



RESEARCH REPORTS

AN INTERPRETIVE DESCRIPTIVE STUDY ON THE IMPACT OF NEGATIVE WORKPLACE BEHAVIORS ON PARAMEDICS ACROSS AUSTRALIA AND CANADA

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ABSTRACT

Introduction/purpose: Workplace bullying and harassment are pervasive issues that have detrimental effects on the well-being and productivity of individuals. A literature review conducted for this study demonstrated that workplace bullying and harassment was under researched amongst paramedics.

Methods: A qualitative interpretive methodology was implemented, involving convenience sampling which resulted in six working paramedics from Australia and Canada becoming participants. Individual semi-structured interviews were conducted with each participant, lasting approximately one hour. This allowed for a deep exploration of the personal experiences and perspectives by the paramedics. The interview data collected was thematically analysed using Braun and Clarke's (2006) six-step framework. By utilising this method, this study contributed to a better understanding of impacts of workplace bullying and harassment amongst paramedics.

Results: Two core themes were identified from interview data which were the impact of negative behaviours and organisational culture. The research identified some impacts that workplace bullying and harassment can have on paramedics.

Conclusion: This study explores workplace bullying, harassment, and organisational culture within the paramedic profession. Through interviews with six paramedics, the research highlights the varied nature of negative behaviours, disparities, and effects on job satisfaction, performance, and mental health. Organisational culture such as power dynamics, diversity, and generational change was found to influence workplace behaviours.

INTRODUCTION

OVERVIEW

This paper was derived from an honours research project that examined the management of bullying and harassment in the workplace and the coping mechanisms employed by paramedics, over a period of 18 months. The decision to embark on this project stemmed from the recognition of a limited body of research in workplace bullying and harassment in paramedicine.

The research question guiding this study was: What is the impact of workplace bullying and harassment amongst paramedics, and how does organisational culture affect it?

LITERATURE REVIEW

Prior to beginning this study, a literature review was conducted exploring workplace bullying and harassment within the paramedicine profession, focusing on the experiences of paramedics in Australia, Canada, the United Kingdom, and the United States. The literature uncovered a limited body of research, with only four peer-reviewed studies identified. Further research was required to comprehensively address these challenges and ensure the holistic well-being of paramedic professionals.

RATIONALE

Paramedicine, as an emerging profession, has a dearth of literature in workplace bullying and harassment. This research was aimed at filling this gap by further identifying some of the impacts of workplace bullying and harassment and organisational culture's role in these issues. This research focused primarily on Canadian and Australian paramedics' workplaces.

OUTCOMES

This study's outcomes built on the information identified by the literature review and shed light on the impacts of workplace bullying and harassment and organisational culture. Participants shared varied insights, utilising their own definitions, and highlighted a notable shift in paramedicine culture and its impact on these issues. While this research offers valuable insights, this research used small sample sizes which were unable to be generalised to the greater population but rather provide examples that the population can resonate with and build on. This underscores the need for further exploration to gain a more comprehensive understanding of these complex challenges in the paramedicine profession.

METHODS

The chosen methodology was a qualitative interpretive description (Thorne et al., 1997). This approach recognised the multiple subjective realities experienced by participants, creating relevant themes that identified the impact of workplace bullying and harassment and impact of organisational culture. Terms throughout this paper were not explicitly defined by the researchers, as participants described these concepts based on their own experiences and understandings.

RATIONALE FOR CROSS-COUNTRY ANALYSIS

This research focused on paramedics in Australia and Canada. The choice to include both countries stemmed from the aim of obtaining a broader perspective on workplace bullying and harassment in paramedicine. Despite geographical distance, these countries share similar cultural and healthcare workplace backgrounds (Dixit & Sambasivan, 2018), making them likely to have encountered comparable issues in this context.

RECRUITMENT STRATEGY

In accordance with ethical considerations, approval was obtained prior to recruitment efforts (Appendix A). The study was advertised on social media platforms (Facebook, Twitter, LinkedIn) and paramedic notice boards (specifically, the Australasian College of Paramedicine (2023) and the McNally Project for Paramedicine Research in Canada (2023)), that led participants to provide information in a Google Form. Thirteen individuals responded to the Google Form, with six meeting the inclusion criteria and proceeding to participate in the study. Convenience sampling was used (Elfil and Negida, 2017), which recruited six qualified paramedics who have experienced workplace bullying and/or harassment based on availability. This sample size was determined following the guidance of Braun and Clarke (2019), which suggested that six participants is appropriate for a thematic analysis. Participants who volunteered for this research and provided their information in the Google Form, were provided with a consent form (Appendix B) and information sheet (Appendix C). Participants were then given a pseudonym as they were anonymised. Table 1 provides details about the participants including their pseudonym, length of service, and country of work.

