A MODEL FOR THE PREVENTION OF WORK-PLACE VIOLENCE TOWARDS PUBLIC SERVICE PREHOSPITAL EMERGENCY CARE PROVIDERS IN GAUTENG PROVINCE

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Thesis submitted in fulfilment of the requirements for the Philosophiae Doctor in Health Sciences in the Faculty of Health Sciences at the Durban University of Technology

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Date : July 2021

Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

6 July 2021

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Signature of student Date

Approved for final submission

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Abstract

Background

Workplace violence is an alarming world-wide phenomenon that also affects healthcare providers. However, among healthcare providers, Prehospital Emergency Care Providers (PECPs) are particularly at risk of workplace violence as they provide direct patient care in often hostile and undefined public areas whilst interacting with the patient, their family members and bystanders. Gauteng Province is South Africa's economic hub and the most populous province. In Gauteng Province, workplace violence towards public service PECPs persists, producing a negative impact on the effectiveness of the public healthcare system, despite the measures that have been put in place.

Aim

The aim of this study was to develop a model to prevent of workplace violence against public service PECPs in Gauteng Province.

Methodology

The study was conducted using a non-experimental, cross sectional and mixed methods design guided by a social constructivism/ interpretivism paradigm with an interpretative framework founded on pragmatism. Overall, 413 questionnaires were administered in the quantitative subphase. The qualitative subphase the study included seven (7) face to face semi-structured interviews from the management cohort and focus group discussions comprised of 35 PECPs. Parallel mixed methods analysis was used to analyze the data.

Findings

The findings of this study revealed that even with the current preventative measures in place, there is a high incidence of workplace violence towards public sector emergency care providers within low and middle income communities of Gauteng who rely on state funded healthcare. The risk factors to workplace violence included service delivery frustrations and protests, high crime rates, a lack of reliable backup and emergency care providers being

perceived as easy targets. Workplace violence results in a lack of job satisfaction and a poor perception of workplace safety culture amongst PECPs and a decreased quality of and limited access to emergency medical care amongst the low and middle income communities in Gauteng. The findings and meta-inferences generated by the mixed results informed the development of a proposed model for the prevention of workplace violence towards public service PECPs in Gauteng Province.

Key words: Emergency medical services, Prehospital emergency care providers, Gauteng Province, public healthcare system, South Africa, workplace violence.

Dedication

This study is wholeheartedly dedicated to the following exceptional beings:

- Vakokwani wena nwaMatwa ku xurha, Cambale Mavona Khoseni, wa ripanga ro xeka homu ri xeka rhole, mhoo!!! Na wena Kaya nwaXiphemu ni ba mandla ni vuyelela, a ni rivali. Mi ni kurisile, mi ni leterile, mi ni kombe tindlela ta vutomi. Mintirho ya nwina ya tikomba ni leswi ni nga xiswona hikwalaho ka nwina (*Xitsonga: Praises).*

- To my mother, Ambelina, I am what I am because of you. No words can express my gratitude.Thank you for your support and guidance. I am blessed to have you.

- To my wife, Zanele and my sons, Ndzalama and Yerhu, se swi hetisekile. I will be forever grateful for your love, patience, support, and motivation. We made it!

- To all the public service Prehospital Emergency Care Providers who paid the ultimate price serving the communities of South Africa due to workplace violence, rest easy, for you are the martyrs of equitable health care. It is not yet Uhuru, however, we shall overcome, because your sacrifice, your deeds and your nobility shall spur us on to continue the struggle.

- To all public service Prehospital Emergency Care Providers and leadership, who continue to serve despite the hardships, continue your passion. May God give you strength and may God bless you, for you are a beacon of hope and a pillar of strength for the vulnerable, for those who live in villages, townships and squatter camps, for the disadvantaged, for our sons, our daughters, our mothers, our fathers, our friends and our families.

Acknowledgements

To the creator of the heavens and the earth, the giver of life, my Lord, your love is overwhelming. I would like to express my sincere gratitude to the following outstanding people for their contributions to this study:

- To all the participants, I am very grateful for participation towards this study. Without your time and valuable contributions, this study would not have been completed.
- To my supervisor, Professor Nokuthula Sibiya, thank you. Your guidance and support made this study a success.
- To my co-supervisor, Dr Nombeko Mshunqane, thank you for your encouragement and support through this journey.
- To the acting Head of Department for Gauteng Department of Health, Mr Arnold Malotana; thank you for your continuous support and assistance throughout the study.
- To the Deputy Director of Gauteng Emergency Medical Services, Ms Zintle Kubheka, thank you for the mentoring and your immense contribution towards this study.
- To Colonel Joubert of the South African Police Service, thank you for your assistance in making this study possible.
- To the South African Police Service at all levels, thank you for your support throughout this study.
- The Gauteng Department of Health and the Gauteng Emergency Medical Services at all levels, thank you for the support throughout this study.
- To the community of Gauteng Province, your contributions are highly appreciated.

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Glossary of terms

Ambulance Emergency Assistant (AEA): An emergency medical services care provider registered under the Health Professions Council of South Africa's (HPCSA) Professional Board of Emergency Care (PBEC) as an Ambulance Emergency Assistant (AEA). AEAs undergo a PBEC approved training programme of up to four months after successful completion of the four-week Basic Ambulance Assistant (BAA) course and 1000 hours on the road experience. AEAs competencies include basic airway management, nebulization, peripheral intravenous access, administration of glucose, aspirin and inhalant analgesia, normal vaginal delivery and manual defibrillation in cardiac arrest (HPCSA 2011).

Basic Ambulance Assistant (BAA): BAAs are registered under the PBEC of the HPCSA and provide the most basic level of prehospital emergency care in South Africa. Their training comprises of a four to six-week training course accredited by the PBEC of the HPCSA. Their competencies include basic life support, first aid, trauma management, the use of ambulance equipment and patient packaging (MacFarlane, Van Loggerenberg and Kloeck 2004; HPCSA 2018).

Emergency Care Practitioner (ECP): ECPs are registered under the PBEC of HPCSA as Emergency Care Practitioners, independent practice category. They are in possession of either a Bachelor of Technology Degree in EMC (BTech EMC) or Bachelor of Health Sciences in EMC (BHSc EMC) from a University or University of Technology accredited by the PBEC of the HPCSA. Their competencies include thrombolysis, rapid sequence intubation, advanced cardiopulmonary arrest management, advanced trauma management, emergency management of hypertension, asthma, anaphylaxis, advanced medical rescue, use of defibrillators for pacing and cardioversion and the use of mechanical ventilators (HPCSA 2018).

Paramedic: Paramedics are registered under the PBEC of the HPCSA and undertake either nine to 12 months training to qualify as Critical Care Assistants (CCA) or three years formal tertiary education to qualify with a National Diploma Ambulance and Emergency Technology (ND: AET) or National Diploma EMC (ND: EMC) and more recently a two-year Diploma in EMC. Their competencies include a limited Paediatric Advanced Life Support (PALS) scope, limited Advanced Cardiovascular Life Support (ACLS) scope and a limited Advanced Trauma Life Support (ATLS) (HPCSA 2018).

Workplace violence: According Alharthy, Al Mutairi, Alsahli *et al.* (2017), workplace violence is the intimidation or hostility towards a worker within the work environment and encompasses events where workers are threatened, assaulted or abused whilst at work, or during situations related to their work.

List of acronyms

Acronym	Full word/sentence
AEA	Ambulance Emergency Assistant
AIDS	Acquired Immune Deficiency Syndrome
BAA	Basic Ambulance Assistant
CCA	Critical Care Assistant
CPF	Community Policing Forum
DUT	Durban University of Technology
ECP	Emergency Care Practitioner
ECT	Emergency Care Technician
EMC	Emergency Medical Care
EMS	Emergency Medical Services
GDP	Gross Domestic Product
GEMS	Gauteng Emergency Medical Services
HAS	Homoeopathy South Africa
HIV	Human Immunodeficiency Virus
HOSPERSA	Health and other Service Personnel Trade Union of South Africa
HPCSA	Health Professions Council of South Africa
IREC	Institutional Research Ethics Committee
KZN	KwaZulu-Natal
ND	National Diploma
NDP	National Development Plan
NGO	Non-Governmental Organization
PBEC	Professional Board of Emergency Care
PECP	Prehospital Emergency Care Provider
PTSD	Post-Traumatic Stress Disorder
SAHRC	South African Human Rights Commission
SANDF	South African National Defence Force
SAPS	South African Police Services
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
SPSS	Statistical Package for the Social Sciences
Stats SA	Statistics South Africa
USA	United States of America
WHO	World Health Organization

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 BACKGROUND TO THE STUDY

Workplace violence is an alarming phenomenon worldwide (Di Martino 2002). Workplace violence comprises of any harassment, intimidation, act or threat of physical violence or threatening disruptive behaviour (Hester, Harrelson and Mongo 2016). According to Maguire, O'Neill, O'Meara, Browne and Dealy (2018), there are four types of workplace violence as listed below:

- Type 1 is criminally motivated and includes robbery
- Type 2 is customer/ patient or client based
- Type 3 is worker against worker
- Type 4 pertains to personal relationships and includes incidents where a romantic partner becomes violent towards an employee within the workplace.

Workplace violence also affects healthcare providers, particularly those that care for patients within an emergency setting (Suserud, Blomquist and Johansson 2002). Di Martino (2002) noted that violence within the healthcare sector may account for a quarter of workplace violence worldwide. According to Petzäll, Tällberg, Lundin and Suserud (2011), Emergency Medical Care (EMC) is provided in various environments to patients with various etiologies such as illnesses, drug abuse, physical abuse and accidental trauma. This may then lead to acts of violence aimed at PECPs because in an emergency, normally a patient's first contact with a healthcare provider may change the their state of affairs and that of near their relative or friends (Petzäll *et al.* 2011; Suserud Blomquist and Johansson 2002).

A study by Hester, Harrelson and Mongo (2016) highlights that nurses are especially vulnerable to workplace violence as they provide direct patient care and therefore often interact with the patient and their family members. Although nurses provide direct patient care, they operate in a controlled setting with

clearly defined boundaries and often with security guards and access control, limiting family access. On the other hand, Prehospital Emergency Care Providers (PECPs) operate within patients' homes, streets, and often other hostile, undefined public areas with little or no access control, whilst interacting with family and bystanders. This, therefore, affirms that PECPs are the most vulnerable population group to workplace violence when compared to healthcare providers in other disciplines (Hester, Harrelson and Mongo 2016; Di Martino 2002). Similarly, Wongtongkam (2017) concurs that PECPs can be identified as having the highest risk of workplace violence amongst healthcare providers due to them providing a frontline service. Di Martino (2002) also noted that workplace violence is prevalent amongst employees who have direct contact with persons in distress and PECPs have the highest risk. On the other hand, Maguire *et al*. (2018) noted that PECPs have a higher occupational risk including fatalities when compared to police and firefighters. In addition, Boyle and McKenna (2017) also found that occupations which are more exposed to the general public are more likely to experience workplace violence.

Gauteng Province has the largest population in comparison to other provinces in South Africa. Statistics South Africa (Stats SA) estimates a total of 14 278 700 people living in Gauteng Province which accounts for 25% of South Africa's total population (Stats SA 2017a). According to Stats SA (2017a), Gauteng Province also experiences the largest inflow of migrants coming from other provinces and neighbouring countries than any other province, further increasing the total population. This rapid urban migration places a burden on available resources and leads to local government service delivery constraints such as restricted water, sanitation, housing as well as lawlessness and a low rate of employment and employability.

The new dawn of the post-apartheid South Africa has been characterized by a rise in crime and widening inequality gap (Demombynes and Ozler 2006). Stats SA (2017) found that only 25% of Gauteng Province's total population totaling 3 569 500 were members of medical aid schemes in the year 2017. This provides a clear indication of South Africa's inequality. According to the

Department of Correctional Services (2018), the increased crime rates serve as evidence that South Africa is violent in nature.

The South African population is mostly troubled by contact crimes which include murder, indecent assault, rape, attempted murder, assault with grievous bodily harm, aggravated robbery and common assault (Department of Correctional Services 2018). The year 2017 saw a total of 53 793 robberies with aggravated circumstances being reported in Gauteng Province, including 39 684 cases of assault with intent to do grievous bodily harm, which is higher than any other province (South African Police Service 2017). Additionally, low to middle-income areas such as Jeppe, Ivory Park, Kagiso, Hillbrow, Moroka, Thembisa, Orange Farms, Johannesburg Central, Alexandra and Dobsonville accounted for the highest numbers of contact crimes reported within the province (Meerkat Data Management 2018).

Since only 25% of Gauteng Province's total population are members of medical aids and can therefore afford private EMC, it can be concluded that as a state funded entity, Gauteng Emergency Medical Services (GEMS) is directly responsible for the provision of EMC to 75 % of Gauteng Province's population. This is due to South Africa's health care system being an unequal, two-tier system that consists of a public and private sector that shares 8.5% of the total Gross Domestic Product (GDP). Furthermore, of this 8.5%, only 4.1% is spent on the 84% of South Africa's population who are not members of medical aid schemes whilst 4.4% is being spent on the 16% who are members of a medical aid scheme (Department of Planning, Monitoring and Evaluation 2017).

The standard stipulated by the Department of Health's National Data Indicator Set as highlighted by the South African Human Rights Commission (SAHRC) mandates one government ambulance for every 10 000 people, which must be staffed by two PECPs per shift. With 1 672 PECP posts filled in GEMS, this translates to one government ambulance for every 17 286 people in Gauteng Province and therefore GEMS can be deemed as being currently understaffed (Gauteng Department of Health 2018: 118; SAHRC 2015). Subsequently, the

prevalence of workplace violence towards PECPs worsens the understaffing and enhances absenteeism (Govender, Grainger, Naidoo and MacDonald 2011; Grabrucker and Grimm 2018).

According to the Gauteng Provincial Government Treasury (2018), education, transport, housing and food accounts for 50% of the consumer price index, hence making households vulnerable to inflation and further widening the inequality gap. Additionally, low medical aid scheme memberships are prevalent within low- and middle-income households residing in low- and middle-income areas. This can be attributed to high consumer inflation, high rates of unemployment, moderation in salary payments and low consumer confidence which results in the bulk of household income being redistributed to basic needs such as housing (Gauteng Provincial Government Treasury 2018).

GEMS is mandated to provide state funded EMC to the ill and injured in Gauteng Province. The programme aims to provide EMC and transportation, including planned patient transport in line with the provincial regulations (Gauteng Department of Health 2018: 45). GEMS PECPs render EMC on the frontline and therefore may be more vulnerable to workplace violence than other healthcare providers within the province. Available data indicates that within a three-year period, there were 45 incidents of workplace violence that were reported by GEMS PECPs. The majority of these incidents were aggravated robberies given that they accounted for 33% of the total incidents. Equally important is that 84.4% of these incidents were contact crimes which included murder, kidnapping, assault, use of dangerous weapons, intimidation and hijacking of ambulances (GEMS 2018).

Similarities were also noted from the locations where incidents of workplace violence reportedly occurred. This is in reference to the findings reported by Meerkat Data Management (2018), that low to middle income areas accounted for the highest numbers of contact crimes reported within the province. According to the GEMS (2018), most incidents (55.6%) occurred within townships followed by informal settlements (13.3%). This may also be due to

the fact that the majority of the low- and middle-income populations who depend on state funded healthcare reside within the high crime, low to middle-income areas.

The PECPs must provide lifesaving EMC within these high-risk environments, either within the patient's home, the streets, or other often hostile, undefined public areas with little or no access control, whilst interacting with family and bystanders. This, therefore, reaffirms the findings of Wongtongkam (2017) that PECPs are vulnerable to workplace violence as they provide a frontline service. In addition, the consequences of workplace violence are becoming more apparent amongst employees and within organizations and communities (Di Martino 2002). In South Africa, the growing phenomenon of workplace violence towards PECPs has captured the attention of trade unionists and the increasing media coverage has inspired a growing public interest in the phenomenon (Palm 2018; The Times 2017). Workplace violence is an obstacle to production, service delivery, development and peace. South Africa is still a developing country and according to Di Martino (2002), workplace violence has a greater impact in developing countries as it impacts on the effectiveness of health systems and health service delivery. As a result, employees, organizations and society have come to realize the need to prevent workplace violence as a matter of high importance (Di Martino 2002).

According to Suserud, Blomquist and Johansson (2002), measures must be taken to mitigate the harsh reality of workplace violence within EMC. In the year 2000, the World Health Organization (WHO), the Public Services International, the International Labour Office and the International Council of Nurses launched a joint programme to develop policies and practical approaches to prevent and eradicate workplace violence in healthcare (Di Martino 2002). The programme included multiple researchers who conducted case studies in Bulgaria, Lebanon, Brazil, Portugal, Thailand, Australia and South Africa with various healthcare providers including nurses, medical practitioners, EMS personnel and concluded with the drafting of the WHO 2002 "*Framework Guidelines for Addressing the Workplace Violence in the Health Sector* ".

Furthermore, teachings and Standard Operating Procedures (SOPs) in EMC revolve around identifying hazards, seeking police escorts upon arriving at scenes and evacuating the scene without treating the person/ persons in distress, but do not address workplace violence which may occur at any time during the patient treatment and stabilization or transportation phases (Saunders, Lewis, McKenna and Quick 2012; Caroline, Elling and Smith 2011). Therefore, actions and responses to workplace violence do not prepare PECPs on how to deal with incidents in real-time as they focus on pre-empting and reporting after the incident has occurred, and by then injury or even death may have occurred. Furthermore, the current teachings may encourage the deserting of patients without finding a suitable replacement to continue healthcare. This therefore may lead to abandonment if the treatment had already been initiated, prompting litigation and therefore placing legal cost burden on the public service and also contributing to a decrease in service delivery (McQuoid-Mason 2015).

