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Affects of Mental Health Limitations, Leadership Interactions, and Generational Diversity on the Morale of Paramedics in Public and Private Emergency Medical Services

Mari Hadas
Concordia University - Portland

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Concordia University–Portland

College of Education

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Affects of Mental Health Limitations, Leadership Interactions, and Generational Diversity on the Morale of Paramedics in Public and Private Emergency Medical Services

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Dissertation submitted to the Faculty of the College of Education in partial fulfillment of the requirements for the degree of

Doctor of Education in
Transformational Leadership

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Abstract

Emergency Medical Services (EMS) employees are the individuals first on scene to care for people who are having the worst day of their lives. But, while they do that job and the hours after leaving that job are the meaningful moments that affect EMS employees. The purpose of this exploratory qualitative case study was to educate EMS senior leaders on the needs of their employees. The research question that guided this study was: How do mental health limitations, leadership interactions, and generational diversity affect the morale of paramedics in public and private emergency medical services? The sample consisted of 16 EMS employees in several departments in the state of Texas that are currently working in communications, air, field, and command divisions. The data collection instruments were surveys, observations, and semistructured interviews. The inductive analysis model was used to analyze data collected. Coding and triangulation was used to identify codes and to collapse all the data to find emergent themes. The key findings of this study is that EMS employees want their senior leadership to adopt a positive leadership style in order to build a positive culture. The participants shared that they feel if senior leadership adjusted their leadership style, provided mental health resources, and understood generational diversity, that the overall morale would be affected in a positive manner.

Keywords: paramedic, emergency medical services, morale, leadership, generational diversity
Dedication

I would like to dedicate my paper to my husband Brian. Four years ago we were having a fun conversation at a local pizza place while our children played. This conversation led me to apply to Concordia University Portland to go back to school to obtain my doctorate. Throughout the four years, we have experienced ups and downs, but always pressing forward for the completion of my degree. During this time, we ensured that we kept a level of normalcy for our four kids and for the sake of our own sanity. I cannot thank him enough for allowing me to chase this dream and complete it. Now it is time to chase our ultimate goals and have some fun!
Acknowledgements

I sit back and reflect on everything that has taken place since I started this journey back in August 2015, and all I can do is say WOW! Throughout this journey I was able to learn things that I would have never had the opportunity to do if I did not take this leap of faith. In 2015 I was placed in a cohort and met some amazing people. The two ladies that instantly became my support system in the cohort are, Anna Massaro and Rochelle Baldez. These two ladies are some of the smartest human beings I have ever met and it has been a blessing and honor to have met them.

Next, I would like to acknowledge my chair, Dr. Edward Kim. Dr. Kim was always willing to help and “talk me off the ledge” throughout the process. Without his patience, kindness, and encouragement, none of this would have been possible. I would like to thank Dr. Lichau and Dr. Graham for their countless hours of editing and their continued support and dedication to ensuring I was successful.

Then, I cannot forget two of the most loving, educated, and determined women in my life. My mother, Lavern Kistner, and my mom in love, Julia Hadas. It was their tough love and kindness that helped me through the tough moments of the process. Thank you for listening and continuing to encourage when I seemed to have lost my motivation.

Last, but not least, I have to acknowledge my husband, Brian, and our four kids, Jenevieve, Jaxon, Addison, and Kyle. These individuals put up with me teaching, coaching all night, coming home to work late, taking my school work on family vacations, cutting family vacations short, missing sporting events, missing birthdays, and the list goes on. Without that support, this dream would NOT have happened. I wake up each day knowing that God has
blessed me with this amazing support system and my goal is to make them proud and continue to model the behavior that lives within all of us.
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Chapter 1: Introduction

Introduction to the Problem

Emergency medical services is one of the most important health care services that reduces the rates of mortality and morbidity of patients before they reach a hospital setting (Aringhieri et al., 2011). The level of importance that this career field carries is something that can result in high levels of stress and trauma to each individual doing the job (Aringhieri et al., 2011). It is the repetitive exposure to tragedy and trauma that have been known to cause issues in the workplace (Hiller et al., 2016).

In order to understand the workplace that will be the focus of the research, one should understand the specialty of this work environment. On holidays, birthdays, in the middle of the night, in the early morning, when there is flooding, or when there are tornadoes destroying homes, employees in Emergency Medical Services (EMS) are working. These are the events that community members typically do not take for granted and do not recognize a public service employee’s time, safety and overall well-being. The employees in private and public Emergency Medical Services (EMS) have taken an oath and dedicated their lives to helping all citizens. Even so, Haug and Gaskins (2012) note, that when considering the long hours, training requirements, and need for their services, EMS has become an unrecognized and disrespected resource around the world.

Recent growing concerns of job related stress by paramedics continues to plague emergency medical stations. In the last three years, there has been a rise in the number of paramedics committing suicides (Vigil et al., 2018). Tenured employees transfer into other departments and several employees have resigned from EMS (Vigil et al., 2018). The biggest issue being discussed is the morale throughout the profession of EMS. Management continues to
search for solutions, but the front line continues to feel that their concerns are not being addressed. According to Friedman and Westring (2015), there is an increase in policy development to provide support and flexibility but the lack of a unified culture and supervisor support does not allow for the policies to be affective. According to McKibben, Britt, Hoge, and Castro (2009), as organizational leaders begin to understand the impact that job stressors have on individuals, the more they are willing to take action in providing support and training needed to deal with the stressors.

**Background, Context, History, and Conceptual Framework for the Problem**

**Background**

EMS provide services that includes the initial response to an individual’s medical emergency, initial evaluation of the patient, total medical care needed and overall management of all patients needing advanced or basic medical services. This is all done in prehospital (a setting that is outside of the hospital) and while transporting the patient(s) to the hospital in an ambulance or helicopter (Mancera et al., 2018). Paramedics respond to over 36 million emergency calls a year and transport over 28 million patients a year in the United States (Mancera et al., 2018). With a growing and aging U.S. population, these numbers continue to steadily rise (Mancera et al., 2018). With demands rising, the demand on paramedics has raised as well. It has been stated that all public safety employees build a resiliency to trauma that allows them to continue to function in their job. It is only recently that the resiliency issue is being linked to PTSD, poor morale and attrition in many EMS departments (Straud et al., 2018).

Previously, a large amount of research has been focused on an individual or a specific type of situation that a paramedic may experience (Brooks, Dunn, Amlot, Greenberg & Rubin, 2016). However, the research is not addressing the impact leadership approaches may have on
the overall well-being of the EMS professionals. Research on specific leadership approaches could have an impact on employees and could increase the overall effectiveness of the employee. This research could lead to positive increases in all areas of EMS.

**Historical Roots of EMS**

EMS dates back centuries to the Greek and Roman eras when chariots were used to remove injured soldiers from the battlefield (Bass, 2015). Prehospital care and transportation of injured or sick patients is a concept that continues to evolve as new knowledge is obtained from those doing the job. There has always been a response by individuals to injury until definitive care could be established, but it is the manner in which it is done that has allowed EMS across the U.S. to be established (Bucher & Zaidi, n.d.).

In 1794, the French Revolution triggered the idea that immediate care was needed for soldiers to increase their chances of survival (Bass, 2015). It was not until Jean Dominique Larrey, Napoleons chief military physician, established a plan, that prehospital care was born. Larrey had a process in place that medics would treat injured soldiers on the battlefield and then the horse and carriage would be summoned to remove the patient off the battlefield.

Again in the Civil War, Joseph Barnes, a union military surgeon, and General Jonathan Letterman are the two physicians that put processes into place to provide care in the field, have supplies in the field, and ensure the best one-on-one care prehospital (Bass, 2015). This was the first documentation of an organized plan to treat and transport soldiers (Bass, 2015). Each EMS unit in the Civil War was assigned based on the size of the regiment. The team was trained on how to best take care of their assigned soldiers in order to preserve life. The Civil War is known as the birth of EMS.
In 1865, the first civilian ambulance was established in Cincinnati, Ohio and soon after, multiple other cities began to organize and established ambulances (Bucher & Zaidi, n.d.). At this time, most of the innovations for transportation of the sick and injured was solely being done in the military setting (Bucher & Zaidi, n.d.). Once World War I began in the 1920’s, much of the control shifted from the military to volunteer rescue teams that joined funeral home hearses, fire departments and rescue squads to transport individuals to the hospital for definitive care (Bucher & Zaidi, n.d.).

During World War I, the soldiers were equipped with signal boxes in order for the medical team to be able to track them in the battlefield if they were injured (Bass, 2015) After the war, the civilian ambulances were equipped with radios to better be able to serve the community. This began the need for dispatchers to support the medical teams in the field (Bass, 2015).

Modern EMS

The 1960s brought about new challenges for those transporting the injured to hospitals. There was a rise in the number of traffic accidents that were leading to trauma and death that were unable to be treated due to the lack of resources and proper education and training (Bucher & Zaidi, n.d.). Before 1960, most patients were transported by morticians because a hearse was able to accommodate patients. Transporting in the hearse became problem due to the speed and space for supplies that would increase the chance of survival. In 1966, the National Academy of Sciences National Research Council (NAS-NRC) recognized the need for a structured agency to be able to properly care for patients. The National Highway Traffic Safety Administration (NHTSA) was created in 1966 and afforded the opportunity for the standardization of education
and curriculum to be established for pre-hospital emergency systems. They were able to create
the blueprint for the modern EMS.

In 1970, California’s Wedworth Townsend Act was the first legislation to define
paramedics under state law (Bass, 2015). In 1972, the first residency program for EMS was
established in Cincinnati and grew to 35 by 1975 (Bucher & Zaidi, n.d.). The EMS Systems Act
of 1973 provided funding for over 300 EMS systems all over the United States of America. This
allowed for EMS to establish itself as a specialty in public service (Bucher & Zaidi, n.d.). This
money was intended to encourage communities to build and establish regional EMS systems.
Across the United States of America, 304 regions were established in communities, but by 1979
only 17 regions were fully functional (Bass, 2015). It was not until 1979 that a full advanced
cardiac life support (ACLS) program was introduced in the field of emergency medical services
(Edgerly, 2013). From 1974–1981, several sources of state and federal funding continued to
provide the means for additional advanced training.

In 1981, the Omnibus Budget Reconciliation Act caused a majority of EMS funding to be
cut that was established in 1973 by the EMS Systems Act. With the cut of funding, the early
1980’s saw an increase in voluntary national EMS organizations (Bass, 2015). With the new
healthcare block grants, EMS began to see their role change from adult trauma to the care of
chronic disease, and the socio-economic deprived (Bucher & Zaidi, n.d.). In 1984, EMS
established a program for children (Bass, 2015). Between 1982 and 1996, EMS was in a state of
confusion on what role they were to fulfill and how things would be funded. The federal
government and nationwide organizational leaders were trying to define and standardize EMS:
however, with the new healthcare bill passed by President Clinton, it did not include or recognize
EMS.
Since 1996, EMS is still underfunded and still not being recognized (Bass, 2015). In 2001, the U.S. General Accounting Office (GAO) released a report of the needs of local EMS systems and which government agencies were responsible for meeting those needs. Events such as Columbine High School shooting, Hurricane Katrina, and The World Trade Center attack really allowed for the world to see the importance of the role of EMS in tragedy (Bass, 2015). It was in these events that EMS was called on to be an active and important role. These events were the ones that put EMS on the map as an active role in public safety (Bass, 2015). Due to the lack of funding, EMS employees are not seeing increases and rewards for their emotional and physically draining work. The lack of department and employee compensation causes morale issues, lack of motivation, lack of resources and conflict in the department (Maru, 2017).

Effective transformational leadership could be a positive impact needed in EMS today.

**Conceptual Framework**

John Dewey (1859–1952) is often cited as the philosophical founder of constructivism (Creswell & Creswell, 2017). The theory of constructivism suggests that learners construct knowledge out of their personal experiences. However, constructivism is often associated with pedagogical approaches that promote active learning, or learning by doing.

The theory of constructivism will allow for an opportunity to interpret how participants come to experience their own reality of the workplace and will allow for multiple perspectives (Breckenridge, Jones, Elliott, & Nicol, 2012). Constructivism will allow for complex views to be evaluated and have a broad understanding of how employees come to their perspectives of the workplace (Creswell & Creswell, 2017).

**Transformational leadership.** Constructivism and transformational leadership theories provide the opportunity to now only see multiple perspectives, but allows for senior leaders to
identify what motivates their employees. Transformational leadership was identified back in the 1970s by James MacGregor Burns (Hislop, Bosua, & Helms, 2018). Burns believed that the goal of transformational leadership is to motivate and inspire others to buy in to the achievement of an organization’s short and long term goals (Hislop, Bosua, & Helms, 2018). Utilizing the theory of constructivism and the concept of transformational leadership theory, the researcher can educate senior leadership with data to identify necessary mental health resources for employees, an understanding of the differences of generations that work for them, and how their approach to leading the department may have an effect on morale.

Statement of the Problem

There is a problem within public and private Emergency Medical Services. The problem is employee morale that is affected by the mental health resources, generational diversity, and the multitude of approaches to leadership. Currently, EMS leaders are seeing an increase in employee vehicle accidents, suicide, missing work, and an overall negative attitude (Newland et al., 2015). In 2015, an author in The Journal of Emergency Medical Services stated that there needed to be a change in EMS in order to impact the rates of suicide and the overall mental health of paramedics (Newland et al., 2015). There have been some slight adjustments in work schedules to help with mental and physical fatigue. There are multiple possible factors contributing to this problem including a lack of resources to help them deal with the mental and physical demands of the job and a lack of understanding by leadership to lead different personalities and employees from different generations. In 2015, 51% of paramedics that were surveyed said that the support they received from therapist would be more beneficial if it would have been with a therapist that understood EMS (Newland et al., 2015).
Indicative of the stated information on paramedic statistics, the information from this study may contribute to the body of knowledge needed to address current issues in EMS. Providing this information to the leadership of Emergency Medical Services on the affect mental health limitations, leadership interactions, and generation diversity could be having on the well-being of their employees. This research could provide opportunities for departments to adjust their current practices for the greater good of the patients, community, and employees.

**Purpose of the Study**

The purpose of this exploratory qualitative case study was to educate EMS senior leaders on the needs of their employees. Each employee brings their own set of expectations and ideas of how their working conditions and support should be structured. When these expectations are not met, individuals tend to become dissatisfied with all aspects of the job (Maden, Ozcelik, & Karacay, 2016). I pursued information to close a gap in the lack of existing knowledge regarding the possible influence of trust in leadership to achieve on the job satisfaction and increased morale of employees (Richards, 2017). In recent research, it was found that paramedics are reluctant to share or do research due to the lack of feedback and outcomes (Leonard et al., 2012). Their opinion of research is that it is a waste of time and non-productive. In turn, there is limited knowledge about the physical and emotional well-being of paramedics (Leonard et al., 2012). Through the framework of constructivism, this research may be able to identify the major factors that are affecting the morale of paramedics and provide EMS entities with information to be able to adjust and move forward in a positive direction.
Research Questions

The primary research question of this study is: How do mental health limitations, leadership interactions, and generational diversity affect the morale of paramedics in public and private emergency medical services?

Additional areas of focus are:

- How do mental health resources affect the overall morale of each employee?
- How does the approach leadership chooses to lead their employees affect employee morale in Emergency Medical Services?
- How does the generational diversity affect the overall leadership style and morale of employees?

Rationale, Relevance, and Significance of the Study

The Institute of Medicine (IOM) recognized the need for high-quality of prehospital research in EMS (Leonard et al., 2012). This study explores an area in healthcare that is under researched: the impact that resources, leadership approaches, and generational diversity could have on the overall morale of paramedics. I explored how providing resources for the mental well-being of paramedics can have a huge impact on the paramedic’s morale. Finally, I looked at the way multiple generations working side by side could affect morale. Each generation is unique in their expectations and leadership needs to adjust in order to have greater understanding (Stewart et al., 2017).

Benefits of this research include additional information being available to other EMS entities that may be struggling with similar issues, providing leadership information to make decisions on what the needs are for their employees, identifying resources that are needed for employee’s mental health, and information on how to work with all generations within the
workforce. I chose this research because I was interested in improving the overall well-being of the employees in private and public EMS.

A different approach might provide information to leadership so that they can adjust their styles in order to increase employee morale, which could allow short and long term buy in for the goals of the organization. The research may provide a better understanding of how work-induced stress affects EMS finances as a result of low employee output, illnesses, and absenteeism (Odugwe, 2018). The desired outcome is to provide well-balanced research so that public and private EMS entities understand the importance of knowing what is needed to retain a healthy workforce.

**Definition of Terms**

*Advanced Cardiac Life Support (ACLS)*: The training that allows for advanced cardiac support in the field (Edgerly, 2013).

*Autocratic Leadership*: Leadership where leaders have complete power over staff (Amanchukwu, Stanley, & Ololube, 2015).

*Baby Boomers*: The generation of individuals in the U.S. born between 1946–1964. This was the World War II era and now they are about to retire (Berkup, 2014).

*Emergency Medical Services (EMS)*: A service that provides treatment and transport for individuals in all health situation that could be life threatening.

*Emergency Medical Technician (EMT)*: An individual that can provide entry level patient care (Edgerly, 2013).

*Fatigue*: Extreme tiredness from mental and physical exertion (Fatigue, 1989).

*Firefighters*: In most public service entities, firefighters are also paramedics. There are only three states that separate paramedics into a third service of EMS alone.
Generation X: The generation of individuals in the United States of America born 1965–1979 and are known for keeping up the changes in the world. Generation X plays a large role in the social and business world (Berkup, 2014).

Generation Y: The generation of individuals in the United States of America born 1980–2001. These individuals are also called “millennials.” This generation is known for their development and use of technology on a daily basis (Berkup, 2014).

Generational Gaps: When multiple generations work in the same workplace and they do not share the same values, work ethic and discipline when it comes to their job (Kelly et al., 2016).

Learning Styles: An individual’s preference of how they will learn about something (Truong, 2016).

Morale: Morale is a feeling an individual has for their current situation at work, school, and home (Sania, Kalpina, & Javed, 2015).

Paramedic: An individual that provides the highest level of healthcare on an ambulance for each patient based on their need. They are tasked with ensuring that the patient is transported or treated with the highest level of care (Edgerly, 2013).

Posttraumatic Stress Disorder (PTSD): It is a psychiatric disorder that requires a traumatic event to trigger the disorder. This disorder is triggered by the individual being reminded of the traumatic event (Smoller, 2016).

Rotating Shifts: Rotating shifts is an irregular schedule that may consist of 12 hour or 24 hour shifts in the morning or at night. This schedule can alternate between the two, or stay the same. Many individuals on this type of schedule do not have a normal Monday through Friday work schedule (Gan et al., 2014).
**Suicidal Ideations:** Suicidal ideations are thoughts that an individual has about killing themselves (Henderson et al., 2016).

**Technology Generation:** The generation of individuals in the U.S. born 2000–2020. These individuals regard technology as something indispensable (Berkup, 2014).

**Transformational Leadership:** A mode or style of leadership focused on the development of long-term visions, values, and goals which also involves persuading workers to become attached to them and to work towards achieving them (Hislop, Bosua, & Helms, 2018).