Pseudonym	Length of service	Country
Jules	10 - 20 years	Australia (Rural)
Mary	>20 years	Canada (Metropolitan)
Alex	<10 years	Canada (Metropolitan)
Mark	<10 years	Australia (Metropolitan)
Kelly	10 - 20 years	Canada (Rural)
Robin	>20 years	Canada (Metropolitan)

Table 1. Participant table.

DATA GENERATION PROCEDURE

Semi-structured interviews lasting approximately one hour were conducted. These interviews asked questions that addressed the research question and allowed participants to divulge relevant information and co-construct themes (Thorne et al., 1997). The semi-structured interviews enabled deeper insights into participants' lived experiences by asking open-ended questions and probing further based on their responses (Peters & Halcomb, 2015). To maintain integrity of the information, interviews were recorded using Zoom© and manually transcribed to ensure accuracy. The transcripts were subsequently deidentified to ensure participant confidentiality. Post-interview, each participant was provided a debrief statement (Appendix D and Appendix E) specific to their country, which identified support services.

DATA ANALYSIS

Thematic analysis, as recommended by Braun and Clarke (2006), was used to analyse the data collected during the study. This method involved six key steps as shown in Table 2.

Thematic analysis is an efficient approach when working with qualitative data and is a widely accepted method for data analysis (Braun & Clarke, 2006). By employing this methodology, the researchers gained a comprehensive understanding of paramedics' experiences with workplace bullying and harassment and identified organisational culture's role. To enhance trustworthiness, the analysis involved ongoing reflexive discussions and debriefing. Triangulation of findings was supported through the inclusion of multiple researchers during analysis, helping to mitigate individual bias.

Braun and Clarke (2006) six step method	What was done for this study
Familiarisation with the data	Researchers reviewed the transcripts and gained understanding of the paramedics' experiences.
Initial coding of data	Identifying patterns and noting relevant quotes. These patterns were then provided an initial code.
Generating themes based on the coded data	Patterns and quotes were categorised into themes.
Reviewing and refining themes	A review of themes ensuring they accurately reflect the data. Any discrepancies or overlaps were identified and refined.
Defining and naming the final themes	Themes were defined based on the understanding of the data.
Writing the report based on the thematic analysis	The final report was created around the defined themes. The report presented a narrative, integrating quotes and examples from the coded data to support and illustrate each theme.

Table 2. Braun and Clarke's (2006) six-step thematic analysis.

FINDINGS

Upon analysis of the data, two major themes emerged. These were the impact of negative behaviours, and organisational culture.

IMPACT OF NEGATIVE BEHAVIOURS

The theme of negative behaviours and their impact was based on participant descriptions and definitions of what they considered to be a "negative behaviour." Often, participants described these behaviours in terms of their impact on personal well-being, mental health, and job satisfaction and performance, which is why they are discussed together. Overall, this included types of behaviours that occurred in different settings, the impact of these behaviours, and any support available.

Negative behaviours and their impact varied between settings. These included regional, rural/remote, and metropolitan areas. The variation suggested that contextual factors related to location may have influenced the manifestation of negative behaviours. One participant pointed out that in regional areas, staff frequently stayed in the same station for longer and were less accepting of newcomers:

The bigger regional towns definitely have had their staff there for a very long time so the bullying culture hasn't had time to be replenished or replaced. - Jules (Australia)

Another participant underscored the self-perpetuating nature of such cultures, stating:

It's definitely a self-reinforcing culture because you have a relatively small group of people in the station, and how those people behave and interact with each other will create a culture that sustains itself and that can be very hard to change. - Mark (Australia)

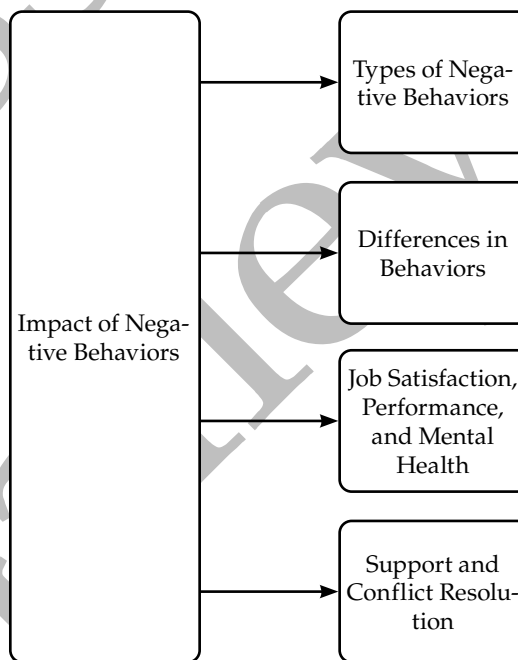


Figure 1. Impact of negative behaviors.

These statements suggested that staff in the service or the same station for longer were set in their ways. A poor workplace culture then tended to imbed these practices that were often seen as negative.