Even so, the increasing incidents of workplace violence show that workplace violence has not been prevented nor eradicated within healthcare and that the efforts and measures that are currently in place have not been successful in addressing workplace violence. Therefore, the development of a model may help to prevent or eradicate workplace violence towards public service PECPs in Gauteng Province by using empirical research to provide pragmatic solutions.

1.2 PROBLEM STATEMENT

The phenomenon of workplace violence towards PECPs is a global crisis (Magnavita and Heponiemi 2012). The study by Tintinalli and McCoy (1993) based in the United States of America (USA) is the first scientific report to provide evidence of workplace violence against emergency providers. Another American study by Pozzi (1998) that comprised of 331 participants, showed that over 90% of these PECPs were subjected to workplace violence over a period of one year. In Sweden, Suserud, Blomquist and Johansson's (2002)

study, which included a population employed within a local ambulance service, found that 80.3% of respondents had been subjected to workplace violence. In Australia, a study by Boyle, Koritsas, Coles and Stanley (2007) found that of the 930 participants who responded to the distributed questionnaires, 87, 5% experienced workplace violence within one year. A Turkish study by Cenk (2018), which collected data from 143 participants, found that 86.5% of the PECPs experienced verbal abuse and 35% experienced physical violence. In South Africa, although there has been a substantial amount of media reports, public outcry, social media hype, forums and non-violent marches as a result of the rampant workplace violence towards PECPs, there is a paucity of scientific literature on this phenomenon within its real-life context. This is a worrying realism especially when one considers the facts presented by literature that there is a direct association between workplace violence towards healthcare providers and increased occupational strain, higher job stress, decreased job satisfaction, decreased worker commitment towards the employment, a greater sense of injustice, greater psychological distress, lower social support from co-workers and adverse patient outcomes (Magnavita and Heponiemi 2012).

The literature suggests that the effects of workplace violence have a greater impact on developing countries while most available studies were done in first world countries with developed economies, low rates of poverty, lower crime rates and lesser contact crimes than those experienced in South Africa (Di Martino 2002). Many of these studies have attempted to find solutions into the prevention of workplace violence using existing theories and frameworks (Poyner and Warne 1986; Levin, Hewitt and Misner 1998; Ramacciati *et al.* 2018; Early and Hubbert 2006; Leininger 2002; Hesketh *et al* 2003; Wilson and Kelling 1982; Cohen and Felson 1979; Landau and Bendalak 2008; Clarke 1980; Henson 2010; Ventura-Madangeng and Wilson 2009; Walker and Avant 1995; Rodgers and Knafl 2000; Lau, Magarey and Wiechula 2012). Additionally, many of these studies state that perpetrators of workplace violence were usually patients and their relatives and PECPs were only subjected to verbal and physical assault. However, in South Africa, specifically Gauteng

Province, PECPs have been robbed with aggravated circumstances, assaulted with intent to do grievous bodily harm, raped and even murdered whilst on duty (GEMS 2018).

Considering that South Africa is a developing country, it can be concluded that PECPs from South Africa are more severely affected by workplace violence as compared to their counterparts from developed nations. Nonetheless, there is a paucity of literature addressing workplace violence towards PECPs within the real-life South African context. Furthermore, the increasing rate of workplace violence towards PECPs in South Africa, particularly in Gauteng Province, indicates that the current efforts to address the phenomenon of workplace violence towards PECPs have been unsuccessful. As stated previously, the Gauteng Province accounts for 25% of South Africa's total population and 75% of the province's total population are reliant on state-funded healthcare. In addition, the GEMS responded to 10 925 priority one patients in an urban setting and 143 in rural settings in the 2016/2017 financial year (Gauteng Department of Health 2017). With South Africa's burden of disease and trauma, the negative effects of workplace violence on healthcare service delivery may have devastating effects on the country's workforce and increase the burden on healthcare which may affect the economy and the quality of life. Therefore, it is imperative that the phenomenon of workplace violence towards public service PECPs in Gauteng Province is addressed. Hence, developing a model to prevent workplace violence towards public service PECPs in Gauteng Province may help address the problem using empirical research.

1.3 AIM OF THE STUDY

The aim of this study was to develop a model to guide prevention of workplace violence against public service PECPs in Gauteng Province.

1.4 OBJECTIVES OF THE STUDY

The objectives of this study were to:

- Explore the incidence of workplace violence amongst public service PECPs in Gauteng Province.
- Identify the risk factors of workplace violence against PECPs in Gauteng Province.
- Identify the consequences of workplace violence as experienced by public service PECPs in Gauteng Province.
- Assess the perceptions of Gauteng Province residents towards workplace violence against PECPs.
- Determine the strategies to mitigate against workplace violence of public service PECPs in Gauteng Province.
- Determine the measures currently in place to ensure the safety of public service PECPs in Gauteng Province.
- Determine how public service PECPs in Gauteng Province perceive their safety within the workplace.
- Determine the measures that public service PECPs take to ensure their safety within the workplace.
- Develop a model for the prevention of workplace violence towards PECPs working within the Gauteng Province public service.
- Evaluate the model for the prevention of workplace violence towards PECPs working within the Gauteng Province public service.

1.5 RESEARCH QUESTIONS

- What types of violence is experienced by public sector public service PECPs in Gauteng Province?
- What are the risk factors associated with workplace violence against PECPs in Gauteng Province?
- What are the consequences of workplace violence as experienced by public service PECPs in Gauteng Province?
- What does the community understand about workplace violence and how it affects them as the primary end-users of public service EMC in Gauteng Province?

- What strategies can be used to mitigate against workplace violence of public service PECPs in Gauteng Province?
- What measures are currently in place to ensure the safety of public service PECPs in Gauteng Province?
- How do public service PECPs in Gauteng Province perceive their safety within the workplace?
- What measures do public service PECPs in Gauteng Province take to ensure their safety within the workplace?
- How does the formulated model address the prevention of workplace violence towards PECPs working within the Gauteng Province public service?

1.6 SIGNIFICANCE OF THE STUDY

Workplace violence causes instability and distress for staff and patients, resulting in delays in treatment and increased waiting times, whilst distracting staff and patients, thereby decreasing the quality of healthcare provision (Morphet *et al.* 2014). The available literature on workplace violence towards PECPs is based on research conducted in first world countries with developed economies, low poverty rates with little to no socio-economic inequality and low rates of contact crimes. In South Africa, the phenomenon has gained prominence with many incidents being reported in the media frequently. Even so, the phenomenon is not well understood in South Africa as there is a paucity of literature exploring this phenomenon within a South African context. As South Africa's economic hub, Gauteng Province has the highest population and consequently has the highest rate of crime than any other province. Therefore, this study may help to realize cost-effective and sustainable solutions to prevent and eradicate workplace violence towards public service PECPs to ensure that EMC provision is accessible to the ill and injured and therefore ensure that the economy has a healthy workforce. The study may also help the Gauteng Provincial government save substantial amounts of money that are being used to replace and repair damaged equipment as a result of workplace violence. The study may have a positive impact on the retention and job satisfaction of

PECPs. The results of this study may also enlighten PECPs and researchers within the EMS profession and other healthcare fields affected by workplace violence, therefore contributing to the existing body of knowledge. The study may also enlighten policymakers in developing policies on the protection and safety of PECPs, patients and assets, improving service delivery in workplace violence hotspots, improving the workplace safety culture and employee wellness. In addition, it may contribute to increasing the quality of life of those living, working and visiting Gauteng Province.

1.7 STRUCTURE OF THE THESIS

This thesis is presented in the following nine chapters:

CHAPTER 1: OVERVIEW OF THE STUDY

This chapter describes the study background. This includes the introduction, research problem, aim of the study, study objectives, research question, study significance and the structure of the thesis.

CHAPTER 2: LITERATURE REVIEW

This chapter presents the literature review. Available literature related to workplace violence towards PECPs is analyzed and appraised.

CHAPTER 3: THEORETICAL FRAMEWORK

This chapter presents a framework that guides the study.

CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

This chapter presents the research methodology that was employed to conduct this study. This includes the study design, study setting, sample, inclusion and exclusion criteria, study procedure, trustworthiness, interpretation of the data and ethical considerations.

CHAPTER 5: PRESENTATION OF RESULTS: SUBPHASE 1 (QUANTITATIVE DATA)

This chapter presents how the data was analysed using descriptive statistics.

Chapter 6: Presentation Of Findings: Subphase 2 (Qualitative Data)

This chapter presents how the data was analyzed, coded and formulated into themes.

CHAPTER 7: DISCUSSION OF FINDINGS

This chapter discusses the research findings.

CHAPTER 8: DEVELOPMENT OF THE MODEL

In this chapter, the model for the prevention of workplace violence against public service PECPs around Gauteng Province was developed and presented.

CHAPTER 9: SUMMARY, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

This chapter will conclude the study, provide recommendations and present the limitations.

1.8 SUMMARY OF THE CHAPTER

This chapter introduced the study and provided an overview of the history and nature of the subject matter. It also described the study aims, objectives, significance and the structure of the thesis. The following chapter will provide an analysis and appraisal of existing literature on workplace violence towards PECPs in order to illuminate the study context.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter analyses and evaluates the existing literature on workplace violence towards PECPs, including existing theories that relate to workplace violence towards healthcare providers. Allen (2017) defines the literature review as a complete synopsis of theoretical arguments and studies about a phenomenon. The literature review is used to identify existing research and hypothesis, the gaps within the existing research and hypothesis, and also to highlight research that has to be done (Allen 2017).

2.2 PROCESS OF SOURCING THE REVIEWED LITERATURE

Sources obtained to compile this literature review were obtained through the Durban University of Technology (DUT) Library website, Google Scholar, Gauteng Provincial Government and the South African Government website. Access to the databases was obtained through the off-campus access link. The databases that were used included Google Scholar, Science Direct, Proquest, Wiley's Online Library, PubMed, SagePub and Sage Research Methods. The search included but was not limited to the following phrases: workplace violence, workplace violence towards PECPs, violence against paramedics, EMC violence, violence against healthcare staff, violence against healthcare providers, crime in South Africa and safety of paramedics.

2.3 WORKPLACE VIOLENCE

Workplace violence can be defined as intimidation or hostility towards a worker within the work environment (Alharthy, Al Mutairi, Alsahli *et al.* 2017). Similarly, the World Health Organization (WHO) (2002) defines workplace violence as events where workers are threatened, assaulted or abused whilst at work, or during situations related to their work, such as when one commutes to and from the workplace. Furthermore, workplace violence presents workers with an

unequivocal and inherent challenge to their wellbeing, safety, physical and mental health (WHO 2002). According to Piquero, Piquero, Craig and Clipper (2013), workplace violence is one of the main adverse consequences of employment.

Workplace violence has a considerable impact on healthcare providers (Alharthy *et al*. 2017). According to a study by Morphet *et al*. (2014), maintaining a safe, therapeutic workplace presents extraordinary challenges to healthcare providers who serve within a society that increasingly tolerates violence and aggression. Workplace violence causes instability and distress for staff and patients, therefore resulting in delays in treatment, increases waiting times whilst distracting staff and patients and make them defensive. Violence also places healthcare providers at a crossroad as they may have to care for aggressive patients whilst also having to consider their right to a safe working environment (Morphet *et al*. 2014).

According to the WHO (2019), poor communication and management practices, lack of participation in decision making and decreased control in one's area of work, inflexible working hours, unclear tasks and organizational objectives, inadequate health and safety policies and low levels of employee support have a negative impact on the mental health and productivity of employees in the workplace. Workplace violence is the leading cause of discrimination, stigmatization, inequality and conflict within the workplace (WHO 2002).

Bartlett and Bartlett (2011) note that aggressive behaviours in the workplace also amount to bullying and therefore workplace violence. Gossip, favouritism, false accusations, ignoring co-workers or employees, lies, exclusion, not returning communications, blaming others, endangering co-workers, verbal abuse, stealing from co-workers, the employer or employees are all forms of workplace violence. Further examples of workplace violence include harassment, controlling resources, professional attacks, withholding resources, excessive monitoring, flaunting status and power, judging work wrongly,

blocking employees from promotion and giving unfair criticism. In addition, bullies do not return phone calls, memos, reports and emails and therefore isolate others. Bullies also use tactics such as belittling remarks, yelling, verbal harassment and interrupting others (Gardner and Johnson 2001; Bartlett and Bartlett 2011; MacIntosh 2005; Rayner 1997). Workplace bullying has a negative organizational impact and this includes loss of productivity and poor customer relations, increased need for training, increased legal costs, wrongful discharge, increased need for retraining, increased need for recruitment and interviewing, low employee morale, humiliation, fear, weakened employee retention. Other effects include ineffective teamwork, increased worker compensation claims, decreased organizational reputation, increased number of workplace errors, absenteeism, increased employer medical benefits costs, poor interpersonal relationships and decreased organizational commitment (Bartlett and Bartlett 2011).

The WHO (2002) reports that workplace violence interrupts interpersonal relationships and disrupts the work environment, hence threatening the effectiveness and productivity of organizations. Similarly, a more recent study by Alharthly *et al*. (2017) found that workplace violence may also lead to psychological distress, low perceptions of safety and burn-out amongst healthcare providers. Another study by Piquero *et al*. (2013) found that workplace violence may result in job insecurity, decreased job satisfaction, and decreased job performance, increased personal safety concerns, emotional exhaustion, fear and low employee morale. In healthcare, it negatively impacts on the quality of care resulting in poor service provision/delivery (WHO 2002). This results in increased costs of public healthcare, which places further strain on the resource-constrained health system. It is also important to note that workplace violence also threatens access to equal healthcare in developing countries as it adversely affects the retention of skilled healthcare providers who already are a scarce resource (WHO 2002).

According to Alharthy *et al.* (2017), the predisposing factors which make healthcare providers especially vulnerable to workplace violence include lack of training in early recognition and handling of potential high-risk patients, decreased staffing, lack of workplace violence training programmes, working with patients with mental health problems, inadequate security and working within public places. Other factors include patient pain and discomfort, tension, stress, lack of privacy, prolonged waiting times and anger of patients and family members. Healthcare providers may also be at a higher risk of workplace violence during certain times of the day than others, such as during the early hours of the morning and late hours of the night (Alharthy *et al.* 2017). Similarly, Gillespie, Gates, Millar and Howard (2010) found that the factors which increase the risk of workplace violence in healthcare include the healthcare providers' years of experience, gender, marital status, working hours and the presence of any workplace violence deterrence or related training.

2.4 THE GLOBAL PHENOMENON OF WORKPLACE VIOLENCE AGAINST PREHOSPITAL EMERGENCY CARE PROVIDERS

Modern EMC is very challenging and demanding (Mildenhall 2012). This can be attributed to the EMC profession experiencing one of the highest rates of absenteeism as a result of anxiety, occupational stress and depression which may be linked to frequent exposure to traumatic incidents (Mildenhall 2012). A study by Khan, Conduit, Kennedy and Jackson (2020) noted that due to the nature of the job, which encompasses shift work, sleep deprivation, continuous exposure to death and trauma, PECPs have higher levels of depression, post-traumatic stress disorder, fatigue and insomnia than other healthcare providers and the general population. In addition, a study by Maguire, Hunting, Smith and Levick (2002) found that the EMC professionals were far more at risk of occupational injury and fatality than generally perceived. This is in view that the rate of occupational fatalities for PECPs exceeded that of the general population (Maguire *et al*. 2002). Correspondingly, Maguire *et al*. (2018) affirms that PECPs experience a high-rate of occupational injury and mortality.

Workplace violence towards PECPs is a global concern. What is more, is that it is one of the foremost factors accounting for the high-risk nature of the profession (Alharthy *et al*. 2017; Maguire *et al*. 2018). Likewise, the profession is characterized by regular exposure to various clinical incidents and workplace violence whilst frequently having to make clinical decisions under public gaze (Clompus and Albarran 2016). Moreover, the advancement of the profession has also brought about the need for the transformation of service delivery. For this reason, work pressure increased consequently increasing the strain on staff as they strive to achieve organizational and national health performance targets such as shorter response times, the introduction of standby locations and single EMS care provider manned rapid response vehicles (Clompus and Albarran 2016).

According to Minnie, Goodman and Wallis (2015), PECPs have a “boys don’t cry” attitude, where they portray masculinity and suppress their emotions and feelings whilst on the job, which therefore, contributes to their decreased utilization of organizational support structures. For this reason, there may be a need for literature that can challenge the predominance of the male coping cultural attitudes towards emotion and expression within the profession (Clompus and Albarran 2016; Steen, Næss and Steen 1997). A study by Tintinalli and McCoy (1993) based in the USA is the first scientific report to provide scientific evidence of workplace against emergency providers. Another American based study by Pozzi (1998) consisting of 331 participants, showed that over 90% of these PECPs were subjected to workplace violence over a period of one year. The study reported that the phenomenon of workplace violence towards PECPs remains irresolute as a result of PECPs who perceive the phenomenon as being part of the job and thus failing to report violent encounters. Moreover, when a lack of acknowledgement of workplace violence exists, coupled with a lack of reporting mechanisms including policies to encourage reporting, then the phenomenon will remain unknown as it is not mentioned (Pozzi 1998). Likewise, a study by Sayah, Thomsen, Eckstein and Hutson (1999) which aimed to evaluate the experience of PECPs with violence in the field concluded that a majority of PECPs working in Los Angeles and

Eastern New England had experienced workplace violence. The study also stated that most of the incidents of workplace violence had not been reported. Another study by Suserud *et al.* (2002) which included a study population employed within a Swedish ambulance service found that 80.3% of respondents had been subjected to workplace violence.