**Assumptions, Delimitations, and Limitations**

Two main assumptions informed this study. First, I assumed that all of EMS understood the outside factors that were affecting their job. Secondly, I assumed EMS employees were honest in their responses to the research questions. This was because participation in the research was entirely voluntary, and participants were able to withdraw if they wanted to.

The delimitations, or boundary choices, was the population researched. This was a delimitation because it was only public and private EMS departments. It was also done with purposeful sampling and only 16 participants were chosen at all levels in EMS. Delimitations will be further discussed in Chapter 3.

The limitations include setting, time constraints, participants, researcher bias, and research method. These factors limited the research performed. They will be further discussed in Chapter 3.

**Chapter 1 Summary**

Public safety employees are exposed to emotional and physical stress each time they are at work. This has an affect on an individual over a period of time. The long hours and shift work increase the risk of reduced performance, health issues, and injury (Caruso, 2014). When
employees do not have additional resources to help them deal with this stress, there could be a negative effect on the person. The nature of EMS sometimes does not allow for time for employees to properly process the events they incur before moving to the next call. Without a proper program set up for the employees, the negative symptoms tend to continue to grow over time (Austin, Pathak, & Thompson, 2018).

Leadership needs to identify and understand the needs of their employees in order to be able to adjust properly care for their employees. In addition to the physical and emotional stress that leadership should identify, it would be good practice to accept that with a growing workforce, that the diversity in generations could be a factor in leading and identifying the needs of their employees.

In a multi-generational workforce, leaders need to assess their current practices to be able to determine if employees are being led, managed, and challenged the most effective way (Wiedmer, 2015). The purpose of this exploratory qualitative case study was to sensitize EMS senior leaders on the needs of their employees.
Chapter 2: Literature Review

Introduction

The purpose of this exploratory qualitative case study was to sensitize EMS senior leaders on the needs of their employees. I utilized surveys, observations and interviews to obtain information on the real life perspectives and experiences of paramedics. The goal is that this information can provide a road map for leadership in public and private Emergency Medical Services (EMS) entities to better understand why the morale of their employees is essential in the success of the overall department and why changes need to take place. One objective of this study is to provide recommendations that private and public EMS can use in order to help increase the overall morale of their employees.

Since 2010, leaders have noticed a change in the morale of EMS employees and a definite change in the overall worksite culture (Rose, 2012). This is in keeping with a broader trend; Haug and Gaskins (2012) reported that EMS professionals are often unrecognized and disrespected around the U.S, and the general public often takes for granted public service employees’ time and safety. According to Hoffberger (2015), “The life of a first responder is one of the most stressful in the nation, one where the non-life threatening situations can be seen as nuisances, and the high-pressure ones cause nightmares” (p. 2). This high-stress work environment combined with decreasing recognition by the community could result in the morale in all EMS entities to be affected.

Low job satisfaction among paramedics negatively impacts EMS. Between 2012 and 2018, there were five deaths of paramedics from suicide (4 confirmed) and vehicle accidents (1 confirmed) caused by sleep deprivation that impacted Austin Travis County Emergency Medical Services (ATCEMS) that has 512 employees. Additionally, approximately 40% of the tenured
employees transferred into other departments and 34 employees resigned from ATCEMS in an 18-month period. Though ATCEMS (EMS management) has attempted to address the problem, front line staff continue to feel that their concerns are not being addressed. According to Friedman and Westring (2015), across the nation there is an increase in the development of policies to provide support and flexibility to EMS employees, but a lack of a supportive culture and supervisor support does not allow the policies to be effective. The consequences of leaving this problem unaddressed may be severe and could include loss of life. Research has established that EMS providers are at an increased risk for PTSD and other mental and emotional stress; however, little has been done to address this problem (Collopy et al., 2012).

Previous research has focused on individual paramedics’ ability to process the individual calls they experience and get on to the next call in a timely manner. Research has primarily focused on large scale events such as the September 11, 2001 terrorist attacks or severe hurricanes (Collopy et al., 2012). Unfortunately, researchers have yet to explore how groups of EMS employees collectively respond to the trauma they are exposed to when on the job. There is minimal research focusing on the overall morale being affected by mental health limitations, leaderships approach to their employees, along with generational diversity in the EMS workplace. Further research in this area may help EMS leadership understand what medics need to stay productive in the job. According to Washko (2015), “Emergency Medical Services (EMS) leaders must be skilled in a variety of acumens and have situational awareness so they’re always ‘consciously competent’ about their businesses and the impacts of their decisions can have on their organizational survival and success” (p. 4). By taking a look at how each employee is doing, managers can ensure that they are adjusting policies and processes to account for the mental and physical well-being of their employees.
In Chapter 2, I will present a synthesis of the research literature that is relevant to the morale of employees in public and private EMS. The specific search strategies, search terms and databases are addressed to enhance the reproducibility of this research. Previously published literature similar to this subject was reviewed in order to see how it supports the current research and its relevancy. Finally the gaps in literature and research are addressed for the current study.

**Conceptual Framework**

Transformational leadership theory will provide the conceptual framework for this study. Transformational leadership is known as the “new leadership genre” (Avolio & Yammarino, 2013). The new genre was best described by Burns as the moral high road leadership. It is considerate of each individual, intellectually stimulating, inspiring, motivational, and of high ethical standards (Avolio & Yammarino, 2013). This type of leadership is unique when it comes to the importance of a bond between leaders and followers (Avolio & Yammarino, 2013).

Burns believed transformational leaders are leaders who are always engaged with their followers, focus on the higher intrinsic needs, and tend to focus on the significance of outcomes in order to look at other outcomes that could have been achieved (Odumeru & Ogbonna, 2013). Along with this, Burns believed transformational leaders are active leaders that are always active with their followers and provide a sense of direction for the overall goal of the group.

There are four components of transformational leadership: (a) charisma or idealized influence, (b) inspirational motivation, (c) intellectual stimulation, and (d) personal and individual attention (Warrilow, 2012, p. 102). Paramedics are trained to help and nurture individuals at a time of need. By using a transformational leadership framework, this could provide the leadership in public and private EMS entities to gain a greater understanding of the strengths and weaknesses of the employee, so that they can align with the followers and in turn
help with the overall morale (Odumeru & Ogbonna, 2013). Bass (2015) best outlined these four components in Figure 1:

![Transformational Leader](image)

Figure 1. Transformational leader components (Bass, 2015).

EMS staff are faced with multiple stressful situations throughout their entire career that can cause long lasting emotional and physical harm. “Idealized influence is the degree to which the leader behaves in admirable ways and displays convictions and takes stands that cause followers to identify with the leader who has a clear set of values and acts as a role model for the followers” (Warrilow, 2012, p. 103). The leadership must be able to influence those individuals and help them work in those stressful situations (Ghorbania, Bahadori, & Nejati, 2012).

EMS is no different than other industries, it is always growing and changing. As new generations combine with our older generations, leadership should recognize these changes and understand the dynamics of leading the new employees. “Inspirational motivation is the degree to which the leader articulates a vision that is appeals to and inspires the followers with optimism about future goals, and offers meaning for the currents tasks in hand” (Warrilow, 2012, p. 103). The days of “paternalistic” leadership have come to pass in today’s workforce (Girardeau, 2017).
Warrilow (2012) stated:

Intellectual stimulation is the degree to which the leader challenges assumptions, stimulates and encourages creativity in the followers-by providing a framework for followers to see how they connect to the leader, the organization, each other, and the goal] they can creatively overcome any obstacles in the way of the mission. (p. 103)

EMS professionals are faced with situations and experiences that can have a lifetime mental and physical effect on them. Leadership cannot demand their staff to be innovative, supportive and “all-in” (Girardeau, 2017). It takes leaders that desire and have the ability to meet their frontline staff where they are in life and their profession. Leadership must put their own feelings and ambitions to the side in order to find the greater good of the staff (Girardeau, 2017). The increase of overall morale could be proven once leadership is able to understand the physical and emotional needs of their employees.

The fourth and final component is personal and individual attention. Warrilow (2012) defined this as:

The degree to which the leader attends to each individual follower’s needs and acts as a mentor or coach and gives respect to and appreciate of the individual’s contribution to the team. This fulfills and enhances each individual team members’ need for self-fulfillment, and self-worth and in so doing inspires followers to further achievement and growth. (p. 104)

In EMS most leaders have been promoted due to the experience they have in the department, not by the talent they possess as a leader (Girardeau, 2017). As EMS has evolved, to many times the demands and the expectations of employees are to do the job as they are told and simply move on with their next responsibility no matter what situations they have experienced. Overtime this
expectation could take a toll mentally and physically on an individual. Through transformational leadership, EMS personnel would be able to gain the personal and individual attention needed to increase their morale and have a sense of belonging to their organization (Warrilow, 2012).

Transformational leadership has also been found to be connected in multiple ways with transactional leadership. Transactional leadership is based on the exchange of tangible rewards for the work and loyalty of their followers (Odumeru & Ogbonna, 2013). Transactional leadership does not assist in the personal and professional development of followers (Brusca, 2013). Due to the wide range of personalities and situations, public safety does require various approaches to leadership, but when dealing with the morale, transformational leadership may allow for the individualized and motivational approach to provide information to be gained from the research.

The National Medical Emergency and Accidents Management Center, also known as “Emergency 115” was established with the purpose of protecting the public’s health. Their focus is the service patients receive from EMS. After doing research, they found that the level of job satisfaction was directly related to the patient care being received (Ghorbania, Bahadori, & Nejati., 2012). The leaders have the most critical impact on the overall job satisfaction of their employee (Ghorbanian et al., 2012). With this information and the combined concepts in the constructivism and the theory of transformational leadership, the goal is to obtain valuable information for EMS leaders to re-evaluate and utilize in their own departments so that they can continue to develop and improve the overall morale of all EMS employees.

**Review of Research Literature and Methodological Literature**

The literature search focused on the morale among EMS employees across the United States and around the world. The search also is focused on the current approaches being used in
EMS and the possibility of how identifying resources, leadership approaches and generational diversity could affect the overall morale of employees. Literature from theorists and previous studies from government agencies necessary to build the foundation for the research sometimes falls outside the five year search limit. In this chapter, I will examine the literature that deals with leadership in EMS, lack of mental health resources for EMS employees, and the diversity amongst generations. The search focused on factors that affect how the employees feel on the job and how EMS work affects employees after their shift is over.

I started the literature review by using ProQuest, Google Scholar, and ERIC databases. Key search terms included transformational leadership, autocratic leadership, PTSD, resilience, depression, addiction, sleep deprivation, leadership support, workplace stress, disengaged leaders, generational diversity, Generation X, Generation Y, Millennials, critical incidents, prolonged exposure to stress, positive leadership, and resources for public safety employees. I began narrowing the articles in this study by determining if they were full text; research studies in peer-reviewed publications and yielded some type of analysis pertaining to the morale, overall well-being and leadership style in the EMS profession. If articles met this criteria, but were addressing nurses or emergency room care, those articles were excluded. A combination of 12 scholarly books, previous doctoral college textbooks, and several journals on EMS were utilized in the literature review.

Throughout the literature review, there were multiple topics that provided insight to the morale of EMS entities and their employees. The mental well-being, approach to leadership and generational diversity are the topics that provided more in-depth knowledge to the research that is currently provided. The literature review provided a roadmap for this research and the ability to gain further knowledge.
Emotional Well-Being as a Factor of Employee Morale

An examination of the morale in EMS begins with a discussion of the emotional well-being of employees as a result of the day to day exposure to critical and non-critical EMS calls. Determining how the employee may respond emotionally and how each individual copes with situations is a challenge. Identifying where the emotional responses come from and how it affects morale varies amongst researchers.

Workplace stress. Identifying workplace stress in any situation may vary from person to person. Workplace stress in EMS looks different since the workplace can be an ambulance, in a station, a helicopter, or a boat (Bass, 2015). In EMS, the culture in earlier days for dealing with stress has been a “suck it up,” and get to the next call mentality (Lickiss, 2016). This mentality leaves little to no time for employees to process calls that could have impacted them emotionally (Lickiss, 2016). Besides call-related stress, employees deal with the demands of shift work, scheduling needs, and relationship stressors between peers and superiors (Lamplugh, 2017). There is no perfect way to deal with workplace stress, but employees can practice healthy habits to reduce their workplace stress (Lamplugh, 2017). Some of these habits can be to staying away from negativity, taking short breaks at work, going on a vacation, and turning down an overtime shift. In order to best support the health and well-being of each individual, there needs to be an internal culture that recognizes all forms of stress on the job. This could allow for a positive support system and positive long-term morale (Lamplugh, 2017). The stressors of the work place can lead to an emotional response that varies from employee to employee.

Types of emotional responses. Identifying all of the emotional responses a person can experience is as difficult as identifying all the different ways workplace stress becomes a factor
in morale. The most common responses EMS employees are experiencing in their line of work is PTSD, suicide, and substance abuse (Hiller et al., 2016).

**PTSD.** Post-traumatic stress disorder is psychological disorder caused by exposure to a traumatic event (Baran, Barnett, & Silva, 2016). PTSD is the presence of debilitating symptoms including nightmares, flashbacks, dissociation, avoidance, and major alterations in cognition and mood after exposure to traumatic experience. EMS employees have a high vulnerability rate to PTSD due to the consistent exposure to stressful and traumatic experience (Baran et al., 2016). PTSD is as common amongst first responders as it is in the military (Hiller et al., 2016). PTSD is a disorder being studied around the world today for more information in order to support any individual that may be diagnosed and assist them in being able to lead a healthy and happy life (Baran et al., 2016).

**Suicide.** Suicide rates amongst first responders is 10 times the rate in the general population (Venteicher, 2017). The training that EMS employees receive does not prepare them for the mental impact of what they will see call to call and day to day (Venteicher, 2017). EMS employees for a long time assumed that they were supposed to keep their thoughts and feelings of what they saw to themselves, which in turn caused a lot of built up depression and anxiety that was never dealt with (Venteicher, 2017). Suicide amongst EMS employees has been contributed to individuals not being provided or seeking assistance once they have experienced a traumatic experience (Hiller et al., 2016).

**Alcohol and substance abuse.** Another common emotional response found is the abuse of alcohol and other substances. Close to 25% of first responders suffer from addiction such as alcohol, prescription drugs, and other substances (Willis, 2014). Through this abuse, EMS
employees are finding an instant fix for their pain masking deeper psychological issues from the constant exposure to traumatic events that are never dealt with (Venteicher, 2017).

**Resources.** The modern day EMS entities are starting to recognize the impact that the critical calls year after year are having on employees (Hiller et al., 2016). Many departments across the nation are now offering things such as peer support groups, critical incident stress management, after-action debriefings, counselors, and Employee Assistance Programs (EAP) (Hiller et al., 2016). Having resources such as these available in set in place allow for the employees to begin the coping of their experience immediately, rather than years down the road when the damage is done (Lickiss, 2016).

**Leaderships interactions in EMS**

The following sections explores how the previous leadership approaches and the current leadership interactions may have an impact on the morale of the employees in EMS. The literature below describes the bureaucracy in EMS, autocratic leadership, education of EMS leadership, and the impact transformational leadership currently has on EMS employees.

**Bureaucracy of leadership in EMS.** A bureaucracy is the parameter in which an organization exists and functions; it sets all of the parameters, conditions, and minimal standards (Russell, Broome, & Prince, 2015). For years, EMS leadership has been problem focused rather than a solutions focused. This had led to the issue of individuals working in an environment with no respect for human reason (Russell et al., 2015). In the most recent years, the approach of bureaucracy does not work with individuals. It is has caused employees to have a feeling of mistrust and inability to make decisions beyond the policies (Russell, Broome, & Prince, 2015). EMS employees not only have the operational aspect of their work, but also the meaning of their work (Russell, Broome, & Prince, 2015). Over the years, the work they do, becomes their
identity. As they promote and grow in the department, it is important they are provided proper leadership training so that they can change the bureaucracy and meet the needs of their employees (Russell, Broome, & Prince, 2015).

**Autocratic leadership.** Emergency medical service leaders are usually identified to have an autocratic style (Nicholson & Crouch, 2015). Historically, EMS leaders have an autocratic style due to the nature of their job and the circumstances that call for quick responses (Nicholson & Crouch, 2015). Autocratic leadership is, “an extreme form of transactional leadership, where leaders have complete power over staff” (Amanchukwu, Stanley, & Olulube, 2015, p. 10). This style does not allow for employees to share their thoughts and feelings (DeHoogh, Greer, & DenHartog, 2015). Autocratic leadership does allow for decisions to be made quickly and efficiently, but comes with the cost of resentment by many employees for not being included in the decision making processes (Amanchukwu, Stanley, & Ololube, 2015).

**EMS leadership education.** Being a leader in any circumstance can be a tough position to hold. The leaders are tasked with making sure that their employees are taken care of to their liking and that the overall goals and purposes of the particular organization is met. In EMS, the current practice for an individual to promote, is purely on their medical qualifications and tenure (Naidoo, Lowies, & Pillay, 2014). Most of the time an Advanced Life Support (ALS) paramedic are promoted to a manager position merely based on the fact that they have more medical practice than an individual with a Basic Life Support (BLS) certification. An ALS paramedic is harder and more expensive to hire and train than a BLS paramedic (Naidoo et al., 2014). In order for an employee to become a qualified manager, each employee would benefit from exposure to managerial and leadership training programs on a regular basis in order to effectively provide the support needed by employees (Naidoo et al., 2014).
**Impact of transformational leadership in EMS.** Maintaining a solid leadership team within EMS has been a challenge for as long as EMS has been around (Nicholson & Crouch, 2014). In the past, leadership struggled because a majority of EMS entities were strictly operated by volunteers. Now, most crews are full-time employees to meet the needs of society; however, EMS leaders feel the burden financially and a change in the overall satisfaction of the employees (Nicholson & Crouch, 2014). Beginning in 2013, EMS began shifting to a transformational leadership structure (Nicholson & Crouch, 2014). The goal with this shift is to provide an opportunity for leaders to reach out to employees and get their perspective on previous systems and also to gain the personal aspirations of each employee for their future and the departments’ future (Nicholson & Crouch, 2014). As the leaders are able to establish a vision for the future of the department, they are also finding that the direction of the department is being established and starting to increase the cohesiveness of the employees (Nicholson & Crouch, 2014). This could allow leaders to still maintain the department’s policies, but also gain the trust and support from the staff as they build and adjust as a team.

EMS employees are perceived to be mentally strong, dedicated leaders and individuals by nature that do their jobs (Lamplugh, 2017). As dedicated individuals, it is still necessary for leadership to understand and recognize their needs once the day is over to ensure that individual’s emotional and physical well-being is taken care of (Lamplugh, 2017). Transformational leaders are able to provide barriers to reduce employee distress and give motivation to followers through influence, motivation, stimulation, and consideration (Long, Yusof, Kowany, & Heng 2014).
Leadership and available resources for Paramedics

One of the key attributes of a transformational leader is their ability to be proactive, rather than reactive (Blaber & Harris, 2014). Transformational leaders are equipped to work closely with employees and in turn build trust and understanding of the needs for each employee. Public safety employees face major issues such as fatigue, depression, addiction, PTSD, and suicide. The rate of suicide for first responders are climbing and are found to be higher than first responders that die in the line of duty (Flannery, 2015). These risks have been linked to the stressful lifestyle of EMS workers. Carpenter et al. (2015) found that employees with low support from their employer experienced occupational stress that was positively linked with suicidal ideations. In order for paramedics to continue a career in public safety, resources must be available to promote the overall well-being of each paramedic (Courtney, Francis, & Paxton, 2012).