Disparities in behaviours between people of different genders and stereotypes also existed. Some participants reported that female and LGBTQIA+ (lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual) people experienced different behaviours compared to their heterosexual male counterparts. For instance, one participant stated:

Bullying towards females tended to be more verbal, and the bullying towards males would start verbal, but it could end quite severely. - Jules (Australia)

This quote indicated that both males and females are bullied within the service, although behaviours varied. Another participant stated in regard to the difference in behaviours:

I've often suspected whenever I work with my female colleagues, they just cop a lot more than I do, constantly from everyone—from patients, from managers, from coworkers—just across the board. There's not a doubt in my mind that it's harder to be a paramedic and be female just because of the way that other people treat you. - Mark (Australia)

This quote from Mark suggested that gender could influence behaviours. Mark particularly highlighted that bullying and harassment faced by paramedics was not only from people within the workforce but also from patients. This demonstrated disparities in behaviours towards individuals considered part of a stereotypical groups, such as people of colour, religious minorities, LGBTQIA+, and those of different ethnicities.

One participant stated:

Everyone who didn't fit into a mould. So if you were a religious minority, person of colour, or someone who didn't fit the general description of what a man was supposed to act like, they were definitely targeted. - Mary (Canada)

Although this was initially the case, when diversity increased in paramedicine, this situation changed. Mary also stated:

When people start to interact more with other groups, they humanise other groups, so they don't attract quite the same behaviours as perhaps they did. You know, when you work with 50% women, we're not quite the unicorns that we were in the first place. - Mary (Canada)

Mary highlighted the increasing diversity within paramedicine may reduce such behaviours.

The impact of negative behaviours on job satisfaction, performance, and mental health was mentioned by participants. Participants reported lowered job satisfaction, decreased performance, and effects on mental health due to their experiences of negative behaviours. When discussing job satisfaction, one participant shared her disappointment:

I would literally get in the car every day, and by the time I got home at night, I was in tears. - Jules (Australia)

This example of poor job satisfaction was not unique amongst the participants. Mary expanded on the impact that this had on her performance stating:

It's hard to come to work every day when everybody hates you, when they don't want to work with you because they don't think you can do your half of the job, when they treat you like a horrible person just because of the skin you showed up in. - Mary (Canada)

Such firsthand accounts display the debilitating effects of bullying and harassment on well-being and job satisfaction. It is important to note that all participants reported a decline in job satisfaction after experiencing workplace bullying and/or harassment. Three participants revealed negative experiences deterred them from asking questions, creating a significant hinderance to their learning process. One participant described the impact, stating:

If the person who's in a teaching role is in a critical frame of mind and responds to everything you do negatively, that's going to obviously create a disincentive for you to ever ask for assistance... I spent the next few weeks sitting in terrified silence, that I might accidentally do something to annoy these people who are in a position of power. That definitely put me on the back foot. - Mark (Australia)

This underscores Mark's perception of the vital role of support in the mentorship process, enhancing the learning experience.

Participants indicated that the effects of negative behaviours not only affected them in the workplace, but also outside of the work environment. One participant expressing:

You go through a period where you're pretty angry, when you'd fight all the time in one place [work]; it's hard not to have that confrontational mentality elsewhere as well. - Mary (Canada)

In this way participants reported that the experience of negative behaviours within the workplace resulted in negative attitudes towards family and friends, personal health, and lifestyle choice adversities. One participant shared:

It affected my want to go to work, like I would sit by the phone and want to call in sick every day. I lost 10 pounds because I wasn't eating from the stress of going to work, which I've never experienced in my life. - Alex (Canada)

This participant expressed the desire of absenteeism from the situation and thereby the job. This comment displayed the nature of these issues, and how far the impact can extend.

Negative effects on mental health reported by participants included depression, anxiety, stress, and burnout. One participant shared:

I feel like I experienced my first ever anxiety attack, something that I hadn't dealt with before in my entire adult life... I think it just puts a lot more stress on an already incredibly stressful situation. - Kelly (Canada)

This underscores the consequences that negative behaviours in the workplace can have and how these behaviours can impact mental wellbeing.

Lastly, participants expressed difficulties in accessing support services. Some participants noted a gap in the availability of support services, specifically around a decade ago. During interviews, participants expressed a lack of knowledge about the support

services for bullying and harassment that were available when they experienced these negative behaviours around that time. One participant stated:

There weren't any support services when I started. There was no such thing as EAP [Employee Assistance Program], or counselling, or any of that. It was back in the day; when you would push that feeling down low and pretend it never happened. Thankfully that's changed. - Mary (Canada)

This quote highlights the current awareness of support services available for paramedics. It suggests that around a decade ago, there was minimal awareness of support services and a lack of guidance on how to manage these issues.

Overall, the analysis of negative behaviours and their impact reveals the complexity and multi-dimensional nature of this issue. It underscores the levels of negative behaviours, including different types of behaviours and the impact of these behaviours.