An Australian study by Boyle *et al.* (2007), where 930 questionnaires were distributed with an overall response rate of 28%, found that 87.5% of the surveyed PECPs experienced workplace violence within one year. Similar to Pozzi's (1998) study, Boyle *et al*. (2007) noted that workplace violence is often seen as being part of what the job entails and hence not perceived as a phenomenon that requires intervention within the workplace. This study was the first of its kind in Australia to investigate PECPs experience with workplace violence. The study also revealed that workplace violence particularly verbal abuse and intimidation is common amongst Australian PECPs (Boyle *et al.* 2007). What is more, the study highlighted that a significant number of PECPs experienced sexual harassment and sexual assault from their colleagues. In conclusion, the study noted that there is a need to educate PECPs on how to manage workplace violence (Boyle *et al.* 2007). Another more recent Australian study by Maguire *et al.* (2018), ascertained that the risks for PECPs are increasing, seeing as the rate of workplace violence has tripled over the last 10 years.

In Turkey, a study by Cenk (2018) revealed that a total of 86.5% PECPs who participated in the study experienced verbal abuse of which 35% also experienced physical violence. In the same way, a Saudi Arabian study by Alharthy *et al.* (2017) including 370 respondents showed that workplace violence, specifically in the form of verbal abuse, was experienced by 61% of PECPs in Saudi Arabia. All in all, workplace violence towards PECPs is a widespread worldwide phenomenon.

2.5 EXTENT OF WORKPLACE VIOLENCE IN AFRICA

Healthcare provider migration from Africa to Europe, Middle East and North America has been on the rise since the 20th century. The rapid migration can be attributed to political and economic uncertainties and a lack of safety in the workplace (Connell, Zurn, Stilwell, Awases and Braichet 2007). Similarly, Boafo (2016) notes that the migration of nurses from Ghana to high-income countries has become an issue of major concern. This is because their country is unable to retain them as a result of various push factors such as work stress, poor living conditions, work overload and lack of professional development and pull factors including high income and a well-defined healthcare system (Boafo 2016). Furthermore, the study found that work stress was mainly due to workplace violence and was a major push factor for nurse migration and that more than half of nurses who participated in the study had experienced workplace violence in the form of verbal abuse with patients and their relatives being the main perpetrators (Boafo 2016). Sexual harassment was also reported, and this was due to the dissatisfaction of healthcare provided as a result of poor infrastructure and inadequate staffing (Boafo 2016). The study also found the relationship between migration and workplace violence to be significant as many of the nurses felt that nothing is done by management to curb workplace violence and therefore there are no consequences for perpetrators. Persistent workplace violence was found to fuel the desire to seek better working conditions and therefore migration or a change in the profession (Boafo 2016).

In Malawi, workplace violence was found to have a 70.54% prevalence with 62% being reported to management (Banda, Mayers and Duma 2016). Since Malawi has a nursing workforce which is 75% female, workplace violence has been attributed to traditional norms which expect females to be submissive and therefore resulting in vulnerability. Furthermore, male patients were found to be the highest perpetrators of workplace violence towards nurses in psychiatric facilities. This may be due to confusion and mental health problems. In central hospitals, the major perpetrators were colleagues and management. According

to the study, all healthcare facilities should adopt a “violence-free policy” as well as improved violence reporting policies and procedures (Banda, Mayers and Duma 2016). A Nigerian study which evaluated workplace violence and the risk of psychiatric morbidity amongst hospital healthcare providers found that workplace violence had a 39% prevalence rate (Seun-Fadipe, Akinsulore and Oginni 2019).

Of all studies in Sub Saharan Africa, non-included PECPs. This may be as a result of the lack of well-defined, integrated, formal and professionally staffed EMS in many parts of Africa. It is estimated that EMS exist in only one-third of African countries and only serve 9% of the entire continent’s population (Mould-Millman *et al*. 2017).

2.6 WORKPLACE VIOLENCE WITHIN SOUTH AFRICAN EMERGENCY MEDICAL SERVICES

A study by Holgate (2015) found that South African PECPs are subjected to workplace violence in the form of verbal assault, shootings, stabbings, punching and biting. In addition, Govender *et al*. (2011) states that the lack of physical security; in particular the high-risk of exposure to workplace violence is one of the major causes of international migration amongst South African Advanced Life Support (ALS) PECPs. Similarly, according to Grabrucker and Grimm (2018), skilled employees typically leave or stay away from areas with high levels of crime and this, therefore, results in shortages of a skilled labour force and consequently decreasing productivity of institutions. Equally, a study by Demombynes and Özler (2006) also shows that a high number of highly skilled South African professionals migrated to countries with lesser crime rates.

According to Maguire *et al.* (2018), PECPs are at a high risk of exposure to workplace violence due to them working in uncontrolled and isolated environments, being in contact with persons in distress, being in possession of items of value such as expensive equipment, drugs, needles and syringes. Although it is a well-known phenomenon in South Africa, there is currently no

published peer-reviewed literature exploring the phenomenon of workplace violence against PECPs in South Africa or Gauteng Province nor on how to prevent workplace violence towards South African or Gauteng Province based PECPs. For this reason, all the available information about the phenomenon as it occurs in South Africa and particularly in Gauteng Province was obtained through news and correspondence publications.

According to a report from a local newspaper article by Zulu (2018), PECPs were robbed of their personal belongings including cell phones and money at gunpoint in Soshanguve, north of Pretoria (Gauteng Province). The incident transpired whilst attending to a patient in the early hours of the morning. Another newspaper article, by Palm (2018), reported that a symposium aiming to address PECPs' safety was held at a university in Western Cape, South Africa in December 2018. At the symposium, suggestions were made for collaboration between EMS with the local Community Policing Forums (CPF). Additionally, community members would meet up with PECPs at predetermined locations and escort them into hot spots as a means to prevent workplace violence towards PECPs within the Western Cape (Palm 2018).

A newspaper article, published by The Times (2017), reported that there has been an increase in workplace violence towards PECPs especially within Gauteng Province, Free State, Western Cape and KwaZulu-Natal (KZN) provinces. Within the article, shop stewards representing a trade union for health care providers namely Health and other Service Personnel Trade Union of South Africa (HOSPERSA) proposed police escorts, violent incident training and the issuing of firearms to PECPs to decrease workplace violence towards PECPs. They also called on the Ministry of Health to consider requesting the assistance of the South African National Defence Force (SANDF) as means to avert the phenomenon of workplace violence towards PECPs (The Times 2017).

2.7 SOCIO-ECONOMIC DETERMINANTS OF WORKPLACE VIOLENCE

South Africa's apartheid past has created a divided society. The country has transitioned into democracy, yet the divisions caused by the increasing rate of poverty and the widening gap of inequality have not been addressed (Jonck, Goujon, Testa and Kandala 2015). In the same way, the country has seen a surge in violence and crime after transitioning into democracy (Louw 1997). Equally, South Africa has one of the highest urban crime rates in the world (Grabrucker and Grimm 2018). According to Demombynes and Ozler (2006), the most difficult challenges faced by South Africans within the post-apartheid era is crime. The high crime indicates a divided society with immense marginalization and social exclusion (Palmary 2001; Jonck *et al.* 2015). In fact, during political transitions, the surge in crime rates is a common occurrence (Breetzke, Landman and Cohn 2014; Schönteich and Louw 2001).

Violence is considered to be one of South Africa's leading causes of mortality (Seedat, Van Niekerk, Jewkes, Suffla and Retele 2009; Jonck *et al.* 2015). This widespread violence is mainly due to poverty, unemployment and income inequality (Jonck *et al.* 2015). Violence and instability results when the economy and job market are unable to keep up with the urban population growth (Buhaug and Urdal 2013). In support of this, Grabrucker and Grimm (2018) debated that South Africa's high rate of poverty may be associated with the countries the high rate of inequality. Inequality is linked to a lack of economic freedom and low social mobility, which causes high levels of crime. Furthermore, intergroup inequality also emphasizes ethnic differences and social classing which results in conflict (Demombynes and Ozler 2006). Equally, not only economic factors encourage violence, but also factors that are based on the patricentric societal ideology which includes alcohol abuse, ease of access to firearms, single parenting and orphans of Acquired Immune Deficiency Syndrome (AIDS) and associated illnesses (Jonck *et al*. 2015).

The inflow of immigrants in Gauteng Province is more than that of any other province. For this reason, the total population is further increasing. Moreover, this results in local government service delivery constraints including lack of employment, water, sanitation, housing, law and order. Increasing crime also hurts the country's economy. There is a need for resources to be diverted towards strengthening protection measures, to accommodate the increased trauma patient volumes and facilitate wellness programmes in society, industry and education (Demombynes and Ozler 2006).

2.8 STRATEGIES TO PREVENT WORKPLACE VIOLENCE

According to the United States of America, Centres for Disease Control and Prevention (2006), the factors aggravating workplace violence towards healthcare providers include the high prevalence of firearms, gang activity, mental problems, limited backup support and poor communication. The current strategies for preventing workplace violence towards PECPs include the issuing of panic buttons and waiting for law enforcement backup. These strategies also include the ability by PECPs to diffuse a potentially violent situation through active listening, being respectful towards the potential aggressor and maintaining a non-defensive posture whilst simultaneously seeking a safe exit strategy (Maguire *et al.* 2018).

Alharthy *et al.* (2017) recommend that the implementation of reporting and preventative strategies should be a collaborative effort. According to Morphet *et al.* (2014), strategies to prevent violence and aggression have been poorly implemented in most settings. Furthermore, there is a level of tolerance by society that those violent in the hospital should be treated more leniently than those out of hospital. As a result, the Victoria branch of the Australian Nursing Federation made a government submission to recommend that government legislation provides for sanctions against violence towards healthcare providers (Morphet *et al.* 2014). On the contrary, there is no policy for prevention in Italy (Magnavita and Heponiemi 2012).

In the USA, many states have since increased penalties for assault on healthcare providers from a misdemeanour to felonies (Hester, Harrelson and Mongo 2016). Moreover, zero-tolerance policies were introduced in the United Kingdom's New South Wales Health sector in the year 2005, where the then Prime Minister David Cameron stated that zero tolerance would be adopted against those attacking healthcare workers (Morphet *et al*. 2014). A Zero-Tolerance Policy identifies actions and behaviors that will be tolerated and manages them accordingly. This may include patients being expelled from the healthcare facility. Besides, for the policy to work, it must be adequately resourced and consistently enforced. However, the policy is not clear cut, owing to healthcare providers' duty to care for the ill and injured, as the expulsion of patients may result in further harm and even death (Morphet *et al*. 2014).

Policies should therefore be proactive and should consider underlying health factors, whilst being free from violence and be able to provide early recognition and prevention of violence. Moreover, public awareness programmes, which have been shown to be effective in reducing workplace violence, should be implemented, and should include information about their healthcare journey, which may ease impatience and cover examples of workplace violence that may act as a deterrent for perpetrators. Educating the staff is equally important, seeing as the staff contribute to violence through poor communication, compassion fatigue and a lack of empathy towards patients. In fact, a health care provider's attitude, tone and interrogation of a patient's validity for seeking healthcare assistance may initiate and at times intensifies violence in the workplace. For these reasons, education should focus on communication, recognition of potential violence, negotiation skills and promote a culture of workplace safety (Morphet *et al*. 2014). A study by Hester, Harrelson and Mongo (2016) categorizes strategies to prevent workplace violence as follows:

a. Primary prevention: This focuses on identifying and thereafter decreasing exposure to workplace violence. This includes active participation in the development of prevention programmes and familiarization with policies and procedures.

b. Secondary prevention: This aims at reducing the negative impact of workplace violence.
c. Tertiary prevention: This places emphasis on decreasing the negative effects of workplace violence.

According to Piquero *et al.* (2013), assessing the predictors and acquiring knowledge about risk factors of workplace violence is essential when developing a theory for the prevention of workplace violence. Furthermore, the establishment of a database would be important in describing the phenomenon and will assist in theory development and guide policies for prevention (Piquero *et al.* 2013). The database may also lessen the underreporting of workplace violence by PECPs.

A study by Mildenhall (2012) suggests that the offsite and ambulatory nature of the EMC profession, which is further aggravated by rotating shift patterns that are not often linked with managerial office hours limits the interaction of staff with managers and enforces manager detachment from staff. This creates the optimal environment for reduced manager staff interaction and may therefore be the root cause of the highly documented underreporting of workplace violence by PECPs (Clompus and Albarran 2016).

Although the strategies to preventing workplace violence towards PECPs may assist, there is currently no peer-reviewed literature that provides evidence-based strategies for preventing workplace violence towards PECPs (Pourshaikhian, Aryankhesal, Khorasani-Zavareh and Barati 2016; Maguire *et al.* 2018). Similarly, Maguire *et al*. (2018) highlighted the fact that, as it stands, globally, there is no reliable evidence base in all existing or proposed strategies to prevent workplace violence towards PECPs due to the lack of peer-reviewed realistic research.

A study by Maguire *et al.* (2018) was the first to determine prevention strategies of workplace violence among PECPs. This was established by posing questions to the affected individuals. Many PECPs who participated in the study

suggested that situational awareness may help to reduce workplace violence. In addition, they also reported feeling vulnerable and therefore suggested that violence prevention and self-defence training may be a possible solution. It is equally important to note that there is currently no standardized training programme on workplace violence towards PECPs. Developed training programmes should be evidence-based and cover all aspects of workplace violence. They should also be part of a large programme consisting of components encouraging a healthy lifestyle such as physical fitness and diet.

The PECPs also highlighted the need for access and use of weapons and body amour as a means of protection. According to Huff (2013), services such as the Ohio EMS already allow their care providers to carry firearms. There are many means to respond to violent encounters and organizations should consider all. However, should organizations decide on a ballistic response, then it is important that they also consider the fact that if PECPs carry weapons then the employer is legally liable for all the actions including training and the unintended consequences. With regards to body armor, there is no evidence currently to support the effectiveness of its use by PECPs (Maguire *at al.* 2018).

An early warning system is also an important reference. It involves EMS organizations upholding links with the local policing authorities in order to constantly obtain real-time information about hot spots and serial offenders. The early warning system will also assist in identifying hot spots where police escorts are mandatory. Furthermore, maintaining organizational links may help develop and enhance multi-organizational relationships and SOPs which may therefore help to improve safety. In summary, PECPs see the need for public awareness campaigns and policies that protect them better (Maguire *et al*. 2018).

2.9 THEORIES FOR PREVENTION OF WORKPLACE VIOLENCE

According to Ramacciati *et al.* (2018), the success of conducting research in workplace violence against PECPs depends on the understanding of the

theories about the said phenomenon and to base the corrective interventions that follow on a defined theoretical framework. Existing theories, models and frameworks into the phenomenon are as follows:

2.9.1 Poyner and Warne (1986) Model of Workplace Violence

The model for workplace violence by Poyner and Warne (1986) assumes that the most essential factors in producing anger and violence are both interpersonal and situational. The model identifies the assailant, situation, and employee, dealings that occurred between the employee and the perpetrator before the violent altercation and the resultant effect as the characteristics of any violent act. According to Ramacciati *et al*. (2018), this model was used to outline high-risk situations in general healthcare settings.

2.9.2 Ecological Occupational Health Model of Workplace Assault

The Ecological Occupational Health Model of Workplace Assault was used in the descriptive study by Levin, Hewitt and Misner (1998) to explore the consequences, contributing factors and solutions to workplace violence against emergency department nursing staff. The model has six components which include a) workplace, b) personal, c) environmental factors, d) injuries, e) effects and f) solutions of workplace violence. The model further integrates organizational, societal and personal factors and is therefore useful in the recognition of factors that lead to workplace violence (Ramacciati *et al.* 2018; Levin *et al.* 1998).

2.9.3 Holistic Culture Care Theory

The Holistic Culture Care Theory was used by Early and Hubbert (2006) in a phenomenological study to describe cultures that emergency department personnel fit into. They believe that ethnographic studies may expand the literature within this focus area. Their phenomenological study revealed that an institution's administrative department, the healthcare providers, non-violent

patients and violent patients are the subcultures related to the phenomenon (Early and Hubbert 2006; Leninger 2002; Ramacciati *et al*. 2018).

2.9.4 Broken Windows Theory

A study by Hesketh, Duncan, Estabrooks, Reimer, Giovannetti, Hyndman and Acorn (2003) which investigated the association between the nursing organization, nurse and patient outcomes with hospital restrictions was guided by the Broken Windows Theory of Criminal Behavior by Wilson and Kelling (1982). The theory states that a community that tolerates petty crime creates an environment where serious crimes occur. This may be due to criminals sensing little confrontation towards their actions. Equally, the study by Hesketh *et al*. (2003) hypothesized that a work setting that tolerates emotional abuse creates an environment where outsiders such as patients become violent. Moreover, the theory has been used successfully in North American cities to combat community crimes and may be used to combat workplace violence in healthcare, provided that even minor acts such as humiliation and insults are solemnly treated and categorized as workplace violence. This will ensure that all predisposing factors of workplace violence are eradicated hence fostering a safe working environment conducive for effective and efficient patient care (Hesketh *et al*. 2003).