A transformational leader ensures that there is a nurturing and welcoming culture in order for employees to feel supported and able to reach out for help (Blaber & Harris, 2014). A transformational leader can be proactive and have interventions readily available for the employees. Certain interventions can help reduce the physical and emotional demand in EMS work (Fragoso et al., 2016). For instance, Courtney et al., (2012) found that regular physical activity was found to reduce stress in EMS employees. This is one method that could be incorporated to help the mental and physical well-being of paramedics.

Transformational leadership versus leaderships approach to their employees

Transformational leadership starts when there is interaction between a leader and the followers that lead to positive creativity and motivation for an entire organization (Bass, 1995). When the capacity of the organization becomes more important than the personnel working in it,
negativity and problems arise (Russell, Broome & Prince, 2016). In a study of a public EMS, researchers surveyed 21 managers and 87 paramedics on their opinion of the effectiveness of transformational leadership versus transactional leadership. It was found that both managers and paramedics had more job satisfaction and responded to transformational leadership better than transactional leadership.

EMS leaders have been instructed to focus on problems rather than solutions when dealing with their employees (Russell, Broome, & Prince, 2016). By identifying what the needs of the employees are, employees and leaders can work together for understanding and a positive outcome and culture. Kreber (2012) found that leaders who learn and understand the personal lives of each of their employees are able to gain knowledge on the person and the motivating factors that can positively affect their professional life. By doing this, leaders can take a proactive approach with each of their employees to ensure that all their needs are met to their fullest capability.

Morale among EMS workers suffers when managers fail to understand, recognize, and adjust for different learning styles. Learning styles often vary significantly between generations (Ludwig, 2014). This means that EMS management need to have a solid understanding how employees of different ages might learn differently. For instance, millennials are used to being inundated with information, while older generations might be overwhelmed by fast-paced information or information that is delivered through certain electronic media (Ludwig, 2014). If management from older generations fails to understand the needs of younger employees, they risk alienating them, resulting in low morale (Ludwig, 2014). In contrast, if managers focus on “understanding how [millennials] operate, what their expectations are and what motivates them… [their] job as an Emergency Medical Services (EMS) manager could be much easier” (p.
Successful EMS managers are able to adapt their management style to fit a variety of generational learning styles, even those that do not match their own (Ludwig, 2014).

**Transformational leadership and recognizing generational gaps**

Generational gaps is a topic that is growing in the workplace. Today we are seeing four generations working side by side. The generations are traditionalists, baby boomers, Generation X, and the millennials. All four of these generations have distinct learning styles and levels of understanding and expectations that are unique to their particular generation. Moving forward, if leadership does not recognize the gaps that are present, the nature of work and workplace relations could continue to face multiple challenges (Costanza & Finkelstein, 2015). These differences are manageable with recognition and understanding by the leadership in place.

Transformational leaders are able to give individualized consideration to each employee to ensure they are receiving what they need (Odumeru & Ogbonna, 2013). As organizations grow and new employees are hired, and multiple generations are working side by side. A transformational leader would be equipped not only to individualize the needs of each employee, but possess the ability to motivate all generations to work together towards the overall vision of the organization (Girardeau, 2017).

**Generational diversity in EMS**

The following section reviews the literature that discusses the importance of understanding the different generations currently in the EMS workforce. It also discusses the strategies and benefits of having an understanding to be able to affectively lead each generation in the EMS setting. The generational cohort theory states that individuals that share similar birth years and have the same changes in society and historical events during their developmental years, tend to share the same common values, attitudes, and beliefs (Britton, 2018).
Defining the generations. Unlike any other time in history, there are currently four generations working side by side in the workforce (Britton, 2018). When trying to gain an understanding of the wide range of values that a majority in each generation understands, Fischer Evolution depicts it in Figure 2.

![Table showing differences between generations](image)

Figure 2. The four current generations in the workforce (Britton, 2018).

These differences depicted are general trends and not always the same for each individual (Britton, 2018). They do help leaders gain an overall understanding for the purpose of moving in the correct direction for individuals and the department (Britton, 2018).

Understanding the generations. Each generation has their own ideas about values, training/mentoring, benefits, communication, and job opportunity. The ideas of each generation is no different than each individual having their own ideas (Barnes, 2017). By gaining understanding of the various generations and what the differences and similarities, managers
would gain a better understanding of their workforce and be able to make more informed and 
sound decisions about current and future practices of the department (Barnes, 2017).

**Review of Methodological Issues**

The review of the literature provided the opportunities to identify and analyze the various 
methodologies used throughout scholarly texts. Qualitative, quantitative, and mixed methods 
were the methods used in the reviewed texts. The various issues with each method is reviewed in 
this section.

**Qualitative research.** Most of the research discussed in this literature review is 
qualitative. The studies that were reviewed used case studies, grounded theory research, narrative 
format, and phenomenology. The common types of evidence presented were observations, 
interviews, and other supporting documents (Yin, 2014). One of the issues that kept coming up is 
that qualitative research results is difficult and sometimes not possible to generalize results for a 
larger population (Harding, 2013). Qualitative methodology produces descriptive data from 
participants written or spoken words and their observable behavior (Taylor, Bogdon, & DeVault, 
2015). Past research offered evidence that when there are limited resources and understanding in 
EMS, this is putting a lot of pressure on the leadership of EMS to step up and ensure that the 
paramedics are provided with the resources they need (Austin, Pathak, & Thompson, 2018). 
According to Barody (2016), “research has shown that one of the major causes of work related 
stress, is the impact of managers and their ability to manage staff and stress in the work place” 
(p. 148). Evidence showed that when leaders align their styles with the needs of the paramedics, 
on-the-job stress is reduced (Barody, 2016, p. 148). The qualitative approach allows us to gain 
the employees thoughts and feelings, rather than having only a number to describe a topic, such 
as morale.
Quantitative research. In the literature review, there were minimal findings of quantitative methodology being used to identify factors that affect (EMS) morale. Austin, Pathak, and Thompson (2018) found a correlation between post-traumatic stress and the overall outlook in EMT’s and paramedics. Austin, Pathak and Thompson (2018) also found a numerical correlation between support and the negative outlook employees have on their overall career. Numerical data fails to further inquire the possible relationship and reason for the correlation in the study. For instance, a numerical value does not give any information on gender, years of service, or current position in EMS. Austin, Pathak and Thompson (2018) was the only quantitative research that was relevant to the present study. A better approach to a quantitative study could have been a mixed methods approach that looks both at the numerical value of correlation and the qualitative aspect to how individuals based their decisions.

Mixed methods research. There were multiple studies reviewed that used the mixed methods approach. Dasan, Gohil, Cornelius, and Taylor (2015) provided a mixed methods approach that addressed employee satisfaction with their current leadership in EMS. Quantitative data from ProQL was provided for each demographic and their current feeling at work based on a formula. Then the researchers provided qualitative data to support the reasoning behind the responses given by the participants. Participants were distinguished by “satisfied” or “fatigued” by their strategies to deal with the trauma-based intensities associated with their position and their ability to have positive views of the team within which they worked. Their position and the ability to maintain compassion and respect for their patients and coworkers were also distinguishing features between each participant (Dasan et al., 2015).

The research articles analyzed for this literature review had solid methodological designs. All findings in the methodologies used pseudonyms to protect all of the participants and
institutions. Each of the methods reviewed were all easily distributed to the participants and had minimal cost associated. While each methodology reviewed was appropriate for the desired results, the literature review provided evidence why a qualitative exploratory case study is the best method for the study. This method could provide a deeper understanding of how identifying and addressing other factors might impact the morale of paramedics.

**Synthesis of Research Findings**

The research process produced several themes. The literature review presented credible reasons how EMS employee morale is impacted by items such as mental health resources, leadership, and the generational diversity in perspective. Paramedics are exposed to a high pressure environment for extended periods of time. This exposure results in long term issues that, when untreated, can lead to their morale being affected at best and suicide at worst. According to Barody (2016), “The National Health Service (NHS) laid out recommendations to invest in staff well-being after finding that over 60% of emergency workers have suffered the physical and psychological effects of working in such stressful environments” (p. 148). By investing in the employees, the stress of the work environment can be dealt with in a timely and healthy manner.

Another factor frequently addressed was the differences in generations in the current workforce. It would be beneficial for leaders to understand the different leadership style preferences of different age groups. Ward (2016) argued that a “true” leader is able to both challenge and mentor all generations and help them to develop and recognize their strengths (p. 3). The author argued that generational differences are a positive feature of strong workplaces and can present new opportunities for employees in public safety.

The literature did not cover in detail how addressing major factors in EMS could impact the overall morale of employees in EMS. The literature focused on how the morale of employees
effect the patient care that is provided. Leaders need to recognize the impact that their choices have on their employees. As Ward (2016) stated, “your team is only as strong as the weakest link, and no one deserves to be left behind” (p. 5). By leadership understanding the impact they have on their employees’ well-being, the morale and the patient care could be affected in a positive manner.

**Critique of Previous Research**

EMS employees are asked to perform tasks each and every shift that are at times life or death situations. This type of work can carry a heavy burden for an individual over a period of time. At times, they have to be able to leave one call and go to the next call without any time to decompress and discuss something that might have bothered them. While this is part of the job, there are processes that leadership can have in place in order to provide mental health resources as soon as possible for their employees that experience a critical call. Without these processes, EMS may continue to see their employee’s burn out and the overall system could see a possible decline in morale due to the overall mental well-being of their employees (Crowe et al., 2018).

Public safety does not have much research that supports the link of stress, leadership and generational diversity. Most of this literature review was survey based and focuses on PTSD only. Surveys can limit results to certain areas, genders, and levels of experience. The surveys do not address specific leadership approaches as a factor that could skew the indicators found. The surveys also lend them themselves to have participants that select themselves to participate. These factors cause results to be general (Williams, Brown, & Winship, 2013). Generalized results do not allow for a true humanistic approach to the life of a paramedic in EMS and the reasons for having low morale in their career.
There is limited scholarly research on the specific topic of how transformational leadership could have an impact on morale in the EMS. The studies that were found are randomized controlled trials and lack high quality research due to the setting and a lack of credible researchers in EMS (van de Glind et al., 2016). The focus of the studies have been on the relationship between EMS leaders and the overall job satisfaction of their employees to ensure the best outcome for the patients they care for (Ghorbanian, Bahadori, & Nejati, 2012). This literature is being found in medical journals such as *Journal of Emergency Medical Services* and *Emergency Medical World*.

**Chapter 2 Summary**

This chapter is focused on the research that has been found that provides insight on factors that impact the morale in EMS employees. Private and public EMS employees all take an oath to care and protect the citizens they work for. Hoffberger (2015) stated; “medics are often the most resilient people you will meet: selfless, loyal individuals willing to literally throw themselves into fires for strangers” (p. 3). While they are resilient, they also need the support it takes to continue a long and successful career in EMS. Senior leadership should be able to work towards a healthy and happy EMS workforce by looking at what they needs of their employees are and aligning the goals and vision so that all employees are able to fully invest in their own personal growth as well as the departments.

I am choosing an exploratory case study that consists of a survey, observation and interview to be able to identify the effects of mental health limitations, leadership interactions, and generational diversity have on the morale of paramedics in public and private EMS. I chose private and public EMS entities as the setting since I wanted to provide unbounded research to the public safety community.
This study may fill the gap in literature on what is needed by employees in order to keep a healthy morale in EMS. Based on the research, leadership may be able to cumulate a plan and implement the changes needed in order to affect the morale in their departments. A review of the research regarding morale in public safety suggests the following themes and what can be done to affect the morale.

1. Public safety employees, especially paramedics, need mental resources to properly deal with the exposure they have during critical call on a day to day basis.
2. Leadership may need further understanding of the needs each employee personally has.
3. Employees want to feel appreciated or welcomed at work.
4. As time goes by, there are several generations that will be working together. When combining generations, there has to be an adjustment to how the department teaches, understands and even approaches the new generations.

The review of the literature provided sufficient amount of evidence to pursue an exploratory case study. How do mental health limitations, leadership interactions, and generational diversity affect the morale of paramedics in public and private emergency medical services?

Additional areas of focus are:

- How do mental health resources affect the overall morale of each employee?
- How does the approach leadership chooses to lead their employees affect employee morale in Emergency Medical Services?
- How does the generational diversity affect the overall leadership style and morale of employees?

A qualitative case study was designed and discussed in Chapter 3.
Chapter 3: Methodology

Introduction

A qualitative exploratory case study was used to understand the affects of mental health limitations, leadership interactions, and generational diversity on the overall morale of paramedics in public and private Emergency Medical Services (EMS) entities. Case studies afford the opportunity to focus on the “case” and to still retain a “real-world” perspective (Yin, 2017). EMS employees are facing physical and mental stress on a consistent basis over many years. They receive little to no support from their leadership that helps them cope with the stressors of this particular job (Newland, Barber, Rose, & Young, 2015, p. 34). Without the support to deal with these stressors, many times it is leading to PTSD, leaving the workforce or even them physically harming themselves. “Suicide contemplation and attempt rates among EMS practitioners are significantly higher than the general population” (Newland et al., p. 33). Paramedics will have the opportunity to share their personal experiences and feelings when it comes to resources, leadership and the difference in generations. Each paramedics experience provides real value to the leadership and what they perceive is currently going on in their department.

Through surveys, observations and interviews, I obtained data on how paramedics base their knowledge and understanding of their job and their career. I was able to identify the mental health resources that should be provided to paramedics, how the approach leadership chooses in supporting the paramedics, and how the understanding of generations impacts the employees. The goal was to provide a plan for EMS leadership to fully support their paramedical staff areas.

In Chapter 3, the purpose and design for the study will be described, including how all participants were selected, tools utilized to gain research information, the process used for
analyzing the data, and the limitations and delimitations that affected the study, and the findings in the process. Chapter 3 will conclude with findings and a chapter summary.

The research question that guided this case study is:

How do mental health limitations, leadership interactions, and generational diversity affect the morale of paramedics in public and private emergency medical services?

**Purpose and Design of Study**

A case study is best defined by Merriam (1998); “an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (p. 27). Merriam (1998) reported case studies are particularistic, descriptive and heuristic. The author proposed that case studies come down to the questions asked, not just the methods used to obtain the information (Merriam, 1998). A case study offers the opportunity for descriptive feelings and thoughts to be shared and utilized in order to support the need for the research.

An exploratory case study was appropriate to investigate the physical and emotional perceptions and experiences of public and privately employed EMS employees. This type of research allows the researcher to look at the research questions and help provide research to a topic that might not have been researched extensively. When dealing with an individual’s emotions and mental well-being, putting a number or a defined outcome to the why does not allow for in-depth understanding of how it is happening and what could be done to correct the issue. In this case study, qualitative research was collected to establish meaning and understanding of the employees’ experiences and perceptions with their work environment. This led to the documented affect on morale in EMS. Specifically, research was collected to understand the morale in EMS, based on mental health limitations, the approach leadership...
chooses to interact with their employees, and the generational diversity. The focus was on all employees in departments in the field of EMS. The case study was based on observations, interviews and surveys.

The interviews included carefully designed questions that allowed each participant to share their feelings and experiences. Interviews are usually performed in order to expose flaws or openings for gaps in the practices currently taking place, which might not have been found had the interview not been carried out (Silverman, 2016). Conducting the interviews allowed me to take an active and interactional approach with the information and to capitalize on the insight from the participants (Silverman, 2016). The interviews allowed the participants to share and the questions allowed me to code the information into categories.

Surveys were issued to all employees to allow each employee to share feelings and experiences in a non-threatening environment. Employees were from each division of operations that are employed by an EMS entity. The participants are employed by private and public entities in different areas of Texas. These employees are of diverse ages, gender, and races. This method allowed for information to be shared by participants with a smaller chance of distortions (Silverman, 2016). The surveys were coded by position and department. Surveys allow for information to be collected on the variables and characteristics defined for the research (Vaus, 2014). This information was coded into the categories just as the interviews were.

Observations at multiple levels were a means to collect information regarding employees in their element. Keeping the observations in the natural setting of the employees allowed for participants to feel at ease and provide valid information for the research. This method allowed me to have a positive encounter with the participants and to minimize information from being
misinterpreted (Merriam & Tisdell, 2016). I was be able to observe and collect information from participants in their natural setting.

This data collection approach presented some weaknesses that need to be addressed. First, when conducting the interviews, there was a chance that participants might not tell me the truth in fear of workplace retaliation. Participants could have felt torn between their role as a study participant and their role as a member of their workplace. This was considered a constraint for the validity of the survey responses. I created a “free zone” to help participants feel they could share all information asked of them (Nielsen & Lyhne, 2015). The “free zone” allowed the participants to share any additional information they perceived I may need to know, but was not directly addressed in our time together. The time it took to complete the survey was a constraint, causing participants to skip questions. Surveys in qualitative research tend to depend too much on the generalizations of the researcher (Vaus, 2014). Participants could have changed their behavior when being observed in order to impress or meet what they thought were the researcher’s expectations. Critics believe that observations are highly subjective and therefore exhibit the “unreliable nature of human research” (Merriam & Tisdell, 2016). Anytime qualitative research is conducted, researchers tend to add personal value into the collection of research. All bias needs to be addressed at the beginning, middle and end of the research.

Research Population and Sampling Method

The participants for this study were employees from multiple private and public EMS entities in different areas of Texas. The participants were employees that held positions in different divisions of operations within an EMS entity. These employees were between 27 and 58 years old, male or female, and had experience ranging from one year to over 20 years in EMS.
Sampling

In order to gain participation by employees willing to participate, I used a purposeful sampling method. “Purposeful sampling is widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest” (Palinkas et al., 2015, p. 433). Prior to data collection, recruitment of employees in each department took place using the departments Facebook, Twitter, and email accounts. The sample size was 16 employees. Employees selected were from the field, training, senior leadership, and the helicopter departments of multiple entities in EMS in Texas. This sample of employees was based on a volunteer basis. Each employee holds a full time job at a public or private EMS department. The identified characteristics of sample included their department, rank, years of service and personal experience.

Instrumentation

There are four forms of instrumentation utilized in this study, including a survey, observations, and semistructured interviews. I also used a journal to document and keep track of time spent on each observation. These methods allowed for triangulation and proper themes to be built for credibility. Appendix E depicts the triangulation that took place in order for the research to be organized in a manner that would provide credible and valid research.

1. Surveys allowed a ‘snapshot” of what is going on without certain conditions and variables being controlled (see Appendix A).

2. Observations allowed me to be in the middle of the action and see firsthand what was actually happening, compared to what is being said was happening. An observation checklist was used (see Appendix B).
3. Semistructured interviews were conducted to understand the thoughts and feelings of the employees. The questions were predetermined and allowed for open discussion on what the reasons are for morale being affected (see Appendix C).

4. The journal was used to track all aspects of the research. This journal allowed me to keep track of the time spent in each observation. These instruments provided me the opportunity to review all the research in different settings and with different variables. This allowed for triangulation to take place and specific themes to be coded and evaluated.

