls they want to attend to.*"

The expansion of responsibility not only complicates their professional boundaries but also indicates a significant emotional investment in their work (Miller & Brown, 2021; Ducar et al., 2020). The participants' experiences illustrate a variety of empathetic responses, from increased sensitivity to desensitisation over time. Another participant expressed:

"*Yoh I do not wait to be alone I cry on the scene. When something touches me upon my arrival I just cry because I understand. The scenes that involve the death of a youngster breaks me. I cry with the family because I feel like I am part of them."*

This variability is influenced by the increasing exposure to traumatic events, with some individuals becoming more emotionally vulnerable, particularly towards children (Popham et al., 2021). The emotional trauma of witnessing stressful scenes that involve children was repeatedly emphasised, exhibiting a specific vulnerability that transcends professional detachment (Bourazi Abdelkader, 2024).

Lechner and Paul (2019), report that employees are required to project emotions such as cheerfulness and warmth when interacting with clients, even if these emotions differ from their authentic feelings. Such expected emotional displays demand that employees possess the emotional capacity to engage positively with others. It is believed that when employees express positive emotions, clients are more likely to reciprocate these sentiments, promoting positive interactions essential to service provision. Consequently, employees must learn to effectively manage their emotions and behaviours during service delivery (Dudau & Brunetto, 2020). The need for improved training was also emphasised. One participant explained to the researcher that some incidents affect him, and he ends up crying. However, although he cries, he cannot do it in front of the families. Certain incidents are too close to home, and he relates to them. Cultural norms dictate appropriate emotional responses, such as crying when sad or showing gratitude in response to kindness (Van Kleef and Côté, 2022). The participant indicated that although he does not think about traumatic incidents consciously, they would experience flash back while sitting alone, hence he avoids being alone (Deason, 2020). Participants struggle with emotional processing and see the potential benefits of workshops or training to enhance emotional resilience among responders.

The integration of these narratives from participants enriches the personal accounts of their emotional experiences and emphasises the complex connections of empathy, emotional regulation, and role expansion within EMS personnel.

13.2.12 Motivation or attitude towards work

According to Lohela-Karlsson et al. (2022), employees generally feel both motivated and develop positive attitudes towards their occupations. Motivation plays an important role for employees as it affects how they feel about their work as well as their performance. Hemsworth et al. (2024) report that when employees have positive attitudes, it leads to higher job satisfaction, commitment and better performance. The attitude employees have towards their workplace is crucial because it directly impacts how productive they are and how satisfied they feel with their jobs. Ali and Anwar (2021) assert that work motivation, organisational commitment, and job satisfaction are linked to lower productivity losses. These factors are crucial in supporting high-performance levels. Initiatives such as Quality of Work Life (QWL) programmes aim to improve employee satisfaction and motivation, fostering the establishment of a more positive and motivating work environment (Sareminia et al., 2024). Thielmann et al.

(2022), argue that EMS personnel exhibit different levels of motivation and attitudes towards their work, influenced by diverse factors.

However, some studies have found that EMS personnel may lack awareness and positive attitudes towards specific aspects of their job, such as prehospital stroke care in some regions. Nevertheless, some research shows instances where EMS personnel demonstrated high levels of motivation, such as in implementing community vaccination programmes during the COVID-19 pandemic (Rauhaus et al., 2022). Factors such as age, marital status, education, occupation, work hours, health issues and job benefits play complex roles that could influence motivation and retention among EMS personnel (Skydsgaard, 2020). Participants disclosed contrasting perspectives on motivation and attitude toward work between paramedics and firefighters. Although some participants highlighted their passion for their job, they also reported a deterioration in their motivation over time. Passion for the job was emphasised by one participant:

"I love my job; I would choose this job over and over again. I do not want any other job."

According to Al Haliq and AlShammari (2024), highly motivated employees are likely to be enthusiastic about handling challenging situations, have lower turnover rates, and theoretically provide better care to patients. Consequently, employers prioritise hiring motivated staff over those who only fulfil their job duties (Ahmed et al., 2020; Ahmad & Imas, 2023). Research from Australia indicates that students who engage with remote communities tend to be motivated both personally and professionally to work in general practice and remote health settings. Their positive attitudes result in positive relationships with community members (Reeve et al., 2020). du Plessis (2019) suggests that allocating adequate resources may lead to motivated employees as they benefit from autonomy, support, and feedback. Employees are encouraged to work more when they receive positive praise and support that motivates them to work harder. The role of paramedics in the EMS system is critical; they receive specialised training in patient assessment, clinical decision-making, heart rhythm interpretation, defibrillation, pharmacology and airway management, all meeting national EMS standards (Khathami et al., 2017).

Motivation in the workplace is also essential for organisational growth as it boosts productivity and effectiveness (Akerele, 2023). In contrast, firefighters reported declining motivation, with factors such as exposure to traumatic events and perceived lack of support from management contributing to this decline. This was articulated in this sentiment:

"The energy I had when I started at the department has diminished over the years and is mostly caused by exposure to trauma and the lack of management support."

However, longevity in the profession is also correlated with deeper reflections on career satisfaction and personal growth. Experienced paramedics expressed a nuanced view of their career, recognising the challenges and rewards. Their commitment, despite decades of service, implies natural motivations that sustain long-term dedication to the profession. Another participant, a firefighter with extensive experience, emphasised the need for better management practices:

"Given an opportunity to choose careers again, I will choose EMS still ... the management can do better to protect us."

According to Isaac and Buchanan (2021), the lack of support, particularly from management, can significantly affect safety, motivation, and performance. This highlights the crucial role of organisational support in sustaining high levels of motivation among firefighters.

Isaac and Buchanan (2021) argue that changes in firefighting practices have unexpectedly led to widespread workplace boredom in fire stations. With fewer emergency calls, firefighters are increasingly engaged in other activities at their stations. While these tasks may be necessary, firefighters do not choose their careers to primarily focus on fire prevention and wait for alarms to sound (Serrano-Ibanez et al., 2023). Their intrinsic motivation comes from public service, particularly from actively participating in rescue efforts during emergencies (Reyes, 2025). The reduction in opportunities to fulfil firefighters' intrinsic motivation through emergency response can lead to decreased motivation at work and an increase in workplace boredom. This situation may contribute to heightened stress, fatigue, and a decline in performance among firefighters (Isaac & Buchanan, 2021).

Both groups of participants disclosed their use of emotional labour as a coping mechanism in dealing with the emotional demands of their work. The maladaptive strategy of expressive suppression is strongly associated with PTSD symptoms in first responders. EMS professionals may resort to suppressing their emotions as a coping mechanism, which could potentially lead to emotional numbing (Pauley, 2022; Martinez, 2023). According to Trentini and Dan-Glauser, (2024), the use of effective emotion regulation approaches, such as cognitive reappraisal, is crucial to enhance psychological resilience among first responders. This suggests a necessity for deeper investigation into the prevalence and impact of emotional numbing among EMS personnel (Kosonogov et al., 2023). One participant noted:

"*When I go to work, I leave myself at home or in the office."*

However, the effectiveness of emotional labour varied. Those who viewed EMS as a calling learnt to integrate their emotional responses more effectively into their work, whereas those motivated primarily by external factors, such as salary, expressed greater difficulty in

managing emotional stressors. Cultural differences influence the connection between emotion regulation strategies and psychological health, with expressive suppression and rumination being linked to worse psychological health in individualist countries but potentially better outcomes in collectivist cultures (Tamir et al., 2024). Lentz et al. (2021), argue that declining motivation among firefighters is a critical issue influenced by several factors. Exposure to traumatic events, such as witnessing severe injuries or fatalities, can lead to emotional exhaustion and symptoms akin to PTSD over time. This exposure can gradually diminish motivation as firefighters struggle to cope with the psychological impact of their work. When firefighters perceive a lack of responsiveness to their concerns, it can result in feelings of frustration, isolation and decreased commitment to their duties.

Effective support from management is essential not only for addressing operational challenges but also for boosting morale and maintaining motivation within the firefighting team (Rubaca & Majid Khan, 2021). Furthermore, participants expressed different perspectives on their careers. Some saw their work as a divine calling and felt fulfilled, as documented above. This indicates that they are satisfied with their career choice. One participant articulated:

"I believe that is what God has sent me to do and that after my birth once I opened the fist, the calling was to help people".

In contrast, some who originally enjoyed the adrenaline rush, have grown disillusioned and now regret their career choice due to the trauma and stress involved (Ricchiardi, 2001). This sentiment was revealed in the following quote:

"*For me when I started there was so much adrenalin rush. The older you get the more traumatised you become".*

The participant further elaborated that he does not think he would choose the same career if he were given a second chance in life:

"No, not with what I have experienced for the past few years".

EMS providers often face the dilemma of presenting emotions that support their professional expectations, irrespective of their genuine feelings. This often leads to a conflict where individuals may suppress or amplify their emotions to conform to workplace standards (Biss, 2025).

The ability to regulate both personal and others' emotions emerges as a critical skill in the work of EMS personnel, suggesting the significance of employing effective emotion management strategies within this profession (Uhrecký et al., 2020). The accumulation of stress and trauma experienced by firefighters often results in physical and psychological injuries and when left untreated, these injuries can lead to lifelong suffering or even suicide (Serrano-Ibanez

et al., 2023). This includes a decrease in quality of life, diminished job satisfaction, high levels of work strain, impaired functioning in various aspects of life, and challenges with interpersonal relationships. Factors such as lack of organisational support, reduced social support, restricted emotional range, depressed mood, and social dysfunction further contribute to their difficulties (Morman et al., 2020). Firefighters' declining motivation is particularly motivated by their exposure to traumatic events and their perception of inadequate support from management (Ali & Anwar, 2021). Research implies that traumatic experiences can trigger symptoms of post-traumatic stress, which in turn affect motivation levels and overall wellbeing among firefighters (Serrano-Ibanez et al., 2023).

It is evident that several factors play critical roles in influencing participants' motivation and job satisfaction. These factors range from organisational support and resource availability to recognition and the impact of trauma exposure. One participant shared that organisations need to support and offer adequate equipment to encourage motivation among paramedics. They emphasised that when personnel feel supported and have access to necessary resources, such as equipment and vehicles, their motivation to perform their duties increases. According to Asamani et al. (2025), there is a positive correlation between organisational support, resource adequacy, and employee motivation. This participant narrated:

"… once the personnel have adequate equipment they will be motivated to work."

However, another participant presented a contradictory opinion, emphasising the detrimental effects of resource shortages, particularly the lack of equipment. They argued that insufficient resources pose a significant challenge, diminishing motivation and potentially impacting job satisfaction (Davidescu et al., 2020). The disagreement suggests that while organisational support and resource availability are crucial, the perception of adequacy can vary among individuals and impact their motivation differently.

One participant (a firefighter) articulated a decline in motivation over time, attributing it primarily to exposure to trauma and a perceived lack of support from management. Their experience illustrates how cumulative exposure to traumatic events can erode initial enthusiasm and energy (Fernandes et al., 2023). He noted:

"The energy I had when I started at the department has diminished over the years and is mostly caused by exposure to trauma and the lack of support."