2.9.5 Routine Activity Theory

The Routine Activity Theory is based on criminology research by Cohen and Felson (1979). The theory guides a study by Landau and Bendalak (2008), which analyzes violence against emergency ward personnel in Israel. The theory states that target suitability, motivated offenders and guarding are the three behavioural elements that result in crime. The theory further states that one's likelihood of being a crime victim is influenced by the degree to which one's daily activity amplifies or reduces the prospect of victimization. Therefore, the risk of victimization is enhanced by decreased protection against the perpetrator, activities that increase exposure to perpetrators, closeness to perpetrators and hostile perpetrators (Hesketh *et al*. 2003).

2.9.6 The Situational Crime Prevention Theory

The Situational Crime Prevention Theory is based on a rational choice theory which supposes that perpetrators evaluate the potential risks versus benefits related to committing crime. The theory is derived from concepts of environmental criminology and is anticipated to decrease the reward for violent behaviour, render violence unjustifiable and decrease aggravation for violence ad aggression (Clarke 1980; Henson 2010; Hesketh *et al*. 2003).

2.9.7 The concept of workplace violence against registered nurses

The concept of workplace violence against registered nurses by Ventura-Madangeng and Wilson (2009) is based on Walker and Avant's (1995) framework for concept analysis and Rodgers and Knafl's (2000) techniques for concept development. The concept reveals antecedents, empirical referents, defining attributes and consequences as the four components of workplace violence towards healthcare providers.

2.9.8 Interactive Model of Workplace Violence

Chappell and DiMartino's (2006) interactive model is useful as it defines workplace violence as the convergence of various risk factors, therefore making it possible to not only prevent but to predict the phenomenon. The model also explains that workplace violence occurs as a result of the interaction of various risk factors.

2.9.9 Framework for cultural aspects in the emergency department

The ethnographic study by Lau, Magarey and Wiechula (2012) which aimed to explore the cultural aspects of violence revealed "*problems and solutions", "them and us*" and "*respects and demands*" as the three cultural themes. The study found that the cultural meaning of workplace violence is complex and subjective. It also provided insight into the cultural meaning and context of workplace violence towards healthcare providers and also suggests that there

may be possible immediate and effective solutions to the phenomenon (Lau Magarey and Wiechula 2012).

2.10 SUMMARY OF THE CHAPTER

All in all, this chapter presented the views, reports, findings, beliefs and theories of various researchers, authors and reporters about the phenomenon of workplace violence towards PECPs. The literature on the study focus was evaluated from a universal healthcare perspective, international and South African EMC perspective. Literature suggests that although there has been growing interest and interventions in many countries to prevent workplace violence towards PECPs, there is a lack of peer-reviewed literature on existing or proposed interventions which results in an unreliable evidence base. Correspondingly, there has been a growing interest in the phenomenon in South Africa, but there is still a paucity of literature focusing on workplace violence towards South African PECPs and theoretical frameworks to base interventions that prevent workplace violence towards PECPs within a South African context. Furthermore, the literature review revealed that there is also a paucity of literature about workplace violence against PECPs in the African context and this may be due to the lack of formalized and professional EMS in many African states. Although literature also suggests that perpetrators of workplace violence include colleagues, patients, family members, bystanders, delinquents and bandits, no literature focuses on the influence of members of the public on workplace violence.

Therefore, this literature review showed that there is a need to holistically understand and quantify workplace violence towards PECPs in order to find sustainable and pragmatic solutions. The review also showed that these solutions should be tested in order to develop a reliable evidence base and therefore add to the body of knowledge. The following chapter presents the theoretical frameworks which were employed by the researcher to guide this study.

CHAPTER 3: THEORETICAL FRAMEWORK

3.1 INTRODUCTION

This chapter presents the pragmatic theories that were used to explain and understand the phenomenon of workplace violence towards public service PECPs working within Gauteng Province. According to Given (2008), a theoretical framework is defined as a quasi-empirical or empirical psychological or social theory that can be applied to understand a phenomenon.

3.2 THEORETICAL FRAMEWORK AS A GUIDE

3.2.1 The concept of safety climate

The first theory that guided this study is the concept of Safety Climate. Safety Climate is a type of organizational climate (Zohar 1980). Organizational climate can be defined as individual views that members of staff share about their working environment and influence how they behave within their working environment (Zohar 1980; Schneider 1973). Evidence suggests that organizational climate has an influence on job satisfaction, organizational commitment and psychological wellbeing of an employee (McCaughey, DelliFraine, McGhan and Bruning 2013). According to McCaughey *et al*. (2013), factors such as workplace violence can result in the formulation of varying perceptions amongst employees about how they perceive their situation within their workplace. These perceptions form the foundation for comprehensive views about organizational climate and subsequently guide employee behavior and attitude such as organizational commitment and job satisfaction (McCaughey *et al*. 2013).

The concept of Safety Climate is derived from Zohar (1980), who states that organizational climate describes an area of research and not an organizational measure. In addition, since an organization creates several climates, a suitable adjective must be used when describing the type of organizational climate.

Safety Climate can be defined as individual views shared by employees about safety policies, guidelines and practices within an organization (Zohar 1980). Similarly, according to McCaughey *et al*. (2013), Safety Climate is a component of organizational climate which represents the views and beliefs of employees about their safety within their workplace. Safety Climate encompasses factors such as knowledge, policies, safety motivation and training (McCaughey *et al*. 2013).

Safety Climate is a critical element for healthy working environment. According to McCaughey *et al*. (2013), positive employee perceptions about the safety climate within their workplace leads to organizational commitment, willingness to participate in workplace safety programmes, enhanced performance and positive work attitude. Furthermore, safety policies and procedures, coupled with proper communication and organizational support, also contribute to positive climate safety perceptions amongst employees. McCaughey *et al*. (2013) also highlight that in a healthcare setting, work-related injury or illness may lead to negative individual safety climate perceptions which may trigger negative behaviour and poor employee performance. In addition, working within stressful and violent environments with high levels of strain and stress is associated with burnout, depression and a high rate of occupational injury. Finally, McCaughey *et al*. (2013) also found that healthcare providers who have had to take time off work due to occupational injuries or illnesses develop negative perceptions towards the safety climate within their workplace, which negatively influences their job satisfaction, turnover intent and leads to mental stress.

The interpretation of safety climate with regards to PECPs working with the Gauteng Province public service can be described in the following way:

a. Workplace violence influences the perceptions of PECPs about the Gauteng Province public service safety climate and safety climate has a direct influence on job satisfaction, employee stress levels, burnout, and service delivery (McCaughey *et al*. 2013).

b. Workplace violence within the Gauteng Province public service has a direct influence on the retention and recruitment of PECPs (McCaughey *et al*. 2013).

3.2.2 Broken Windows Theory of Criminal Behavior

The second theory that guided this study is the Broken Windows Theory of Criminal Behaviour by Wilson and Kelling (1982). According to Wilson and Kelling (1982), crime flourishes in a community where disorderly behaviour is ignored. Ignoring disorderly behaviour is the first broken window. Perpetrators believe that they can reduce their chances of being arrested or even recognized when they operate in communities where the current conditions have already instilled fear and intimidation into prospective victims. Similarly, Hesketh *et al*. (2003) state that according to the Broken Windows Theory of Criminal Behaviour, crime flourishes in communities that turn a blind eye to petty crimes and where perpetrators encounter modest resistance when executing illegal activities.

Wilson and Kelling (1982) also point out that although citizens may help in combating crime, police are the key to maintaining law and order. Mainly, wearing a badge brings a sense of responsibility whereas a uniform singles one out as the person to take responsibility. What is more, institutional policies protect actions and decisions. Equally, members of the public may refrain from assisting a victim of a crime in progress due to the absence of reasonable grounds for taking responsibility and the fear of legal consequences. Furthermore, security personnel may deter crime due to presence, but do not intervene when a crime is in progress. However, police officers on the other hand give victims and community members' confidence, a sense of duty and a feeling of having the authority essential in executing the call of duty (Wilson and Kelling 1982).

According to Hesketh *et al*. (2003), there should be an immediate visible response to all workplace violence, no matter how small and every incident should be taken seriously. The approach needs to be systematic and have organizational as well as governmental support. All efforts should strive to make the workplace adopt a zero-tolerance to violence; from employees to those they serve as well. In addition, they should also be aimed at creating an environment where civility, courtesy, decency is expected and therefore displayed at all levels of everyday practice. In the same way, all the factors that may lead to violence should be known, targeted and eliminated (Wilson and Kelling 1982; Hesketh *et al*. 2003).

Campbell (2001) has noted that despite its criminal justice background, the Broken Windows Theory of Criminal Behaviour has proved to be an invaluable theory within health sciences research as it can explain and predict workplace violence. Therefore, in this study, the Broken Windows Theory of Criminal Behaviour with regards to workplace violence towards PECPs working within the Gauteng Province public service was interpreted and described in the following way:

a. Policies and procedures which encourage reporting of all forms of workplace violence influence reoccurrences of violence. Reporting all forms of workplace violence may influence the severity of reoccurrence (Campbell, Burg and Gammonley 2015). Furthermore, organizational policies and procedures also directly influence how PECPs respond to workplace violence, which consequently influences their experiences.
b. The fear of becoming a victim of crime in the workplace may influence the workplace violence experiences of PECPs.
c. When communities tolerate petty crimes, an environment where crime thrives is created. Similarly, if emotional abuse is tolerated within the workplace, then there is a greater chance for outside perpetrators to become more aggressive towards PECPs (Hesketh *et al*. 2003).
d. GEMS and other relevant government stakeholders' response to incidents of workplace violence towards PECPs influences the experiences of PECPs.

3.2.3 Aggregation of theoretical frameworks

According to Carter, Bryant-Lukosius, DiCenso *et al*. (2014), theory triangulation uses multiple theories to support or refute findings when analyzing and interpreting data. According to Sim and Sharp (1998), successful theory triangulation can only be achieved if these multiple theories are aggregated. Therefore, in this study, the Broken Windows Theory of Criminal Behaviour and concept of Safety Climate were aggregated. Regarding PECPs working within the Gauteng Province public sector, this aggregation of theories will be interpreted as follows:

The experiences of PECPs with workplace violence shapes their perceptions towards their organizational safety climate. Their perceptions towards their organizational safety climate have a direct influence on the quality of EMC. The quality of EMC they provide has a direct impact on GEMS ability to render service delivery and meet its mandate. GEMS has a direct impact on morbidity and mortality rates of Gauteng Province's population and therefore influences the quality of life of those who live, work and visit Gauteng Province (Rojas, Seghieri and Nuti 2014; Hesketh *et al*. 2003; McCaughey *et al*. 2013).

3.3 SUMMARY OF THE CHAPTER

This chapter presented the theoretical framework that guided the study. The application of the selected framework will be provided in Chapters 6 and 7. The next chapter will present the research methodology that was employed by the researcher to conduct this study.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter examines the research design, study setting, sampling process, inclusion and exclusion criteria, study procedure, piloting of the data collection tool, trustworthiness, data interpretation and ethical considerations that were followed when conducting this study.

4.2 RESEARCH DESIGN

A research design is a plan or strategy employed within a research project to produce an answer to the research question (Lavrakas 2008; Nishishiba, Jones and Kraner 2014). A non-experimental, cross-sectional mixed methods design was used to conduct the study. The qualitative subphase 1 allowed the researcher to gather information from the participants by using focus group discussions (FGDs) and one-to-one semi-structured interviews. Polit and Beck (2012) describe qualitative research as the investigation of the phenomena typically in an in-depth and holistic fashion, through the collection of rich narrative material using a flexible research design. It was hoped that the same conclusion would be reached with each of the two methods used during the current study as this would show that the conclusion was not an artifact of the method (Bergman 2008). Quantitative subphase 2 enabled the researcher to gather information through survey questionnaires. Polit and Beck (2012) describe quantitative research as the investigation of the phenomena that lend themselves to precise measurement and quantification, often involving a vigorous and controlled design.

Creswell and Plano Clark (2011) describe four basic designs available to the researcher planning to engage in mixed methods research which describes interaction, priority, timing and mixing of the quantitative and qualitative strands of the mixed method design (Figure 4.1). The designs include convergent

parallel, explanatory sequential, exploratory sequential and embedded designs. A convergent parallel mixed methods design was used to conduct this study which enabled narrative and numerical information to be acquired and investigated to answer related aspects of the research questions. In addition, the design enabled the accomplishment of the study objectives in order to develop a model to guide the prevention of workplace violence against public service PECPs in Gauteng Province (Teddlie and Tashakkori 2009).

According to Creswell and Plano Clark (2017), the convergent parallel design as illustrated in Figure 4.1 refers to the equal prioritization of qualitative and quantitative methods within a single study whereby qualitative and quantitative strands are implemented concurrently within a single phase of the study. The qualitative and qualitative strands are analyzed independently, however, both results are mixed to formulate the overall interpretation of the study (Creswell and Plano Clark 2017).

The convergent parallel design of the mixed methods approach allowed the researcher to use concurrent timing to implement the qualitative and the quantitative strands during the same research process, prioritized the methods equally, and kept the strands independent and only to mix the quantitative and qualitative results during the overall interpretation (Creswell and Plano Clark 2011). The purpose of using the convergent design was to obtain different but complementary data on workplace violence against public service PECPs to enable the researcher to acquire the best possible understanding of the research problem (Creswell and Plano Clark 2011). The mixing of the two data sets could reveal not only connections between knowledge from different sources but could also explain the nature of identified relationships in those connections (Bergman 2008).

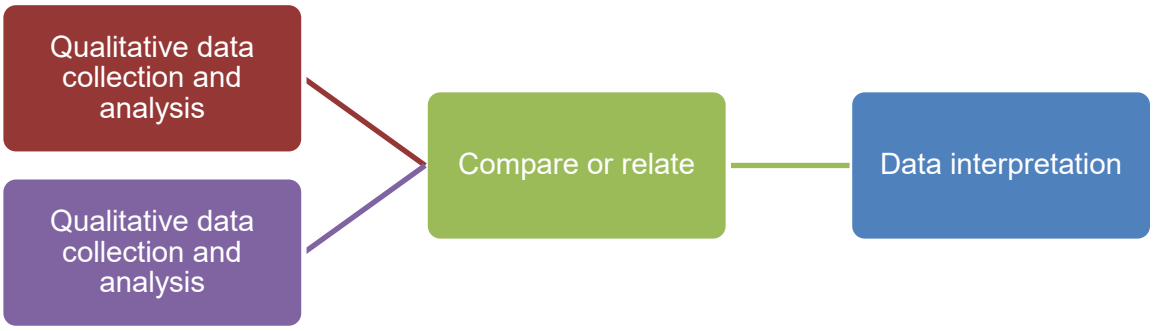

Figure 4.1: Illustration of the convergent parallel design (Creswell and Plano Clark 2017).

4.2.1 The priority of the quantitative and qualitative strands

The nature of the study called for the quantitative and qualitative subphases to be given equal priority. Creswell and Plano Clark (2011) describe priority as referring to the relative importance or weights of the quantitative and the qualitative methods for answering the study's questions of which they distinguish between equal, quantitative or qualitative priorities.

4.2.2 Determining the timing of quantitative and qualitative strands

Timing refers not just to the time of data collection but also to the order in which the researcher will use the data (Creswell and Plano Clark 2011). These authors differentiate between concurrent, sequential and multiphase combination timing (Creswell and Plano Clark 2011). The study was conducted using convergent parallel timing, implying that both strands of the study were conducted during one single phase. The researcher used concurrent timing to implement the quantitative and the qualitative strands during the same phase of the research process, prioritized the methods equally and kept the two strands independent during analysis to mix the results during the overall interpretation (Creswell and Plano Clark 2011).

4.2.3 Mixing of data sets: Determining when and how to mix data sets

Creswell and Plano Clark (2011) distinguish between four distinct levels at which data sets can be mixed, these include mixing during interpretation, during data analysis, during data collection or at the level of design. Mixing occurs at the point of the interface also known as the stage of integration, a point within the process of research where the quantitative and qualitative strands are mixed (Creswell and Plano Clark 2011). FGDs enabled rich information to be gathered by providing various perspectives and experiences of workplace violence towards GEMS MCPs through collaboration amongst them. Semi-structured interviews enable researchers to obtain detailed accounts of participants' beliefs, thoughts, attitudes, experiences and knowledge about a phenomenon. Survey questionnaires were conducted with the community cohort to assess the perceptions of Gauteng Province residents towards workplace violence against PECPs. Data mixing for the current study was done during data interpretation. The researcher began by individually analyzing each strand of data. By comparing the results of the two strands, the researcher was able to draw conclusions or inferences that reflected on workplace violence against public service PECPs. Combining the two results assisted the researcher to draw conclusions about what could be the best model to guide prevention of workplace violence against public service PECPs in Gauteng Province.

4.3 PARADIGM

According to Denzin and Lincoln (1994), a paradigm is a philosophical stance that will be taken by a researcher to obtain a basic set of principles that will direct action within a study. Similarly, Shwandt (2001) defines a paradigm as a shared belief denoting the principles and views that guide how problems and challenges are resolved with a particular discipline. According to Wahyuni (2012), the existing research paradigms are differentiated by four philosophical dimensions, namely:

a. Ontology: The philosophical assumption pertains to the nature of reality, and illuminates that in qualitative research, something is real when it is created within the minds of those concerned with it (Creswell and Poth 2018).
b. Axiology: The philosophical assumption undertakes that all research is valuable but then again is reliant on the theory used, paradigm, social and cultural norms and value systems of the researcher (Creswell and Poth 2018).
c. Epistemology: This assumption proposes a unified relationship between the researcher and the population (Creswell and Poth 2018).
d. Methodology: This assumption embraces a proposal that a qualitative researcher conceptualizes the research procedure in a particular way (Creswell and Poth 2018).