Data Collection

Prior to any data collection, I obtained approval from the Concordia University Institutional Review Board. All of the data collection followed the guidelines established in the recruitment letter. I observed and interviewed individuals that hold the certification and title of paramedics (LP), basic emergency medical technicians (EMT), captains, commanders and chiefs in the field and in communications. All participants voluntarily responded to a message sent via personal email and social media applications. The email addresses were obtained from the public and private entities in the state of Texas.

Surveys

Dillman, Smyth, and Christian (2014) stated that surveys are a way to gain information about a certain population without having to survey everyone in the population. Surveys were distributed to each participant in person with a return envelope and stamp or via email on a protected email address that was utilized for my research only. The survey questions that allowed the participants to share their feelings on matters such as resources, the style in which senior leadership currently utilizes, and the perspective on generational diversity in their work place
(see Appendix A). The surveys provided a baseline of understanding on the morale before observations.

**Observations**

Flick (2014) stated that observations are one of the simplest ways to observe a certain population without being an active participant. Flick discussed that observations combined with other methods allows for stronger correlations between all the information gathered. The observations allowed for the participant to be in their normal environment while sharing information that relates to the research.

Observations were done in several different settings. The first setting was on the ambulance as participants ran emergency calls. The second setting was in a communications department to see what the dispatch medics encountered on a daily basis. The third setting was riding with the command staff. This gave the perspective of what leadership deals with when in their work environment. I observed their behavior and reactions to certain calls and emergencies. I also focused on their reactions and behavior to those in leadership positions. I conducted 16 observations and they lasted two hours each.

**Semistructured Interviews**

Van Teijlingen (2014) stated that semistructured interviews allow for participants to answer the predetermined questions without influence from the researcher. As the researcher, I only collected the information for the use of answering the research questions identified. Semistructured interviews were conducted with each of the 16 participants for 60 minutes in a location that worked best for the participant’s schedule. The locations included the station they were assigned, a conference room, and a coffee shop. Each interview had a set of predetermined
questions that were given to participants prior to the interview for review and preparation (see Appendix C).

In the interview, I was able to identify information that identified patterns in generational gaps, leadership expectations and overall physical and emotional needs not being met. The questions lead to the opportunity for each participant to expand on their feelings and thoughts on the morale in EMS based on resources provided, type of leadership style and the generational diversity in the department. In the interview the goal was to gain knowledge from each participant on what they perceived as the factors were in the overall morale and see if they fit into mental health resources, the approaches of leadership, and the generational diversity. These interviews allowed for relevant information to be revealed for the study.

**Journal**

In my journal, I was able to capture further details during the observations and semistructured interviews. The journal was an additional source that provided me another option to gather detailed information from the participants. I was also able to write down notes that I might have forgotten if I had not kept the journal. This tool was an important tool that ensured that I captured the details the participants were trying to share with me.

Once all four data collection tools were completed, I used triangulation to look for themes. According to Wilson (2014), “triangulation refers to using more than one particular approach when doing research in order to get richer, fuller data and/or to help confirm the results of the research” (p. 74). This method allowed the researcher to keep the information in an organized manner in order to assess each aspect of the informational that was obtained.
Identification of Attributes

EMS comes with specific job requirements that affect the life of each employee on a day to day. Not all employees deals with certain aspects of the job the same way. Most EMS employees work either 12- or 24-hour shifts. Employees are able to sleep for short periods of time, or they may go 18 hours without sitting down, which causes serious fatigue. According to Collopy et al. (2012), many “providers work in excess of 50 hours per week and 72% of Emergency Medical Services (EMS) providers are poor sleepers” (p. 50). With the amount of fatigue taking place, there has to be some kind of resource to provide relief for EMS employees.

EMS employees carry the trauma they experience at work into their personal lives. Halpern et al., (2012) found that it is critical to provide support in the first 24 hours of a critical and stressful EMS incident. If there is no way for a paramedic to decompress, they are more likely to have issues that will affect their daily lives. According to Collopy et al. (2012), “50% of providers have reported using alcohol to cope with stress” (p. 53). According to Bowie (2016), in extreme cases, when depression goes untreated, suicide may result. As early as 2015, the charity report stated that 39 paramedics died of suicide from the stress of the job (Bowie, 2016).

The attributes that defined this case study were mental health resources, the approach leadership chooses to take with employees, and the recognition of generational diversity. The perception of each participant was based on their feelings of support, resources, leadership support and the differences in generations. Morale seems to be affected, but identifying the triggers can assist in future planning to rectify issues. The goal was to understand the participant’s feelings and experiences in order to gain an overall feeling of the culture of EMS that could affect the morale of paramedics for years to come.
Data Analysis Procedures

This exploratory case study allowed for the focus to be “in-depth” and have a holistic and “real-world” perspective (Yin, 2017). By taking an inductive analysis approach to the research, items and categories emerged from the data found and through the constant examination and comparison of this information throughout the research (Zhang & Wildemuth, 2016). I coded all the data from each procedure I conducted and identified themes as they emerged throughout the process. Themes allowed for me to use detailed descriptions and morals identified from participants. The data analysis procedures that were used in this study are surveys, observations and semistructured interviews.

Surveys

Information was gathered through surveys. A set of questions was provided to each participant. Once they completed the questions, they mailed them back to me in the provided, stamped envelope. The questions addressed all the research questions identified in this case study.

The survey responses were uploaded into Qualtrics once they were received. From Qualtrics I was able to start reviewing and coding the information. The coding themes were written next to the questions for quick reference. Each code was assigned a color in order to keep information organized. Once completing the coding, I then ensured all the information was addressing the research questions or should be discarded. Coding is cyclical act that takes cycles in order to manage and filter all of the data properly (Saldaña, 2015). As the researcher, I completed several cycles in order to accurately capture the proper perspective of the participants from the survey. I utilized member checking in reference to their survey to ensure that I had a clear picture of how each of them felt about their answers. I contacted each of them to let them
know I received their survey and then allowed for each participant to ask me questions or provided additional information they feel they were not able to convey in the survey.

Data analysis was presented in a graph format (see Appendix D). The graph allows for the reader to see what the breakdown of demographics was of the participants. The graph also shows the percentage of individuals that feel that the issues presented in the research questions are possible factors that impact morale in EMS.

**Observations**

The structured observation method utilized was to capture the employees in their natural work environments. There was specific areas that were observed that are identified with the survey feedback. A specific checklist was utilized during all 16 observations (see Appendix B).

Employees were made aware of observation time and date. No filming or tape recording was permitted due to the safety and confidentiality of the patients and other employees that were present. Once all the observations were completed, I began with bracketing the information. Bracketing is a research method that allows for the researcher to put aside their pre-understanding of the subject and act in a non-judgmental manner (Sorsa, Kiikkala, & Åstedt-Kurki, 2015). Once the information was bracketed, I then moved to assigning codes to themes that were emerging. Each code was assigned a color. By coding the observations, I was able to identify connections and overlap in the qualitative findings (Saldana, 2015).

All of the information found in the observations was transcribed into a narrative format. The narrative allowed the information to be told in a format that provided a greater insight of the participant in their natural work environment. This allowed for further validity to the information presented in the surveys. Using a narrative format gives a unique opportunity to experience the
participant’s thoughts and feelings on the subject (Attard, 2012). This is another aspect of the research to add to the credibility that is being presented.

**Semistructured Interviews**

The interviews took place at the station of the employee, headquarters for those in leadership roles, and one interview had to be scheduled at a local coffee shop. The interview was based on a set of questions that were developed to align with the surveys and the observations. I recorded each interview to ensure that information was not missed. Once the recording was uploaded into NVIVO, the recordings were destroyed to protect participants’ confidentiality.

With the permission of the participants, once the interview was complete, I was able to question a little further to add more clarification and validity to the research via a telephone call. Probing for further clarification or asking more questions based on the participants’ answers allowed for the researcher to reach different levels of thought and emotion that otherwise would not have been addressed with the predetermined questions (Gray, 2013). I felt this opened up the discussion to more in-depth information that added more depth to the case study through member checking.

Once the interviews were complete, I transcribed all the interviews using NVIVO. From the transcriptions, I then asked each participant to verify that what they wanted to convey was being properly portrayed in the transcript. From the verified transcripts, I began looking for themes and assigning the codes throughout the transcripts.

Once all of the information had been coded and reviewed several times, I began the triangulation process to begin looking for the main themes. I took the codes from each of the instrumentation tools used and put them on the color sticky note that was assigned to that code. On a large white board in my classroom, I placed these sticky notes on the triangle and began
looking at how main themes were emerging by comparing all the codes. The colors allowed for me to see where the main themes emerged.

**Limitations and Delimitations of the Research Design**

Limitations and delimitations are conditions or circumstances that could affect the credibility and reliability of the study. This section provides information that were foreseen limitations and delimitations. This section outlines the plan to ensure the research was creditable.

**Limitations**

Limitations are outside occurrences and matters that come up during the research that might not be able to be control (Simon & Goes, 2013). The limitations for this study include setting, time constraints, participants, researcher bias, and research method.

**Setting.** The setting is a limitation in this exploratory case study. This case study took place at a public and private EMS station. The setting is always changing and cannot be controlled all the time when doing the research due to the nature of the business (Simon & Goes, 2013). As the researcher I maintained an open line of communication with the participants so that if the setting became limitation we were able to still complete the research when it was feasible for the participant.

**Time constraints.** EMS and the demands for employees’ time is not something that can be predicted. Qualitative research is a time consuming process that takes time and attention to detail on all perspectives (Datt, 2016). While observing or interviewing, if there were more than two 30-minute interruptions that prevented the participant to not be able to share to the fullest, I rescheduled the interview or observation in order to properly capture their thoughts and comments.
The time to do the observations could have become a limitation as well for the researcher. The time to travel and do the observations combined with analyzing the data at times felt excessive but helped the overall research. Time constraints were discussed with participants and there was an understanding of flexibility and understanding by me, the researcher, and all participating entities.

**Participants.** All research was conducted in a public and private EMS system. By only researching one small sample of a population of EMS entities in Texas. It was difficult to infer for a larger population. Qualitative research helps us understand the how and why on a subject, rather than attaching firm numbers to the questions at hand (Strengths and Limitations, n.d.). I ensure the results are cohesive with other populations of EMS and is able to answer the research questions of morale, transformational leadership and generational diversity.

**Researcher bias.** When completing a qualitative exploratory case study, one of the main disadvantages that come into play is the researcher’s bias (Creswell, 2017). Case studies allow for the researcher to look at particular group and find out detailed information on topics that affect them in their natural setting (Datt, 2016). I wanted to offer solutions for the senior leadership of EMS employees to improve the morale of the employees. I am biased in this research towards the model of transformational leadership. I believe it is a way that could provide this information to senior leadership in order for adjustments to be made. Due to my bias towards transformational leadership, I bracketed my responses to ensure that my thoughts, feelings, and nonverbal cues did not affect the participants’ responses.

**Research method.** Using a qualitative exploratory case study provided the opportunity for descriptive data to be provided from the participants (Taylor, Bodgon, & DeVault, 2015). The data in qualitative research is detailed, but difficult and sometimes not possible to generalize.
for a large population (Harding, 2013). I ensure that this research method will provide the descriptive, rich data needed in order to identify if transformational leadership could affect the morale of EMS employees.

**Delimitations**

Delimitations in an exploratory case study, are the boundaries set by the researcher (Hancock & Algozzine, 2016). In this research, only employees of multiple levels in public and private EMS entities were assessed. I asked each participant the questions I designed for the survey and interview. I also observed them in their work environment. EMS can be difficult to set exact times in order to obtain information for research of a qualitative manner. In these processes, I was looking to provide insight to senior management and further research on ways to improve morale of our EMS employees in years to come. This is a researcher’s bias that does influence the research.

**Validation**

Validation allows a studies information to be credible and dependable for the readers. Validation allows for the reader to know that the researchers interpretations of the information is supported by the data and is in relation to other research (Silverman, 2016). In this case study, I ensured validation through the detailed actions and the appropriate use of tools, processes and data (Leung, 2015).

**Credibility**

Validity is determined by credibility and dependability in qualitative research. In order for the research to be credible, I utilized member checking. I contacted each participant to ensure I captured their true thoughts and feelings. I gave each participant the opportunity to share, clarify and add any information they feel would be insightful for the research. I also allowed
participants the opportunities to review the transcripts and notes from their interviews and observations. By using member checking, the participants were able to engage, add to and ensure information was interpreted correctly (Birt et al., 2016). Each of the participants was asked to verify or deny that the documented evidence was a true reflection of their thoughts, perspectives and experiences. Once feedback was received, we either clarified information that was incorrect or their information was used in the research.

Another process that supported the credibility of this research was the process of triangulation. This allowed connections to be made between the surveys, observations and the interviews. Once all three methods were coded, the information was combined to look for patterns amongst the participants. This provided further “comprehension” and credibility of the research (Heale & Forbes, 2013). The research questions were answered in more detail through the patterns found through the triangulation of the research.

All observed and documented social behavior and action was documented in a narrative format once it was all coded. The narrative was written in thick description that provided a detailed description of the process, context and the participants in the research. This included the meanings and intentions of the participants and the researcher’s conceptual development from the data (Holloway & Galvin, 2016). Thick description accurately described the behavior and actions and provided purpose and intentionality (Ponterotto, 2006). It provided the ability for readers to “place” themselves within the research context (Ponterotto, 2006). As the researcher, a narrative approach allowed for a clear and concise piece of research to be produced and utilized by public safety entities in the near future.
**Dependability**

Dependability and credibility are essential to research. Dependability is the ability for the researcher to plan for changes in the conditions and design of the study due to changes in the study out of their control (Marshall & Rossman, 2014). Dependability is easily established with logical research that is traceable and clearly documented (Munn et al., 2014). In order for dependability to be established, all research procedures were defined in detail and available for review. This case study ensured that all readers could trust the research processes taken in order to answer the research questions.

**Expected Findings**

The purpose of this exploratory qualitative case study was to educate EMS senior leaders on the needs of their employees. EMS personnel are faced with disaster, trauma and life changing incidents on the job (Benedek, Fullerton, & Ursano, 2007). The way leadership chooses to lead may affect each employee differently. Each generation may have a different perspective when it comes to coping with different situations. Based on the research found in the literature review, I have identified the results that I expected to encounter from start to finish with each method chosen for data analysis. The methods for this case study were surveys, observations and semistructured interviews.

**Survey**

The survey was a set of defined questions that allowed me to identify the population by gender, age and department. The questions allowed the participants to state if they are satisfied with the mental health resources, the current approach of leadership they are experiencing, and the diversity amongst generations in the department. Moving forward, the results uncovered were
a reflection of the participant’s generation as well. I expected the participants to lean towards a more negative tone since it is a survey that does not link to them by name.

Observations

The observations took place at the location the employee is assigned. These locations were at public and private EMS entities. There was a checklist that had been created for use during the observation. When I first began the observation, I believe the participants were reserved and acted in a manner that is their norm. As time passed, I predicted right that they would relax and settle into their day to day norm. I believe they were comfortable enough to share their thoughts on mental health resources, their leadership, and the generational diversity they experience. I anticipated that the participants would share what they were truly feeling mentally and physically, which would allow me to gather information that would educate senior leaders to make decisions that would help benefit all of those in their EMS entity.

Semistructured Interviews

The interviews allowed all the participants to share their thoughts on the purpose of the case study. I expected the participants to share that they did not feel supported in their day to day job. They actually went on to explain that once they finish calls that are of a traumatic or disastrous nature that there are no resources for them to cope with what they experienced. Each of them shared that they feel that the leadership has lost touch with what goes on in the day to day job they do. The younger employees talked about the older employees and the older employees talked about the younger employees. They discussed the lack of knowledge and the difference in work ethic. Towards the end of the interview, information was more detailed as the participants felt more comfortable with the interview.
Ethical Issues of the Study

Ethical processes are a key component in doing research. Ethical processes are what protect the participants and the research to ensure all the information presented meets the standards set forth (Flick, 2014). Each participant and their public or private EMS senior leader allowed me to do my research on the individual in their work setting. Ethical issues in this research that were addressed are the potential conflict of interest and the researcher’s position.

Conflict of Interest Assessment

In the research study, there were no conflicts of interest because I am not employed, nor do I have invested interest with any of the EMS public or private entities. I do not work in a position that would affect the participants in a professional or personal manner. The motivation for this study was to provide more research and knowledge to EMS to better the overall well-being of their employees.

Researcher’s Position

With each participant, I served only as a researcher. I am not employed with any of the EMS entities. I orchestrated and documented all interviews and transcribed them once they were complete. All participants were scheduled based on their availability. All observations were scheduled based on the approval of the participant’s supervisor. All surveys were mailed and received by me. Once the information was obtained, I coded all the information. There was no monetary compensation for the participants in this research study.

Ethical Issues in Study

Potential ethical issues that were addressed include how the information received was analyzed and reported. I provided multiple perspectives to maintain the credibility and validity of the study. To ensure that deductive disclosure did not take place, each participant was coded and
assigned a pseudonym. Before any data were released, an independent person, who is knowledgeable of the participants, read the data to ensure they were not able to identify any of the participants in the study. Only the researcher knew the code or pseudonyms assigned to each participant. This system allowed for the participants’ confidentiality to be protected in a locked and password protected lock box throughout the entire process and prevent deductive disclosure. When I communicated the findings, the information was from the perspective of someone that has no personal vested interest in EMS. The findings are presented in a clear and concise manner for EMS entities to be able to use in their own department.

Chapter 3 Summary

The purpose of this exploratory qualitative case study was to sensitize EMS senior leaders on the needs of their employees. The research and additional focus questions were designed to provide senior leadership solid information to help with the overall morale of their EMS employees. I gathered data through four data collection tools and identified themes through coding and data analysis strategies shared in this chapter. The survey, observations, semistructured interviews and my journal allowed me to triangulate data to ensure validity and form a greater understanding of EMS employees and the triggers that affect their overall morale. The findings in this study allowed for recommendations to be made in order to affect the morale not only in the particular EMS systems observed, but in similar departments across the country. Chapter 4 will document the results of the study.


Chapter 4: Data Analysis and Results

Introduction

This qualitative exploratory case study was designed to explore how mental health limitations, leadership interactions, and generational diversity affect the morale of paramedics in public and private emergency medical services. By using an exploratory case study, I was able to better understand the real-time experiences of medics in their actual work settings. I worked with 16 paramedics that work in five different departments. Each paramedic is currently working within communications, field, and air for a public or private EMS entity. I explored the research question: How do mental health limitations, leadership interactions, and generational diversity affect the morale of paramedics in public and private emergency medical services? In Chapter 4 I present a description of the participants, the research method and analysis of the data that I collected via an initial survey, an observation, and a semistructured interview. The chapter concludes with a summary after a presentation of the data and results.

Description of the Sample

Through recruitment on social media platforms of Facebook, Instagram, and Twitter, I secured 16 participants that held a position in EMS at different levels and in different areas. The participants represent five different departments. There were nine participants in the field, one in communications, one as a flight medic, and five that are senior leadership. The participants all hold a license as a paramedic.