Moreover, the participant noted the demotivating effect of feeling unrecognised or undervalued by both management and the media. This lack of acknowledgement contrasted with the positive motivation received from community members. One participant expressed her disappointment:

"Media hardly talk about their effort but once a member makes a mistake, they are quick to publish."

Another participant described her experience of community support:

"Sometimes when the families thank us it means a lot. It makes me feel like … the job that I am doing makes a difference in the community".

Participants expressed frustration over the disparity between community appreciation and their depiction in the media. While community support was cited as a source of positive motivation, the lack of acknowledgement from management and negative media coverage of mistakes were perceived as undermining their efforts and morale. Participants conveyed disappointment and a sense of injustice regarding the discrepancy in recognition between positive contributions and errors (Boudrias et al., 2021; Johnston, Cameron, & Batt, 2024). Furthermore, several participants mentioned their initial mental preparedness, or lack thereof, for the challenges of their work. For instance, one highlighted how mental preparedness helps him cope with traumatic incidents, stating:

"I saw all those things that I imagined before I started so when I attend to a call, I expect the worst and I would feel like certain things are not as serious."

Conversely, another participant noted the demotivating effect of not being recognised by management:

"The management's lack of support did not give them motivation to work."

The sense of accomplishment derived from successful missions was cited as a motivating factor among paramedics and firefighters alike. One participant expressed satisfaction in saving lives:

"*At the end of the day life has to be saved. It comes with the job and somebody has to do it."*

A strong sense of duty and passion for their work emerged as prevalent themes among participants. However, the major challenge faced by healthcare systems globally is the widespread issue of low motivation among healthcare professionals. In a survey conducted among ministries of health from multiple countries, low motivation was identified as the second most critical concern after staffing shortages (Al Haliq & AlShammari, 2024). The behaviour of healthcare professionals on the job reflects their level of motivation, which significantly impacts the healthcare system's operation (Karaferis et al., 2022). Work motivation, a key factor that influences effectiveness and efficiency, also affects career satisfaction. Broadly defined, motivation involves initiating human activities aimed at achieving specific goals (Ahmad & Imas, 2023).

13.2.13 Job demand and Stagnation

Studies have examined the effect of job demands and resources on various aspects of wellbeing. For instance, research indicates that job resources positively correlate with overall subjective wellbeing (SWB), while job demands are associated with lower SWB (Claes et al., 2023). Human resource practices categorised as job resources have been found to have a positive impact on physical and psychological health, as well as overall wellness, potentially mediated by challenge demands acting as facilitators (Li et al., 2024). However, the notion that job control can mitigate the negative impacts of job demands on employee welfare has been contested, indicating the need for more consistent and rigorous research standards in this field (Huth & Chung-Yan, 2022). Furthermore, obstructive job demands have been shown to affect occupational wellbeing and job engagement, though stimulating job demands alongside sufficient job resources tend to achieve favourable outcomes in these domains (Lei & Suntrayuth, 2023). In this study, paramedics reported encountering substantial workloads, indicated by tight time constraints and inadequate support. Participants expressed feelings of being overwhelmed by the workload in their roles. Because of understaffing, each individual had to attend to a higher number of calls. These feelings were encapsulated in statements such as:

"We are underpaid but overworked."

Jo et al. (2018) noted that stress can result from heavy workloads and time pressures. The participants reported handling numerous calls which not only affect their efficiency but also contribute to burnout. They highlighted:

"*There is a lot... at times the public would be calling us for something that they should not be calling us for.*"

Dutheil et al. (2019) and Finstad et al., 2019 note that the JDCS model investigates conflicting elements within work environments by categorising them into three primary components: job demands, job control, and support from colleagues and managers. This model categorises work settings into four different quadrants based on varying levels of job demands and job control (Portoghese et al., 2020). In the isolated prisoner quadrant, there are high job demands but low job control, leading to increased emotional fatigue, scepticism, and reduced intrinsic motivation among workers. The participants could relate to poor motivation to work due to high job demand. Conversely, the participatory leader quadrant features high job demands alongside high job control, typically resulting in higher work motivation and lower rates of burnout (Nainggolan & Pusparini, 2022). The moderate strain quadrant experiences

moderate levels of both job demands and job control. In the low-strain quadrant, job demands are low while job control is high, resulting in minimal burnout and increased work motivation (Finstad et al., 2019). The categories within the JDCS model illustrate how the dynamic between job demands and job control influences employee wellbeing, motivation, and susceptibility to burnout across diverse workplace contexts. Participants continuously shared concerns about the inconsistency between the demanding nature of their jobs and the financial compensation they receive. The emotional labour and burnout, where participants felt their efforts were undervalued despite the emotional stress of their work, were highlighted. They further expressed frustration over inadequate resources and lack of management support, which compounds their stress and dissatisfaction. One participant narrated:

"*We are expected to do a lot with limited resources... we work strenuous hours but we are not appreciated.*"

It is reported that burnout may also trigger poor job performance, physical burden, psychological distress, lack of energy, reduced job satisfaction, low performance and a callous attitude in interpersonal relationships (Jo et al., 2018). In addition, burnout may also be caused by work structure, job dissatisfaction, workload, role conflict and the lack of support from the manager or family system. Moreover, an investigation into the challenge-hindrance-threat differentiation within the JD-R framework highlights the importance of understanding various classifications of job demands. This understanding can enhance employee welfare and enable effective job restructuring strategies (Fernandez et al., 2023).

The issue of shift overlaps emerged as another considerable challenge that affects participants' work-life balance. Participants described different shift times and unpredictable extensions due to emergency calls, which disrupt their personal schedules and contribute to family dysfunction. One participant noted:

"*Our knocking off time is not constant... Sometimes it's 7:00 when you are on call. We work three days in, three nights, and three nights off … But for me personally, I feel like the night shift is better*."

Awkward job demands have been shown to have a negative effect on occupational wellbeing and job engagement, yet stimulating job demands alongside adequate job resources yield positive outcomes in these domains. The irregular shift patterns negatively affect family life and relationships (Lei & Suntrayuth, 2023). However, the claim that job control successfully lessens the negative impacts of job demands on employees' wellbeing has been questioned and there is a call for more consistent and rigorous research standards in this area (Huth & Chung-Yan, 2022).

While some participants acknowledged slight improvements in workload management, such as the province's intervention to improve EMS services, others still felt considerable pressure. The difference suggests the subjective experience of job demands and highlights individual coping mechanisms. Sicard (2022) argues that professionals often contend with significant job-related stress, inadequate interpersonal support, and challenges to their wellbeing, indicating an unfavourable professional environment. Factors contributing to this situation include limited financial research support, intense competition, psychological stressors, elevated job demands, and insufficient work-life balance. According to du Plessis (2019), some individuals may find themselves in low-strain jobs characterised by low job demands and high control, while others may face high-demand jobs where they also have high control over those demands. Huang et al. (2021) reported that jobs with high demands and low control can lead to feelings of helplessness and may threaten the physical and mental wellbeing of employees. On the other hand, Kundi et al. (2021) suggest that employees who maintain high control over their work environment may experience enhanced wellness and increased motivation. Although all the participants highlighted their passion for their job, they also metioned that the department does not offer promotions especially based on the years of services. They added that as a result they maintained the same titles for years with no hope of better salary or promotions and this may also result in financial stress and feeling stagnant.

Stress levels at work can stem from various factors such as the hope for promotion, opportunities for career growth, work conditions, and deadline pressures (Rajuskar, 2023). Additionally, stress can arise from personal pressures, social dynamics, conflicting responsibilities, job tasks, organisational changes, and cultural factors (Reif et al., 2021). Navigating through a volatile, uncertain, complex, and ambiguous work environment can increase demands and lead to stress, highlighting the need for strategies such as training, development, adaptation, and effective communication to protect mental wellbeing (Satata et al., 2022). Furthermore, research on healthcare professionals has shown that their professional background significantly contributes to stress, emphasising the importance of ongoing education in managing workplace stress (Johnson et al., 2020).

Study participants expressed feelings of stagnation and disappointment regarding the scarcity of promotional opportunities within the EMS. Many reported remaining in the same position for extended periods, despite having qualifications or years of service. For example, one participant highlighted the discrepancy between volunteer years and recognised service, suggesting a broader issue of how experience is valued compared to formal recognition through employment contracts. He explained:

"The number of years I have spent as a volunteer and on contract are not counted. So, if they were to check the age at employment, they would say I was 30 years old instead of 22 years old when I volunteered."

This participant felt that his significant years of service should be more substantially recognised as part of his employment history (Faletehan et al., 2021). His explanation reveals frustration and disappointment that his early contributions are not formally acknowledged, possibly skewing perceptions of his career trajectory. This sentiment suggests a desire for full experience and dedication to be properly valued appropriately within his employment context. According to Hansen and Slagsvold (2020), recognising the time spent in volunteer roles within one's employment history is essential, as voluntary work has historically been undervalued in studies of labour. For older people, voluntary service can sometimes substitute for paid employment in the short term, reflecting the diverse motivations people have at a personal level (Matthews & Nazroo, 2021). Studies indicate that volunteer experience, whether directly related to a career or not, can fill employment gaps, with older job seekers often receiving higher evaluations when they have volunteered (Hoskins, Leonard & Wilde, 2020). While volunteering can enhance employability and serve as a pathway to paid work, its impact varies based on demographics and the frequency of volunteer involvement. This can influence initial job opportunities but shows less consistent evidence regarding job stability and salary progression (Matthews & Nazroo, 2021).

One participant's early promotion to commander position contrasts with the experiences of others who remained in stagnant positions for years. She stated:

"In 2013, I was given an opportunity to act for a month or so then when posts came, and I got promoted as a commander and I was very young, I was 24 years old,"

This illustrates the unpredictability and inconsistency in progress opportunities within the service. While her career progressed earlier than her peers, she noted that her last promotion occurred in 2014. Research suggests that promotions lead to short-term improvements in job security, pay perceptions, and overall job satisfaction, while also affecting job control, job stress, income, and work hours in both the short and long term (Otto et al., 2022; Nemteanu et al., 2021). However, despite these positive effects on job attributes, promotions have been found to have negligible effects on workers' health and happiness (Ng, 2022), with mental health showing signs of deterioration, especially two years after promotion. There is an indication that the additional stress associated with promotions may eventually outweigh the benefits, particularly for the average worker (Reke, 2025).

According to Biss (2024), professionals whose work involves unpleasant emotions are trained to develop alternative emotional responses or strategies for managing these emotions. This training helps them cope with the emotional demands of their job and mitigates the impact of challenging situations they face. Dippy (2022) notes that EMS providers are required to obtain tertiary qualifications and undergo practical training before they can register with the regulatory board. Contrary to earlier practices, where they assisted in traumatic incidents without specific skills or qualifications, their professional identity and work culture are now shaped at hospitals through interactions and socialisation with colleagues (Hooft, 2024).