ORGANISATIONAL CULTURE

During participant interviews, a recurrent theme emerged about organisational culture which was made up of power differentials, generational tensions, and normalised culture and societal norms in relation to negative behaviours. This shed light on the complex interplay of factors influencing workplace bullying and harassment amongst paramedics.

Power differentials were mentioned by participants as a contributing factor to negative behaviours. They underscore the significance of hierarchical power dynamics in precipitating negative behaviours. Participants recounted instances where individuals in positions of authority inappropriately exercised their power, resulting in the manifestation of bullying behaviours. Notably, some participants emphasised that it was uncommon to see negative behaviours from people hierarchically equal or below another person, with one participant mentioning:

There has to be an imbalance of power in order for one person to be vulnerable to another. - Mark (Australia)

This indicated that perpetrators of negative behaviours tended to have power to negatively influence others.

In all six interviews, it was mentioned that negative behaviours in the paramedic environment were very common. It was a common sentiment amongst participants that bullying or harassment had been a prevalent experience over the course of their careers. One participant mentioned:

Culturally, in emergency services, there still is a fair amount of bullying that occurs even today. - Mary (Canada)

This underscores the persistence of a culture that has normalised such behaviours.

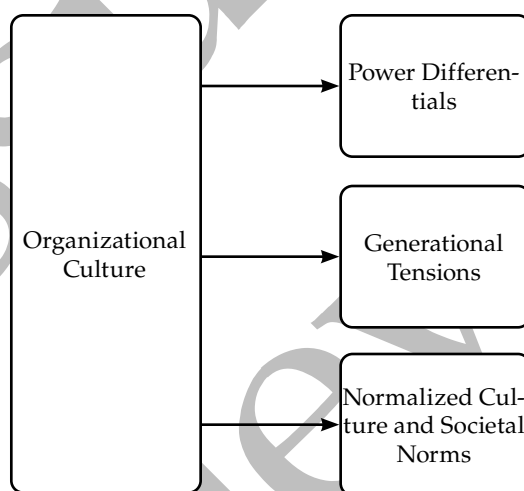


Figure 2. Organizational culture.

Another participant stated:

My worry is that back then it was very open and in some ways, that watered it down a bit. And now, because it's not as systemic, it's gone a little bit more underground and a little bit more targeted, which I actually think can be more detrimental. - Jules (Australia)

This participant emphasised their concern that due to existing social norms, such behaviours were still common, just less openly demonstrated, due to the pressures the perpetrator would face if the behaviour was more transparent. This highlighted generational tensions that emerged throughout interviews, shedding light on the conflicts arising from these differences in generational perspectives. Some participants mentioned a common culture of “eat your young.” This was mentioned a few times in regard to why individuals may behave negatively towards newer paramedics. This culture was described as prevalent approximately a decade ago. However, participants also noted a positive shift over the years, driven by societal pressures and evolving norms with one participant stating:

As more people come in and the system's diluted a bit more some of the people who have been in the service for 30 to 40 years start to change how they're behaving because everybody else around them is behaving differently. - Jules (Australia)

This demonstrates that old practices being phased out to align with current societal norms, and individuals who engaged in those practices are beginning to align with current societal norms. Individuals who engage in such actions more recently face social disapproval and rejection, contributing to a decline in the prevalence of such behaviours.

One participant mentioned:

You'll get some person who says something, and the young guys are looking at him going, that's not funny and that's not okay. - Mary (Canada)

This demonstrated the social disapproval of these behaviours, and participants felt that this change had positively influenced the prevalence of such behaviours, making it less normalised. They attributed some of this positive shift to increased awareness and education, with one participant mentioning:

I think that as newer people come through and there is more training on bullying and dealing with those conflicts, it's being dealt with better. - Jules (Australia)

This reflects the positive impact of heightened awareness and education on the effects of these behaviours. These changes in behaviours have addressed power differentials, generational tensions and normalised culture which have been altered to align with current societal norms.

DISCUSSION

This study investigated the relationship between negative behaviours and paramedic well-being, addressing their implications on job satisfaction, mental health, and patient care quality. The exploration spanned the evolution of negative workplace behaviours, the influence of diversity and education, and power dynamics within the paramedic profession.

IMPACT OF NEGATIVE BEHAVIOURS

During this study, participants noted a significant effect on their well-being due to the impact of negative behaviours. The well-being of paramedics is intricately tied to their job satisfaction (Orgambidez et al., 2022), an aspect significantly affected by the prevalence of negative workplace behaviors. As evidenced by the experiences shared by participants in this study, negative workplace behaviors contributed to a complex web of challenges, amplifying the demanding nature of paramedic work. This discussion explores the multifaceted repercussions of negative behaviors on paramedics, with a focus on the enduring effects on job satisfaction, mental health, and organisational culture.