Description of Participants

This section provides a detailed description of the participants in this study. Table 1 is an overview of all the participants with their pseudonym, their current job area, their pseudonym department, and their tenure.
<table>
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<th>Pseudonym Department</th>
<th>Tenure (years)</th>
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<td>Field</td>
<td>ATC</td>
<td>11–15</td>
</tr>
<tr>
<td>XS16</td>
<td>Senior Leader</td>
<td>ATC</td>
<td>6–10</td>
</tr>
</tbody>
</table>

Each participant is given a pseudonym that only the researcher knows in order to keep their identity confidential. The second column describes which area that the participant works in. Field identifies employees that are actively on an ambulance or helicopter running calls. Communications is an individual that takes calls and helps the caller until the field employees arrive. Senior leaders can hold the position of captain, commander, or chief in the department. These leaders can make staffing and financial decisions for the departments. The third column
describes the department that the participant works for. The fourth column is the range of years in which the participant has been employed by an EMS entity.

**BP1.** BP1 works for a public entity that is one of the few third party entities in the country. A third party entity is when a city separates fire, EMS, and police. The norm across the U.S. is a two party entity which is Fire/EMS combined and police separate. BP1 has been a medic for two to five years. He began his career as a beach lifeguard. He promoted at 17 from tower to truck as a lifeguard on the beach. This required him to obtain an EMT license. From that point it was a given that EMS would be the chosen career path. BP1 received a bachelor’s degree. BP1’s future goal is to maintain and improve the knowledge in order to provide better care to patients so that not everyone is automatically rushed to the emergency room.

**CJ2.** CJ2 works for a volunteer fire department that employees a small number of paid employees. CJ2 has been a medic for six to 10 years. The only education beyond high school CJ2 has is the paramedic school offered at a local community college. CJ2 hopes to work on the rescue team within the next five years. CJ2 hopes that eventually to promote to the rank of a Chief before retirement.

**CN3.** Works for a volunteer fire department. CN3 has been a paramedic for less than one year. CN3 decided that becoming a paramedic was important in order to take care of people. The idea that every situation is different is what keeps CN3 excited each day to come to work. CN3 does not have a college degree but does have a paramedic license. CN3 plans to continue a career in EMS and eventually move into community para-medicine.

**CS4.** CS4 currently works with a flight crew. Before becoming a flight medic, CS4 received an associate’s degree in nursing and went on to receive a bachelor’s degree. CS4 serves as a lead flight medic and works on different rescue teams. CS4 hopes to grow the awareness for
mental health in EMS. CS4 plans to begin a non-profit organization in the area that provides mental health resources around the clock for first responders. Currently CS4 is working with insurance companies to get the proper certifications and licensing.

**CH5.** CH5 has been a paramedic for 19 years. CH5 holds a paramedic license and a bachelor’s degree. CH5 is currently a field captain in the department and hopes to continue to promote in the department in order to have an impact on change and the overall well-being of medics. CH5 hopes to bring awareness to senior leaders on the needs of all field employees before retiring.

**DK6.** DK6 works for major department. DK6 has been a licensed paramedic since 2001. DK6 received a bachelor’s degree. DK6 got into emergency medicine initially because the rumor was paramedics got to take a nap while working their shift. This changed when DK6 realized that there was lifelong satisfaction in helping patients in stressful times. DK6 plans to continue training and hopefully become a full time training officer.

**FW7.** FW7 works for a major city. FW7 has been a paramedic for 11–13 years in the same department. Before becoming a paramedic, the goals for FW7 was to become a firefighter, but after one basic EMT class, that goal quickly changed. FW7 went on to earn an associates degree. Due to all the changes in FW7 department, the goal is to hold on to the current position and retire as soon as possible.

**HB8.** HB8 works as a dispatcher. HB8 has worked as a dispatcher for two to five years. Prior to working as a dispatcher, HB8 obtained an associate’s degree. In the future HB8 would like to see EMS leadership understand the gap between the field and communication. Eventually HB8 would like to oversee the victim services department in EMS and ensure that employees and victims receive resources necessary to heal from their life changing events.
JE9. JE9 has been a medic for 16 years. JE9 has been interested in EMS since a child. JE9 began working side jobs out of high school and was blessed with an opportunity in a private EMS company. From that point JE9 was hooked and was blessed to be given the opportunity to obtain an EMT basic certification through the department and eventually went on to get an EMT intermediate and paramedic license. After several years on the truck, JE9 decided to move to the rescue team and assist on a Special Task Force. This team provided the opportunity to obtain a license as a flight medic and a critical care medic as well. After another five years in these positions, JE9 decided it was time to share the knowledge obtained and become a Captain and quickly promoted to higher levels of administration. Today, JE9 enjoys teaching and guiding seasoned and brand new medics in the field. JE9 plans to work as long as possible in the field and share the knowledge gained from personal experiences in EMS.

MB10. MB10 has been a medic for 33 years. MB10 entered the department under a special program when the department was just starting. At that time, the only schooling and training MB10 pursued was an EMT basic, intermediate and eventually a paramedic license through a junior college. MB10 is not fond of the changes in EMS and hopes to complete a few more years in EMS and retire at the highest percentage on the department’s pay scale.

OK11. OK11 got into EMS completely by accident. As a child, OK11 was told to try different things and a basic EMT class was the first thing. Upon completion, OK11 was hired by a major department and has been there ever since. OK11 initially pursued a degree in teaching and quickly realized that the Monday through Friday was not the schedule desired. Additionally OK11 did not like the idea that teachers do not get paid for the additional time spent in and out of the classroom. So, as OK11 still works as a basic EMT, OK11 is pursuing a degree in nursing in order to be able to promote and eventually become a Certified Registered Nurse Anesthetist.
(CRNA). But as for now, OK11 loves the EMS career field and the excitement that each day and each call brings.

**PM12.** PM12 has worked all 18 years of his career in a large metropolitan EMS department. PM12 got into emergency medicine during the short time serving in the military. PM12 received a paramedic license from a community college. PM12 still serves in the military reserves and hopes to continue to learn about emergency medicine in order to provide excellent patient care.

**PH13.** PH13 has worked for the same department the entire 18 years of being in the career. PH13 got into EMS because all of the family was either a police officer, firefighter or a paramedic. PH13 received a bachelor’s degree and went on to pursue a career in law. Upon entering law school, PH13 quickly realized that EMS was the calling, not law. PH13 hopes to continue to learn about the job and the changes necessary to continue to grow and make the career field one that is safe and fun.

**TF14.** TF14 has been a medic for three years. TF14 always knew EMS was the career field of choice. TF14 obtained a paramedic license from a community college and began working in a metropolitan department. TF14 has since joined a team and works daily to ensure the well-being of first responders across the country. TF14 hopes to continue the work with Code Green campaign and eventually become an ambassador worldwide that will advocate for better resources and awareness of the mental well-being for all first responders.

**WS15.** WS15 started off as someone that wanted to be a firefighter. This did not happen right away so instead WS15 became a paramedic in order to be more marketable. The only formal training WS15 has is paramedic school through the department. Now that WS15 has been a paramedic 14 years, the goal is to take over the head medical job at a local venue in the area.
**XS16.** XS16 became a paramedic after Hurricane Katrina. Moving from out of state, XS16 knew that disaster relief and patient care was the career path to follow. XS16 pursued a paramedic certification from a community college and then went on to get bachelor’s degree. XS16 plans to go on and receive a Nurse Practitioner license to continue the work in EMS, but under the direct supervision of the medical director.

**Research Methodology and Analysis**

In this exploratory case study, the data were generated from surveys, observations and interviews with 16 participants. The findings from the research question in this case study provided a deeper understanding of what each participant experiences on a daily basis in their work environment. The question that guided the study was, how do mental health limitations, leadership interactions, and generational diversity affect the morale of paramedics in public and private emergency medical services? I used the inductive analysis model to analyze the collected data from the survey, observations and interviews. Through the use of Qualtrics, Google Forms, and Voice to Text translation, themes and categories emerged from the data found and through the constant examination and comparison of this information throughout the research (Zhang & Wildemuth, 2016)

The data were compiled of the results from a survey, observations and a semistructured interview. The surveys are presented in a graph format (see Appendix D). The graph allows for the reader to see what the breakdown of demographics was of the participants. The graph also depicts the percentage of individuals that feel that the issues presented in the research questions could be key components to the decline of morale in EMS. The observations are presented in a narrative format. Using a narrative format gives readers a unique opportunity to experience the participant’s thoughts and feelings on the subject (Attard, 2012). The semistructured interviews
were coded and presented in narrative format in order to capture an in-depth idea of how each participant feels.

**Data Collection**

The data collection process was divided into three phases. First, I conducted a survey with each participant. Second, I used that information as background going into the observations. Third, I conducted one semistructured interviews with each participant.

**Surveys**

In order to recruit participants, I emailed and posted on Facebook, Instagram and Twitter. All 16 responses to the email and social media post were employees of a public or private EMS entity. Each participant messaged me via the email provided in the posting. This email was set up solely for the purpose of this dissertation in order to keep information organized and confidential. Once I received their email of interest to participate, I emailed them a consent form to review and sign. Once they returned the form, I signed the form and emailed them a copy for their records. I then proceeded to email or mail them the survey to complete.

The survey questions were created and approved in advance by the dissertation committee (see Appendix A). Questions 1 through 5 were demographic questions to provide a detailed picture of the participants. Questions 6 through 14 were questions that addressed the participants’ overall feeling about their job. This included things such as their level of satisfactions with resources, pay and support. Questions 15 through 22 addressed the participants’ satisfaction on how well their current team works together. Questions 23 through 28 addressed the participants’ level of satisfaction with how they perceive leadership is doing. Finally questions 29 through 33 addressed the participants’ view on the diverse generations that work together in the emergency medical services workforce.
The same process was followed when conducting the survey for each participant. I called each of them once I received the consent form, reviewed the form, and ensured they received the email with their consent form which included my signature for their records. I then notified them they would be receiving the link to take the survey. I reviewed the questions and answer choices with each participant in order clarify any questions or concerns during the interview. This survey would take each participant 30 minutes or less.

Once the survey was completed, I uploaded the data into Qualtrics and received the feedback instantly. I took this information and began looking for themes to assign color codes to. After reviewing the graphs, I utilized member checking in reference to their survey to ensure that I had a clear picture of how each of them feel about their answers and if they wanted to add any additional information to their responses for the questions.

**Observations**

During the initial call to review consent forms and to review the survey, I obtained the exact location of employment for each participant. As soon as I received receipt of the survey, I emailed and called to set up one observation with the 16 participants. This took place over a 14 day period.

On the day of the scheduled observation, I followed the same process with each participant to retain consistency across the research. I would check in with each participant and make sure they knew this was just an observation of them in their real-time work setting. Due to HIPAA and FERPA at all locations in the EMS sector, I wrote all of the notes and did not have audio in order to protect the patients we were coming in contact with. The observations were four hours per location. The number of calls ranged from six to eight calls in a 4 hour period. During each call I had the opportunity to be an observing member of the scene and work
alongside the participant. Once I completed the observations, I spent 30 minutes with each participant to share the findings and clarify perceptions with them. I returned to home to write all information into a narrative format to look for trends and differences.

**Semistructured Interviews**

After conducting the survey and observations, I analyzed the data and listed the trends. I ensured that the questions aligned with the trends before starting. Each interview was structured the same way. I began asking them the questions. I provided these questions prior to our interview so that participants could prepare and share what they wanted to. Throughout the interview, I asked all participants to expand on their answers so that I could better understand their thought process.

The interviews were conducted in a four-day period. The interviews took place public and private EMS entities. I used Google Docs to record and transcribe the interview. Each interview was about 30–35 minutes. During the interview I used my journal to bracket the responses to ensure no biases was taking place. Once I reviewed the documentation, I utilized member checking to ensure I captured the proper information.

All of the interview questions were created in advance and reviewed before interviews were conducted to ensure alignment. Questions 1 through 5 addressed how participants felt about the resources they are provided. Questions 6 through 17 addressed the participant’s feelings on their current leadership. Questions 18 through 24 addressed the generational diversity the participants may see or feel in their current work environment.

**Data Analysis**

Data analysis is a systematic way to gain an understanding of the data collected (Hatch, 2002). Inductive analysis allowed themes and codes to emerge from the data and the constant
examination of research in order to gain factual data from the research (Zhang & Wildemuth, 2016). Additionally, the coding and the triangulation method (Silverman, 2016) was utilized to analyze the data collected in the surveys, observations and interviews. In following the steps with coding, I was able to process from a plethora of varied information to being able to find the specific themes and ideas. Below, the patterns that emerged when completing the coding and triangulation.

**Surveys**

To analyze the survey data that I collected, I utilized Qualtrics and produced pie charts that provide a breakdown of the information. Once all the information was entered, I ensured that each participant answered each question. Each participant had completed the surveys, so this meant I could look at the final output from the graphs (see Appendix D). At this point I proceeded to review each of the responses and began with coding the information and assigning a color to each code.

Coding is cyclical act that takes cycles in order to manage and filter all of the data properly (Saldaña, 2015). The color coding allowed for me to keep codes organized and provided a simple way to add the data found in the observations and interviews. I started with looking over each question and how each individual answered. After looking at each individual, I used the charts from Qualtrics that allowed me to analyze the demographics for each participant. Once I did that, I went back to each individual’s response and wrote down the overall feeling of the participant in the chart. Once I got the overall feeling of each participant, I then moved forward to setting up the observations.
Observations

In order to analyze the data I collected from the observations, I continued with coding methods described below in order to keep things organized. Each observation lasted approximately two to three hours, depending on the call volume. Once the observation was over, I spent time with each participant to go over what I observed and allow them to share additional thoughts and feelings. Upon completing this, I went back and began bracketing and coding the findings. Bracketing was used to ensure that there was a non-judgmental approach used before coding the data.

To begin the coding process with the observations, I looked at the narrative notes and compared it to the observation checklist (see Appendix B). I organized the data into colors. By color coding the observations, I was able to identify connections and overlap in the qualitative findings (Saldaña, 2015). Once I completed this, I again went back to the narrative notes and looked for additional information that I might have missed by just using the observation checklist. Using a narrative format gives the readers a unique opportunity to experience the participant’s thoughts and feelings on the subject (Attard, 2012).

Next, I reduced the data again one more time. I found that five themes emerged from this process: (a) resources are needed for all EMS employees, (b) leadership that works in the field is supportive, (c) senior leadership appears to lack knowledge to support field staff, (d) generational diversity has mixed affects on EMS, and (e) diverse leadership approaches in EMS. The established color codes allowed for each theme to stay organized and the ability for me to continue to add data that was collected in the survey and interviews easily.
**Semistructured Interviews**

To analyze the interviews, I recorded each interview so that it could be transcribed. After the interview, I went home and uploaded the interview into NVIVO. I then reviewed the transcript and cleaned up all the extra interferences that were picked up during the interview and formatted the information so it was easy to read. Once completing the clean-up, I emailed it to the participant to ensure they agreed with what was captured and that it was accurate. This method gave the reader a chance to experience the information in a format that seems it is unfolding in front of their eyes (Galletta, 2013). After receiving approval from each participant, I began coding the data using a color coding method.

After the first major review of the transcripts, I then went back and examined the colors I had assigned throughout the transcript. I also cross-referenced with the narrative information I had written during the interviews. This gave me the chance to ensure that the information was aligning to the emergent themes and codes.

Once I completed the cross-referencing, I triangulated all the data from the interviews, surveys, and observations. See Appendix E for a depiction of how I took the instruments and main ideas of the research question, such as resources needed, and compared them to the emergent themes to validate that they were all connecting and providing support for the research question. This information allowed me to summarize my findings.

**Summary of the Findings**

Most of the data provided information in a positive manner about those that work in the Emergency Medical Services, but there were factors that emerged which could be addressed through acknowledging and working through the concerns of individuals in EMS. Topics such as mental health limitations, generational diversity, and the manner in which leadership chooses to
interact with employees are all items that could be addressed and could affect the overall morale of EMS employees.

Participants discussed multiple experiences and feelings of their job. The negative experiences were things such as the lack of mental health resources their particular departments provided them for high and low level stressors in their life. Every participant felt that most departments are reactive and not proactive in making sure that the employees are provided services to deal with bad calls, family, or just life in general. WS15 stated, “my best friend died in a car crash from falling asleep after a shift and that was when the department finally decided to take a look at our fatigue and mental well-being.” Several participants felt that a department-led solution is only put in to place in response to a tragedy and then quickly fades itself out of the department.

The next theme that emerged with every participant was the lack of support and understanding from their senior leadership. Based on the survey results, 56.3% of participants are dissatisfied with their current leadership (see Appendix D). TF14 stated, “my department talks about being about the employees but when we suggest things or bring something to their attention, there is usually no action unless there is tragedy.” Throughout the research, it was expressed that senior leadership does not understand nor respect what emergency medical responders do on a daily basis. The participants feel senior leadership has lost sight of what is truly going on in the field. BP1 stated, “our senior leadership used to be those of us in the field, but as time has passed, the longer they are in an office position, the less they remember the day to day hardships we experience.” The interviews revealed that each participant either did not have any contact with senior leadership or they only had contact for a short time period on an
inconsistent basis. CJ2 stated, “that as a newer employee, there has never been contact with senior leadership and is really not sure who the senior leadership is.”

A positively perceived experience from participants was the support they receive from their management that works in the field with them. Every participant shared that these managers always support them and ensure they advocate for each employee’s needs. HP13 stated, “our field leadership has our back and ensures that we have the resources to do our job that is within their power to provide.” The observations also produced data that when the field managers were in the field they became part of the team and did not pull their rank on their employees. The employees shared that this makes it a team, rather than a hierarchy.

A few neutral experiences emerged from the interview and observations. Every participant shared that there is definitely generational diversity in their career field. According to the survey results, 62.5% of participants felt there is conflict amongst generations (see Appendix D). BP1 stated, “we have lots of different generations represented in the department and it is interesting to watch everyone work together.” In the interview, the participants shared from their perspective that there is definitely a dynamic whether you are the older or younger generation when working side by side. Also in the interview and observations, many of the participants shared that they really do not know the culture and most of the time they really do not buy into the overall goals of the department for the main reason they do not know them. XS16 stated, “as a field leader I really do not know the culture that senior leaders are trying to establish. It seems that senior leaders have not been able to align their goals with those that work in the field.”

Overall, the data collected through Qualtrics, color coding, file coding and triangulation revealed five themes that support the initial research question, How do mental health limitations,
leadership interactions, and generational diversity affect the morale of paramedics in public and private emergency medical services? Each theme is discussed in the remainder of this chapter.