During conversations, participants noted that those with tertiary qualifications may have better prospects for promotion, although no such positions are currently available. Participants explained that they are divided into two groups: those with practical experience and those with tertiary qualifications. They also noted that because some colleagues are too old to pursue tertiary education, pairing them with those who have formal qualifications, could help bridge this gap. One participant with a tertiary qualification emphasised the difference between training and real-life experience, stating:

"*Training is about education and we use props, where you're not confronted with reality. But once you're done, that's when you face reality."*

Masoomi et al. (2021) argue that while training which uses educational tools and simulations is essential, it does not fully prepare individuals for the real-world challenges they encounter once they begin practical work. The participant added:

"*Remember, in the real world, you're not dealing with props; you're dealing with real people. When you receive those first calls, it's overwhelming because you don't know what to expect. It's the real situation. You doubt yourself along the way; you're unsure about the type of family waiting for you, uncertain if you can assist them, and fearful of freezing up in shock."*

The participant implies an important separation between the controlled environment of training sessions and the unpredictable and often intense realities of their job. He suggests that while training provides essential knowledge and skills, it cannot replicate the emotional and practical complexities encountered in actual emergencies. Therefore, the true test and learning come from facing these real-world scenarios personally, where one must adapt quickly and apply training amidst the uncertainties and pressures of the job (Rushton et al., 2024).

Another participant, with 31 years of experience, reflected on the changes and challenges in EMS practices. His experience not only indicates the historical context of EMS operations but also expresses the ongoing changes required in this critical field. He reflected:

"I started in the EMS when I was 21 years old. I remember it was on the 1st of August 1989 and it was under the former Bophuthatswana. I underwent training in August and completed at the end December."

This period of training served as a foundational experience that shaped his approach to emergency medical care. Throughout his career, the participant noted fluctuations in promotional opportunities within the EMS. During times without any promotions, an equalising effect among colleagues was observed:

"When there is no promotional post, we all become equals."

The observation highlights the impact of career progression on internal dynamics and morale within EMS teams. According to Kamaludin (2023), promotions are commonly viewed as milestones of accomplishment; they signify recognition for an individual's dedication, hard work, and significant contributions to the organisation. While promotions are generally a reason to celebrate, they can also result in shifts in the dynamics within teams. A noteworthy transformation in EMS practices occurred during a phase of integration, where all personnel underwent retraining to align with advancing standards. The participant narrated:

"With people from Bophuthatswana, there was a course called integration where we were all retrained. When I started the EMS was British and now it is American. So, we had to change that formation altogether."

Shifting from British to American influence brought about procedural changes, such as the transition from clockwise to anticlockwise methods. The participant reflected on this adaptation, noting:

"Even when you have been exposed to British it does not make a difference because America does not recognise British."

The participant's journey indicates the dynamic nature of EMS practices and the ongoing need for adjustments to new standards and protocols. The emphasis on continuous learning and adjustment, especially in response to international influences, is key. As one participant rightly stated:

"Training is about education and we use props, where you're not confronted with reality. But once you're done, that's when you face reality."

The statement captures the essence of the transition from theoretical training to real-life emergencies, where the stakes are high and the ability to adapt and perform under pressure is paramount. According to Thielmann et al. (2022), EMS has hierarchical structures with limited opportunities for promotion or career progression. The hierarchical structures can lead to a sense of stagnation and a lack of motivation to pursue higher positions. One participant shared:

"I really do not know how promotion works maybe because I am not interested. However, we do have limited posts meaning you could be on the same post for a long time. I really do not care about promotions. Being a manager is not an easy task so I am happy where I am. Being in charge of a lot of people is a challenge, and I do not see myself reprimanding an older person. But there are limited posts for a lot of people."

This statement suggests the belief that some workers find satisfaction in their current roles and responsibilities. They may feel fulfilled by directly assisting patients and managing emergencies without aspiring for other roles (Ali & Anwar, 2021). Once basic needs are met at a certain level, the next level in the hierarchy becomes more pronounced and influences behaviours and thoughts.

According to Maslow's theory, a need that is fulfilled ceases to actively motivate; hence, individuals who have fulfilled a requirement will strive to fulfil higher-level needs (Ugoani, 2023). There is a notable generational and cultural divide highlighted by the participants. Older personnel, who joined before formal qualifications were required, feel marginalised despite their extensive experience. They advocate for a mentoring system to bridge the gap between practical knowledge and academic learning. A participant lamented:
"Unfortunately, they take the youngsters because of their level of education and I refused to be ruled by a youngster with no experience. A textbook does not work at the scene. We just need managers and not bosses, there is a huge difference. They rotate but it's not working for all of us as others are not capable. The youngsters are more recognised than the elders. They act and make a lot of mistakes. There is no proper guidance from top management and the elders are not recognised but what I can tell you it is never easy to deal with the EMS personnel's problems".

Studies show that top management is criticised for not providing proper guidance and for lacking recognition of the contributions of older personnel. This critique suggests a feeling of being undervalued and misunderstood by those in leadership positions (Boehm et al., 2021). Participants emphasised the need for managers who understand the difference between managing and simply exerting authority ("bosses"). There is a desire for leadership that appreciates and effectively utilises the skills and experience of all personnel, regardless of age or formal qualifications (Rudi et al., 2022). Another participant acknowledged that stagnation in their career path is a prevalent and somewhat accepted reality within their workplace culture and not something that necessarily affects morale or satisfaction among employees. He reflected:

"You take time being stagnant, however, it is not demoralising because it is the culture or rather a norm".

Erasmus (2020) reports that within an organisation or industry, it is common for employees to experience periods of stagnation, where they do not see upward movement in their careers or opportunities for advancement. EMS represent a demanding profession where the work environment and recognition are crucial for personnel's wellbeing. On one hand, work provides structure, purpose, and significance (Lawn et al., 2020). It enables individuals to effect genuine change and positively influence clients, customers, or peers. Behnke et al., (2021), asserts that EMS personnel risk their lives daily in rescue missions aimed at saving lives, which can be fulfilling and engaging. However, undervaluation in their roles may lead to heightened psychological distress and a detachment from their work duties.

13.2.14 Safety

Sibal (2020) reports that first responders are tasked to intervene in life-threatening situations to preserve lives, while firefighters bravely enter burning structures as others evacuate. Their primary duty is to ensure the safety of victims. EMS personnel face safety concerns both for themselves and their patients, including risks of violence and insecurity in areas affected by conflict (Stjerna Doohan, 2024; Werner, 2023). They experience high levels of occupational stress due to various factors. They face threats from community members as they have close contact with them (Ntatamala & Adams, 2022), are targeted by criminals, and often encounter abuse from uncooperative patients and their families. Both firefighters and paramedics acknowledge being treated as "punching bags", whether through physical assaults or verbal abuse (Mohammadi et al., 2019; Rees et al., 2025). Studies in the USA have shown an increased incidence of occupational injuries and fatalities among first responders, emphasising the dangers they face. Additionally, EMS personnel are frequently in contact with distressed members of the public, who sometimes perceive them as having valuables, making them targets for mugging (Geldenhuys, 2024; Bergen-Cico et al., 2020). Moreover, ensuring safety and quality in EMS operations involves dealing with the need for standardised protocols, regulatory compliance, and ethical considerations in prehospital care research (Chandrashekhar et al., 2020). These factors imply the complexity and critical nature of EMS operations. Manoti (2021) argues that to address infrastructure challenges strategic investments in technology, developing contingency plans, improving staff competencies, and developing national

standards and regulations are necessary. These measures are crucial for the development of service quality and to ensure the safety of both patients and EMS personnel.

Fear for their own safety emerged as a recurring theme among six of the eight participants, demonstrating hypervigilance and heightened awareness of potential threats. These individuals expressed significant apprehension about their own safety, acknowledging the inherent risks associated with their profession. One participant said:

"Some people died during training and the rest they die during operational duties."

This fear was intensified by their direct exposure to traumatic incidents, contributing to increased stress levels and vigilance both on and off duty (Lawn et al., 2020). Another participant recalled:

"Once a member dies on duty even if they work for a different station, it touches us. Like the scene in Johannesburg where firefighters fell out of the windows. You cannot forget that scene because that is what you do, and it can happen to any of you."

Fear for their own safety was a common concern, as indicated by referenced fatalities among colleagues. However, the sources of fear seemed to differ; some were concerned about workplace hazards while others expressed generalised anxiety about safety.

During the interviews with participants, all firefighters expressed concern about the possibility of being robbed. While not all of them had personally encountered such incidents, the majority were aware of the potential risk. Firefighters have reported instances of receiving fake calls, often as a ruse to lure them out and possibly rob them. This concern is shared by some paramedics but not comprehensively. Firefighters also face additional challenges such as being called to incidents outside their scope of practice, becoming entangled in personal circumstances at the scene, managing crowds or riots, and being misunderstood regarding their capabilities. As one participant stated:

"We are sometimes affected by riots that have nothing to do with us. We are also targets of robberies and theft."

There is a pervasive threat to personal safety while on duty, where EMS personnel may become targets due to the perception of valuables in their possession or their perceived delay in response. Many firefighters and paramedics expressed frustration about being blamed for tardiness, even though they have no control over when emergency calls reach them. While most paramedics stressed community expectations for them to perform miracles in seemingly hopeless situations, only a few firefighters shared this sentiment. Those firefighters who agreed mentioned the profound impact they feel when they witness the hope in the faces of family

members upon their arrival. Moreover, the issue of fake calls adds another layer of risk. A participant reflected:

"We also receive fake calls and when we arrive at the stated address the family will be shocked."

These calls not only waste resources but also expose EMS personnel to potential dangers orchestrated by criminals intending to harm or rob them. According to Beukes (2022), when responding to fake calls criminals pretend to be patients, placing responders at risk of harm or robbery.

Despite these dangers, there is a significant lack of adequate protection provided to ensure their safety while on duty. EMS personnel acknowledged the natural dangers of their job, where they respond to calls without prior knowledge of the risks involved. There is a notable absence of security measures in place to safeguard their wellbeing. The urgency to reach scenes promptly further exposes them to risks of accidents (Lentz et al., 2021). Participants mentioned that when they are on duty, they compartmentalise their personal concerns and fears, focusing mainly on their mission from the moment they step into action. They also noted a gendered aspect regarding how threats are perceived. There is a disparity in how men and women are treated in relation to criminal threats, which remains unresolved. This discrepancy results in men facing a heightened risk of verbal violence during criminal incidents compared to women who usually experience physical violence such as sexual assault (Murray et al., 2020). One participant referenced:

"Ambulance people ... do not attend to scenes in groups like us. They will sometimes steal your personal things from the truck when you are busy."

This implies a heightened vulnerability among EMS personnel, particularly those working alone or perceived as easier targets.

Kravchenko (2021) reports that human beings exist within a symbolic order where they are the subjects of language. Within this symbolic order, fears and fantasies are not solely individualistic but are also shared across broader contexts. According to Maslow's hierarchy of needs, the safety aspect concerns freedom from fear and the assurance of security (Mustofa, 2022). EMS personnel, however, prioritise the safety of others while often compromising their own. They boldly enter hazardous environments such as burning buildings and are the first responders to traumatic scenes. Despite facing high expectations from the community, they also become vulnerable targets for robberies during critical incidents (Sibal, 2020). Beukes (2022) report that EMS personnel often become targets due to the drugs carried in ambulances and the costly equipment used during medical interventions. Participants in discussions noted

that criminals frequently focus on stealing personal items like jewellery, wallets, and cell phones. Beyond the physical risks, EMS personnel also face significant psychological stress. A recurring theme identified was the neglect of their mental health needs.