This study employed a social constructivism/ interpretivism paradigm. Notably, according to MacKenzie and Knipe (2006), studies employing a constructivism/ interpretivism paradigm rely on either qualitative or mixed method designs to collect and analyze data. Social constructivism/ interpretivism is concerned with understanding the world through the views and beliefs of those who experience it (Chilisa and Kawulich 2012). According to Creswell and Poth (2018), researchers employing the social constructivism paradigm rely on the participants' views and beliefs about the phenomenon. This is because, in social constructivism, individuals seek to understand their natural world and therefore develop individual meanings of their experiences about a phenomenon. The meanings they develop vary, which lead researchers into exploring their complexity (Creswell and Poth 2018).

The philosophical dimensions as they relate to the social constructivism/ interpretivism paradigm which will be employed in this study are outlined as follows:

a. Ontology: The position on the nature of reality of the phenomenon of workplace violence has multiple realities to it. These realities are

subjective because they are socially constructed and therefore may change over time (Wahyuni 2012).

b. Epistemology: The views of this study on the constituents of acceptable knowledge about workplace violence towards Gauteng Province based public service emergency providers is that meanings about this social phenomenon are subjective. The focus was directed towards obtaining detailed descriptions about the phenomenon and the reality behind these descriptions. The action was achieved through the development of a model for the prevention of workplace violence towards public service PECPs (Wahyuni 2012).
c. Axiology: This research is value-laden and will be subjective. Furthermore, the researcher was not separated from what is being studied (Wahyuni 2012).
d. Methodology: This study employed a mixed method, research methodology (Creswell and Poth 2018; Wahyuni 2012).

4.4 PRAGMATISM

The study employed an interpretative framework founded on pragmatism as no single viewpoint can give the full representation of the phenomenon of workplace violence towards PECPs, moreover there can be multiple realities to it. Creswell and Poth (2018) describe interpretive frameworks as theories that guide researchers conducting an empirical study. Pragmatism is concerned about actions that occur because of the conclusions which are to find answers to the research question and therefore finding solutions to problems (Creswell and Poth 2018). Similarly, according to Creswell and Plano Clark (2011), the philosophy of pragmatism is adopted when the practical consequences of the findings are of significance. In addition, the philosophy of pragmatism is reliant on a research design that enables the collection of pertinent and trustworthy data that supports the resulting actions (Creswell and Plano Clark 2011).

According to Creswell and Plano Clark (2011), when adapting the philosophy of pragmatism, the use of either a qualitative or quantitative approach will not address the research problem whereas combining the two approaches does so because the choice of approach is determined by the research questions. Similarly, according to Creswell (2010), the philosophy of pragmatism avails the use of multiple methods when collecting data to investigate complex phenomena within their real-life contexts.

4.5 SETTING

According to Polit and Beck (2010), the research setting is the physical location in which data collection takes place. A research setting is an environment in which research is carried out and where data is collected. The individuals are likely to have experience of the phenomenon or may be in different areas or the same area but can provide contextual information about the aspect being studied (Fox and Bayat 2007). Creswell (2014) further indicates that the researchers intentionally select sites to obtain the necessary and required information. Therefore, the researchers should select the settings that will provide the relevant information. In this study, the criterion for inclusion of the research sites was determined by the location of the study participants. It is important to note that the multiple data sources have different natural settings. Therefore, to ensure data source triangulation, data was collected within the natural settings of the multiple sources. These natural settings are as follows:

a. Gauteng Province EMS.
b. South African Police Service Gauteng Province.
c. Communities within Gauteng Province.

4.6 STUDY POPULATION

According to Brink, Van der Walt and Van Rensburg (2013), a study population is a distinct collection of individuals with similar characteristics which are the focus of the research inquiry. To ensure data source triangulation, data was collected from the following sources:

a. The GEMS currently employed 1652 operational PECPs. At an operational level, the study included PECPs from the GEMS.
b. Policy, administration and procedures within the GEMS are guided by its management. Therefore, the study included the following managers:
    - Human Resource Director GEMS.
    - Operational Director GEMS.
    - District Managers GEMS.
    - Health and Wellness GEMS.
c. The SAPS is responsible for combating, investigating and preventing crimes that threaten the safety and security of the community. The SAPS also support efforts to determine the root causes of crime. Therefore, the study included policy makers from the SAPS, Gauteng Province.
d. The reviewed literature suggests that perpetrators of workplace violence include patients, their friends, family members and relatives, and bystanders. It further suggests that workplace violence is also perpetrated by bandits operating within the communities. Therefore, the study included members of the community which included patients, friends, family members and relatives and bystanders.

4.7 SAMPLING PROCESS

According to Teddlie and Tashakkori (2009), sampling in mixed method studies incorporates quantitative and qualitative sampling techniques in order to answer the research questions and address the study objectives. Furthermore, Carter *et al*. (2014) states that the use of multiple data sources or methods facilitates the meticulous understanding of a phenomenon. Triangulation augments the development of empirical research by using multiple research approaches. It also improves the reliability and validity of data (Sim and Sharp 1998). There are four different types of triangulation:

a. Method triangulation which refers to the use of multiple methods of data collection. To ensure method triangulation, this study employed a convergent parallel mixed methods design.

b. Investigator triangulation which refers to the participation of two or more researchers in the same study to provide multiple views and conclusions.
c. Theory triangulation which refers to the use of different theories when analyzing and interpreting the data. To ensure theory triangulation, this study was guided by two theoretical frameworks.
d. Data source triangulation is when data is collected from multiple sources including communities, individuals, groups or families in order to validate the data and to obtain different dimensions of the phenomenon (Carter *et al*. 2014). In this study, data source triangulation was employed. To ensure data source triangulation is employed successfully within this study, a plan of action was set in motion during the sampling process.

4.7.1 Recruitment of participants

Gatekeeper permission was obtained from the GEMS (Appendices 2a and 2b) and Gauteng Province SAPS (Appendix 2c and 2d). Recruitment advertisements (Appendices 8a and 8b) were distributed at the GEMS and the Gauteng Province SAPS to attend recruitment presentations where the researcher explained the study further (Appendix 9) and addressed any questions that were raised by the target population (PECPs, management and policymaker cohorts) regarding the study. A recruitment advertisement (Appendix 8c) was distributed using newspapers and social media for the community members to attend a live stream social media recruitment presentation (Appendix 9). The majority of Gauteng Province's population speak isiZulu, hence an isiZulu recruitment advertisement was made available (Appendix 8d) (Stats SA 2017). As some community members may have no access to social media and the internet, the recruitment advertisements (Appendices 8c and 8d) were also distributed in various places of religious worship, shopping malls and community notice boards for community members to attend a recruitment presentation (Appendix 9) , This was hosted in a community meeting place such as a place of religious worship or community hall where the researcher explained the study further and addressed questions

that were raised by the community cohorts. Electronic recruitment letters were made available for members of this target population who have internet access and access to social media and the link was shared during the live social media stream. During the recruitment presentations, participant sign- up forms founded on the purpose and exclusion criteria were utilized to screen participants. The researcher scheduled FGDs and one on one interviews for a date and time most convenient for each of the selected participants (Creswell and Poth 2018). Exploratory Web surveys and paper-based survey questionnaires were made available to consenting participants for a period of two months.

4.7.2 Sampling method

According to Charmaz and Bryant (2011), the data collection and methods of analytical conceptualization must be rigorous. Furthermore, sampling methods may change dramatically within the development of the research as flawless data is only obtained through cautious sampling. Therefore, to obtain the flawless data which guided the study to accomplish the objectives of the research and answer the research questions, sampling was employed using the following three sampling methods:

a. Multi-stage cluster sampling

Cluster sampling is a type of probability sampling technique that categorizes population elements into clusters (Frey 2018). According to Larsen (2007), it generates a sample to describe a population where elements of the population are organized into clusters. In this study, multi stage cluster sampling was employed by randomly sampling the Gauteng Province population into groups based on the districts in which they reside, thereafter randomly selecting the districts using the Microsoft Excel randomization tool.

b. Two-stage cluster sampling

In this study, two-stage cluster sampling was used to sample PECPs. Gauteng Province EMC has five districts and they were randomly sampled as strata,

using stratified random sampling method, thereafter participants were randomly selected using the Microsoft Excel randomization tool.

c. Purposive sampling

The purposive sampling method is a type of non-probability sampling where decisions concerning the individuals who were included in the study were taken by the researcher (Oliver 2006). Management and policymakers from the GEMS and the Gauteng Province SAPS were selected purposively.

4.7.3 Sample size

According to Teddlie and Tashakkori (2009), mixed methods research designs are naturally comprised of smaller qualitative samples that are based on informal sampling frames and larger quantitative samples based on distinct population groups. The calculation of accurate sample sizes in quantitative research ensures that a clinically significant result is attained which is statistically significant and ensures that utilization of research resources is proficient and ethical (Burmeister and Aitken 2012). Teddlie and Tashakkori (2009) state that the quantitative sample size in mixed method designs should be based on mathematically defined estimations of the total cases which are essential in calculating the characteristics of the population within the recommended margin of error. However, the qualitative sample size is based on researcher experience, literature, funding and time frames. Notably, when conducting FGDs, as a rule of thumb, the sample should be ample enough to support the execution of a minimum of three FGDs until data saturation occurs. The rule of thumb when carrying out individual interviews alludes to a stance that the sample size should support the execution of a minimum of five in-depth individual interviews until data saturation occurs (Creswell and Poth 2018; Teddie and Tashakkori 2009). In this mixed methods study, sample sizes were as follows:

a. EMS care provider cohort

20 to 60 participants were sampled using two-staged cluster sampling.

b. Management and policymaker cohort

Data saturation guided the sample size; however, a minimum of five participants was sampled.

c. Community cohort

Gauteng Province's population size is 14 278 700 (Stats SA 2017a). The margin of error is a percentage that refers to how much survey results reflect the views of the overall population (Survey Monkey 2019). Furthermore, the level of significance (α) of the margin for error determines the likelihood of false-positive results, therefore the lower the level, for example, α= 0.01 (1% risk) than the lesser the likelihood of a false positive. The level of significance can be increased or decreased to reduce the likelihood of a false negative based on the potential impact of the false negative (β). The following formula was used to determine the population size after a multi-stage cluster sampling had been employed:

Sample size= $\frac{\frac{z^2 \times p\,(1-p)}{e^2}}{1+(\frac{z^2 \times p(1-p)}{e^2 N}}$ = 384 (α= 0.05, 95% confidence level)

Where z, means the z-score; e, means the margin of error; N, means the population agreement and p, means the Gauteng Province population size.

4.7.4 Inclusion criteria

a. Operational PECP cohort:

- Full-time operational staff members of GEMS.
- Registered with the HPCSA under the professional board of EMC.
- BAA, AEA or Emergency Care Technician (ECT) or Paramedic (ANT) or Emergency Care Practitioner (ECP), qualified PECPs'.

b. Management cohort

- Human Resource Director GEMS.
- Operational Director GEMS.
- Chief Director GEMS.
- SAPS Gauteng Province Managers at strategic and operational levels.
- Health and Wellness GEMS Manager.

c. Community cohort

- Residents of Gauteng Province.
- Non-members of medical aid schemes.
- Low to middle socioeconomic status.

4.7.5 Exclusion criteria

a. Operational PECP cohort:

- Staff members of GEMS working in education.
- Not registered with the HPCSA under the professional board of EMC.
- Staff members of GEMS working in communications.
- Staff members of GEMS working in administration.
- Staff members of GEMS working in supervisory levels.

b. Management cohort:

- Non-Human Resource Director level of GEMS.
- Non-Operational Director Level of GEMS.
- District Managers level of GEMS.
- Non-strategic and operational management levels of the SAPS Gauteng Province.
- Non-management level of Health and Wellness GEMS.

c. Community cohort:

- Non-residents of Gauteng Province.
- Upper socio-economic class.

- Members of medical aid schemes.

4.8 DATA COLLECTION PROCESS

Participants were grouped into three cohorts:

1) Operational PECP cohort.
2) Management and policymaker cohort.
3) Community cohort.

A convergent parallel mixed methods design was employed when collecting data. When employing this design, quantitative and qualitative methods are implemented simultaneously or independently to collect data that produces complete and validated conclusions through the converging or comparing of emerging qualitative and quantitative results. Both methods were given priority as they address different parts of the research questions and objectives correspondingly. Additionally, conducting a study using a convergent parallel mixed methods design is cost-effective and time-saving (Clark and Ivankova 2015). The data collection process was executed in the following three phases:

4.8.1 Phase 1: Focus group discussions

FGDs were conducted with the operational EMS care provider cohort. According to Lambert and Loiselle (2008), FGDs reveal aspects of the phenomenon which are less understood and amplify the depth of inquiry by using interactive data obtained through discussion amongst participants. In this study, FGDs enabled rich information to be gathered by providing various perspectives and experiences of workplace violence towards GEMS PECPs through their collaboration (Lambert and Loiselle 2008). The FGD guide (Appendix 5) were compiled based on the research problem, the objectives and the findings of the literature review were used to collect data. FGDs were conducted in the conference room of GEMS for 45 minutes to an hour. The researcher conducted FGDs, scribed and collected field notes. FGDs were voice recorded using a digital audio recorder.

4.8.2 Phase 2: Semi-structured interviews

Semi-structured individual interviews were conducted with the managerial and policymaker cohort. Semi-structured interviews enable researchers to obtain detailed accounts of participants' beliefs, thoughts, attitudes, experiences and knowledge about a phenomenon (Lambert and Loiselle 2008). An interview guide was compiled based on the research problem, the objectives and the findings of the literature review and used to collect data (Appendix 6). Semi-structured, in-depth individual interviews were conducted at the conference room of GEMS and SAPS Gauteng police stations for 45 minutes to an hour at a time suitable for participants. This enabled the participants to express their knowledge, thoughts, beliefs, experiences, attitudes and knowledge about the phenomenon of workplace violence towards GEMS PECPs thus imparting rich information reflecting their reality (Lambert and Loiselle 2008). Verbal consent to audio record was obtained from the participants before the start of the discussions. Semi-structured, individual in-depth interviews were voice recorded using a digital audio recorder.

4.8.3 Phase 3: Survey questionnaire

Surveys utilizing questionnaires were conducted with the community cohort. The surveys were compiled based on the research problem, the objectives and the findings of the literature review. The surveys for the community cohort were distributed in two ways: a) Web-based surveys were distributed using Survey Monkey web-based survey platform for community members with access to web-based platforms, and b) paper-based surveys were distributed in various public spaces such as malls, taxi ranks, community health clinics and places of religious worship (Appendix 7a). For participants who did not understand English, isiZulu translated questionnaires (Appendix 7b) were made available since the majority of the people in Gauteng Province speak isiZulu, followed by Sesotho and Sepedi (Stats SA 2017). Both web and paper-based surveys were made available for a period of two months.

4.9 PRE-TESTING OF THE DATA COLLECTION TOOLS

Pretesting is the simulation of the formal data collection process on a smaller scale to detect methodological flaws, flaws in the data collection tools and data collection sessions (Hurst, Arulogun, Owolabi *et al.* 2015). Pretesting enhances validity in qualitative data collection and interpretation of findings. It also allows for quantitative studies to attain rigor and reliability (Hurst *et al*. 2015). Data collection tools were pre-tested on five (5) PECPs working at a private sector in Gauteng Province and eight (8) community members in KZN to assess their understanding of the questions. No adjustments were recommended. The pilot study participants did not participate in the main study.

4.10 DATA ANALYSIS

The parallel mixed methods analysis was used to analyze data obtained in this study. According to Teddlie and Tashakkori (2009), parallel mixed methods analysis is associated with convergence and triangulation design concepts. The parallel mixed methods analysis involves the separate analysis process of quantitative and qualitative data (Teddlie and Tashakkori 2009).

4.10.1 Qualitative data

Tesch's eight step open coding approach (Creswell and Plano Clark 2017) was utilized to analyze the data as follows:

- Transcribing data verbatim and reading through all transcripts to get a general impression of the collected data.
- Writing down margin thoughts that emerged from the data.
- Making a list of all topics. Similar topics were clustered together. These topics were preliminary organized as major topics, unique topics and leftover topics.
- Abbreviating topics as codes were written next to the corresponding segments in the data. Other topics or codes that emerged were also written next to appropriate segments of the text.

- The most descriptive wording for the topics was used and turned into sub-categories.
- Grouping together of the related topics and emerging list of categories.
- Preliminary analysis of data by assembling data that belong to each category from which themes emerged.
- Existing data were re-coded.