All participants in this study reported diminished job satisfaction as a result of their experience of negative workplace behaviours. Negative workplace behaviours as a key contributor to reduced job satisfaction was also documented (Khan et al., 2021). Furthermore, Al-Ali et al. (2019) stated a significant relationship between job satisfaction and both performance and job happiness. Participants in this study mentioned experiencing anxiety, depression, and burnout as additional outcomes of these behaviours. MN and El Mahalli (2020) agree that implications of low job satisfaction can extend further, manifesting as emotional burnout, heightened anxiety, and increased susceptibility to depression. This is particularly alarming in the context of healthcare, where practitioners are already predisposed to elevated levels of burnout (MN & El Mahalli, 2020).

The experience of negative behaviours at work was not isolated to immediate effects but extended to long-term consequences. Participants in this study reported contemplating absenteeism due to these behaviours. Absenteeism is common when there is a negative impact on job satisfaction (Lever et al., 2019). Additionally, participants recounted lack of confidence after experiencing negative behaviours. This confirmed findings of Ariza-Montes et al. (2014) who described negative workplace behaviours led to increased errors, decreased quality, and loss of productivity. In paramedicine, where confidence and quality of work are paramount for ensuring optimal patient safety, negative behaviours hinder these traits. Confidence is essential for effective decision-making and, if compromised, can impact the ability of paramedics to navigate high-pressure situations (Bijani et al., 2021). This not only diminishes their overall job satisfaction but also quality of care provided.

Participants in this study emphasised the demanding nature of paramedic work, characterised by traumatic events and heavy workloads, which was supported by Ariza-Montes et al. (2013) as amplifying the risk of mental health issues. Chen et al. (2022) emphasise that high-stress work, defined by factors like high job demands, low job control, and low social support, can trigger mental health issues over time. This is particularly relevant to paramedics who routinely encounter highly stressful situations in their line of duty. Tatar and Yüksel (2019) assert that negative behaviours within the workplace can lead to severe psychological harm including depression, anxiety, and post-traumatic stress disorder (PTSD). Meadley et al. (2020) highlight the multifaceted challenges faced by paramedics, including the risk of developing mental health problems, sleep disturbances, poor nutrition, and limited physical activity. Given these pre-existing complexities, negative workplace behaviours possess the potential to exacerbate these symptoms, detrimentally affecting the ability of paramedics to cope with the inherent stressors of their job. Mental health problems not only affect the well-being of paramedics but also

have a direct impact on their focus and performance (Hennekam et al., 2020). The stress induced by negative behaviours required additional effort from paramedics to adapt, leading to emotional exhaustion, decreased work satisfaction, and, ultimately, diminished performance (Khamisa et al., 2016).

The results of this study, underscore the need to address negative workplace behaviours, which significantly impact overall performance and well-being of paramedics. The study highlights the consequences of these behaviours, emphasising the heightened vulnerability of paramedics, already exposed to the demanding nature of their profession. Recognising the role of organisational culture, particularly the shared behaviours amongst paramedics.

ORGANISATIONAL CULTURE

Organisational culture plays a significant role in influencing the impact of negative behaviours on the well-being of paramedics. Participants in this study noted that when paramedics at the same station share similar mindsets, the organisational culture remains stagnant and resistant to change. This aligned with research indicating that organisational culture is a key factor in either facilitating or preventing uncivil and bullying behaviours (Carter et al., 2013).

Some participants of this study noted a growing diversity within the paramedic profession. Participants reported a positive association between increased diversity and reduced negative behaviours. Workplace environments with high diversity were linked to heightened worker engagement and greater acceptance of others (Sliter et al., 2014). As mentioned by participants, a stronger diversity minimised negative behaviours within the workplace.

Participants in this study mentioned a positive shift in organisational acceptance of negative behaviours over the years, highlighting an increase in the implementation of prevention measures for workplace bullying and harassment. They reported that this had contributed to a decrease in negative behaviours, which they felt were driven by potential consequences outlined in these prevention measures. The development and strict enforcement of anti-bullying measures emerged as crucial tools for reducing the likelihood of violence and cultivating a positive workplace culture in a study by Filipova (2018).

Moreover, the results of this study underscore the pivotal role of increased education and awareness in fostering diversity and reducing instances of negative behaviours within paramedicine. Drawing from the experiences of nurses, Skehan (2015) highlighted the benefits of education programs focused on conflict resolution and reducing negative behaviour within the workplace, noting a decrease in violence and aggression, contributing to a healthier work environment. Additionally, participants in this study mentioned experiencing negative behaviours from superiors. The impact of educational workshops showed that heightened awareness of lateral violence and improved assertive communication were associated with better working environments, reduction in turnover, and decreased incidence of lateral violence (Ceravolo et al., 2012). This demonstrates the importance of education programs in reducing negative workplace behaviours, and more particularly lateral violence.