**Presentation of the Data and Results**

I analyzed the surveys by reviewing each person’s answers and then comparing the overall output from the graphs that were created in Google. I then proceeded to analyze the observations and interviews using triangulation (Silverman, 2016). When the data was being collected and when it was completed using all three instrumentation methods, five themes and 21 codes emerged. The codes supported the themes and provided meaning for the data collected. The themes and codes that emerged are found in Table 3:

Table 2

*Themes and Codes*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Codes</th>
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</table>
| Theme 1-Resources are Needed for EMS Employees | - Employees need emotional support for traumatic calls.  
- Employees need support for day to day issues (marriage, family, etc.)  
- Departments are reactive and not proactive with employees’ well-being.  
- Departments do not allow for employees to have time to decompress after traumatic calls.  
- Employees see co-workers struggling with depression, PTSD and thoughts of suicide.  
- Employees see a rise in divorce and family violence. |
Table 2

*Themes and Codes continued.*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Codes</th>
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</table>
| Theme 2 - Field Leadership Supports their Employees | • Field leadership is the first line of communication.  
• Field leadership participates as a fellow employee, rather than taking charge all the time.  
• Field leadership voices concerns for employees in the field.  
• Field leadership actively ensures that all aspects of the employee’s life is healthy.  
• Field leadership feels that decisions that are made that affect the field are not based on the actual need in the field. |
| Theme 3 - Senior Leadership Makes Decisions without Employee Input | • Senior leadership does not find value in things such as morale.  
• Senior Leadership is focused on the department budget. |
| Theme 4 - Generational Diversity has an affect on EMS. | • The Baby Boomers lack patience with the younger employees.  
• Baby Boomers, Generation X and Generation Y do not understand why Millennials question everything.  
• Millennials are responding to technological changes seamlessly.  
• The “because I said so” way of thinking does not work with younger generations.  
• Employees either welcome the younger generation or they do not. |

(continued)
### Theme 5: Diverse leadership approaches in EMS.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Codes</th>
</tr>
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<tbody>
<tr>
<td>EMS is transactional by definition with their employees.</td>
<td></td>
</tr>
<tr>
<td>There is not a culture, just a guideline of expectations.</td>
<td></td>
</tr>
<tr>
<td>Senior leadership does not welcome new ideas.</td>
<td></td>
</tr>
<tr>
<td>Follow through by senior leaders is non-existent.</td>
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**Theme 1: Resources are Needed for EMS Employees**

The first theme identified is the need for resources by EMS employees. The participants shared many reasons why participants feel resources are needed for the overall well-being of each EMS employee. They expressed the need for support after a bad call from their senior leadership. All participants shared that senior leadership checking on them is important. CN3 stated, “there are times that I will run a suicide, then a car crash, and then a heart attack and at not ever hear from a senior leader.” The following codes discussed below emerged and supported this theme.

**Code: Employees need support for traumatic calls.** Every participant mentioned the need for emotional support immediately following a traumatic call. JE9 stressed that as a member of the field leadership team that the moments after a call are the most critical to ensure the overall well-being of the employee. XS16 stated, “the concern that is present is when employees do not receive the emotional support needed in order to process the bad call, that this is when employees, such as herself, keep it bottled up inside and eventually have a negative outburst from the stress.” BP1 and WS15 shared that there are weeks and months they do not hear from their leadership in regards to a traumatic call. DK6 stated, “that with a lack of support
for the employees, there will be a continuation of PTSD, depression and even suicide in the EMS career field until support is consistent.”

**Code: Employees need support for day to day issues.** After expressing their concern with the level of support after a traumatic call, each participant did express their desire to receive support for everyday things such as marriage, family and their life as an EMS employee. All participants shared that using an Employee Assistance Program might put them at risk for being judged or punished. DK6 shared that it is hard being a paramedic and then going home to individuals that could never comprehend the things they see when on shift. CN2 shared that it is after shift that the struggle begins and it becomes hard to separate what happened at work with the everyday trials of being a spouse, parent and citizen of a community. All the participants shared that they feel some type of guilt when coming home and are unable to cope with the responsibilities at home due to the stressors and events at work. HB8 and XS16 both brought up their fear of the rise in PTSD and suicide amongst first responders and the lack of assistance they see taking place in their particular departments.

**Code: Departments are reactive and not proactive with employee’s well-being.** Throughout all of the observations and interviews, each participant shared their frustration with their departments on how they handle a tragedy hits within the department. JE9 stated, “that while it is nice for the departments to make a change in the event of a tragedy, these resources should have been in place before the event happened.” WS15 explained that in his department it took one of his teammates falling asleep at the wheel of his car and killed for the department to take action and make changes. CH5 shared that her department did not take the stressor of EMS seriously until three medics in five years committed suicide.
Code: Departments do not allow for employees to have time to decompress after traumatic calls. While doing the observations, all participants shared that there really is not downtime to process or talk about the call they just experienced. Each rider did share that not every call is traumatic, but it seems that when the call is traumatic, it is really bad. While with JE9 and CH5, they both shared that as a paramedic, the “old school” way of thinking is that in EMS there is no time to think and they just need to internalize these experiences in order to cope. BP1 was able to share that during his first year on the ambulance he experienced almost 80 deaths, 17 hangings, 22 suicides and a large amount of family violence. He shared that he does not know why cognitively he keeps these numbers, but he does. He went on to share that without being able to speak about these events, he does internalize them but does not cope with them. BP1 has seen a major change in his mood and ability to be focused and involved at home. BP1 feels like the department should have resources in place at all times to not only help new medics but all medics.

Code: Employees see co-workers struggling with depression, PTSD and thoughts of suicide. While doing the observations and interviews, each participant shared moments in their lives that they feel were a direct result of the exposure in their EMS career. Each of them went on to express that they can really tell when their brothers and sisters in EMS are struggling. XS16 stated, “in my department there has been two suicides in three years and there has been four attempted suicides in the last five years.” XS16 went on to share that each one of the individuals that attempted suicide had reached out prior to the event. The ones that did pass away from suicide had written a letter or email explaining why they did what they did. XS16 shared that the information in the documents was shared with leadership and in some points of the letter, all of the victims referred to their inability to cope with the stressors of their job in EMS.
**Code: Employees see a rise in divorce and family violence.** The interviews allowed for the participants to share not only information based on the questions I asked, but it provided the opportunity to allow them to open up about any topic they chose. CN3 and CH5 shared that in the last year they have had partners that are going through a divorce. JE9 and PM12 shared personal stories of their own divorces that they believe now were directly caused by their career field. They both shared stories of how they were abnormal or stressed as a result of the 24 hour shifts they had just finished. JE9 stated, “abnormal behavior carries over to home and his spouse could never understand the why behind the behavior.” CS4 shared that before getting a divorce there was a lot of abuse. The inability of coping with the stressors of the job took a toll on CS4 and it eventually came out in anger towards her spouse. It was not until after her spouse left that CS4 sought outside receive help to stop this behavior. OK11 shared that as recent as last week, a co-worker beat up his wife after a shift that he had experienced two murders in one night. OK11 said that no resources were provided due to the large call volume in the system at the time of the events.

**Theme 2: Field Leadership Supports Their Employees**

The second theme that emerged from the data was the support that the employees feel from the leaders that work in the field with them. Every participant shared that the leaders in the field considered each employee’s well-being when making decisions. FT14 stated, “if it was not for the field leadership, I am not sure how we would be able to do this job for a long time. Their support is what helps us get through the shift and sometimes the day to day barriers.” A few participants did share that they worry the field leadership is not accepted or taken seriously by the upper management when they do share information from the field. The following codes supported this theme and are discussed below:
**Code: Field leadership is the first line of communication.** In the observation and interview, BP1 and MB10 stressed how much they trusted their field leadership. They went on to share that it did not matter what the situation was, field leadership had an open door policy that allowed any employee to come in and discuss their concerns. CJ2 spoke about being a new employee and being overwhelmed at times and how the field leadership was always their making sure the communication were designed so that questions could be answered or concerns could be dealt with immediately. They both said that this respect is built daily from the field leadership always willing to help and do the job alongside all of their employees.

**Code: Field leadership participates as a fellow employee, rather than taking charge all the time.** Each observation brought about different situations, events and expectations that were demanded from the participant. I was fortunate to see field leadership in action each time I observed a participant. Each observation allowed me to see that field leadership is not working to prove they are in charge, but rather show that they are willing to help their employees in all situations that may arise. On a particular call that ended in the patient passing away, the field leadership assisted with unloading and loading equipment from the ambulance and to make sure the employees were okay after running the call.

**Code: Voices concerns for employees in the field.** A few of the participants were in the role of a field leader and were able to address how they are able to support and advocate for their employees. JE9 stated, “anytime there seems to be an issue in the field and it was shared, he feels that it should be addressed by senior leadership immediately.” JE9 went on to explain that most of the time when this does take place, senior leadership does nothing with the information or provide feedback for their response. This is when frustration sets in with the employees. FW7 shared in the interview that so many things that are suggested by the field are never addressed.
**Code: Actively ensures that all aspects of the employee’s life is healthy.** In the interview and observation with HB8, the subject of being healthy came up several times. HB8 said that the field leadership not only worried that emotionally they were healthy, but that their personal lives were healthy, that they were exercising and that they knew how to eat properly. HB8 said that the field leaders really wanted to make sure that they were well taken care and were able to handle the emotional and physical demands of the job. DK6 stated, field leaders were able to get approval for the crews to have a one hour downtime to work out or grocery shop.” DK6 said this has had a positive response on individual’s emotional state and she has seen a drop in employee absences due to sickness.

**Theme 3: Senior Leadership Makes Decisions Without Employee Input**

The third theme that emerged from the data was that senior leadership makes decisions without their employees input. All the participants shared that they understand there are going to be situations or topics that senior leadership has to make decisions quickly for the good of all employees. HB8 stated, “I understand that at times decisions have to be made, but it seems that a majority of the time the decisions are opposite of what is being asked for by the employees.” As the data were collected, it was a common theme with the participants that it is the decisions that directly and immediately affect the employees that there is no opportunity for input to be provided and considered. The participants felt that these type of decisions should take time and input before moving forward. The following code supported the theme and are discussed below:

**Code: Decisions that affect the field are not based on the actual need in the field.**

Throughout the interviews and observations, it was shared that many decisions that have been made are not immediate needs in the field. TF14 recently shared that a decision to spend more money on a radio system was made. They based the need off of senior leadership wanting the
newest radio. The field employees and field leadership had shared there was nothing wrong with the radios and they had suggested upgrading the software on the computers instead, which is having problems. Senior leadership moved forward with their decision and in turn, the field actually had more problems with the new radios, which affected patient care, and still has the issues with the software.

BP1 was really passionate about this because at his department they are currently holding a shift bid. A shift bid is when all employees are put in order based on tenure and they get to select what station they report to. BP1 stated, “shift bids are common, but usually discussed so that it has minimal impact on the day to day lives of the employees. But in the department this was never discussed.” Since implementing this change and presenting it to the employees, there are many individuals that have spoken up about it since it could affect their personal and professional lives. BP1 said this was a simple topic that should have been discussed before affecting so many. At this time, the union of the department is petitioning the city to put a hold on all decisions made by the senior leadership.

**Code: Senior leadership does not find value in things such as morale.** The observations allowed me to see each of the participants in their natural work environment. But, the interviews allowed each participant to express feelings and fill in the blanks from the observations and share things I might not have asked. While interviewing DK6, the topic of morale came up. DK6 stated; “the morale in the department is at an all-time low.” As we discussed in further detail, the lack of importance on morale became a topic. DK6 shared that in the yearly address from the Chief, the staff was told that the focus would be on medically based research and the budget. When senior leadership was confronted by field leadership about working on the morale, it was conveyed that at this time it was not a topic that would be
addressed in the near future. CN3 works with the same department and echoed similar information when doing the interview. PM12 was able to provide some clarification on the morale in his current department and said that morale is something that many have lost sight of because it has been so low for so long. PM12 said, “the only time morale comes up is when a tragedy happens within the department.”

**Code: Senior Leadership is focused on the department budget.** The interviews were eye opening, but the observations allowed me and the participants to relax and be who they really are. During all 16 of the observations, at some point, the budget and how much money is spent came up. Many talked about raises, useless materials in the trucks and wasted money on things that do not increase or decrease the level of care provided by their departments. CS4 reflected a lot on the department she is and how they are required to buy their own uniforms, boots, stethoscope, shirts, and pants. CS4 said that they have talked to senior leadership and it has gone nowhere. They are just told that it’s not in the budget. But, a few weeks earlier, they had bought four new ambulances that are still sitting in the garage without decals. Employees in the same department like HB8 feels that this is just another action that shows the lack of emotional and physical support by senior leadership.

**Theme 4: Generational Diversity has an Affect on EMS**

The fourth theme addresses the generational diversity and how it affects EMS. The surveys, observations and interviews were able to produce multiple codes that relate to the diversity in the workforce. Many of the participants expressed how the diversity is affecting them and how they do their job. This was not expressed in a negative light, but did allow the participants share that there is definitely a difference within the generations. A few participants
did share how unhappy they are to have to work with an older or younger generation. The following codes supported the theme and are discussed below:

**Code: The Baby Boomers lack patience with the younger employees.** Throughout the observations, WS15 and MB10 were really stressed out. As the observation persisted, I realized that they were working with much younger partners. WS15 and MB10 did not disrespect their partners, but you could tell there was a disconnect, which was later confirmed in the interviews. When moving from observation to interview, they both expressed their dislike of working with younger employees. WS15 shared, “when my partner does not complete the paperwork required by the department, I do get frustrated because it is a task they must do daily and call to call.” MB10 stated, “after all these years in EMS, my job is not to babysit the younger employees and would rather not work with any millennials.”

**Code: Baby Boomers, Generation X, and Generation Y do not understand why Millennials question everything.** While observing behaviors and interactions, I was able to see how each generation would handle particular things. Only three of the participants are Millennials and the other 13 are classified as Baby Boomers, Generation X, and Generation Y. During the observations, when the older generations were in charge and giving instruction, it did not fail that the Millennial would ask why they were doing it that way, why they had to do it, or why is it important. At first the older participants could not understand this level of disrespect they felt. It was not until we got to the interviews that we started discussing the reason Millennials do question everything. This allowed all the generations to discuss how each generation interprets different actions.

**Code: Millennials are responding to technological changes seamlessly.** The interviews were structured, but led to deeper conversations in reference to the interview questions asked.
Every participant discussed how the technology seemed to be easy for the millennials. The older generations praised the younger generations for understanding new software, apps and anything new the department may introduce. OK11 stated, “the Millennial aged employees are an asset for the older generations and really do help in the process of learning new technology.” BP1 said that the learning curve and costs associated with teaching new technology is decreasing due to the quickness of the Millennials” learning.

**Code: The “because I said so” way of thinking does not work with the younger generations.** During the observations, I was able to observe the routine of each department. Most of these routines were identical and ran seamlessly. While doing the interviews, CN3 was able to share that the routines have been around a long time and it is expected by all employees to pick up the routine quickly. CN3 shared, “upon entering EMS, I knew that there were routines and tradition, but had no clue how strict certain departments or even individuals could be about certain routines.” She went onto explain that she grew up in a military family and you always did as told without question. She stated that she felt this is not exactly the thought process of those in the younger generations that are entering EMS each day.

WF7 shared that he is part of the rescue team and upon entering it was explained that he is required to fall right into the routine and norms already established. WF7 remembers being confident and asking the reason for all the established tasks. He was quickly introduced to the “because I said so” thought process. WF7 said he never questioned, he just felt that this was his calling and he would do whatever it took to be successful in his current position. WF7 went onto share that his current cadet is not accepting of the “because I said so” thought process and is truly struggling to fit into the rescue team that is based on norms and traditions.
**Code: Employees either welcome the younger generation or they do not.** The survey allowed me a snapshot of an initial feeling from each participant on where they were on particular subjects. When we got to the interview and started discussing the generations, the 13 participants that are not Millennials were mixed on their acceptance of working with this younger generation. MB10 and WS15 shared that working with the Millennials felt like they were babysitting while at work. It is their thought that these individuals need constant reminders and praise when they do things right. They also were both concerned that the Millennials are unable to accept responsibility for when things are wrong. They shared the Millennials typically shut down and tend to digress in their job and responsibilities.

DK6 and XS16 shared that they love working with the Millennials. While it has been trying to teach and critique this generation, they both felt that the Millennials are so much more advanced in their thinking process, that this could bring great innovations to the field of EMS. They both went on to share that they have learned so much by working with a younger generation, which in turn has sharpened some of their skills to be a better EMS employee.

**Theme 5: Diverse leadership approaches in EMS**

The fifth and final theme that emerged from the research is that transformational leadership is not common in the field of EMS. During the interview process, when we got to the questions about leadership, they each had their own perception about leadership and how it currently affects them personally and professionally. The following codes support the theme and discussed below:

**Code: EMS is transactional.** During the observation, I watched the behavior and language used while the participants did their jobs. There was no sign of a transformational leadership approach being used. It was when the interviews took place that more information
was gained and supported the information from the observations. When we talked in depth about
the current approach leadership is taking, several participants shared that they feel if they do their
job, then they get a paycheck. When asked to elaborate, they said there is no other reward beside
our own pride. XS16 stated, “as a field leader there is not an expectation to get the employees to
believe in and an invest in the goals, mission and values that were set by the senior leadership at
one point in the history of the department. The only expectation is to get the job done properly.”

**Code: There is not a culture, just a guideline of expectations.** Two participants HB8
and TF14 were really interested in the culture of their organization. HB8 shared that EMS as a
career has a culture of being a brotherhood that sticks together and is fully accepting of their
fellow EMS workers. TF14 echoed this idea and added that EMS also is known to have a culture
of sticking together when things are tough. But, HB8 and TF14 both stressed that this feeling is
for EMS as a career field. They went on to explain that in their departments, this is not the case.
HB8 shared that the only thing they know is a Standard Operating Procedure (SOP) manual.
TF14 stated, “I wish my department had a way to promote the purpose and goals so that
everyone was on the same page.”

PH13 told me he was hesitant to share because he did not want to portray negativity, but
after going through the interview, he shared that EMS in his department seemed like a place he
just showed up and performed his job and left. There was not a culture, like his previous job as a
firefighter. He went on to share that in the fire department all the employees knew what the
departments goals, mission and values were. Not only did they know, they believed in it because
they were each an important voice in creating them.

**Code: Senior leadership does not welcome ideas.** When going through the leadership
section of the interviews, some of the questions asked how the participants perceived their
leaders and if they felt the leaders welcomed the ideas of those in the field doing the job. These questions allowed for a floodgate of information to be shared. Each of the participants shared that they do not feel the senior leadership needs or wants their opinion on new ideas. They each shared that anything new that is introduced is not from the recommendation from the field, but rather issues that are important to senior leadership. XS16 went on to share that as a field leader and a union board member, they have not seen one new initiative that was shared from the field.

JE9 is a field leader and shared that the field has had some amazing ideas that were brought up to senior leaders and either no response was given or they said it was not possible. JE9 shared that senior leaders have stated in his department that they are not really concerned with the field, but the overall nationwide perception of their department in EMS. JE9 shared that this is when he knew any new idea was not going to be accepted.

**Code: Follow through by senior leaders is non-existent.** The observations were non-invasive in order to allow for a natural work setting. This allowed for many things to emerge and then be discussed in further detail in the interview. While at the station with JE9, the senior leadership of his department walked in. They began talking about the day to day operations and then quickly turned to the topics that are being discussed by many field employees. As JE9 asked more questions, the senior leadership did not have answers. JE9 became frustrated and finally the senior leadership said that those topics being discussed were going to have to be delayed. This was obviously not the answer JE9 or any other employee was looking for. JE9 went on to explain that the department had set up these special “town hall” meetings so that the field employees could have better understanding of the important topics and to provide input for the senior leaders to make a decision that would benefit the majority. JE9 explained that this happens
anytime the department has a topic that goes to the news, they do the meetings and then the discussions stop and no action is taken.