While physical fitness is prioritised, mental health support, including counselling following traumatic incidents, is lacking. The neglect can hinder personal growth and wellbeing (Lawn et al., 2020). One participant noted:

"My colleague's trauma has affected me, and to protect myself from being victimised, I ensure that I carry something they do not think is of value."

This statement suggests the psychological burden and hypervigilance EMS personnel experience, not only from direct threats but also from the indirect impacts of their colleagues' traumatic experiences. Lawn et al. (2020), argue that paramedics need to remain vigilant for several potential threats while on duty, including physical attacks and assault, exposure to hazardous chemicals, work-related physical strain and pain, and psychological stress. Another significant issue highlighted by firefighters is being tasked with water-related emergencies despite not being trained as divers. In such cases, they may end up in the water without appropriate equipment while awaiting the arrival of a specialised diving team. These situations pose considerable risks and underscore the need for a clearer understanding and support of their roles and limitations in emergency response. Participants stated that: *But when we are in the extensions, the community does not understand that we do not have the diving equipment with us and some of us cannot swim. We need to get the divers out or SAPS to recover the bodies. But the community does not understand and they will fight with us or even assault us, and we can't leave the scene while the child is in the dam. So, we have to make a decision even if it is not part of the protocol. I only got my shirt. Get my pants and my boots off and wrap the rope around the waist and dive in, or else we are going to wait for four to five hours and the community members do not know these things."*

Participants shared their concerns related to infrastructure, especially in rural and underserved areas, emphasising:

"*Because of the infrastructure there, we struggle with water. Let's say we have a rescue pumper and a water tank but still in rural areas we need more infrastructures, water and so many things."*

There is a critical need for adequate resources, such as water supply, to effectively respond to emergencies like fires (Mitsova et al., 2020). Studies emphasise that the establishment of anti-fire water reservoirs in forest ecosystems to ensure a reliable water supply for firefighting operations is crucial (Arabatzis et al., 2024). The impact of fire events on water

resources is a growing concern, with the need for strategies to lessen potential contamination of water bodies due to fires in regions like Brazil's Cerrado biome (Nagel et al., 2023). The analysis of water consumption for firefighting based on fire object features is fundamental to meeting regulatory requirements and ensuring effectual fire extinguishing (Kondashov et al., 2023). Moreover, innovative solutions like the use of groundwater from drilled wells at fire sites can provide alternative water sources to overcome logistical challenges faced by firefighters (Restás et al., 2024). According to Mitsova et al. (2020), the weakness of critical infrastructure systems and their connection have substantial consequences for the recovery and resilience of the community.

In the context of EMS, the challenges linked to safety and infrastructure are complex and varied. The infrastructure limitations affect emergency response capabilities. One participant narrated:

"Most of them [vehicles] are not functioning and attract unnecessary attention. Security guards at the gates were deployed following several thefts of vehicles."

He pointed to the broader issue of inadequate maintenance and security measures for EMS vehicles and facilities, which can compromise personnel safety and operational efficiency. Spellman (2023) notes that issues such as infrastructure deficiencies, limited resources, and ageing infrastructure are major obstacles. Participants narrated challenges that extend beyond physical infrastructure to include community dynamics and safety risks. One participant pointed out:

"An angry community also poses danger towards us especially if they feel like we responded late."

Community expectations and frustrations can escalate into safety threats for EMS personnel and influence their ability to perform their duties safely (Ntatamala & Adams, 2022). There is a disparity in how EMS personnel respond to community expectations. While some stressed the importance of maintaining calmness and disengaging with agitated community members, others emphasised the challenges of enduring unrealistic expectations under stressful conditions (Ntatamala & Adams, 2022). In this regard, a participant stated:

"Some expectations from community members are unrealistic and this puts us at risk of being attacked."

According to Edwards et al. (2019), in the process of interaction construction, people anticipate that their communication with others will elicit a response in accordance to their expectations. These expectations are influenced by the specific situation and are not rigid norms dictating behaviour. They involve the perception of what might be expected in a social

context, which progresses gradually during interaction. Participants in these interactions are dynamic; they adjust to the circumstances of time and place.

13.2.15 No knowledge of the scope of EMS

Paramedics play a critical role beyond traditional medical care, often serving as educator, counsellors (social supporter) and sources of comfort for victims and their families (Strandås et al., 2024). They frequently respond to traumatic incidents, such as domestic violence, where they not only provide medical assistance but also offer emotional support (Lentz et al., 2021; Akter & Shakil, 2020). Paramedics are gradually becoming more involved in emergency mental health services, demonstrating their expanded tasks to manage mental health crises and provide grief support to families suddenly facing bereavement. They are however not trained to notify family members of their losses and to prepare them psychologically (Wloszczak-Szubzda et al, 2013). Other challenges cited included being dispatched to incidents outside their expertise, responding to false calls, becoming involved in personal circumstances at the scene, providing counselling to families, and calming upset community members. These roles are personified by the following quotes:

"We do a lot of things when we are there, you find yourself as a counsellor, pastor, mediator, and a supporter at the scene."

The diverse responsibilities undertaken by paramedics are essential responses to immediate community needs, rather than mere conveniences. Participants articulated frustration at being mistaken for security guards. One participant noted:

"Even when they see us at Shoprite, they think we are security guards and they start asking for help in the shop."

The confusion suggests a fundamental lack of public awareness regarding the specialised nature of EMS responsibilities (Strandås et al., 2024). Participants suggested that educating the community about emergency numbers and the EMS scope would be beneficial. They emphasised that reconstructing this understanding is not solely the responsibility of EMS personnel but also requires community members to educate themselves and revise their perceptions.

Some participants felt misunderstood and that they were disappointing the public. The feeling is summarised in statements such as:

"People have hopes when they see us. But it is mainly because they do not have enough information about what we do."

The expectation that EMS personnel can resolve any crisis, coupled with the public's lack of understanding of their actual scope of practice, creates unrealistic demands and sometimes hostile reactions when expectations are not met (Lentz et al., 2021). One participant remarked: *"The longer you work in this field, you start to develop empathy. You arrive at a scene and you take on roles like a parent, a social worker, or even a family member."*

According to Prior and Talmy (2021), language plays a crucial role in shaping human social interactions and phenomena. It serves as a central tool in constructing identities through daily interactions. The language process enables EMS personnel to redefine their roles and facilitates their ability to identify and communicate with those in need. This flexibility is particularly important when EMS professionals experience situations where they feel compelled to go beyond their usual duties, such as when they observe families struggling with basic needs. Furthermore, language contributes significantly to identity formation through its focus on socio-cultural differences, including aspects like religion, myths, and customs (Karjalainen, 2020). Sometimes the EMS are contacted to resolve family disputes and apart from that not being in their scope, their attempt to assist is perceived in a negative light due to socio-cultural differences and customs. One of the participants stated the following dilemma: *"Sometimes you are called to intervene on elderly people who are fighting and hurting each other. And when you get there, they are older than you and old enough to be your parent. The challenge of having to intervene as a child to parent in a very strict manner. As a child you must try to minimise the violence until the elderly man see their fault. In our culture reprimanding your parents hardly happen, it is not a norm as it is deemed as disrespect."*

When EMS personnel are confronted with dilemmas that require them to assume multiple roles, the language they use is reconstructed to align with the identity and socio-cultural beliefs of the individuals they are helping (Goble, 2020). Ericsson et al. (2021) argue that there is a stark contrast between the perceptions of EMS personnel and community members regarding the roles and capabilities of EMS services. EMS personnel feel burdened by unrealistic expectations and a lack of recognition, while community members often see them as saviours capable of handling any emergency. This disconnect not only affects job satisfaction and morale within EMS teams but also impacts community trust and cooperation. Karjalainen (2020) asserts that individuals may reassess their behaviour and choose to modify their roles or even redefine their audience. During an individual's own performances, they may encounter stage fright (anxiety in social situations) or forget their lines. EMS personnel are constantly engaged in social contexts where they also create and reshape their strengths. The community member's reconstruction of the narrative can also influence their behaviour and

attitudes towards EMS personnel (Goble, 2020). Many psychologists and philosophers have turned to language as a key tool for understanding human functioning.

EMS personnel are trained to provide medical assistance and support in emergencies, but they are not equipped or trained for specialised tasks like underwater diving or rescue operations unless if they were part of the initiative that involve integration with Marine Rescue Services or are part of the Diver Emergency Medical Technicians (Ferdinand, 2024). When incidents involve bodies of water, such as dams or lakes, and there is a need for diving or retrieval operations, EMS personnel may lack the equipment or expertise required. This creates a dilemma because while they might be willing to help, their capabilities are limited (Lawn et al., 2020; Becker et al., 2013). According to Anderson et al. (2020), EMS personnel are often expected to handle any emergency in communities. However, there are instances where the required expertise or equipment is not available onsite, resulting in misunderstandings or frustration from the community. One participant described a scenario indicating a lack of knowledge of EMS scope by the community:

"The community does not understand that we do not have the diving equipment with us and some of us cannot swim. We need to get the divers out or SAPS to recover the bodies. But the community will fight with us or even assault us, and we can't leave the scene while the child is in the dam. So, we have to make a decision even if it is not part of the protocol."

"When it comes to drownings we are not trained in diving and we do not have all the necessary equipment like those of scuba divers. But we go in just with our diving masks and rope on the waist. The only thing we do is to alert our colleagues to pull us up when we feel like we need to be pulled up."

Karmelić et al. (2023) report that EMS personnel may find themselves in situations where they have to make tough decisions that go against standard procedures due to the urgency and complexity of the circumstances. Even though protocols may recommend waiting for specialised help, such as divers or police, the immediate danger to a child's life or safety compels them to take swift action. The decision-making process can be emotionally and ethically demanding as they weigh the protocols, they are trained to follow against the pressing need to save lives (McCann, 2022).

13.2.16 Gender challenges

Klysing (2020) argues that gender operates as a socially constructed system of inequalities. Society has perpetuated the idea that gender reflects natural and unchangeable differences between sexes. Gender, however, is formed through social processes. Despite global calls for gender equity in organisations, discriminatory practices persist as a significant challenge. Women's efforts to progress often result in encountering gender discrimination, leading to their relegation to lower positions within organisational hierarchies (Galsanjigmed & Sekiguchi, 2023). This disparity signifies the ongoing struggle to achieve genuine gender equality in workplaces worldwide. While there has been progress in some areas, systemic barriers and biases continue to impede women's advancement, emphasising the ongoing need for sustained efforts to confront and eliminate gender discrimination within organisational settings (Fitong, Ketchiwou & Dzansi, 2023). Based on the studies of gender inequality in Japan, certain conclusions were made (MacNaughtan, 2019). Similar patterns were found in other places and also in the current study in South Africa.