Some participants highlighted gender as a contributing factor to negative behaviours, and others pointed out that near-equal gender ratios in paramedicine have resulted in reduced negative behaviours related to gender. Supporting these participant insights, Fink-Samnack (2016) suggests that the minority gender in a workplace is more likely to be bullied. Therefore, when equal gender ratios are achieved, it is plausible that instances of gender-related bullying become less common, aligning with participant claims in this study of evolving gender dynamics within the paramedic profession.

The theme of negative behaviours and how they impact workers is not new, but this research adds weight to the literature on this topic and relates specifically to paramedics in Canada and Australia. It provides a unique insight into their lives and the impact that bullying and harassment has on them. A positive sign is the change in organisational culture that some of these participants experienced with growing diversity in the workplace.

LIMITATIONS

This study's primary limitation is the small sample size of six participants. This limitation may affect the generalisability of findings to the broader paramedic profession and limit the diversity of experiences captured. Additionally, participants volunteered to take part in the study, introducing potential self-selection bias. These limitations underscore the importance of future research with larger, more diverse samples to enhance validity and provide a comprehensive understanding of negative workplace behaviours in paramedicine and their impact.

CONCLUSION

This research contributes to a further understanding of the impacts of workplace bullying and harassment as well as organisational culture on these issues. This research focuses specifically on the paramedic community, given the limited exploration of this emerging profession.

The research findings revealed key insights into workplace bullying and harassment among paramedics. In terms of the impact of negative behaviours, the study identifies varied behaviours across different locations, including metropolitan, regional, and rural/remote areas, with gender and stereotype disparities evident. The adverse effects of negative behaviours on job satisfaction, performance, and mental health are highlighted as crucial factors.

Exploring organisational culture, the study identifies power differentials, diversity, and generational change as influencers to workplace behaviours, underlining the importance of inclusivity and low acceptance of negative behaviours. These insights shed light on the complex dynamics that shape the work environment for paramedics.

This research not only enhances our understanding of workplace bullying and harassment but also delves into the intricate and evolving dynamics of this pervasive issue. This study illuminates the impacts of negative workplace behaviours on the participants, shedding light on their experiences.

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APPENDIX A: ETHICS APPROVAL

Dear Miss Knight,

Project title: Managing bullying and harassment in the workplace: Coping mechanisms and management strategies used by paramedics

Protocol number: H23533 (Please refer to this number in all contact or correspondence relating to this application)

Approved until: 03/05/2024

Final report due: 03/05/2024

Thank you for submitting your research proposal detailed above to the Charles Sturt University Human Research Ethics Committee.

Based on the guidelines in the National Statement on Ethical Conduct in Human Research the Committee has **approved** your research proposal.

You must report to the Committee at least annually, and as soon as possible in relation to the following:

- anything that might impact on the ethical acceptability of the project (including, but not limited to, adverse events, unexpected outcomes or additional information coming to light);
- amendments to the research design and/or any changes to the project (Committee approval required);
- extensions to the approval period (Committee approval required); and
- notification of project completion. If this research relates to a students thesis or dissertation a final report must be submitted at the point of submission for examination.

This approval constitutes ethical approval in relation to humans only. If your research involves the use of radiation, biochemical materials, chemicals or animals, separate approval is required by the appropriate University Committee.

Please contact the HREC Secretary on (02) 6933 4213 or ethics@csu.edu.au if you have any queries. Further information regarding human research ethics at CSU can be found at the HREC webpages <https://research.csu.edu.au/ethics-and-compliance/human>

The Committee wishes you well with your research.

Sincerely,

Presiding Officer,
Charles Sturt University Human Research Ethics Committee

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APPENDIX B: CONSENT FORM



Charles Sturt
University

FACULTY OF SCIENCE | Nursing, Paramedicine and Healthcare Sciences

353 Panorama Avenue
Bathurst, NSW 2795

Email: annabellaknight2003@gmail.com

CONSENT FORM

Managing bullying and harassment in the workplace: Coping mechanisms and management strategies used by paramedics

Researchers:

1. *Chief Investigator – Student*
Annabella Knight
Bachelor of Paramedicine (Honours)
School of Nursing, Paramedicine and Healthcare Sciences
Charles Sturt University, Bathurst campus
annabellaknight2003@gmail.com
2. *Primary Supervisor*
Dr Judith Anderson
School of Nursing, Paramedicine and Healthcare Sciences
Charles Sturt University, Bathurst campus
juanderson@csu.edu.au
3. *Co-Supervisor*
Dr Graham Munro
School of Nursing, Paramedicine and Healthcare Sciences
Charles Sturt University, Bathurst campus
gmunro@csu.edu.au
4. *Co-Supervisor*
Dr Brian Sengstock
School of Nursing, Paramedicine and Healthcare Sciences
Charles Sturt University, Bathurst campus
bsengstock@csu.edu.au