4.10.2 Quantitative data

To analyze quantitative data, IBM SPSS Version 25 was used. Descriptive statistics such as frequencies, percentage, central tendencies (mean, standard deviation, mode and medians) were used to identify the risk factors of workplace violence against PECPs in Gauteng Province and analyze the categorical and socio-demographic data. According to Ritter, Kim, Morgan and Carlson (2013), descriptive statistics are used to describe data. Descriptive statistics include standard deviations and measures which show the variability of data and correlations and regressions which show the relations among variables. Descriptive statistics also include means and other measures that show the typical or average value of data (Ritter *et al.* 2013). The Chi-Squared test was used to determine statistical significance between categorical variables in order to assess the perceptions of Gauteng Province residents towards workplace violence against PECPs. According to Frey (2018), the Chi-Squared test is a statistical test used to determine whether the outcome or sampling distribution observed has a significant difference from the theoretically anticipated outcome or was due to a chance occurrence. A Binomial test was used to identify the risk factors of workplace violence against PECPs in Gauteng Province by testing whether a significant number of participants selected one from a potential two or more responses. According to Frey (2018), a Binomial test determines whether the number of observed successes of a series of two or more independent trials warrants rejection of a hypothesis. One sample t-test was used to test whether mean scores were significantly different from scalar values in order to identify the risk factors of workplace violence against PECPs in Gauteng Province, assess the perceptions of Gauteng Province residents towards workplace violence against PECPs and determine

the strategies to mitigate against workplace violence. The t-test is a statistical procedure used to compare the means of two groups. Even so, the one-sample t-test is used when data is collected on a single sample from a defined population when the population variance is unknown (Allen 2017). The level of significance was set at a value of $p<.05$. The assistance of a statistician was sought during data analysis.

4.10.3 Convergence of results

The quantitative and qualitative inferences that have developed as a result were then converged using complementarity and triangulation to generate meta-inferences. The meta-inferences were interpreted to formulate a model for the prevention of workplace violence towards public service PECPs in Gauteng Province (Teddlie and Tashakkori 2009; Clark and Ivankova 2015).

4.11 RESEARCH RIGOUR

When conducting high-quality empirical research, researchers should ensure that the empirical research study is rigorous and generalizable (Clark and Ivankova 2015). Research rigour was ensured by determining trustworthiness of the qualitative data and the validity and reliability of the quantitative data.

4.11.1 Trustworthiness of qualitative data

Trustworthiness ensures that research results are valid and reliable (Creswell and Poth 2018). Lincoln and Guba (1985) suggest there is an alternative to validity and reliability that would provide the evidence for a decision trail and trustworthiness to be assured within qualitative research. Trustworthiness refers to the extent to which a research study is worth paying attention to, worth taking note of and the extent to which others are convinced that the findings are to be trusted (Babbie 2007). Lincoln and Guba (1985) state that trustworthiness is addressed using four criteria which include credibility, transferability, dependability and confirmability. Therefore, to ensure that this research study is rigorous and generalizable, trustworthiness was addressed by using Lincoln

and Guba's (1985) and Yin's (1999) four criteria namely, credibility, dependability, confirmability and transferability.

4.11.1.1 Credibility

Credibility addresses internal validity and ensures that the study measures what is intended (Lincoln and Guba 1985). To ensure credibility, a parallel convergent mixed methods design was adopted which is an appropriate and well-recognized research method. Credibility entails developing early familiarity with the culture of the participating organization. The researcher is familiar with the culture of the GEMS and engaged with the participants for a prolonged period before data collection. The researcher is familiar with the culture of the Gauteng Province communities. The researcher also familiarized himself with the culture of South African Police Service Gauteng. Probability sampling of participants was employed to eliminate researcher bias. Methodological triangulation, theory triangulation and data source triangulation was employed. This ensured that various perspectives are obtained to get a stable view of reality and ensure credibility. Tactics to ensure honesty from participants were employed by requiring informed consent before participation and voluntary withdrawal at any time. Member checking was conducted during the interviews and focus group discussions, whereby the researcher restated and summarized the information provided by the participants and thereafter questioned the participants as to whether the summaries reflect their feelings, views and experiences. Their acknowledgment of completeness and accuracy of the summaries affirmed credibility (Creswell 2007; Lincoln and Guba 1985; Harper and Cole 2012). Whether member checking is done simultaneously or near the end of the research project, its employment serves to reduce the incidence of inaccurate data and flaws in data interpretation in order to provide original findings, verify accury and completeness of the findings and improve the validity of the study (Creswell 2007; Harper and Cole 2012). Furthermore, the data collection tapes and sheets were kept confidential and only used for this study. Peer scrutiny of the research project was welcomed by allowing peer

debriefing to be conducted with the supervisors to provide scholarly feedback which allowed for a deeper understanding of the data.

4.11.1.2 Dependability

Dependability addresses the issue of reliability and aims to verify that if the research project was repeated using the same methodology, in the same context with the same participants, then similar results would be obtained (Lincoln and Guba 1985). To ensure dependability, the research report detailed the methodology and its execution within the research project, the data gathering process and an introspective evaluation of the research project to allow the reader to develop a meticulous understanding of the methodology and its efficacy in this research study. In addition, an outside researcher conducted an external audit by examining the process of data collection, analysis and the results of the study to confirm the accuracy of the findings and ensure that the findings are supported by the collected data. An external audit is a verification strategy that is conducted by an independent or external auditor systematically to address depandibility of the study by examining whether the final account is trustworthy and supported by the data obtained (Lincoln and Guba 1985; Miller 1997).

4.11.1.3 Confirmability

Confirmability addresses the researcher's objectivity to the study and aims to ensure that steps are taken to ensure that the findings of the research are as a result of the participants' experiences and not as a result of researcher bias (Lincoln and Guba 1985). In addition, confirmability seeks to ensure that the findings and interpretations were derived from the data (Nowell, Norris, White and Moules 2017). To ensure confirmability, a clear audit trail was created to provide evidence of the decisions the researcher made regarding the methodological and theoretical issues throughout the study (Koch 1994; Nowell *et al* 2017). The creation of a clear audit trail involved keeping records of field notes, raw data and transcripts to assist the researcher to relate, summarize,

ease the reporting of the research process and cross reference the data (Nowell *et al* 2017).

4.11.1.4 Transferability

Transferability addresses external validity and defined as the degree to which research findings of this context can be applied in a different context (Lincoln and Guba 1985). To ensure transferability, background data and literature was continuously sought to contextualize the study. Thick descriptions were also provided in order to enable researchers who seek to transfer the findings to their own research to be able to judge transferability (Lincoln and Guba 1985; Nowel *et al*. 2017).

4.12 VALIDITY AND RELIABILITY OF QUANTITATIVE DATA

According to Basham, Jordan and Hoefer (2010), measurement enables the quantification and numerical representation of a phenomenon by providing normative and uniform data. In this study validity and reliability were used to ensure that the measurement technique is valid and reliable.

4.12.1 Validity

According to Frey (2018), validity refers to the logical extent of a result, claim or argument and denotes the degree to which a test or instrument measures what it assesses. In this study, validity of the quationaire was ensured using the following three specifications:

4.12.1.1 Construct validity

According to Yin (2003), to ensure construct validity, the correct operational measures should be instituted for the concepts which are being studied. To achieve construct validity in this study, the following strategies were employed:

- Data was obtained from community members from various districts in Gauteng.

- A chain of evidence was established.
- Key informants reviewed the draft research report.
- The back-translation technique was used to validate translation of IsiZulu translated questionnaire whereby the questionnaire was translated into IsiZulu and back to the source language of English in order to verify translation of the data collection instrument (Brislin 1973; Maneesriwongul and Dixon 2004).

4.12.1.2 Internal validity

Yin (2003) states that internal validity is concerned with the corroboration of casual relationships, where certain circumstances may lead to other circumstances. To improve internal validity, random sampling and randomization were employed during sampling as well as detailing the methodology and executing it. Internal validity was corroborated through the elimination of alternative explanations for findings that emerged from the quantitative subphase (Yin 2003).

4.12.1.3 External validity

Yin (2003) states that external validity is concerned with whether the study findings can be generalized beyond the study. It is also important to note that in qualitative studies, generalization is different from survey studies as it is not concerned with statistical generalization but with analytical generalization (Yin 2003). Therefore, to achieve external validity in this study, the model to prevent workplace violence towards public service PECPs in Gauteng Province was tested. The model is available for use by other provincial EMS that experience workplace violence such as Free State EMS, Western Cape EMS and KZN EMS.

4.12.2 Reliability

According to Yin (2003), reliability shows that if a future researcher follows the same study procedures within this study to conduct the same study, then they

should attain the same findings. In addition, Yin (2003) states that reliability aims to eliminate bias and minimize error within a study. The Cronbach alpha was used to measure the reliability of the questionnaire used in this study. Since the Isizulu translated questionaires were verified using back translation, both the English and Isizulu questionaires were measured as one questionnaire. The Cronbach alpha provides a measure of reliability of a scale or test. The alpha is articulated as a number between 0 to 1 and acceptable values range from 0.70 to 0.95. The following equation was used to test the Cronbach alpha (Streiner 2003; Cronbach 1951; Tavakol and Dennick 2011):

$$\alpha = \left(\frac{k}{k-1}\right)\left(\frac{Sy^2 - \sum_{Si}{}^2}{Sy^2}\right)$$

Using this formula, the reliability score was measured as α = 0.89 which indicated that the questionnaire was reliable and therefore valid.

4.13 EVALUATING THE MODEL

According to Giere (2004), models are the idealisms that researchers use to purposefully epitomize facets of the world. Pluta, Chinn and Duncan (2011) define epistemic criteria as the standards that researchers use to assess the accuracy and validity of scientific models. In this study, the accuracy and validity of the formulated model were assessed based on the following six criteria (Cramer 2012):

a. *Comprehensiveness*: A comprehensive model can describe, control, explain and predict behaviour or a phenomenon (Cramer 2012).
b. *Precision and testability*: The concepts of the model should be well defined, interrelated and impartial to validity and reliability testing through falsifiable hypothesis (Popper 1963).
c. *Parsimony*: The model should be precise and devoid of meaningless explanations (Cramer 2012).
d. *Empirical validity*: According to Cramer (2012), contradicting evidence carries more weight in approving or disproving a model. Therefore, the

model must be able to provide evidence-based explanations for contradicting evidence or be revised to be in line with the supporting evidence (Gould 1978; Cramer 2012).

e. *Heuristic value*: The model should have the ability to generate unique perspectives and guidelines which will enable it to be sublimated into other fields of study, even though it may remain dormant (Cattell, Saunders and Stice 1950; Cramer 2012).
f. *Applied value*: The extent to which the model can provide effective solutions to life's problems should be measurable (Cramer 2012).

4.14 ETHICAL CONSIDERATIONS

The ethical considerations in this study were addressed using the following four principles, namely autonomy, beneficence and maleficence and justice (Beauchamp and Childress 1979):

a. *Autonomy*: Every individual has the right to make their own choice and decision. This principle forms the foundation of informed consent Beauchamp and Childress 1979; Levitt 2014). To adopt the principle of autonomy in this study, all participants were given a letter of information (Appendices 3a, 3b and 3c) beforehand to obtain informed consent. Verbal consent was obtained from the participants before the commencement of the interviews (Appendix 4a). An isiZulu translated letter of information (Appendix 3d) and consent (Appendix 4b) was provided for participants (Community cohort) who cannot read or write in English. IsiZulu was selected according to census data, which suggests that the majority of Gauteng Province residents speak isiZulu (Stats SA 2017a). All participants were informed about the nature, conduct, risks and benefits of this study. Participation was voluntary, and participants could withdraw at any time (World Medical Association 2001).

b. *Beneficence and maleficence*: The principle of beneficence obligates the researcher to act with the best interest of others in mind, be of benefit

and take steps to prevent harm to the participants. Maleficence is related to beneficence and means minimizing or avoiding risk or harm (Beauchamp and Childress 1979; Levitt 2014). To address beneficence and maleficence ethical approval was sought and granted by the Durban University of Technology (DUT) Institutional Research Ethics Committee (IREC) (IREC 096/19) (Appendix 1). Gatekeeper permission was sought from the SAPS Gauteng Province (Appendices 2c and 2d) and the GEMS (Appendices 2a and 2b). No gatekeeper permission was sought from members of the community as the research was conducted in public spaces, therefore exempted from gatekeeper permission (Singh and Wassenaar 2016). In addition , all participants were given a letter of information (Appendices 3a, 3b and 3c) and were informed about the nature, conduct, risks and benefits of this study before they could participate in this study. Furthermore, the data collecting audiotapes, questionnaires and transcription sheets were kept confidential by the researcher and locked in a safe box. The information contained was only used for this study and to add value and insight on preventing workplace violence towards public service PECPs working at GEMS.

c. *Justice*: This principle alludes to the right to fairness and equality of participants (Polit and Beck 2012; Beauchamp and Childress 1979; Levitt 2014). To address the princincle of justice, all particpants were selected based on the study's inclusion and exclusion criteria. Outsider research was conducted as the researcher is not working at the SAPS Gauteng Province or GEMS. According to Simmel and Wolff (1950), only a neutral outsider has a level of detachment that can obtain in-depth and intimate information from the population group. In addition, participation was voluntary, participants were treated the same, asked the same questions and their contributions were regarded as being of equal significance within their respective cohorts.

4.15 SUMMARY OF THE CHAPTER

This chapter described the method that was followed to conduct this study. The chapter also outlined the data collection and analysis processes including the ethical considerations that were maintained respectively. The following chapter presents the quantitative results of the study.

CHAPTER 5: PRESENTATION OF RESULTS: SUBPHASE 1 (QUANTITATIVE DATA)

5.1 INTRODUCTION

This chapter presents the data analysis findings of the quantitative subphase of the study. The quantitative data set aimed to achieve the following three objectives of the study, which were to:

- Identify the risk factors of workplace violence against PECPs in Gauteng Province.
- Assess the perceptions of Gauteng Province residents towards workplace violence against PECPs.
- Determine the strategies to mitigate against workplace violence.

To achieve these objectives, the following research questions had to be answered:

- What are the risk factors associated with workplace violence against PECPs in Gauteng Province?
- What does the community understand about workplace violence and how it affects them as the primary end-users of public service EMC in Gauteng Province?
- What strategies can be used to mitigate against workplace violence?

5.2 QUANTITATIVE DATA ANALYSIS

The quantitative data was captured and then analyzed using IBM SPSS Version 25 quantitative data analysis software. The following tests were used in the analysis of the quantitative data:

- Descriptive statistics including means and standard deviations, where applicable. Frequencies are presented in tables or graphs.
- Chi-square goodness-of-fit-test: A univariate test, used on a categorical variable to test whether any of the response options are selected

significantly more/less often than the others. Under the theoretically anticipated outcome, it is assumed that all responses are equally selected.

- Binomial test: Tests whether a significant proportion of respondents select one of a possible two responses. This can be extended when data with more than two response options is split into two distinct groups.
- One sample t-test: Tests whether a mean score is significantly different from a scalar value.
- The level of significance was set at $p<.05$.

5.3 SECTION A: DEMOGRAPHIC DATA OF THE PARTICIPANTS

5.3.1 The number of participants per district in the study

The number of participants in the quantitative subphase was from all five Gauteng Province districts namely, Ekurhuleni, Johannesburg, Sedibeng, Tshwane and Westrand (Figure 5.1). A total of 300 paper-based survey questionnaires were distributed and 218 were received. In addition, a total of 196 web-based survey responses were received through the Survey Monkey web-based survey platform. Overall, 413 survey questionnaires were received and included in the data analysis and interpretation from all five Gauteng Province districts. The results of the study showed that 11.4% (n=47) were from Ekurhuleni district, 58.1% (n=240) were from Johannesburg district, 5.3% (n=22) were from Sedibeng district, 16.7% (n=69) were from Tshwane district and 8.5% (n=35) were from Westrand district as illustrated in Figure 5.1.

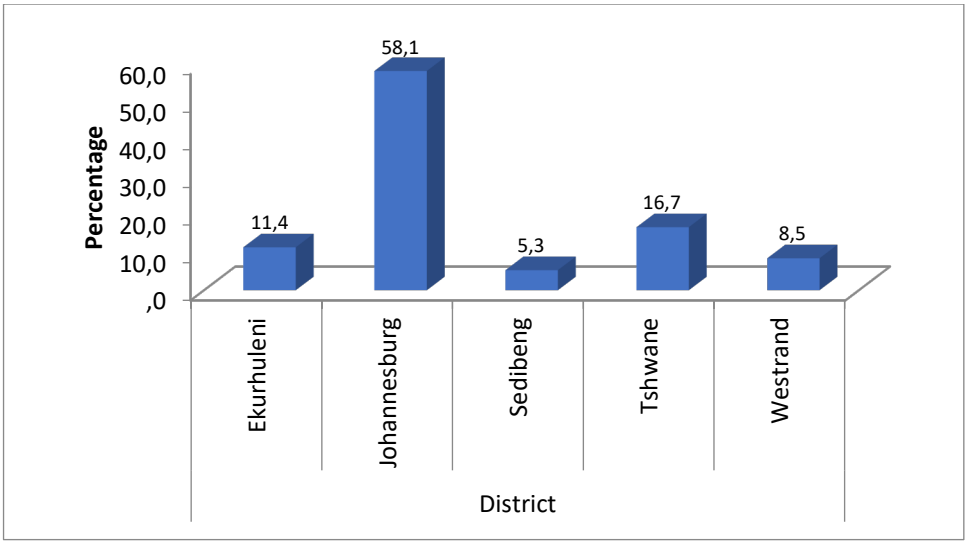

Figure 5.1: The number of participants per district in the study

5.3.2 Place of residence

The participants were questioned about their place of residence. The majority [66.1% (n=273)] of participants were residing in townships, 24.5% (n=101) were residing in the city, 3.6% (n=15) were residing in informal settlements, 2.9% (n=12) were residing in school accommodation or school residences whereas 2.9% (n=12) were residing in flats, complexes, rural areas, security estates, smallholdings and suburbs as illustrated in Figure 5.2.