There are perceptions that place women at a disadvantage, especially those balancing work and family responsibilities, as societal expectations may hinder their career progress (Hicks, 2021). These entrenched beliefs pose obstacles for women managing family duties, potentially restricting their professional development (Cheryan & Markus, 2020). Companies may overlook women as suitable candidates, assuming they will prioritise caregiving duties over their careers. Nonetheless, women refuse to be confined to predefined roles and actively challenge culturally and socially constructed gender norms that perpetuate stereotypes (Fitong Ketchiwou & Dzansi, 2023). Bertrand (2020) observed that women often face pressure to exhibit nurturing behaviours, while men are encouraged to demonstrate leadership qualities. Ironically, when women display traits customarily associated with successful men, they may experience social, economic, and professional consequences due to deviation from traditional norms. However, many women reject conformity to these predefined roles and actively challenge culturally constructed gender stereotypes (Hicks, 2021).

There is a clear division of labour based on gender, with distinct roles for women and men in both work and domestic settings. Begeny et al. (2020) suggest that while there has been progress for women in Japanese workplaces, an underlying employment model perpetuates gender biases in attitudes, behaviours, and practices across genders. Cultural beliefs regarding gender roles and expectations further contribute to the perpetuation of workplace gender inequality. The female participants interviewed shared that they often express their emotions

by crying, particularly when going through pain. In contrast, the men did not mention using crying as a means to express their emotions. Many societies view crying as a sign of weakness, and this societal narrative does not expect men to show emotional vulnerability (Minnie et al., 2015). There is a prevailing cultural belief that associates women with emotions and men with reason, perpetuating a discourse that separates objectivity and rationality from emotion and gender. These aspects are often overlooked and play a crucial role in influencing societal expectations and behaviours regarding emotional expression (Jr. Webster et al., 2014). These beliefs often assign specific traits and capabilities to men and women, strengthening traditional gender norms and hierarchies (Fitong, Ketchiwou & Dzansi, 2023). Moreover, women themselves may inadvertently contribute to this devaluation as they internalise societal norms and evaluate their achievements primarily in comparison to other women rather than to men. This can perpetuate a cycle where women's contributions are undervalued, exacerbating gender disparities in the workplace (Tabassum & Nayak, 2021).

Lindsey (2020) contends that gender can be understood both as a process and as a structure. Gender as a process involves the personal construction of one's gender identity and the gender identities of the one interacts with, influenced by societal norms and individual experiences (Izydorczyk, 2024). This process is shaped by interactions within public and private spaces, where gender is viewed as a social construct rather than a natural trait, emphasising performance theory and the fluidity of gender expression (Izydorczyk, 2024). Kunwar (2021) argues that gender construction extends beyond individual identities to become a group process, organising social relations and perpetuating gender inequalities through cultural tools that spread gendered meanings across various aspects of life. Epstein (2022), noted that women are often burdened with emotional labour both in their family roles and in the workplace, facing daily expectations to fulfil emotional needs. At work, women must navigate potential gender discrimination, while at home, they are expected to avoid dominating their partners and to embody traits of femininity and submissiveness. This process of "doing gender" can lead to conflicts between family and work tasks, especially for successful women who may experience devaluation due to their gender and physical characteristics (Hicks, 2021). While gender expression is personal, the challenge lies in the cultural expectations, legal frameworks, and workplace norms that shape these roles. To change this dynamic, both individuals and the societal structures that influence gender roles need to transform (Fitong Ketchiwou & Dzansi, 2023).

The conversation concerning gender interactions in groups that are exclusively male suggests how gender is constructed through social norms and naturalised beliefs, often leading

to problematic implications for women and justifications for gender aggression (Zhang, 2023; Kunwar, 2021). Female participants perceived gender as a structure when they expressed concerns about their physical strength and the heaviness of equipment used at work, often comparing themselves to their male colleagues in terms of physique. The EMS sector, traditionally male-dominated, reflects these entrenched norms where job roles and expectations are often structured around masculine ideals of strength and endurance. One participant reflected:

"The equipment we use can be a challenge. Our job is difficult. That equipment is heavy, it is true some jobs are designed for men, not women. The weight is hectic, you carry a spreader and as a woman, I feel everything is tough."

The narrative illustrates the physical challenges faced by female EMS personnel. The sentiment is echoed by another participant who pointed out the physical strain menstruation and heavy equipment take on her, affecting her job performance and overall wellbeing. In contrast, a male participant acknowledged that women perform the same duties as men but noted a difference in support from management, suggesting a recognition gap in attending to gender-specific challenges such as physical demands and emotional labour.

The discrepancy between job demands and physical capabilities due to gender norms not only affects job performance but also perpetuates stereotypes about women's suitability for certain tasks (Clarke, 2020). Safety concerns notably emerged in the narratives, particularly regarding the risks of late shifts or responses to calls in unsafe environments. One participant related an instance of feeling vulnerable to harassment or assault when paired with another female colleague during night shifts, denoting the fear of being followed or targeted by unknown individuals. The fear was compounded by the lack of adequate security measures and the perceived apathy of some male colleagues towards these concerns. She narrated:

"We sometimes receive fake calls or pranks. It is scary, especially because we are women and sometimes, they would pair two women. On our way back we realised that we were followed. I was the driver when this happened, and it was around 3 AM."

Her perspective is profound on this matter; it implies the natural risks experienced by female EMS personnel, including the possibility of encountering hostile situations while on duty (Lawn et al., 2020). The participant's experiences reveal the critical need for comprehensive safety protocols and support systems within the workplace to mitigate these risks effectively.

Another participant also elaborated on instances of feeling vulnerable to harassment or assault when paired with a female colleague during night shifts, highlighting the fear of being followed or targeted by unknown individuals. She narrated:

"You worry about being raped and I do not really care much about being robbed because I can replace whatever they stole."

This reflects a safety concern that is specific to female EMS workers and exhibits broader issues of workplace safety and the need for gender-sensitive security protocols. It also points to the emotional stress associated with such fears (Sinha, Srivastava & Panda, 2021).

Two participants expressed the difficulties of managing period pains without the option to take sick leave every month. One stated:

"The challenges of period pains are also there; you are only relieved from your duty and given office work when you are pregnant."

According to Holst et al. (2022), women are faced with the challenges of managing their period health within a demanding work environment. The occupational health literature neglects the impact of the menstrual cycle on women's work experiences, leading to gendered inequalities and additional labour in managing their bodies through the cycle (Holst et al., 2022). Furthermore, the issue of menstrual hygiene management (MHM) has been overlooked in emergency response, suggesting the need for leadership and coordination to prioritise menstrual health during crises (Tufail et al., 2023). Fry et al. (2022) assert that these challenges require supportive workplace environments, policy changes, and adequate facilities to accommodate menstruating employees, ultimately promoting women's health, wellbeing, and economic empowerment.

Participants' perspectives on gender challenges in EMS vary, based on their individual experiences and roles within the organisation. Although some indicate physical constraints and safety risks, others highlight emotional labour and cultural barriers. These differences indicate the difficulties of gender dynamics and organisational culture relationships within EMS. The construction of gender roles influences organisational dynamics and policies; it shapes the experiences of women within EMS (Goble, 2020). According to the social constructionism perspective on gender, gender operates as a socially constructed system that perpetuates inequalities. Society has ingrained the belief that gender differences are natural and fixed (Lombardo & Kantola, 2021).

The production and reinforcement of gender norms depend on societal norms, cultural practices, religious beliefs, and interactions among individuals (Rossi et al., 2025). The EMS in SA is not considered non-gendered, as findings from various research papers indicate a gender distribution among patients and caregivers (Barrett et al., 2016; Johnsen et al., 2024). This was revealed by one female participant:

"*It is true some jobs are designed for men, not women."*

A study evaluating EMS responses in South African urban areas found significant gender disparities in the appropriateness of responses, highlighting the gap between dispatch and patient needs (Newton, 2014). Furthermore, quality systems within EMS in SA are still developing, focusing on improving leadership, communication, and staff engagement to enhance patient safety and care quality (Howard et al., 2020). While there are challenges, there is a growing understanding of the importance of quality systems in low- to middle-income countries like SA, emphasising the need for context-specific, transparent, and reliable systems (Howard et al., 2020). However, Newton (2014) argues that South African EMS recruitment concentrates on the adequacy of responses and allocation of resources rather than being gender-centred. The challenges encountered by the EMS system in SA in meeting patient needs professionally, are due to increased levels of inappropriate responses and disparities in resources.

The enlistment procedure in the SAPS has been directed towards promoting racial and gender inclusivity, contributing to the formation of social classes but not necessarily guaranteeing political impartiality or enhanced law enforcement (van der Spuy & Retief, 2023). Although EMS recruitment may prioritise attributes such as skills, experience, intelligence, honesty, and competence over gender, the broader recruitment endeavours in the civil service of SA have been geared towards rectifying historical disparities and fostering diversity across various sectors.

13.3 SUMMARY

South Africa is referred to as a large middle-class country faced with uneven distribution of services, restrictive infrastructure and severe financial constraints on the entire resource system (Ndikumana et al., 2020). These factors contribute to overwhelmed service providers, leading to issues of burnout and absenteeism (Calitz, 2022). During the interviews, EMS personnel consistently expressed feeling overwhelmed by their workload and dissatisfied with their salaries. The demanding nature of their job, including irregular shift patterns and high fatigue levels, often leads to strained relationships with family and a diminished social life. The unpredictable nature of emergency response means they cannot easily separate work from personal time (Ndikumana et al., 2020). All eight participants presented similarly and their perceptions of reality and the world were also similar. In the interviews, the participants had an opportunity to re-evaluate and re-write their lives. The researcher acknowledges that the participants' perception might not be a full representation of all personnel working at the

EMS. The job seems to have taken over the EMS personnel's perceptions and their social lives. Their work affects their relationships with their children, family members and partners.

The job demands, fatigue, and shift patterns seem to contribute to their withdrawal from family. Whenever they are on duty, their shift pattern is never constant, as they cannot abandon their work just because they have completed their hours. Therefore, they find themselves with overlapping hours. EMS personnel frequently struggle with a profound sense of failure and self-blame as they navigate the intense and often traumatic demands of their roles. The perception of failure among EMS professionals is connected to their emotional and psychological wellbeing, influenced by the high stakes of their work and the inherent unpredictability of emergency scenarios (Rojas et al., 2022). This sense of failure often manifests as guilt, shame and self-doubt, particularly when outcomes do not meet their expectations or when they are unable to save lives despite their best efforts (ALmutairi & El Mahalli, 2020; Lawn, 2020). The emotional burden of perceived failure is worsened by the internalisation of societal expectations and professional norms. EMS personnel often hold themselves personally responsible for the outcomes of their missions, a sentiment shaped by both their professional identity and societal narratives surrounding success and failure (Bagas, 2020; Phillips, 2023). The impact of this self-blame is evident in various coping mechanisms, from increased alcohol intake to introspection and resilience-building strategies (Vella et al., 2019; Rivard, 2020, Ras et al., 2022a).