1. I agree to participate in the above research project and give my consent freely.
2. I understand that the project will be conducted as described in the Information Statement, a copy of which I have retained.
3. I consent to participating in a semi structured individual interview which will be audio and/or video recorded.
4. I understand that I am under no obligation to participate in this research project and that I can withdraw my participation up to two weeks post interview.
5. I understand that I may stop the interview at any time, and that unless I indicate otherwise any recordings will be erased. I also understand that I may refuse to answer any questions that I do not wish to answer.
6. I understand that the interview will take up to approximately one hour.
7. I have had the opportunity to have any questions I may have about the research answered to my satisfaction.
8. I consent that the data gained from this interview may be used in future projects.
9. I consent that other researcher may be able to cite this project if it were to be published.
10. I consent to the investigator/s contacting myself to arrange an interview and to forward a 1 page summary of the project findings upon completion of the project.
11. I understand that if I have any questions about the project, I can contact Annabella Knight via email at annabellaknight2003@gmail.com



Print Name: _____

Contact phone: _____ or Email: _____

Signature: _____ Date: _____

Please return completed consent form to Annabella Knight via email to annabellaknight2003@gmail.com

Charles Sturt University's Human Research Ethics Committee has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the HREC Secretary on (02) 6933 4213 or ethics@csu.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

APPENDIX C: INFORMATION SHEET



FACULTY OF SCIENCE | Nursing, Paramedicine and Healthcare Sciences

353 Panorama Avenue
Bathurst, NSW 2795

Email: annabellaknight2003@gmail.com

PARTICIPANT INFORMATION SHEET

Managing bullying and harassment in the workplace: Coping mechanisms and management strategies used by paramedics.

Researchers:

1. *Chief Investigator – Student*
Annabella Knight
Bachelor of Paramedicine (Honours)
School of Nursing, Paramedicine and Healthcare Sciences
Charles Sturt University, Bathurst campus
annabellaknight2003@gmail.com
2. *Primary Supervisor*
Dr Judith Anderson
School of Nursing, Paramedicine and Healthcare Sciences
Charles Sturt University, Bathurst campus
juanderson@csu.edu.au
3. *Co-Supervisor*
Dr Graham Munro
School of Nursing, Paramedicine and Healthcare Sciences
Charles Sturt University, Bathurst campus
gmunro@csu.edu.au
4. *Co-Supervisor*
Dr Brian Sengstock
School of Nursing, Paramedicine and Healthcare Sciences
Charles Sturt University, Bathurst campus
bsengstock@csu.edu.au

Invitation

You are invited to participate in a research study on identifying the impacts of workplace bullying and harassment amongst paramedics and how is it managed by paramedics. The study is being conducted by Annabella Knight, a Bachelor of Paramedicine (Honours) student from the School of Nursing, Paramedicine and Healthcare Sciences at the Charles Sturt University. This study will be supervised by Dr Judith Anderson, Dr Graham Munro, and Dr Brian Sengstock.

Before participating in this study, it is important to understand why the research is being done and what it will involve. Please read the following information carefully.

Purpose of this study

V2



The purpose of this study is to identify impacts of workplace bullying and harassment, and some strategies used by paramedics to manage it. It will explore the strategies used to manage workplace bullying and harassment by paramedics and the impacts that workplace bullying and harassment have on paramedics. The data from this study will be utilised for the Chief Investigator's honours thesis and possibly future studies such as a PhD. This study may be presented at conferences and used to assist in future research.

Why have you been invited to participate in this study?

You have been invited to participate in this study because you are an Australian/Canadian paramedic, and you are the ideal candidate for this study.

What does this study involve?

If you consent to participate in this study, you will participate in an interview with a duration of approximately one hour. This interview will take place via virtual platforms to avoid any Covid-19, environmental, or travel concerns. During this interview, you will be asked questions based on an experience you may have had or your perception of workplace bullying and harassment.

The interview will be recorded and transcribed to assist in data analysis. The interview responses will be de-identified to allow for confidentiality.

Are there risks and benefits in participating in this study?

Taking part in this study allows you to support the analysis of workplace bullying and harassment among paramedics and how it is managed.

The risk of participating in this study is that discussing your experiences may trigger distressing feelings. Participation of this study is voluntary and if you believe this could be a concern, then you may wish to not participate. If you do wish to participate, you do not have to discuss any distressing experiences unless you choose to. The researchers acknowledge that this could occur and have provided a debrief statement with relevant support services that you can access if you wish to. If you show any signs of distress whilst in the interview, support will be provided and if you would like the interview to stop, it will be ceased. If you would like to continue, then you may do so. Participants are also able to stop the interview at any time if they wish to do so.

V2



How is this study being funded?

There is no funding provided to support this study.

Will taking part of this study cost anything.

The interviews will be conducted over virtual platforms and will not incur any cost to you.

Can you participate then withdraw?