MP12 shared, my best friend, who is a paramedic with the same department, recently attempted suicide after a shift one day. He felt that he had finally hit complete failure with work, his marriage and life in general.” MP12 shared that his best friend had gone to the department and asked for help. They gave him numbers and said they would be in contact to see what they could do at work to make things easier. MP12 said six months passed and his friend heard nothing. MP12 shared that while it is not always suicide, this scenario is more common than not in the departments he has worked in. MP12 shared that he does not understand why senior leaders are unable to follow through on promises that not only support the department, but each and every employee. MP12 shared that he thinks if this was too happen that his department could move towards a structured leadership that supported the needs of employees.

Chapter 4 Summary

In Chapter 4 I revisited and reviewed the purpose of the study and the research questions for the qualitative exploratory case study. I provided an explanation of the sample for the study. The research methodology was explained in detail and how the data was collected and analyzed. I provided a brief explanation of each participant and their backgrounds with their overall goal for EMS. The data and results were triangulated and divided into themes. These themes were supported by using codes with evidence found in the research to support each theme and code. There were weaknesses found and the data showed that EMS employees do need mental resources for all aspects of their life in order to keep doing their job. The results then showed that the decisions and actions of leadership have an impact on the level of morale by employees. Then the results went on to provide supporting information on how generational diversity does
affect EMS on a daily basis. In this chapter, I presented all the data and results of the study to provide the reader the opportunity to have an in-depth understanding of the data collection and analysis. In Chapter 5, I will present the discussion and share the interpretation of the results and provide a final conclusion.
Chapter 5: Discussion and Conclusion

Introduction

The purpose of Chapter 5 is to present the overall discussion of the research study, the conclusions that were found, and future implications. I present the findings that are related to the literature that was discussed in Chapter 2 and additional supporting literature through the lens of The Institute of Medicine (IOM) recognized the lack of evidence and the need for high-quality of prehospital research in EMS (Leonard et al., 2012). This study explores an area in healthcare that is under researched: the impact that resources, leadership approaches, and generational diversity could have on the overall morale of paramedics. I explored how providing resources for the mental well-being of paramedics can have a huge impact on the paramedic’s morale. Finally, I looked at the way multiple generations working side by side could affect morale. Each generation is unique in their expectations and leadership needs to adjust in order to have greater understanding (Stewart et al., 2017).

Benefits of this research include additional information being available to other EMS entities that may be struggling with similar issues, providing leadership information to make decisions on what the needs are for their employees, identifying resources that are needed for employees mental health, and information on how to work with all generations within the workforce, as discussed and shared in the conceptual framework that grounded the study. In Chapter 5, the conclusion contains recommendations for practice, policy, and future study.

Summary of the Results

The primary research question for this study was: How do mental health limitations, leadership interactions, and generational diversity affect the morale of paramedics in public and private emergency medical services?
The additional areas of focus were created in order to support the primary research question and add more depth and understanding of the study for the readers. The questions are as follows:

1. How do mental health resources affect the overall morale of each employee?
2. How does the approach leadership chooses to lead their employees affect employee morale in Emergency Medical Services?
3. How does the generational diversity affect the overall leadership style and morale of employees?

The surveys, observations, semistructured interviews, and journaling provided detailed descriptive information from the sample of participants that supports the questions being asked.

The results that were produced indicate five areas of consideration that could affect the morale of the employees in EMS. First, the mental health limitations on the resources that employees need should be addressed, which could affect the morale of public and private paramedics. Second, field leadership has a working relationship with employees which seems to have a positive impact on the overall morale of employees. Third, the results also indicated even field leadership has a healthy relationship with employees, senior leadership does not have the same relationship with employees, which affects the morale of the employees. Historically, senior leaders in large organizations tend to be less accessible and do affect the employees (Downe, Cowell, & Morgan, 2016). Fourth, the participants also felt that the generational diversity in their departments affected the morale in the departments only due to a lack of understanding on how to operate with multiple mindsets. The participants felt that with support and understanding from senior leadership, there would be an opportunity for employees to build
a culture that employees believed in. Finally it was made clear that EMS senior leadership does not seem to have a style of leadership that employees believe in at this time.

**Discussion of the Results**

**Research Question 1**

The first research question was, How do the mental health resources affect the overall morale of each employee? The participants all shared that their mental health and how it is supported at work is directly related to the way they feel at work and home. They expanded on this and shared that whether they have done the job one year or 35 years, over time the exposure to trauma takes a toll on the mental health of employees. All of the participants shared that they do not feel supported by their departments when it comes to their mental health. They shared that mental health is a topic that is not discussed on a regular basis. The participants shared that most of their senior leadership comes from the baby boomer generation and has the thought process that “you” do not talk about it. “You” just forget about the bad stuff and move on.

All of the participants shared in their interview that senior leadership will allow down time if an employee has encountered a traumatic call during their shift. Participants shared that they do need support when it comes to traumatic calls during a shift, but they need to also know how to cope with that trauma once they leave work. Not only did the participants share that they need more mental health resources for work, but they all shared that it is what they deal with when they leave work that they need help with as well. Each of them shared the need for support when it comes to everyday stressors such as family, marriage, and life in general. They shared that due to the nature of the job, they tend to not cope with traumatic experiences and carry the stress with them since many outsiders do not understand what they are dealing with.
The participants shared that the senior leadership does not understand the mental health support that is needed by the employees. They feel that the senior leadership only implements support when tragedy hits. There are two results that were revealed from this case study that support this research question. First, employees want and need emotional support to be able to cope with their job and to be able to go on and lead a normal healthy life, instead of keeping everything pushed back in their memory. Second result that was revealed in the case study is that when employees are in need of emotional resources and senior leadership does not recognize this as being a norm, this really affects an employees morale at work.

Every one of the participants shared that the lack of understanding by leadership for providing the mental health resources needed by EMS employees, directly affects how they feel about going to work on a daily basis. Not only does the lack of understanding or lack of mental health resources affect the job, these individuals shared that the stressors carry over into their personal life. All the participants shared that they want senior leaders to quit focusing on the short term fix for the tragedy experienced in EMS, but long term mental well-being for employees to be able to sustain a successful and healthy career in EMS.

**Research Question 2**

The second research question was, How does the approach leadership chooses to lead their employees affect employee morale in Emergency Medical Services? According to the survey, 50% of the participants are moderately to extremely dissatisfied with the communication from senior leadership (see Appendix D). They went on to share that they believe senior leadership is not existent in the day-to-day lives of employees. Participants shared that they feel the senior leadership does not base their practices on what is best for the overall department, but what they
feel at the time is the easiest route or the most cost effective for the department. The participants shared that senior leaders tend to focus solely on the medicine based issues in their department, rather than looking at the overall well-being of the employees and the department. The final thing that participants shared was that they could not tell me what they believe the style of leadership was in their department. Ten out of the 16 shared it was the “good ole boy” system and employees just did what they were told because that is the way it had always been done. The other six shared that leadership does not focus on things such as culture or “buy in” from all the employees. The results of this study supports the idea that transformational leadership could have a positive affect on morale if implemented properly in each department.

**Research Question 3**

The third research question was, How does the generational diversity affect the overall leadership style and morale of employees? The participants all shared that they do encounter diversity when working in their current position. They each shared positive and negative aspects of working with such a diverse age group in their job. The baby boomers in this study shared that they love working with the younger generation because they teach them so much about the technology and gadgets being used today. But, the baby boomers did share that it was not necessarily negative, but the younger generations tend to lack a work ethic they are accustomed to. The baby boomers do fear that the younger generations struggle with the mental demands of the job and due to the lack of resources may not be able to sustain a long career in EMS. The younger participants shared that they feel that they are misunderstood at times. They shared that EMS is a career field that has been doing things the same way for many years and it is tough to get individuals to change their ways in order to be more effective and efficient. They went on to share that when they work with the older generations they feel that they do not receive
explanations or reason for most of the tasks they do. But, the younger participants share that working with the older generations is enlightening and exciting since they are full of knowledge that fill in the blanks for the younger employees. All of the participants shared that if there was a leadership structure in place, that working through the diversity would be met with more ease and understanding. According to the survey results, 50% of the participants feel that the conflict arises from the different perspectives in each generation (see Appendix D). Overall, the participants did not mind the diversity, but did share that they hope that leadership would find a way to work with everyone in order to build a cohesive culture.

**Discussion of the Results in Relation to the Literature**

Since 2010, leaders have noticed a change in the morale of EMS employees and a definite change in the overall worksite culture (Rose, 2012). According to Friedman and Westring (2015), across the nation there is an increase in the development of policies to provide support and flexibility to EMS employees, but a lack of culture and supervisor support does not allow the policies to be effective. The participants communicated the importance of how senior leadership affects the overall morale of their department. They were willing to share their personal experiences and feelings on subjects such as mental health resources, generational diversity, and the leadership that is currently taking place in their departments. Each participant shared ideas of how the leadership could make changes to be transformational with the department and improve the morale of all employees.

One idea that was repetitive in the literature review and the data collected was the inability of leadership to be able to look at the mental health needs for a department as a whole, rather than a person by person situation. According to Washko (2015), “Emergency Medical Services (EMS) leaders must be skilled in a variety of acumens and have situational awareness
so they’re always ‘consciously competent’ about their businesses and the impacts of their decisions can have on their organizational survival and success” (p. 4). Participants shared that leaders only offer mental health assistance when tragedy hits. The participants went on to share that they offer the resources, but the resources are forgotten once the situation is not attracting so much attention. All of the participants shared they either do not know of resources offered, or they do know of resources that were once offered, but not anymore. The participants stressed that the resources they need are not just for the traumatic calls and life changing events, such as September 11th, but the resources for coping with the everyday challenges from family, marriage, and life. The participants feel this would provide the tools necessary for each person to be a competent and productive EMS employee.

Another idea that was popular in the literature review and the data collected is the multiple approaches that leadership in EMS chose to follow with their employees. Participants shared and the literature review confirmed that EMS departments operate as a bureaucracy. A bureaucracy is the parameter in which an organization exists and functions; it sets all of the parameters, conditions, and minimal standards (Russell et al., 2015). The participants shared that they feel senior leadership are not properly trained or possess the skills to understand the needs in the field. For years, EMS leadership has been problem focused rather than a solutions focused. This had led to the issue of individuals working in an environment with no respect for human reason (Russell et al., 2015). The participants shared that there is no cohesiveness in the field and each individual is working for themselves rather than a team. It was agreed on that if leadership adopted a leadership style employees could identify with, there could be movement towards a positive culture for all employees.
The literature review along with the data collected in this case study revealed the impact that generational diversity has on the workforce in EMS. By gaining understanding of the various generations and what their differences and similarities are, managers would gain a better understanding of their workforce and be able to make more informed and sound decisions about current and future practices of the department (Russell et al., 2015). All of the participants shared that there is a distinct difference amongst the generations, but could be beneficial if leadership understood and fostered these differences to make changes so the departments could work together.

The final idea that was revealed through the literature review and the data collected is the impact the senior leadership has on the workforce. Maintaining a solid leadership team within EMS has been a challenge for as long as EMS has been around (Nicholson & Crouch, 2014). All the participants shared that they do not feel their senior leaders are the foundation that is needed in order to properly lead their departments. With a shift to a leadership style that employees believed in, participants feel that the leadership could become a stronger unit for the department. This would also allow leaders to gain the personal goals and professional aspirations of their employees (Nicholson & Crouch, 2014). All the participants shared that they hope someday that the senior leaders are able to truly lead the employees and establish a culture that is inclusive of all employees’ professional and personal needs.

**Limitations**

Limitations are outside occurrences and matters that come up during the research that might not be able to be control (Simon & Goes, 2013). The limitations identify possible weaknesses to the research being submitted (Simon & Goes, 2013). The limitations for this study included setting, time constraints, participants, researcher bias, and research method.
Setting

The participants were all EMS employees that worked for EMS departments. Since EMS is a busy career, the setting changed time to time. The settings were public and private EMS entities. All participants were flexible and able to re-schedule if there were occurrences that interrupted our interviews. The setting only limited the ability to see all the working parts of the EMS systems working together.

Time Constraints

In order to properly observe and interview participants, the research required at least two to four hours of their time. Out of all the participants, the time constraints only arose for one participant. This was the flight medic who got a call to fly and I was unable to make it in time to join them. The time constraint limited the amount of in-depth information that could have been provided by being on an additional medical flight.

Participants

The participants were 16 individuals that were employed in an area of EMS. The participants represent five different departments. I had nine participants in the field, one in communications, one as a flight medic and five that are senior leadership. The participants all hold a license as a paramedic. The study yielded unique data from each individual and the area of EMS they currently work in. While there was an abundance of data collected, the study is a small portion that represents all of EMS nationwide.

Researcher Bias

The case study allowed me to have an in-depth look at the participants current position and opinion on EMS. The observations and interviews allowed me to see and hear the desires of each participant. During this time, it was inevitable that I thought about the positive effect
transformational leadership could have in each department represented. As the researcher I felt that the senior leadership would benefit from the implementation of transformational leadership which in turn would increase morale, patient and community satisfaction.

**Research Method**

The research method was limited to an exploratory qualitative case study. Qualitative case studies are known historically for the inability to produce results for a large population and containing too much bias (Harding, 2013). This study was to explore if transformational leadership could affect the morale of EMS employees. The data collected was unique to the participants and their current position in their department. The purpose of this exploratory qualitative case study was to sensitize EMS senior leaders on the needs of their employees.

**Implications of the Results for Practice, Policy, and Theory**

In this section, I discuss the implications of the results in the context of practice, policy, and theory. I relate the results to Warrilow’s four components of transformational learning theory which is the conceptual framework for this study. I also explain the implications of this case study in connection to the literature as it relates to practice and policy.

**Practice**

The gap in practice explored in this study is indicative of how the overall morale of employees is effected by stress, leadership, and generational diversity on a daily basis. The studies that are available are not focused on the employees, but rather the overall level of patient care (Ghorbanian et al., 2012). The results of this study indicate that employees could benefit from their senior leaders adopting a transformational leadership style in order to sustain a healthy career in EMS. By implementing sessions that address on-going issues with EMS employees and provide feedback and additional assistance, employees would begin to feel the transformation in
their work place. These sessions could be implemented into their required continuing education courses that their departments and the state require. Employees could gain a sense of a healthy culture in which they can learn how to deal with the stressors of work and how it relates to their personal lives by having sessions available to them through their work.

The participants shared that there is not a support structure in place for mental health on a regular basis. They shared that if there is assistance, it is only when a tragedy effects a group of individuals on a large mass causality scale. When the capacity of the organizations becomes more important than the personnel working in it, negativity and problems arise (Russell, Broome, & Prince, 2016). The participants shared that the senior leadership does not recognize, nor consider the needs of employees. A transformational leader could ensure that there is a nurturing and welcoming culture in order for employees to feel supported and able to reach out for help (Blaber & Harris, 2014).

Policy

The results of the exploratory case study in no way represents all of the paramedics employed in private and public EMS departments across the United States. This sample of participants does indicate that EMS employees want to see changes to mental health resources, leadership, and the way the needs of different generations are met. As departments continue to look at ways to improve the overall productivity and employee relations, it could be impactful to implement transformational leadership. This would provide an opportunity for leaders to reach out to employees and get their perspective on previous systems and also to gain the personal aspirations of each employee for their future and the departments future (Nicholson & Crouch, 2014). This would also allow employees to have a sense of belonging at work where their senior leaders understand the needs and wants of employees.
In the departments I was able to reach and those I was not, I would recommend that all senior leadership identifies their mindset and style when it comes to leading their department. Employees in all departments should be able to complete a survey that would provide the senior leadership data that would provide information on the current mindset of employees and what their expectations are from the leadership. All of the participants stressed that they want to have a working relationship with their leadership. They all felt that this would lead to things such as mental health resources being established and information on how all generations can work together in a positive work environment. They each stressed that established this type of culture would increase the level of care patients receive, decrease money lost for individuals being gone from work, and would increase the overall morale of employees.

**Transformational leadership and Constructivism Theory**

The results of this data suggest that with the combined idea of constructivism and, transformational leadership is either nonexistent or new in EMS departments. Participants shared that they feel things such as mental health resources and working with a diverse generation would be simplified if senior leadership had a solid foundation. In relation to the transformational leadership theory, participants are not experiencing an environment and culture that welcomes and supports an environment that the employees are heard and considered in decisions made. EMS employees are strong leaders and individuals by nature due to their job. (Lamplugh, 2017). As strong individuals, it is still necessary for leadership to understand and recognize their needs once the day is over to ensure that individuals emotional and physical well-being is taken care of (Lamplugh, 2017). As the data and results from this study demonstrated, EMS employees need the support and understanding of their leadership in order to obtain mental
health resources and the ability for multiple generations to work side by side and be successful. This support is possible through transformational leadership.

Based on the findings, the participants leadership did not align or identify with the four components of a transformational leader. The first component, idealized influence, is the ability of a leader to behave in ways that displays convictions that allows their followers to identify with a clear set of values (Warrilow, 2012). All of the participants felt that their leadership had not set, nor displayed what the expectations are for their employees. Each participant shared that they had read the expectations in the employee handbook, but other than that, nothing has been discussed. The second component, inspirational motivation, is the ability of a leader to articulate the vision in a manner that appeals to and inspires the followers that might be optimistic about the future, and provides the meaning behind the vision that they are trying to introduce (Warrilow, 2012). The data revealed that participants did not know the vision and shared that leadership has a history of only sending a memo telling the staff what the new direction is and the policies being implemented. Many of the participants shared that there is never explanation for changes in their departments. All but one of the 16 participants shared that when they discussed their future, senior leaders offer no reassurance or support to help them make decisions. The third component, intellectual stimulation, encourages leaders to challenge assumptions and stimulates creativity in their followers by providing a framework to the followers in order to see how they connect to the leadership, organization, each other, and the goals of the organization. This allows the leaders and followers to work together to overcome any obstacles that would affect the mission of the organization (Warrilow, 2012). The results of the data showed that this type of stimulation does not take place in any of the departments that were researched in this exploratory case study. All of the participants shared that their senior
leaders do not welcome nor solicit feedback from their employees. When it comes to overcoming obstacles in their departments, each participant shared that senior leaders tend to have a quick fix without consideration for their employees.

The fourth component, personalized attention, provides an individual the attention of their leader to attend to their personal and professional needs. This allows for self-fulfillment and self-worth for individuals and inspires followers to achieve growth and acceptance of the departments mission (Warrilow, 2012). All of the participants shared that their senior leaders do not inspire nor encourage growth from them. They each shared that the senior leaders only focus on them, rather than growing their employees. Each participant shared that they do not value the mission because their leadership does not reflect the expectations that have been written. If EMS senior leaders modeled the expected behavior and included their employees, they could impact the morale personally and professionally for their employees (Warrilow, 2012).

**Recommendations for Further Research**

**Setting**

There are a few areas of improvement of this exploratory case study I would recommend for future researchers. In future research I would recommend looking at a department that does identify as a department that has transformational leadership implemented. I would recommend going out to other areas of the nation which would allow for the data being captured to represent all EMS employees. Participants from other areas of the U.S. might have totally different needs and circumstances when it comes to the leadership style that is being used. A replication of this study may also consider the sampling method to be opened up to those that work for EMS, but not be a paramedic. This would include those that work in headquarters, billing, human resources, and logistics. This approach could give a perspective from the entire department, not
just those in the position of a paramedic. The last consideration that should be considered is the amount of time spent in the life of these employees.