These reactions reflect a broader struggle with managing the emotional labour associated with their roles and the challenges of reconciling personal feelings with professional standards (Dudau et al., 2020). Understanding these emotional dynamics is crucial to developing supportive measures that address the unique psychological needs of EMS personnel. Effective strategies should incorporate recognition of the emotional toll of their work, the influence of societal and professional expectations, and the importance of supportive peer interactions and mental health resources (Hoff et al., 2023; Anderson et al., 2020). Through acknowledgement and addressing the complex connection between self-blame and perceived failure, we can better support the mental wellbeing and resilience of EMS professionals, enhancing their job satisfaction and performance (Afshari et al., 2021; Rojas et al., 2022). The prevalence of maladaptive coping mechanisms, such as substance abuse and stress eating, is notable among EMS professionals. Alcohol and other substances are frequently used to manage stress, reflecting a critical need for healthier coping strategies. The study highlighted the detrimental effects of such maladaptive behaviours on personal relationships and overall wellbeing.

EMS personnel's exposure to trauma is linked to numerous adverse outcomes, including mental health issues, physical ailments, and burnout (Eskesen et al., 2023; Ogińska-Bulik et al., 2021). The emotional strain of dealing with traumatic events, especially those involving personal connections suggests the necessity for effective support systems within the EMS community (Beyer et al., 2023). The lack of recognition and support from higher management exacerbates feelings of undervaluation and frustration (Boland et al., 2021). Research also points to the critical role of peer support and organisational culture in mitigating the impact of trauma (Vig et al., 2020; Brais et al., 2023). Effective interventions, including mindfulness and resilience-building programmes, are essential for improving mental health outcomes and enhancing coping mechanisms (Ducar et al., 2020). Additionally, addressing systemic issues and promoting adaptive coping strategies can significantly benefit EMS professionals, ultimately improving their overall wellbeing and job satisfaction. The data reveal significant psychological and psychosomatic challenges experienced by EMS personnel due to their exposure to traumatic events. The frequent and intense exposure to trauma is closely linked to symptoms of PTSD, including flashbacks, nightmares, anxiety and cognitive impairments like forgetfulness, aligning with DSM-IV-TR criteria (Lewis et al., 2020).

Study participants commonly reported increased vigilance, fear for personal safety, and irritability, contributing to difficulties in personal and professional spheres. The emotional difficulties are pronounced in cases that involve minors, indicating the need for effective support mechanisms (McCann, 2022). Additionally, psychosomatic symptoms such as headaches, fatigue, and loss of appetite were reported by many, often interpreted as physical manifestations of emotional distress (Kauffman et al., 2022; Saleem et al., 2021). The disconnection between physical symptoms and their psychological origins implies the need to increase awareness and education about psychosomatic health (Stanisławska-Kubiak et al., 2023). The normalisation of these symptoms within the EMS culture, along with limited organisational support, further emphasises the need for integrated approaches that address both psychological and physical health concerns (Lawn et al., 2020). Comprehensive support systems that combine psychological and medical care are crucial to improve holistic wellbeing and job performance among EMS professionals (Nikunlaakso et al., 2022; Rapisarda et al., 2024). EMS personnel experience withdrawal from family regularly, due to the demanding nature of their work schedules (Sharp et al., 2022). Shift patterns create barriers to family interaction, resulting in feelings of isolation and strained relationships. Participants highlighted the challenge of balancing time alone, for emotional stability, with the need for meaningful connections (Perry-Jenkins & Gerstel, 2020). According to Lawn et al. (2020), isolation can

exacerbate anxiety, PTSD, and depression among EMS workers. Emotional detachment from non-EMS individuals further complicates family dynamics (Watkins et al., 2022). Despite these challenges, family support is crucial in lessening the negative impacts of EMS work (Kyron et al., 2021). Participants emphasised the significance of familial understanding and emotional validation in coping with job-related stress. Open communication within the family unit helps bridge the gap between the unique challenges faced at work and the supportive environment at home. However, the emotional toll of EMS duties can strain familial relationships and hinder effective communication (May et al., 2023). Strategies such as family counselling and peer support groups are recommended to enhance communication and strengthen emotional bonds within EMS families (Sharp et al., 2022). Meacham et al. (2025) note that organisational policies that promote work-life balance are also essential in supporting EMS personnel and their families.

While EMS work presents many challenges to family life, supportive family environments are critical in order to sustain psychological resilience and wellbeing (Bernuzzi, Sommovigo & Setti, 2022). May et al. (2023) assert that EMS personnel experience significant impacts on their families and personal wellbeing due to their work-related trauma. They often suppress emotions on duty but release them at home, which can strain family dynamics. This leads to overprotective behaviours towards family members, influenced by their professional experiences, but potentially creating tension (Skeffington, 2021). Spouses are reported to shoulder the burden of supporting EMS personnel with trauma, while also navigating their own mental health challenges (Wheater et al., 2017). Sharing work experiences at home serves as a coping mechanism for some EMS personnel, but it can also risk exposing family members to secondary trauma (Bountress et al., 2020). Divorce and maladaptive coping mechanisms, such as alcohol use, suggest the severe struggle of unaddressed trauma in personal relationships (May et al., 2023). Comprehensive support systems are crucial for both EMS personnel and their families. In terms of work performance, EMS personnel employ various coping mechanisms like emotional detachment during work and emotional release afterwards (Bakker & de Vries, 2021). However, ongoing psychological effects from trauma exposure, such as panic responses during emergencies, affect their job performance and underline the need for continuous support. Teamwork is reported to play a vital role in minimising the effects of trauma on work performance and encouraging resilience and peer support among EMS personnel (Sharp et al., 2022; Hartwig et al., 2020). In dealing with these challenges, holistic support systems that encompass mental health services, trauma awareness education, and organisational initiatives to strengthen familial and professional resilience among EMS

personnel are required (Bountress et al., 2020; Cramm et al., 2022). EMS personnel have to balance their work and family responsibilities, which is a challenge influenced by the emotional demands of their profession. Their roles often require emotional detachment and quick decision-making, which can conflict with the nurturing and emotional support expected in family life. The dual responsibility places a huge strain on personal relationships, as evidenced by reports of divorce and emotional detachment from family members (May et al., 2023; Higgins, 2020). The emotional strain of responding to traumatic incidents, particularly those involving children, extends beyond the workplace into EMS personnel's personal lives.

EMS personnel frequently experience emotional resonance with victims, prompting anxiety and overprotective behaviours towards their own families (ALmutairi & El Mahalli, 2020; Uhrecký, et al., 2020). The emotional crossover distorts professional and personal boundaries, affecting their ability to maintain emotional stability at home. Women in EMS go through added challenges due to societal expectations that prioritise caregiving over career advancement, perpetuating gender stereotypes and limiting professional growth (Hicks, 2021; Cheryan & Markus, 2020). Despite these barriers, women actively challenge these norms, advocating for equal recognition and opportunities in their field (Fitong Ketchiwou & Dzansi, 2023). Effective coping strategies are crucial to dealing with the emotional strain of the EMS profession. While some personnel use less effective coping mechanisms like emotional detachment, others find acceptance and seek social support to maintain mental health and job satisfaction (Kheirallah et al., 2022; Rojas et al., 2022).

Organisational support through debriefing sessions and mental health resources is essential to mitigate the risk of burnout and support EMS personnel in maintaining a healthy work-life balance (Ellis & Korman, 2022; Telles, 2020). The complicated relationship between professional responsibilities and personal life makes it crucial to support the wellbeing of EMS personnel. Policies and interventions that acknowledge the unique emotional challenges they face, particularly in relation to family dynamics and trauma exposure, are critical to promoting resilience and sustaining their effectiveness in emergency response roles. EMS personnel, especially those who are parents, exhibit overprotective behaviours towards their families due to the traumatic experiences they encounter on the job (Satchell et al., 2023; May et al., 2023). This overprotectiveness often manifests as strict safety measures and limitations on their children's activities, driven by heightened awareness of potential dangers (McCann, 2022). These behaviours reflect a psychological response where traumatic exposure reshapes their perceptions of risk and safety in daily life situations (Ehlers et al., 2023).

Despite facing significant mental health challenges, EMS personnel tend to underutilise available psychological support services (Joji, 2023). The reluctance to seek help is influenced by cultural norms, organisational barriers, and perceptions that mental health services are more suited for personal issues rather than work-related stress (Ntatamala et al., 2022). There is a critical need for comprehensive mental health interventions tailored to the unique stressors of EMS work, including accessible counselling services and culturally sensitive support strategies (Carey et al., 2018; Rogers, 2023). Addressing these needs is essential to mitigate the risk of burnout and improve overall wellbeing among EMS personnel (Thomas, 2020; Thielmann et al., 2022). The study highlights significant challenges faced by EMS personnel regarding the lack of adequate emotional support in their workplaces. Participants consistently expressed feelings of neglect concerning their mental health needs, citing insufficient professional debriefing after traumatic incidents, a scarcity of available counselling services, and scepticism towards existing EAPs (Abdelmotaleb & Saha, 2020; Hietanen-Kunwald & Haapio, 2021). There is a prevalent perception among EMS personnel that they are left to manage their emotional difficulties independently, without structured support systems (McFarland & Hlubocky, 2021). Despite these organisational shortcomings, EMS personnel draw considerable support from their team members, whom they regard as a familial network within their workplace. This peer support plays a crucial role in helping them cope with the stress and trauma inherent in their roles (Donovan et al., 2022). Team members provide a vital avenue for informal debriefing, humour as a coping mechanism, and shared experiences that foster resilience and emotional processing (Emmanuel-Olowonubi, 2025). However, the reliance on team support highlights a critical gap in formal support structures from management or organisational policies. Participants frequently emphasised the disconnect between their needs and the priorities of their employers, which often stress performance metrics over holistic employee wellbeing. This organisational culture perpetuates a systemic neglect of mental health support, despite the clear impact on employee morale and job satisfaction (Milanek, 2024). Although EMS personnel benefit greatly from the camaraderie and mutual understanding within their teams, there is a pressing need for organisational leadership to prioritise and enhance formal mental health support mechanisms. Addressing these systemic issues is crucial to mitigating burnout, improving job satisfaction, and ultimately supporting the overall wellbeing of EMS personnel (Alsharif et al., 2024; Yousaf et al., 2020). There are challenges faced by EMS personnel in accessing psychological services and maintaining empathy amidst repeated exposure to traumatic incidents.

The normalisation of stress and desensitisation to traumatic events among EMS workers often leads to the underutilisation of available EAPs and psychological interventions (Jones et al., 2019;). Despite the presence of EAPs, many EMS personnel prefer informal support networks like peers due to perceived barriers to formal services, such as stigma and distrust (Thomas, 2023; Katema & Hapunda, 2024). This highlights a critical need for improved awareness and accessibility of psychological support tailored to the unique challenges faced by EMS professionals (Alghamdi, 2022). Moreover, the study reveals that EMS personnel often adopt coping mechanisms such as humour and emotional suppression to manage the emotional toll of their work (Semmel, 2020; Petrie et al., 2018). These strategies, while helping to maintain emotional distance, also contribute to the potential decline in empathy observed among paramedics and firefighters exposed to traumatic incidents (Wagner et al., 2019).