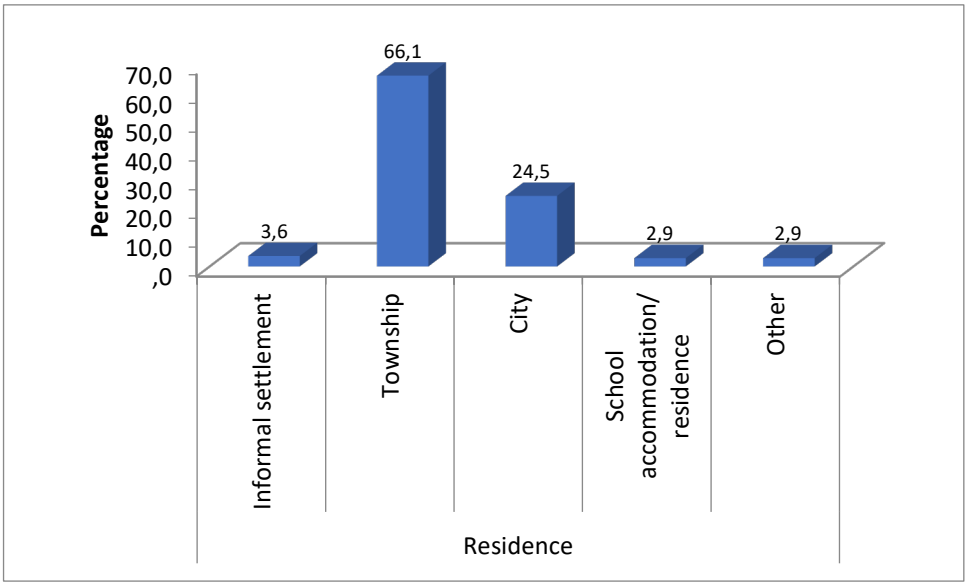

Figure 5.2: Place of residence

5.3.3 Employment status

Participants were asked about whether they were employed or unemployed. The results of the study showed that 52.3% (n=216) were employed whereas 47.2% (n=195) were unemployed and 0.5% (n=2) did not respond to the question as illustrated in Figure 5.3.

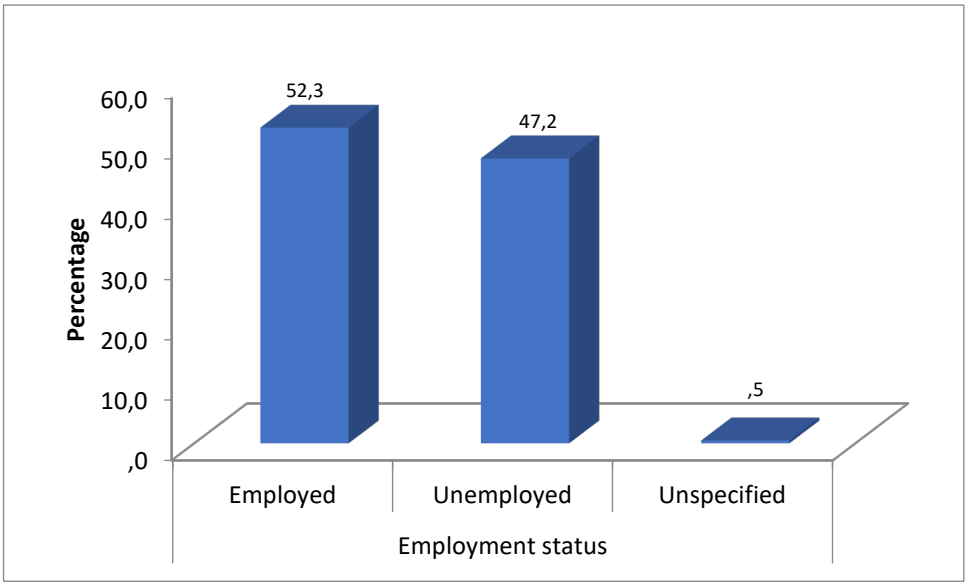

Figure 5.3: Employment status

5.3.4 Age

Participants were asked about their age. A total of 33.7% (n=139) were above the age of 40 and 22.5 % (n=93) were between 25 to 33 years old. The results showed that 21.1% (n=87) were between the age of 34 to 40. The findings also indicate that 13.6% (n=56) were between the age of 21 to 25 years old. whilst 9% (n= 37) were between 18 to 20 years old. Only 0.2% (n=1) did not respond to the question as illustrated in Figure 5.4.

5.3.5 Gender

The results showed that 57.6 % (n=238) were females and 42.4% (n=175) were males as illustrated in Figure 5.4.

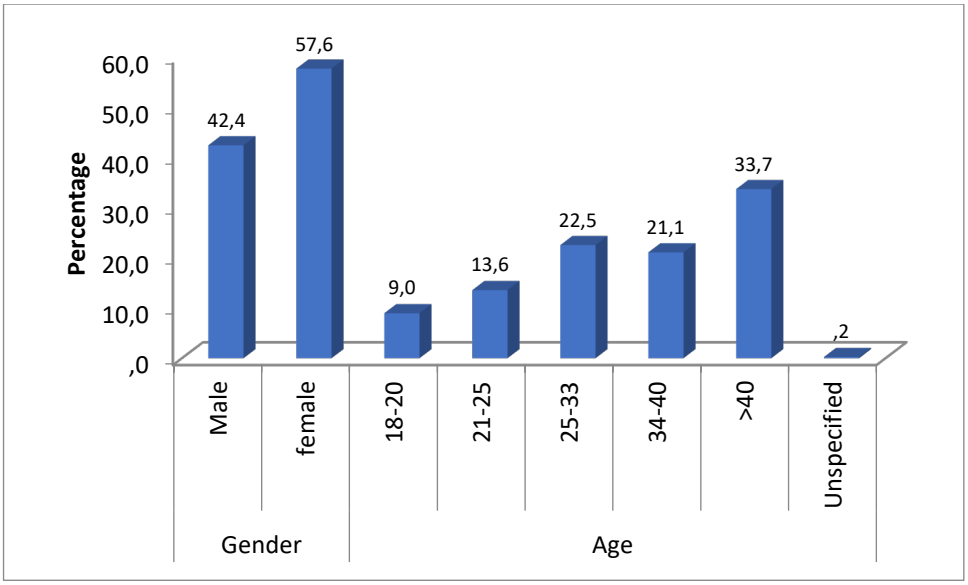

Figure 5.4: Gender and age

5.3.6 Home language

Participants were asked about their home language. The results showed 92.5 % (n=382) spoke a native South African language at home. In addition, 4.1% (n= 17) were English speaking. Moreover, 2.9% (n=12) were Afrikaans speaking and 0.5% (n=2) spoke other languages (Portuguese and Filipino) as illustrated in Figure 5.5.

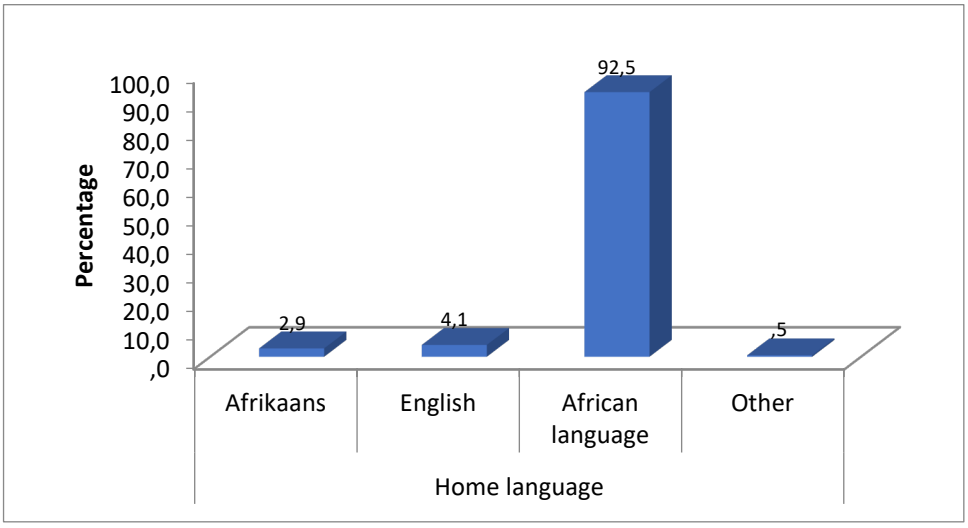

Figure 5.5: Home language

5.4 SECTION B: EXPERIENCE WITH PREHOSPITAL EMERGENCY MEDICAL CARE

In this section, the study assessed the participants' experience with prehospital EMC. To evaluate their experience, participants were asked about their awareness of prehospital EMC, exposure to prehospital EMC and ambulance response to emergencies in their communities.

5.4.1 Awareness of prehospital emergency medical care

The participants responded to this inquiry by indicating their familiarity with the prehospital EMC profession. The results of the study showed that a significant number 30.8% (n=127) of participants are aware of the prehospital EMC profession and know little about it ($p<.0005$) as indicated by Figure 5.6. Conversely, 7.5% (n=31) participants indicated they are not aware of the ambulance worker profession, 21.5% (n=90) indicated they are aware of the ambulance worker profession but do not know anything about it, 18.2% (n=75) indicated they are aware of the ambulance worker profession and know quite a bit about it. A total of 21.1% (n=87) indicated that they are aware of the ambulance worker profession and know quite a lot about it, whereas 0.7% (n=3) did not respond.

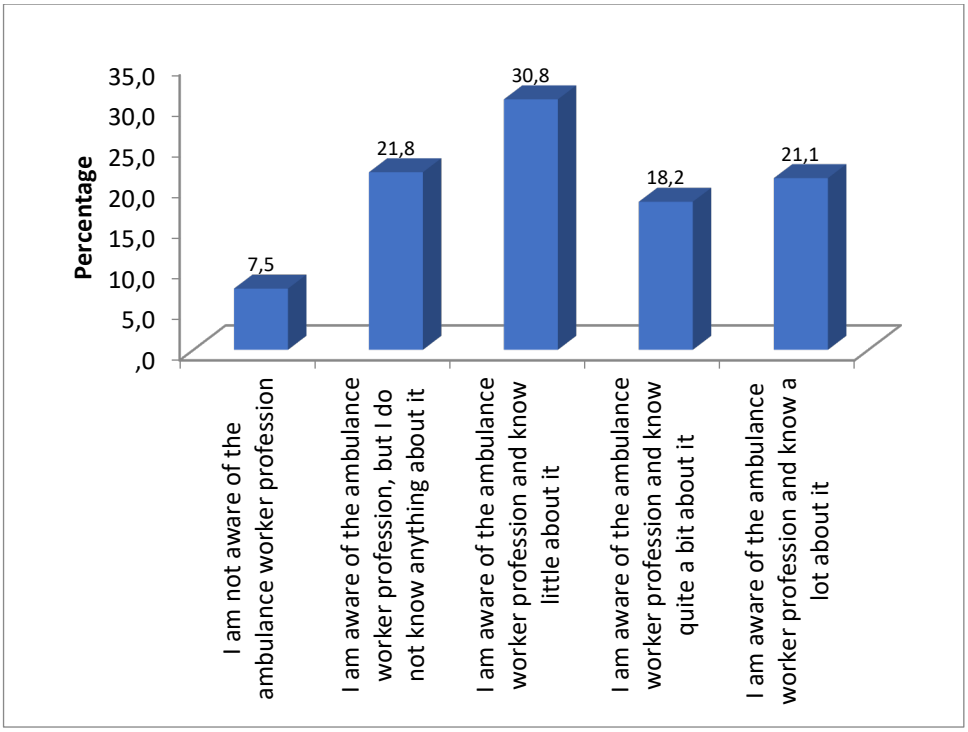

Figure 5.6: Awareness of the prehospital emergency medical care profession

5.4.2 Exposure to prehospital emergency medical care

Four questions relating to the participants' exposure to prehospital EMC were asked in the survey. The following mean total responses were received for the various levels of exposure to prehospital EMC. For use of a government ambulance, the mean score was 3.9% (n=16), for use of a government ambulance by friends or family 97.6% (n=403), for calling an ambulance for someone who was sick or injured 96.9% (n=400) and seeing a government ambulance helping someone who was sick or injured 97.8% (n= 404), as illustrated in Figure 5.7.

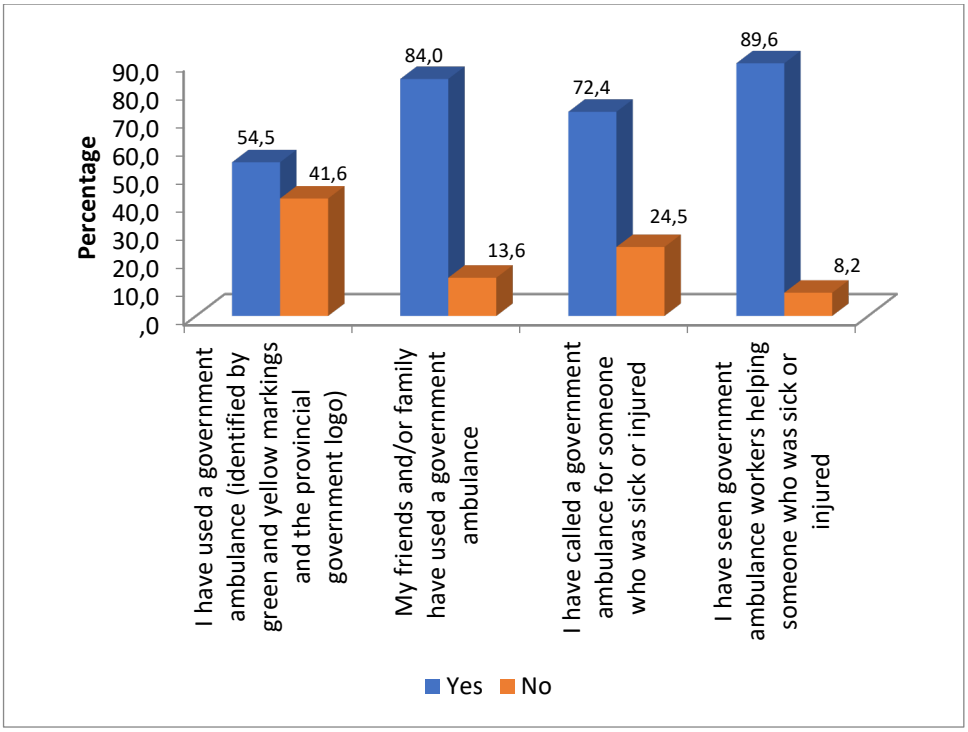

Figure 5.7: Exposure to prehospital emergency medical care

5.4.2.1 Use of a government ambulance

The results of this study showed that 41.6% (n=172) have not previously used a government ambulance, whereas 54.5 % (n=225) have used a government ambulance. A significant 57% indicated that they have used a government ambulance, p=.009.

5.4.2.2 Use of a government ambulance by friends or family

The results of the study showed that 13.6% (n=56) have no friends or family who has used a government ambulance before, whereas 84% (n=347) have friends or family who have used a government ambulance. A significant 84% indicated that their friends or family have used a government ambulance, p<.0005.

5.4.2.3 Calling an ambulance for someone who was sick or injured

The results of the study showed that 24.5% (n=101) have never called an ambulance for someone who was sick or injured, whereas 72.4% (n=299) have called an ambulance for someone who was sick or injured. A significant 75% indicated that they have called an ambulance for someone who was sick or injured, p<.0005.

5.4.2.4 Seeing a government ambulance helping someone who was sick or injured

The results of the study showed that 8.2% (n=34) have never seen a government ambulance helping someone who was sick or injured, whereas 89.6% (n=370) have seen a government ambulance helping someone. A significant 92% have seen a government ambulance helping someone who was sick or injured, p<.0005.

5.4.3 Ambulance response to emergencies in the community

Participants were asked to indicate their agreement with two statements related to the response of ambulances to emergencies within their communities. The following total mean responses were received to indicate their agreements with the statements in the survey related to the response of ambulances to emergencies within the participants' communities. For response time of government ambulances to the scene, the mean score was 3.77 (n=411), and for the recklessness of ambulance drivers when responding, the mean score was 2.66 (n=405), as illustrated in Figure 5.8.