You may withdraw from this study and your data will be removed immediately. For this reason, data analysis will not begin until two weeks after the interview takes place. This is because once data analysis begins, the data will have been deidentified and you will no longer be able to withdraw it.

How will your confidentiality be protected?

The research team listed above will be the only people who have access to your details. These details will be secured on a password-protected computer. The data you provided in your interview will be transcribed then all your personal details and identifiable data will be deidentified. Participants will be assigned pseudonyms to ensure confidentiality is kept. If you are concerned that you may be identifiable, you do not have to share any personal information. If you have any further concerns, you may contact the above researchers for removal of any information or complete withdrawal of participation up until the point of data analysis which will be two weeks after the interview process.

If you do not withdraw, data will be stored securely as per Charles Sturt University's Research Data Management Policy. Data will be retained for at least 5 years on a secure online server. Only those listed on the research team will have access to this data for 5 years, and after this period, the data will be securely destroyed.

What should you do if you want to discuss this study further before participating.

V2



If you have any questions or concerns, please contact the Chief Investigator, Annabella Knight via email at annabellaknight2003@gmail.com . Additionally, you can contact any of the above researchers.

Charles Sturt University's Human Research Ethics Committee has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the HREC Secretary on (02) 6933 4213 or ethics@csu.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Conclusion

Thank you for considering this invitation. This information sheet is for you to keep and refer to in the future.

Disclaimer: Please do not provide specific evidence of bullying that could identify someone or an employer. Please do not mention names. Please do not provide information that could incriminate yourself in any way.

APPENDIX D: DEBRIEF STATEMENT (AUSTRALIA)

FACULTY OF SCIENCE | Nursing, Paramedicine and Healthcare Sciences



353 Panorama Avenue
Bathurst, NSW 2795

Email: annabellaknight2003@gmail.com

DEBRIEF STATEMENT

Managing bullying and harassment in the workplace: Coping mechanisms and management strategies used by paramedics.

Participating in this study carries the risk that distressing thoughts may arise from discussing your experiences. Although the research questions are not designed or intended to cause distress or discomfort, the researchers acknowledge that such outcomes are possible. Should the interview have provoked any distressing thoughts, please refer to this debrief sheet which contains details of available support services.

In case of questions or further information, please contact one of the members of the research team (see information sheet for contact information).

Australian support services:

- Beyond Blue
 - 1300 224 636 (24 hours, 7 days)
 - <https://www.beyondblue.org.au/>
- The Black Dog Institute
 - <https://www.blackdoginstitute.org.au/>
- MensLine Australia
 - 1300 78 99 78 (24 hours, 7 days)
 - <https://mensline.org.au/>
- Phoenix Australia – Centre for Posttraumatic Mental Health
 - <https://www.phoenixaustralia.org/>
- Head to Health
 - <https://headtohealth.gov.au/>
- SANE Australia
 - <https://www.sane.org/>
- Your local General Practitioner

If urgent support is needed, phone Mental Health Line (1800 011 511) for information on 24-hour counselling services in your area or 000 for emergency.

Charles Sturt University's Human Research Ethics Committee has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the HREC Secretary on (02) 6933 4213 or ethics@csu.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

APPENDIX E: DEBRIEF STATEMENT (CANADA)



FACULTY OF SCIENCE | Nursing, Paramedicine and Healthcare Sciences

353 Panorama Avenue
Bathurst, NSW 2795

Email: annabellaknight2003@gmail.com

DEBRIEF STATEMENT

Managing bullying and harassment in the workplace: Coping mechanisms and management strategies used by paramedics

Participating in this study carries the risk that distressing thoughts may arise from discussing your experiences. Although the research questions are not designed or intended to cause distress or discomfort, the researchers acknowledge that such outcomes are possible. Should the interview have provoked any distressing thoughts, please refer to this debrief sheet which contains details of available support services.

In case of questions or further information, please contact one of the members of the research team (see information sheet for other contacts).

Canadian support services:

- Mental health Helpline (24/7)
 - 1-866-531-2600
- Talk Suicide Canada (24/7)
 - 1-833-456-4566
- Hope for Wellness Help Line (24/7, for First Nations, Inuit, and Metis Peoples)
 - 1-855-242-3310 or connect to the online Hope for Wellness chat at <https://www.hopeforwellness.ca>
- Regional Warm Line (from 6pm to 12am, 7 nights per week)
 - 1-866-856-9276
- Wellness Together Canada
 - 1-866-585-0445 or text WELLNESS to 741741
- Call your local family physician, psychologist, mental health nurse or social worker. You may also want to contact another trusted professional such as a counsellor or spiritual leader.

If urgent support is needed, phone 24-hour Crisis Line at 1-877-841-1101 for information on 24-hour counselling services or 911 for emergency.

Charles Sturt University's Human Research Ethics Committee has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the HREC Secretary on (02) 6933 4213 or ethics@csu.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.