Training initiatives, like the PFA, have shown promise in enhancing resilience and mental health awareness within EMS organisations, suggesting the importance of proactive interventions in mitigating the impact of occupational stress (Wang et al., 2024). The mental health needs of EMS personnel require a multifaceted approach that includes enhancing awareness, reducing stigma, and providing tailored psychological support and training. By prioritising these efforts, organisations can better support the wellbeing and resilience of EMS workers, ultimately improving both individual outcomes and the effectiveness of EMS as a whole (Dasborough et al., 2020; Wesemann et al., 2022). Social constructionism emphasises cultural and social contexts over personal attributes. Cultural norms shape how EMS professionals regulate emotions (Van Kleef & Côté, 2022; Gergen, 2022). EMS roles involve navigating varied empathetic responses influenced by personal identities and exposure to trauma (Zygouri et al., 2024; Ducar et al., 2020). Professionals need to manage emotional labour, showing expected emotions regardless of true feelings (Lechner & Paul, 2019). EMS personnel face significant job demands such as heavy workloads and irregular shifts (Dutheil et al., 2019). These challenges contribute to stress, and burnout, and impact work-life balance (Fernandez et al., 2023; Lei & Suntrayuth, 2023). Effective coping strategies and support systems are crucial for enhancing resilience and wellbeing among EMS personnel.

The findings indicate the connections between motivation, attitudes towards work, and job demands among EMS personnel, particularly paramedics and firefighters. Motivation among these professionals is influenced by factors such as a sense of duty, passion for helping others, and the fulfilment derived from successful missions (Lohela-Karlsson et al., 2022; Ali & Anwar, 2021). However, challenges such as exposure to traumatic events, perceived lack of

support from management, and inadequate resources can lead to declining motivation over time (Isaac & Buchanan, 2021). The different perspectives on motivation underscore the importance of organisational support and resource availability in strengthening EMS personnel's commitment and satisfaction (Asamani et al., 2025; Davidescu et al., 2020). Community appreciation serves as a great motivator, contrasting with the demotivating effects of media portrayal and internal organisational dynamics (Boudrias et al., 2021; Johnston, Cameron & Batt, 2024). Moreover, coping strategies such as emotional labour and mental preparedness play critical roles in managing the emotional demands inherent in their roles (Pauley, 2022; Martinez, 2023; Trentini & Dan-Glauser, 2024).

There are frustrations over limited promotional opportunities despite qualifications and experience in the EMS profession (Rudman et al., 2023), the psychological toll of unpredictable work environments (Rajuskar, 2023), and safety concerns ranging from physical assaults to inadequate infrastructure (Sibal, 2020). These challenges are compounded by disparities in recognition between younger, formally educated personnel and older, experienced workers (Masoomi et al., 2021). Moreover, the critical role of continuous training and adaptation in managing the evolving demands of EMS operations is evident. The need for comprehensive support systems, including mental health resources and improved safety measures, is paramount to sustain the wellbeing and effectiveness of EMS personnel (Lawn et al., 2020). In exploring the challenges and changing aspects within EMS in SA, it becomes evident that several critical issues impact service delivery and organisational culture. Gender inequalities persist, affecting both physical demands on female personnel and their safety concerns during night shifts. Leadership styles and organisational culture significantly influence team morale and operational effectiveness, highlighting the importance of supportive environments and inclusive practices. Furthermore, community engagement emerges as crucial for enhancing trust, improving responsiveness, and overcoming cultural and linguistic barriers in emergency response (Almubayei, 2025).

The researcher noticed that the participants used humour as a coping mechanism during their traumatic narratives. Community members still do not know the emergency contact numbers for the EMS. Their roles in the community are still blurry as they are contacted for family disputes or confused with security guards. Because they are committed to serving the country and are parents, they find themselves experiencing dilemmas during a call. They are affected by their patients' bio-psychosocial structure, which leads to over-empathy. Despite all the challenges narrated, most participants still reported that given a chance they would still choose the same career. Some of them added that they believe it is not just a job but a calling.

CHAPTER 14

SUMMARY

14.1 INTRODUCTION

This concluding chapter highlights the strengths and limitations of the study. Suggestions and recommendations for future researchers are also outlined.

14.2 EVALUATING THE STUDY

The study aimed to explore the relationship between the traumatic symptoms experienced during the line of duty, fatigue, and suicidal ideation or attempts amongst EMS personnel. It also sought to explore the impact the trauma may have on their romantic and familial relationships and the coping mechanisms they adopted. The eight study participants were given an opportunity to narrate their personal life stories in relation to their work. The EMS personnel perceive the experienced symptoms as normal as the majority of their colleagues also experience them. The reviewed literature and the theoretical framework of constructionism assisted in understanding the participants' narratives. The researcher believes that the aim of the study was accomplished as each participant's story had unique aspects and presented similar themes.

The researcher managed to extract and identify themes, analysing them using thematic analysis. The narratives were unique and represented different aspects of the participants' lives. The aim of the study and the research questions were also addressed. Following the identification of themes, a comparative analysis was compiled. The researcher hopes that the study will enlighten EMS management about the psychological challenges experienced or triggered by the job their subordinates engage in daily.

The following 16 themes emerged during the data analysis:

1. *Sense of failure*
2. *Self-blame*
3. *Maladaptive-coping mechanisms*
4. *Exposure to trauma*
5. *Psychological and Psychosomatic symptoms*
6. *Bringing the job home*
7. *Effect of trauma on work performance*

8. *Team members as the main source of support*
9. *Seeing their family in victims*
10. *Neglected mental health*
11. *Empathy versus Sympathy*
12. *Motivation or attitude towards work*
13. *Job demands and Stagnation*
14. *Safety*
15. *No knowledge of scope of EMS*
16. *Gender challenges*

These themes were interconnected and thus not mutually exclusive. The themes were tied to each participant's personal life story.

14.3 STRENGTHS OF THE STUDY

The study provided all eight participants the opportunity to narrate their personal life stories and allowed them to direct the stories in a manner that reflected how their realities were constructed. The researcher gained an opportunity to understand the participants and how their realities were socially constructed. Although similar themes emerged, the participants' individual differences were acknowledged. The nature of social constructionism in this qualitative study allowed for a co-construction of realities between the participants and the researcher during the interviews. The researcher's background in clinical psychology served as an advantage, making it easier to engage in the conversation with a level of clinical understanding and to ask relevant questions that could help assess the impact of daily trauma exposure on their overall functioning.

In terms of the qualitative research approach adopted, participants were informed of the process and aim of the study prior to the interview. Confidentiality was maintained as discussed with them. The participants were given the opportunity to speak freely about their personal experiences without interference or judgment. This had a positive impact, as it also provided new insight from the participants' perspectives. According to Lai and Tsui (2019), semi-structured interviews allow participants the liberty to fully express themselves without limitation or restriction. Therefore, the interview may serve as a form of catharsis for participants. The validity and reliability of this qualitative research were achieved, as the study yielded similar presentations and consistent results over time and effectively measured what it intended to measure.

14.4 LIMITATIONS OF THE STUDY

The researcher acknowledges that the interviews and interpretation of the participants' stories may have been influenced by her own perceptions, values and beliefs. However, the interviews were co-constructed between the participants and the researcher, merging both of their realities during their interaction. The participants were allowed to direct their stories and take the lead. It is also important to note that the identified themes may also have been influenced by the researcher's worldview, meaning that another researcher might highlight different themes or findings. The data obtained is based on a small sample of participants from a specific geographical region, which limits one's ability to generalise the conclusions. The outcome of this study is not a global or holistic representation of all EMS personnel. However, the life stories narrated during the interviews provided rich, valid, and reliable information about the participants' personal lives, with similarities found among all eight participants. Although the study did not reveal the participants' personal information, some researchers may query ethical considerations. The researcher in the current study was sensitive to this and used pseudonyms to protect the participants' identities. It is the responsibility of the researcher to safeguard and respect the participants' privacy and confidentiality. The current researcher also had the responsibility of referring participants to relevant stakeholders should a need arise during the interview. During the interview, the researcher used her clinical judgement to identify maladaptive coping mechanisms and symptoms of psychological problems.

14.5 FUTURE RESEARCH

Future researchers may explore similar topics using quantitative research methods. This could help gather different perspectives and quantify the EMS personnel's construction of reality. Moreover, during this qualitative study, managers were not interviewed. Including them could assist in determining if they understood the needs of their subordinates and if they can relate to the trauma endured and how it affects their subordinates' overall functioning. Future researchers should thus consider interviewing the EMS managers to compare their insights regarding the psychological needs of their subordinates and their feelings of neglect. It may also be beneficial to research the narratives of EAPs as this could bridge the gap between EMS personnel and these services. Doing so could also increase access to psychological services. Exploring the possibilities of installing body and dashboard cameras may also assist in reducing

the crime rate that is aimed at EMS personnel. It may also assist police officers identify the criminals targeting the EMS personnel.

14.6 RESEACHER'S PERSONAL REFLECTION

The researcher had established a positive rapport with the participants. Therefore, the interviews felt like conversations. However, exploring the EMS personnel's world was more interesting. The researcher realised how they casually unpacked traumatic scenarios and how the traumas formed part of their reality. The researcher realised that what she considered trauma was their daily life. The researcher was also intrigued by how participants perceived their jobs as a calling and believed that they were made for it. During all interactions, none of the participants spoke of quitting their jobs. They are resilient and motivated to work harder although they still feel stagnant and feel they do not receive adequate support from the management it did not deter them from making a difference in the community.

The manner at which they found humour in their traumatic exposures, made the researcher wonder how it would feel if they were interviewed in a group setting or rather if their reaction would be the same. The painful part for the researcher was when they mentioned that they usually cry whenever they are alone. Suppressing emotions must be hard but the hardest was hearing a statement such as "I leave myself outside the door and wear a different cap in order to work efficiently". It was as if their lives are split and in a day during their working hour, they need to stop feeling and lack emotions. Then reset themselves again to being parents, sisters and partners. Behind their bravery, we still have humans who are empathetic, hence they spoke of different roles they sometimes play during emergencies.

14.7 SUMMARY

The EMS personnel are fixated on trauma, as it became evident in the study that they are unable to integrate their life experiences with their trauma. Their trauma resurfaces in the form of physical symptoms, as they tend to avoid addressing it. Their duties interfere with their psychosocial functioning, leading to the adoption of maladaptive coping mechanisms such as the use of alcohol and illicit substances, or even committing suicide. There is no sense of urgency to seek psychological help, as there are usually no visible physical symptoms. They may perceive their psychological problems as part of life, with their social constructionism influenced by interactions with each other. EMS personnel spend more time with each other resulting in similar life stories, indicating that their realities are socially constructed by the

environment in which they work. They rely on their colleagues' support to deal with the daily exposure to trauma. There appears to be a gap that needs to be bridged between EMS personnel and their management. A lack of emotional support may lead to management being unaware of their personnel's maladaptive coping mechanisms. Physical fitness and psychological challenges need to be given equal attention. EMS personnel do not access the EAP – some do not know its scope or existence, while others have no faith in its services. It is believed that the EAP service providers work for the EMS, leading to concerns about confidentiality or that information might be used against them. Consulting EAPs is believed to be only relevant for personal problems, and the EMS personnel do not realise that some of their issues are psychologically motivated.