**Participants**

Recruiting more participants that have prior knowledge and interactions with transformational leadership would allow for greater understanding and input on how to affect the overall morale of EMS public and private entities. This could lead to a more detailed and research based case study. This could lead to building a solid foundation of research in the EMS field that looks at the morale of employees and how it can be effected by transformational leadership. This could allow the leaders of the EMS departments nationwide to consider issues such as mental health resources, their leadership style and generational diversity when looking at the morale in their departments. This could lead to less costs of employees being absent from duty, could increase the departments productivity and satisfaction rates, and it could allow for opportunity to growth since they would be able to increase the morale and get the buy in from their employees.

**Additional Recommendations**

To further expand this study, it may be beneficial to spend more time observing and living the EMS lifestyle for longer than a 2-to-4 hour time period. For example, those in education that sit behind a desk cannot fully grasp the impact that working EMS is having on employees on a daily basis. It would take spending a large amount of time in departments of all sizes and in all geographical locations, to be able to fully understand all the needs of EMS employees.

I would also recommend educating the EMS senior leaders on what transformational is and what the goal of this leadership style is. While educating the senior leaders, we would build
a plan on what their particular framework would look like from introducing to staff, goals to reach, follow up to ensure transformational leadership is taking place, and feedback from the staff. This education would be over a period of time, so that leaders have the opportunity to share and revise what they are doing as they do it. Then I would see them put it into action and watch over a period of time to see if the changes had an effect on the departments at all. Then, I would recommend that individuals needing mental health resources to get help. While they are receiving help, I would track their progress and see if these resources were beneficial professionally and personally. Finally, I would do more observations and interviews to see if transformational leadership is having an impact on their life and morale at work.

**Conclusion**

In Chapter 5, I discussed the results of the exploratory case study in greater detail and in relation with the main research question. The participants shared that there is a need for mental health resources for them to be able to cope with the calls they encounter, their job, and the day to day stressors of life. They shared that most resources are only put into action when there is tragedy and eventually phase out. All of the participants shared that without the mental health resources, the longevity of a career in EMS is not possible. The participants shared that there is a difference in field leadership and in senior leadership. Their experiences with field leadership is positive, while their experiences with senior leadership is negative. All of the participants expressed that they felt that senior leadership is disconnected and does not understand the needs of their employees. All of the participants did share that understanding the senior leadership, employees could build a relationship that would create a culture that benefits each person.

Some of the participants went on to share that there is a generational diversity in the workforce that can affect morale when there is a lack of understanding by others. The
participants shared that they like working alongside other generations in order to learn and grow as an individual themselves. Lastly, the participants all shared that in their departments there is not a leadership style in place that is understood. Many shared that they feel leadership does not even know what leadership style they use, which in turn makes it very confusing for the employees that follow them. This qualitative exploratory case study was designed to see if EMS senior leaders were sensitized to the needs of their employees, could it affect the morale of EMS employees.
References


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Appendix A: Survey

EMS Morale

Best way for us to understand the levels of satisfaction across different groups of employees, we’d like to understand a bit more about you and where you sit in the organization.

1. What is your job title?
   - Basic EMT (1)
   - Medic 1 (2)
   - Medic 2 (3)
   - Captain (4)
   - Commander (5)
   - Lieutenant (6)
   - Chief (7)
   - Paramedic (8)
   - Other (9)

2. Which of the following departments do you work in?
   - Field (1)
   - Communications (2)
   - Education and Training (3)
   - Other (4)
3. Which of the following best describes your tenure in your current role?
   - Less than 1 year (1)
   - 2-5 years (2)
   - 6-10 years (3)
   - 11-15 years (4)
   - 16-20 years (5)
   - 20+ years (6)

4. What is your gender?
   - Male (1)
   - Female (2)

5. What is your age?
   - Under 25 (1)
   - 25-34 (2)
   - 35-44 (3)
   - 45-54 (4)
   - 55 or older (5)

6. Overall, how satisfied or dissatisfied are you with your current employer?
   - Extremely satisfied (1)
   - Moderately satisfied (2)
   - Slightly satisfied (3)
   - Neither satisfied nor dissatisfied (4)
   - Slightly dissatisfied (5)
   - Moderately dissatisfied (6)
   - Extremely dissatisfied (7)
7. How satisfied or dissatisfied are you with the training you’ve been given to do your current role?

- Extremely satisfied (1)
- Moderately satisfied (2)
- Slightly satisfied (3)
- Neither satisfied nor dissatisfied (4)
- Slightly dissatisfied (5)
- Moderately dissatisfied (6)
- Extremely dissatisfied (7)

8. How satisfied or dissatisfied are you with the equipment you have to do your current role?

- Extremely satisfied (1)
- Moderately satisfied (2)
- Slightly satisfied (3)
- Neither satisfied nor dissatisfied (4)
- Slightly dissatisfied (5)
- Moderately dissatisfied (6)
- Extremely dissatisfied (7)

9. How satisfied or dissatisfied are you with the physical environment at your workplace?

- Extremely satisfied (1)
- Moderately satisfied (2)
- Slightly satisfied (3)
- Neither satisfied nor dissatisfied (4)
- Slightly dissatisfied (5)
- Moderately dissatisfied (6)
- Extremely dissatisfied (7)
10. How satisfied or dissatisfied are you with the emotional support at your workplace?
   - Extremely satisfied (1)
   - Moderately satisfied (2)
   - Slightly satisfied (3)
   - Neither satisfied nor dissatisfied (4)
   - Slightly dissatisfied (5)
   - Moderately dissatisfied (6)
   - Extremely dissatisfied (7)

11. How satisfied or dissatisfied are you with your manager’s ability to help you do your job?
   - Extremely satisfied (1)
   - Moderately satisfied (2)
   - Slightly satisfied (3)
   - Neither satisfied nor dissatisfied (4)
   - Slightly dissatisfied (5)
   - Moderately dissatisfied (6)
   - Extremely dissatisfied (7)

12. How satisfied or dissatisfied are you with your manager’s ability to assess your performance?
   - Extremely satisfied (1)
   - Moderately satisfied (2)
   - Slightly satisfied (3)
   - Neither satisfied nor dissatisfied (4)
   - Slightly dissatisfied (5)
   - Moderately dissatisfied (6)
   - Extremely dissatisfied (7)
13. How satisfied or dissatisfied are you with the feedback you get from your manager?
   - Extremely satisfied (1)
   - Moderately satisfied (2)
   - Slightly satisfied (3)
   - Neither satisfied nor dissatisfied (4)
   - Slightly dissatisfied (5)
   - Moderately dissatisfied (6)
   - Extremely dissatisfied (7)

14. How satisfied or dissatisfied are you with your relationship with your manager?
   - Extremely satisfied (1)
   - Moderately satisfied (2)
   - Slightly satisfied (3)
   - Neither satisfied nor dissatisfied (4)
   - Slightly dissatisfied (5)
   - Moderately dissatisfied (6)
   - Extremely dissatisfied (7)

15. Do you work on a team?
   - Yes (1)
   - No (2)
16. How satisfied or dissatisfied are you with the quality of work produced by other members of your team?

- Extremely satisfied (1)
- Moderately satisfied (2)
- Slightly satisfied (3)
- Neither satisfied nor dissatisfied (4)
- Slightly dissatisfied (5)
- Moderately dissatisfied (6)
- Extremely dissatisfied (7)

17. How satisfied or dissatisfied are you with the ability of your team to communicate effectively with each other?

- Extremely satisfied (1)
- Moderately satisfied (2)
- Slightly satisfied (3)
- Neither satisfied nor dissatisfied (4)
- Slightly dissatisfied (5)
- Moderately dissatisfied (6)
- Extremely dissatisfied (7)

18. How satisfied or dissatisfied are you with how fairly tasks are shared throughout your team?

- Extremely satisfied (1)
- Moderately satisfied (2)
- Slightly satisfied (3)
- Neither satisfied nor dissatisfied (4)
- Slightly dissatisfied (5)
- Moderately dissatisfied (6)
- Extremely dissatisfied (7)
19. How satisfied or dissatisfied are you with your relationship with your team?
   - Extremely satisfied (1)
   - Moderately satisfied (2)
   - Slightly satisfied (3)
   - Neither satisfied nor dissatisfied (4)
   - Slightly dissatisfied (5)
   - Moderately dissatisfied (6)
   - Extremely dissatisfied (7)

20. How satisfied or dissatisfied are you with the management or leadership of the organization?
   - Extremely satisfied (1)
   - Moderately satisfied (2)
   - Slightly satisfied (3)
   - Neither satisfied nor dissatisfied (4)
   - Slightly dissatisfied (5)
   - Moderately dissatisfied (6)
   - Extremely dissatisfied (7)
21. On a scale from 0-10, how likely are you to recommend a career in EMS to a friend or colleague?

○ 0 (0)
○ 1 (1)
○ 2 (2)
○ 3 (3)
○ 4 (4)
○ 5 (5)
○ 6 (6)
○ 7 (7)
○ 8 (8)
○ 9 (9)
○ 10 (10)

22. How satisfied or dissatisfied are you with your base pay as compared to people doing a similar role in other organizations?

○ Extremely satisfied (1)
○ Moderately satisfied (2)
○ Slightly satisfied (3)
○ Neither satisfied nor dissatisfied (4)
○ Slightly dissatisfied (5)
○ Moderately dissatisfied (6)
○ Extremely dissatisfied (7)
23. How satisfied or dissatisfied are you with the amount of communications you receive from senior leadership about the company?

- Extremely satisfied (1)
- Moderately satisfied (2)
- Slightly satisfied (3)
- Neither satisfied nor dissatisfied (4)
- Slightly dissatisfied (5)
- Moderately dissatisfied (6)
- Extremely dissatisfied (7)

24. How often do you feel that you receive honest communication from your manager?

- Always (1)
- Most of the time (2)
- About half the time (3)
- Sometimes (4)
- Never (5)

25. How satisfied or dissatisfied are you with the two-way communication between you and your manager?

- Extremely satisfied (1)
- Moderately satisfied (2)
- Slightly satisfied (3)
- Neither satisfied nor dissatisfied (4)
- Slightly dissatisfied (5)
- Moderately dissatisfied (6)
- Extremely dissatisfied (7)
26. How satisfied or dissatisfied are you with the two-way communication between you and other members of your team?
   - Extremely satisfied (1)
   - Moderately satisfied (2)
   - Slightly satisfied (3)
   - Neither satisfied nor dissatisfied (4)
   - Slightly dissatisfied (5)
   - Moderately dissatisfied (6)
   - Extremely dissatisfied (7)

27. How satisfied or dissatisfied are you with the communication tools used in the company (email, intranet, social media etc.)?
   - Extremely satisfied (1)
   - Moderately satisfied (2)
   - Slightly satisfied (3)
   - Neither satisfied nor dissatisfied (4)
   - Slightly dissatisfied (5)
   - Moderately dissatisfied (6)
   - Extremely dissatisfied (7)

28. Which generation are you?
   - Baby Boomer (1940-1964) (1)
   - Generation X (1965-1980) (2)
   - Millennials (2000-current) (4)

29. Do you feel conflict among the generations?
   - Yes (1)
   - No (2)
30. What do you feel is the reason for conflict when it comes to generations?
   - Lack of respect (1)
   - Tolerance (2)
   - Different perspectives (3)
   - Non-Acceptance of regulations (4)

31. Do you believe generational gaps is a major social problem?
   - Yes (1)
   - No (2)

32. Do you think that your EMS system can work past the generational gaps?
   - Yes (1)
   - No (2)

33. Based on your own personal generation, do you think it is easy or harder to work with those not in your generation?
   - Easy (1)
   - Harder (2)
### Appendix B: Observation Checklist

EMS Morale Observation

<table>
<thead>
<tr>
<th>Observable Behaviors</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee is on a truck, helicopter, in a dispatch unit, or in an education setting.</td>
<td></td>
</tr>
<tr>
<td>Employees interaction with management</td>
<td></td>
</tr>
<tr>
<td>Employee interaction with other employees and what the interaction looked like.</td>
<td></td>
</tr>
<tr>
<td>(generational differences)</td>
<td></td>
</tr>
<tr>
<td>Nature of calls and what support was given after the calls.</td>
<td></td>
</tr>
<tr>
<td>What kind of support or communication was there when the employees were not on an emergency?</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: Semistructured Interview Questions

Resources for Paramedics

1. Have you experienced critical stress on the job?

2. Do you believe your stressful experiences as a paramedic causes lingering or unresolved emotional issues?

3. If Yes, has it led to any of the following:
   1. Recurring/unwanted memories of incident(s)
   2. Easily angered or withdrawn
   3. Change in view of job or future
   4. Sleep problems
   5. Substance abuse
   6. Family/relationship problems
   7. Thoughts of suicide

4. Do you believe these behavioral health issues are a result of post-traumatic stress from your years of service as a paramedic?

5. What causes conflict, and how is conflict resolved?

Leadership

6. How would you describe “organizational politics” at your company?

7. How are decisions made when there’s disagreement and stakes are high?

8. When and how do people like to give and receive feedback?

9. Titles aside, who in the organization has the power to get things done?

10. Do you regularly receive constructive performance feedback from your manager?

11. Do you understand how your performance is measured?
12. Do you think your manager cares about you as a person?
13. Does your manager care about your development?
14. Does management clearly communicate expectations?
15. Does your manager effectively communicate the information you need to understand?
16. Does management explain the reasons behind decisions made?
17. Does your manager explain how the organization’s future plans affect you?

**Generational Gaps**

18. Do you think there is a conflict between generations?
19. What percentage of your conflicts do you think are related to the so-called generation gap?
20. Which of the following do you consider to be the main reasons for generation disputes?
21. Is generation gap a major social problem? If you think it is, explain why? Give reasons for your answer?
22. Do you think that the generation gap is mainly typical between the young and the old?
23. What do you think are the main reasons for this conflict? Please underline three main areas of interest/activity in which the generation gap is mostly experienced?
24. Do you think that the problems arising from the generation gap can be diminished/lessened/lowered?
Appendix D: Survey Graph Results

Department
16 responses

What is your job title?
16 responses
Which of the following departments do you work in?
16 responses

Which describes your tenure in your current role?
16 responses
What is your gender?
16 responses

What is your age?
16 responses
Overall, how satisfied or dissatisfied are you with your current employer?
16 responses

How satisfied or dissatisfied are you with the training you have been given to do your current role?
16 responses
How satisfied or dissatisfied are you with the equipment you have to do your current role?
16 responses

How satisfied or dissatisfied are you with the physical environment at your workplace?
16 responses
How satisfied or dissatisfied are you with the emotional support at your workplace?
16 responses

How satisfied or dissatisfied are you with your manager’s ability to help you do your job?
16 responses
How satisfied or dissatisfied are you with your manager's ability to assess your performance?
16 responses

How satisfied or dissatisfied are you with the feedback you get from your manager?
16 responses
How satisfied or dissatisfied are you with your relationship with your manager?
16 responses

Do you work on a team?
16 responses
How satisfied or dissatisfied are you with the ability of your team to communicate effectively with each other?
16 responses

How satisfied or dissatisfied are you with how fairly tasks are shared throughout your team?
16 responses
How satisfied or dissatisfied are you with your relationship with your team?
16 responses

How satisfied or dissatisfied are you with the management or leadership of the organization?
16 responses
On a scale from 1-10 how likely are you to recommend a career in EMS to a friend or colleague?
16 responses

How satisfied or dissatisfied are you with your base pay as compared to people doing a similar role in other organizations?
16 responses
How satisfied or dissatisfied are you with the amount of communications you receive from senior leadership about the company?
16 responses

- Extremely Satisfied: 25%
- Moderately Satisfied: 25%
- Slightly Satisfied: 12.5%
- Neither: 12.5%
- Slightly Dissatisfied: 25%
- Moderately Dissatisfied: 31.3%
- Extremely Dissatisfied: 12.5%

How often do you feel that you receive honest communication from your manager?
16 responses

- Always: 43.8%
- Most of the time: 12.5%
- About half the time: 12.5%
- Sometimes: 25%
- Never: 12.5%
How satisfied or dissatisfied are you with the two-way communication between you and your manager?
16 responses

How satisfied or dissatisfied are you with the communication tools used in the company (email, internet, social media, etc)?
16 responses
Which generation are you?
16 responses

- Baby Boomer (1940-1964): 50%
- Generation X (1965-1980): 43.8%
- Generation Y (1981-2000): 3.1%
- Millennials (2000-current): 3.1%

Do you feel conflict among the generations?
16 responses

- Yes: 62.5%
- No: 37.5%
What do you feel is the reason for conflict when it comes to generations?
16 responses

- Lack of respect: 50%
- Tolerance of individuals: 12.5%
- Different perspectives: 31.3%
- Non-acceptance of regulations

Do you believe generational gaps is a major social problem?
16 responses

- Yes: 56.3%
- No: 43.8%
Do you think that your EMS system can work past the generational differences?
16 responses

Based on your own personal generation, do you think it is easy or harder to work with those not in your generation?
16 responses
Appendix E: Triangulation

Limitations Considered
- Setting
- Time Constraints
- Participants
- Researcher Bias
- Research Methods

Leadership Approach
- Only focused on operations
- Old school mentality
- No culture

Mental Health Resources
- No resources
- Difference in ages
- Communication

Generational Diversity
- Age not understood
- Different leadership styles
- Different resources needed

Survey

EMT employees need resources.
Field Leadership supports their employees.
Senior Leadership makes decisions without employee input.
Generational Diversity has an affect on EMS.
Diverse leadership approaches in EMS.

Interviews
Observations/Journal
Appendix F: Statement of Original Work

The Concordia University Doctorate of Education Program is a collaborative community of scholar-practitioners, who seek to transform society by pursuing ethically-informed, rigorously-researched, inquiry-based projects that benefit professional, institutional, and local educational contexts. Each member of the community affirms throughout their program of study, adherence to the principles and standards outlined in the Concordia University Academic Integrity Policy.

This policy states the following:

**Statement of academic integrity.**

As a member of the Concordia University community, I will neither engage in fraudulent or unauthorized behaviors in the presentation and completion of my work, nor will I provide unauthorized assistance to others.

**Explanations:**

*What does “fraudulent” mean?*

“Fraudulent” work is any material submitted for evaluation that is falsely or improperly presented as one’s own. This includes, but is not limited to texts, graphics and other multi-media files appropriated from any source, including another individual, that are intentionally presented as all or part of a candidate’s final work without full and complete documentation.

*What is “unauthorized” assistance?*

“Unauthorized assistance” refers to any support candidates solicit in the completion of their work, that has not been either explicitly specified as appropriate by the instructor, or any assistance that is understood in the class context as inappropriate. This can include, but is not limited to:

- Use of unauthorized notes or another’s work during an online test
- Use of unauthorized notes or personal assistance in an online exam setting
- Inappropriate collaboration in preparation and/or completion of a project
- Unauthorized solicitation of professional resources for the completion of the work.
I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University–Portland Academic Integrity Policy during the development and writing of this dissertation.

2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the *Publication Manual of The American Psychological Association*.

Mari Beth Hadas

_____________________________________________________
Digital Signature

Mari Beth Hadas

_____________________________________________________
Name (Typed)

October 8, 2019

_____________________________________________________
Date