It appears that they perceive health according to the medical model's definition, where physiological symptoms are the primary motivators for seeking care, rather than psychological concerns. The EMS personnel's focus is mainly on performing the duties expected of them and are not given a chance or space to deal with their trauma. The experienced trauma may affect how they relate to others, giving trauma a different meaning. This can lead to behavioural problems such as suicidal or homicidal tendencies, as well as difficulties empathising with loved ones during grief. Employers should make it their duty to ensure that the EMS personnel are psychologically fit before expecting them to perform certain duties. However, the study revealed that the primary focus for EMS personnel is on physical fitness, as evidenced by the visible presence of gym facilities in their departments.

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APPENDICES

Appendix A: Ethical approval

UNISA university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

31 July 2020

NHREC Registration # :
Rec-240816-052
CREC Reference # : 2020-PsyREC-49698915

Dear Pebetse Rahab Garlie Matabane

Decision:
Ethics Approval from 31 July 2020 to 30 November 2023

Researcher(s): Pebetse Rahab Garlie Matabane

Prof M Papaikonomou

papaim@unisa.ac.za

A QUALITATIVE EXPLORATION OF THE LIVED EXPERIENCES OF PARAMEDICS AND FIRE-FIGHTERS AS EMERGENCY MEDICAL SERVICES PERSONNEL.

Qualification Applied: PhD in Psychology

Thank you for the application for research ethics clearance by the Unisa Department of Psychology College of Human Science Ethics Committee. Ethics approval is granted for three years.

The ***medium risk application was reviewed and*** **expedited** by Department of Psychology College of Human Sciences Research Ethics Committee, on **31 July 2020** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
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2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the Department of Psychology Ethics Review Committee.
3. The researcher(s) will obtain permission for making use of Unisa students as research participants.
4. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
5. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
6. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
7. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
8. No fieldwork activities may continue after the expiry date **(30 November 2023).** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number **2020-PsyREC-49698915** *should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature :

Prof I. Ferns
Ethics Chair: Psychology
Email: fernsi@unisa.ac.za

Signature :

Prof K. Masemola
Executive Dean : CHS
E-mail: masemk@unisa.ac.za

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Appendix B: Research permission letter



CITY OF TSHWANE

City Strategy and Organizational Performance

Room AOE 044 Ground Floor, West Wing, Block D | Tshwane House | 320 Madiba Street Pretoria | 0002
PO Box 440 Pretoria | 0001
Tel: 012 358 3182
Email: anisnad@tshwane.gov.za | www.tshwane.gov.za | www.facebook.com/CityOfTshwane

My ref: Permission letter: Matabane
Contact person: Hester da Silva

Tel: 012 358 3904
Email: hesterds@tshwane.gov.za
Date: 26 September 2025

Ms Pebetse Rahab Garlie Matabane
1911 A Berg Avenue
Amandasig
0182

To whom it may concern,

RE: A QUALITATIVE EXPLORATION OF THE LIVED EXPERIENCES OF PARAMEDICS AND FIRE-FIGHTERS AS EMERGENCY MEDICAL SERVICES PERSONNEL

Permission is hereby granted to Ms Pebetse Rahab Garlie Matabane, PhD (Psychology) Degree candidate at the University of South Africa (UNISA), to conduct research in the City of Tshwane Metropolitan Municipality.

It is noted that the aim of the study is to explore the relationship between the traumatic symptoms experienced at work, fatigue and suicidal ideation or attempts amongst safe keepers. The City of Tshwane further notes that all ethical aspects of the research will be covered within the provisions of UNISA Research Ethics Policy. You will be required to sign a confidentiality agreement with the City of Tshwane prior to conducting research.

Relevant information required for the purpose of the research project will be made available as per applicable laws and regulations. The City of Tshwane is not liable to cover the costs of the research. Upon completion of the research study, it would be appreciated that the findings in the form of a report and or presentation be shared with the City of Tshwane.

Yours faithfully,

PEARL MADONYA (Ms.)
DIRECTOR: KNOWLEDGE MANAGEMENT

City Strategy and Organizational Performance • Stadstrategie en Organisatoriese Prestasie • Lefapha la Thulaganyo ya Toropo le Tshebetso ya Tirisanyo • Umnyango wezeSebenza nemiGhiqiza yeDolobha kaMasipala • Kgoro ya Leanopeakanyo la Toropokgolo le Bodiragatši bja Mmasepala • Mulamo wa Ghuphekiso ha Dorobo Mukoma na Mashumela • Mulamuli ya Maphi ga ya Dorolululu na Matlhadi ya Masipala • Umnyango Wezaqhinga Lwakhelo Pukumelelwa Kwesikhungo

Appendix C: Informed consent form

My name is Pebetse Rahab Garlie Matabane-Monama. I am a student from the University of South Africa (UNISA) conducting research to obtain PHD in Psychology under the supervision of Professor Papaikonomou. You have been identified and are invited as suitable participants for my research. This is a formal informed consent to assure you that although you have informally agreed to participate in the research study, you are not obliged to go through with it. You can withdraw from participating in the study at any time.

Please read the following section carefully and ask any questions you deem necessary before signing and agreeing to participate. The aim of the study is to explore the traumatic experiences emergency medical service personnel endure in the line of duty. How these traumatic experiences have affected their lives and work performances. The researcher intends to further explore if there is adequate support for the Emergency medical personnel at home or in their working environment.

The interview process will be kept confidential and anonymity will be maintained throughout the report to protect your identity and privacy.

No information you share will be made public and the interview transcript will only be viewed by myself and my supervisor at Unisa.

Participation is completely voluntary and you may withdraw or decline to answer any questions at any time during the interview.

Permission is also hereby requested for the interview to be audio recorded to ensure that no information is missed and for later transcription.

I am conducting the research solely in my capacity as a student from Unisa.

Should any questions during our conversation make you feel uncomfortable or emotional, you are free to decline to answer them. Should there be a need to refer to a psychologist, arrangements will be made. Please tick off the diamonds below as an indication of agreement and understanding:

- ❖ I consent to be interviewed and read the above information
- ❖ I am 20 years and older
- ❖ I consent to the use of an audio recorder
- ❖ I voluntarily partake in this study and can withdraw at any time
- ❖ I am aware that no rewards/benefits will be awarded to me for participating

Name: _____

Surname:_____

Contact no._____

Signature:_____ (Participant)

Date:_____

Signature:_____ (Researcher)

Date:_____

If you wish to obtain information regarding the outcome of the study or have any queries, you may contact the researcher and/ or the supervisor at the contacts provided below.
Thank you for your co-operation and contribution to this study.

Yours Sincerely,

Researcher: Pebetse Garlie Matabane-Monama
UNIVERSITY OF SOUTH AFRICA
PRETORIA CAMPUS
SCHOOL OF PSYCHOLOGY
Contact numbers: 0837309105
Pebblex.matabane@gmail.com

Supervisor: Professor. M. Papaikonomou
UNIVERSITY OF SOUTH AFRICA
PRETORIA CAMPUS
SCHOOL OF PSYCHOLOGY
Tel: 012- 4298266
Papaim@unisa.ac.za

Appendix D: Indemnity form

I…….. (Full names of the participant) from the Emergency Medical Services at…….. willingly agreed to participate in this research study.

I confirm that the aim of this research study has been clearly explained to me and that I understand the content of this document and the nature of this research project. It has been clearly explained to me that I can withdraw from participating in this study anytime I wish to do so. I am aware that the information obtained from me will be kept strictly confidential and will only be used for the purpose of this study. I have been informed that the interview process will be recorded; therefore I hereby consent/ do not consent to have this interview recorded.

Gender : ……

Age : ……

Occupation : ……

Years of service :……

SIGNATURE OF PARTICIPANT

……

Signed at…… on this date…….

Appendix E: Interview schedule

My name is Pebetse Rahab Garlie Matabane-Monama. I am currently doing PhD in Psychology at the University of South Africa (Unisa). The purpose of this interview is to gather data from emergency medical personnel's stories of lived experiences as first responders in tragic events. The researcher would explore how their traumatic experiences affect their lifestyles and their performances at work. How they deal with trauma affecting them directly and if they have any form of support from their employers and family members. Participants are assured that all data obtained will only be used for the purpose of this qualification and confidentiality, anonymity and privacy of all participants are assured. Although the interview is semi-structured, a constructivist conversational approach will be followed. Participants will be given an opportunity to freely narrate their stories and to probe further if they feel certain questions are unclear. Clarity will be sought if there are any unclear responses. Should participants feel uncomfortable or emotional about any issue under discussion, they may decline to reply. Participants can withdraw or stop the interview for whatever reason they see fit. The approximate time for the interview will not exceed one and a half hours.

SEMI-STRUCTURED INTERVIEW

- Please tell me about your life story as an EMS personnel (when you started working, challenges, experiences, self-care, support at work, coping mechanism etc.)
- As EMS personnel, one may perceive your line of duty as one of the challenging experiences. What kind of challenges do you mostly experience on a daily basis?
    - Is there any specific narrative/ traumatic narrative you have personally encountered during a call-out?
- Considering such challenges, what impact do they have on your personal life?
- What are the demands of your job as an EMS personnel?
- It would appear that your line of duty exposes you to traumatic incidents, how does that affect you as an individual?
- How does it affect your relationships with family or spouse?
- To what extent has the experienced trauma affected your work performance?

- With the experiences that you have mentioned how do you find balance between your work and personal life (e.g. vegetative functioning, relationships, family, socialising with friends)?
- As an EMS personnel, what coping mechanism do you use to deal with the traumatic incidents you are exposed to?
- What psychological assistance are they offered at work after exposure to traumatic experiences?
- Have you ever seen a psychologist since you started working as an EMS personnel?
- How has the exposure to their traumatic experience affected your empathy?
- Have you received any courses in basic counselling during your training?
- Based on the service you have rendered as an EMS personnel, please compare your level of motivation or attitude toward your job now as to when you first started working.

In conclusion, is there anything you would like to add to our conversation or is there anything you would like to know from me?

End of interview

Thank you once again for participating. For the sake of clarity, I would like to get your comments / discuss the final analysis with you and therefore would like your permission for another meeting.

Appendix F: Editing letter

Athol Leach (Proofreading and Editing)

31 Park Rd
Fisherhaven
Hermanus 7200

Email: atholleach@gmail.com Cell: 0846667799

29 September 2025

To Whom It May Concern

This letter serves to confirm that I have edited the following PhD thesis (Psychology) by PEBETSE RAHAB GARLIE MATABANE-MONAMA (49698915), titled:

"A QUALITATIVE EXPLORATION OF THE LIVED EXPERIENCES OF PARAMEDICS AND FIREFIGHTERS AS EMERGENCY MEDICAL SERVICES PERSONNEL"

The thesis was edited in terms of grammar, spelling, punctuation, and overall style. In doing so, use was made of MS Word's "Track Changes" facility, thus providing the student with the opportunity to reject or accept the changes made.

Please note that, while I have, as far as possible, checked the in-text references for consistency in terms of format, I have not checked the veracity of the sources themselves.

The tracked document is on file.

Sincerely

Athol Leach
(MIS, Natal)