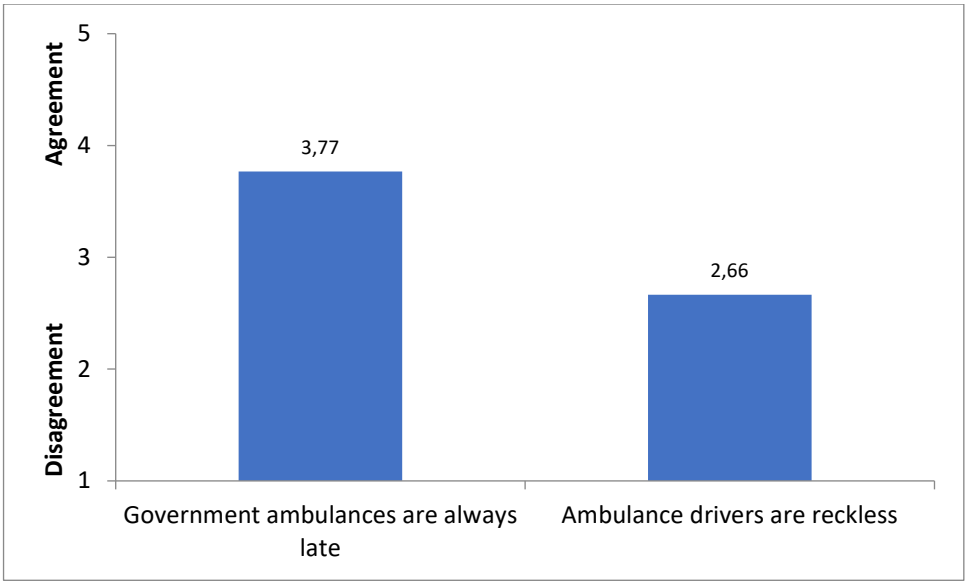

Figure 5.8: Ambulance response to emergencies in the community: Mean total responses

5.4.3.1 Response time of government ambulances to the scene

The results of the study showed that 10.2% (n=42) disagreed and 28.8% (n=119) agreed that government ambulances always arrive late to the scene. There is significant agreement that government ambulances in Gauteng Province always arrive late to the scene (M=3.77, SD= 1.139), t (3) = 13.646, p<.0005.

5.4.3.2 Recklessness of ambulance drivers when responding

The results of the study showed that 31.5 % (n=130) disagreed and 10.7% (n=44) agreed that ambulance drivers are reckless when they respond to calls. There is significant disagreement (M= 2.66, SD= 1.113), t (3) = -6.073, p<.0005.

5.5 SECTION C: CRIME IN THE COMMUNITY

In this section, the study evaluated the crime in Gauteng Province communities. To evaluate crime in Gauteng Province communities, participants were asked about actions taken when a crime is witnessed in the community, bandits who

reside within the communities and their experience with austere incidents in their communities.

5.5.1 Actions taken when a crime is witnessed in the community

Participants were asked to indicate their agreement with four actions they take when they see a crime being committed within the communities they reside in. The following total mean responses were received to indicate their agreements in the survey with the actions they take when a crime is committed within the participants' communities. For pretending as though one saw nothing, the mean score was 2.31 (n=404), for calling the police, the mean score was 3.89 (n=409), for going to help a victim of the crime, the mean score was 3.48 (n=403), and for going to help the criminal committing the crime, the mean score was 1.47 (n=403) as illustrated in Figure 5.9.

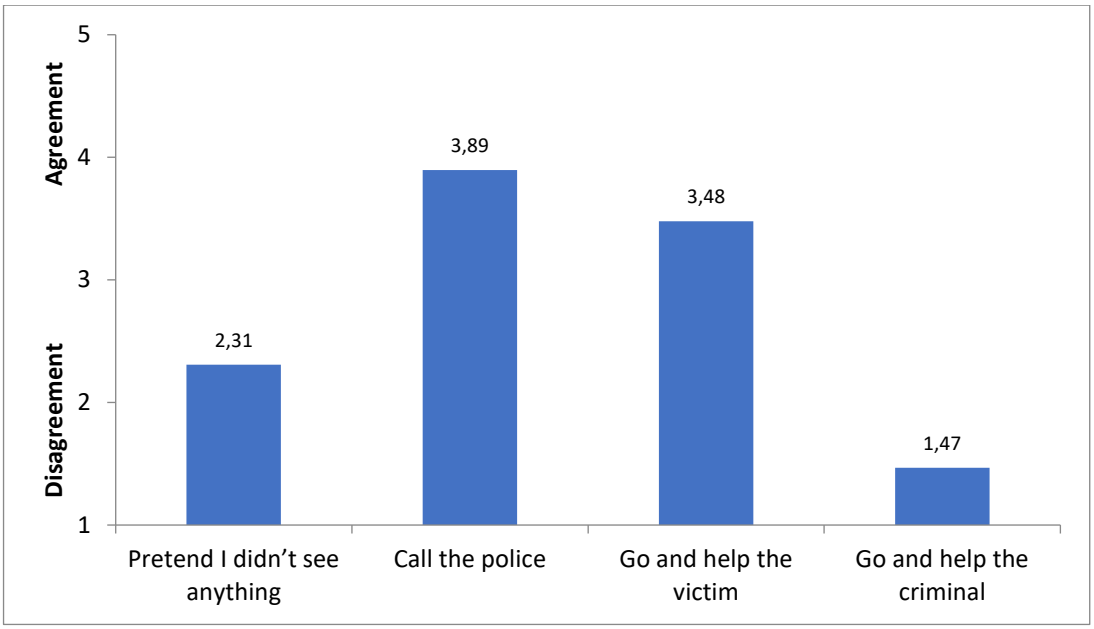

Figure 5.9: Actions taken when a crime is witnessed in the community

5.5.1.1 Pretending as though one saw nothing

The results of the study showed that 29.8% (n=123) disagreed and 13.6% (n=56) agreed that they pretend as though they saw nothing when they witness a crime being committed within their community. There is a significant

disagreement that the community members of Gauteng Province pretend as though they saw nothing when they witness a crime within their communities (M=2.31, SD= 1.223), t (3) = -11.354, p<.0005.

5.5.1.2 Calling the police

The results of the study revealed that 6.3% (n=26) disagreed and 43.1% (n=178) agreed that they call the police when they witness a crime being committed within their community. There is significant agreement that the community members of Gauteng Province call the police when they witness a crime within their communities (M=3.89, SD= .971), t (3) = 18.643, p<.0005.

5.5.1.3 Going to help a victim of the crime

The results of the study revealed that 11.4% (n=47) disagreed and 31% (n=128) agreed that they go and help the victim when they witness a crime being committed within their community. There is significant agreement that the community members of Gauteng Province help the victim when they witness a crime within their communities (M=3.48, SD= 1.105), t (3) = 8.703, p<.0005.

5.5.1.4 Going to help the criminal committing the crime

The results of the study revealed that 16.5% (n=68) disagreed and 2.9% (n=12) agreed that they go and help the perpetrator when they witness a crime being committed within their community. There is significant disagreement that the community members of Gauteng Province help the perpetrator when they witness a crime within their communities (M=1.47, SD= .870), t (3) = -35.383, p<.0005.

5.5.2 Bandits who reside within the community

Participants were asked to indicate their agreement with seven statements associated with bandits who reside within their communities. The following total mean responses were received to indicate their agreements with the statements about bandits residing within the communities in Gauteng Province.

For community members knowing the bandits residing within the communities, the mean score was 3.37 (n=409), for being afraid to report the bandits to the police, the mean score was 2.78 (n=410), for community members being afraid of doing something about the crime in the communities, the mean score was 3.07 (n=407), for bandits being treated like heroes in the communities, the mean score was 2.31 (n=409), for crime is high within the communities, the mean score was 3.86 (n=408), for perpetrators of crime residing within the community, the mean score was 3.15 (n=409) and for feeling safe when walking or driving or walking within the community at night, the mean score was 2.17 (n=409) as illustrated in Figure 5.10.

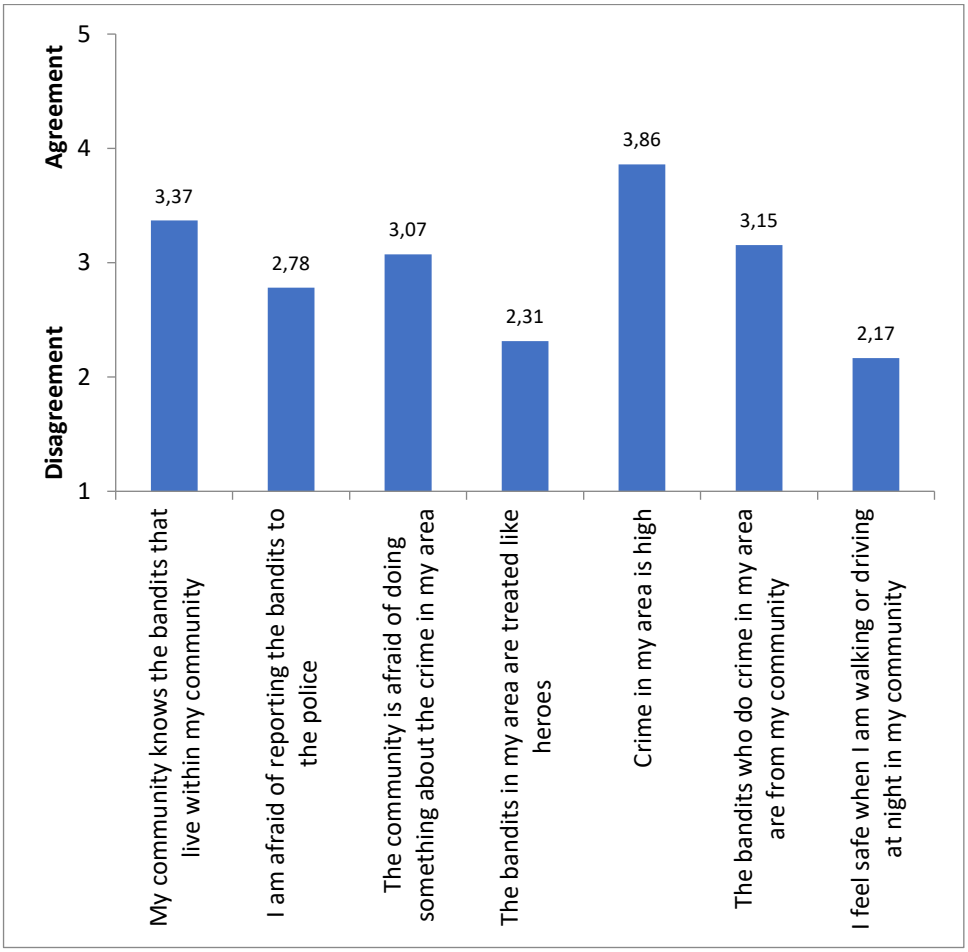

Figure 5.10: Bandits who reside within the community: Mean total responses

5.5.2.1 Community members knowing the bandits residing within the communities

The results of the study revealed that 11.4% (n=47) of participants disagreed and 38.3% (n=158) agreed that community members know the bandits residing within the community. There is significant agreement that the community members of Gauteng Province know the bandits residing within their communities (M=3.37, SD= 1.108), t (3) = 6.736, p<.0005.

5.5.2.2 Being afraid to report the bandits to the police

The results of the study revealed that 28.1% (n=116) participants disagreed and 24.9% (n=103) agreed that they are afraid of reporting bandits to the police. There is a significant disagreement that the community members of Gauteng Province are afraid of reporting bandits to the police (M=2.78, SD= 1.274), t (3) = -3.450, p<.0005.

5.5.2.3 Community members being afraid of doing something about the crime in the communities

The results of the study revealed that 20.6% (n=85) participants disagreed and 33.2% (n=137) agreed that community members are afraid of doing something about the crime within the communities. There is neither significant agreement nor disagreement that the community members of Gauteng Province are afraid of doing something about the crime within their communities (M=3.07, SD= 1.271), t (3) = 1.170, p=.243.

5.5.2.4 Bandits being treated like heroes in the communities

The results of the study revealed that 24% (n=99) of participants disagreed and 12.6% (n=52) agreed that bandits are being treated like heroes within the communities. There is significant disagreement that bandits are treated like heroes within the communities in Gauteng Province (M=2.31, SD= 1.223), t (3) = -11.364, p<.0005.

5.5.2.5 Crime is high within the communities

The results of the study revealed that 7% (n=29) of participants disagreed and 42.1% (n=174) agreed that crime is high within the communities. There is significant agreement that crime is high within the communities in Gauteng Province (M=3.86, SD= .993), t (3) = 17.506, p<.0005.

5.5.2.6 Perpetrators of crime residing within the community

The results of the study revealed that 20.8% (n=86) participants disagreed and 26.9% (n=111) agreed that the perpetrators of crime within their area are from their community. There is significant agreement that bandits committing crimes within communities reside within the community (M=3.15, SD= 1.179), t (3) = 2.642, p=.009.

5.5.2.7 Feeling safe when walking or driving or walking within the community at night

The results of the study revealed that 27.4% (n=113) of participants disagreed and 12.6% (n=52) agreed that they feel safe when walking or driving in their communities at night. There is a significant disagreement that members of Gauteng Province communities feel safe when walking or driving within their community at night (M=2.17, SD= 1.237), t (3) = -13.627, p<.0005.

5.5.3 Experiences with austere incidents

Five questions relating to the participants' experiences with austere incidents within their communities were asked in the survey. The following mean total responses were received for the experiences with austere incidents within their communities. For the experience of a strike in the area of residence, the mean score was 99.3% (n=410), for seeing or hearing about a hijacking 99.3% (n=410), for seeing or hearing of an ambulance being vandalized 99.3% (n=410), for seeing or hearing of PECPs being robbed in the community 99% (n=409) and seeing or hearing of someone who was robbed or killed in the community 99.3% (n= 410), as illustrated in Figure 5.11.

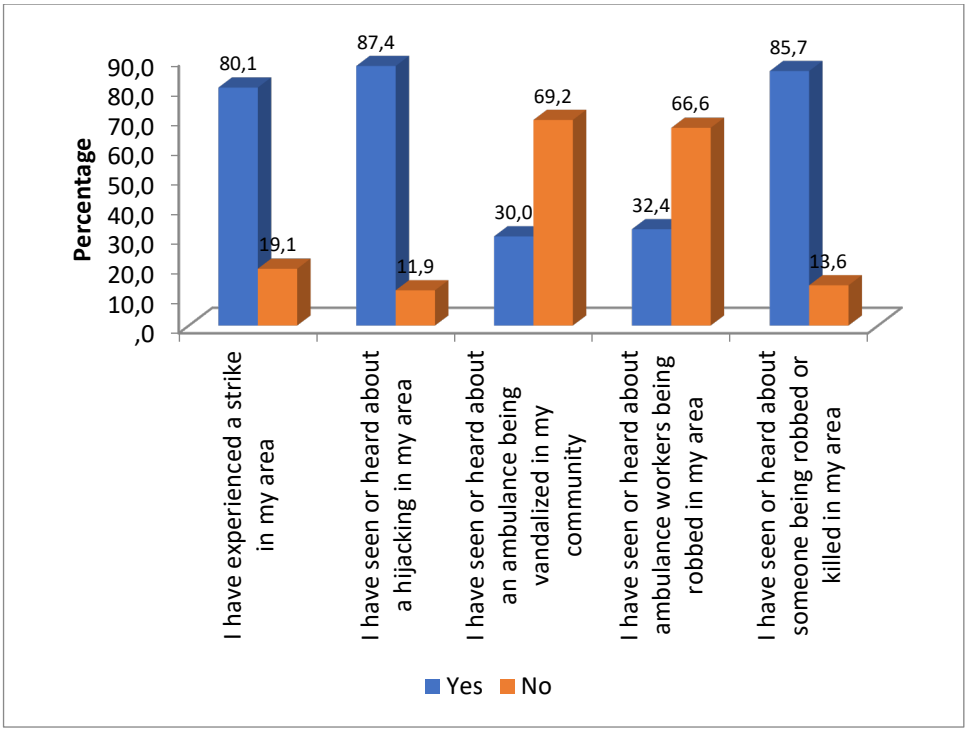

Figure 5.11: Experiences with austere incidents

5.5.3.1 Experience of a strike in the area of residence

The results of this study showed that 19.1% (n=49) of participants have not experienced a strike in their area whereas 80.1 % (n=331) have experienced a strike. A significant 81% indicated that they have experienced a strike, p<.0005.

5.5.3.2 Seeing or hearing about a hijacking

The results of this study showed that 11.9% (n=49) of participants have not seen or heard about a hijacking whereas 87.4 % (n=361) have seen or heard about a hijacking. A significant 88% indicated that they have seen or heard about a hijacking, p<0005.

5.5.3.3 Seeing or hearing of an ambulance being vandalized

The results of this study showed that 69.2% (n=286) of participants have not seen or heard of an ambulance being vandalized in their area, whereas 30% (n=124) have seen or heard of an ambulance being vandalized. A significant

70% indicated that they have not seen or heard of an ambulance being vandalized in their area, p<.0005.

5.5.3.4 Seeing or hearing of PECPs being robbed in the community

The results of this study showed that 66.6% (n=275) of participants have not seen or heard of PECPs being robbed in their area whereas 32.4% (n=134) have seen or heard of PECPs being robbed. A significant 67% indicated that they have not seen or heard of PECPs being robbed in their area, p<.0005.

5.5.3.5 Seeing or hearing of someone who was robbed or killed in the community

The results of this study showed that 13.6% (n=56) of participants have not seen or heard of someone who was robbed or killed in their area, whereas 85.7% (n=354) have seen or heard of someone who was. A significant 86% indicated that they have seen or heard of someone who was robbed or killed in their area, p<.0005.

5.6 SECTION D: SAFETY OF AMBULANCE WORKERS

Participants were asked to indicate their agreement with five statements related to the safety of PECPs within their communities. The following total mean responses were received to indicate their agreements with the statements in the survey related to the safety of ambulance workers. For ambulance workers are safe when working at night in the community, the mean score was 2.96 (n=405), for ambulance workers are safe when working in the community during a strike, the mean score was 2.47 (n=405), for community members respect ambulance workers, the mean score was 3.52 (n=404), for members of the community protect ambulance workers when necessary, the mean score was 3.26 (n=405), and bandits see ambulance workers as easy targets, the mean score was 3.26 (n=404), as illustrated in Figure 5.12.

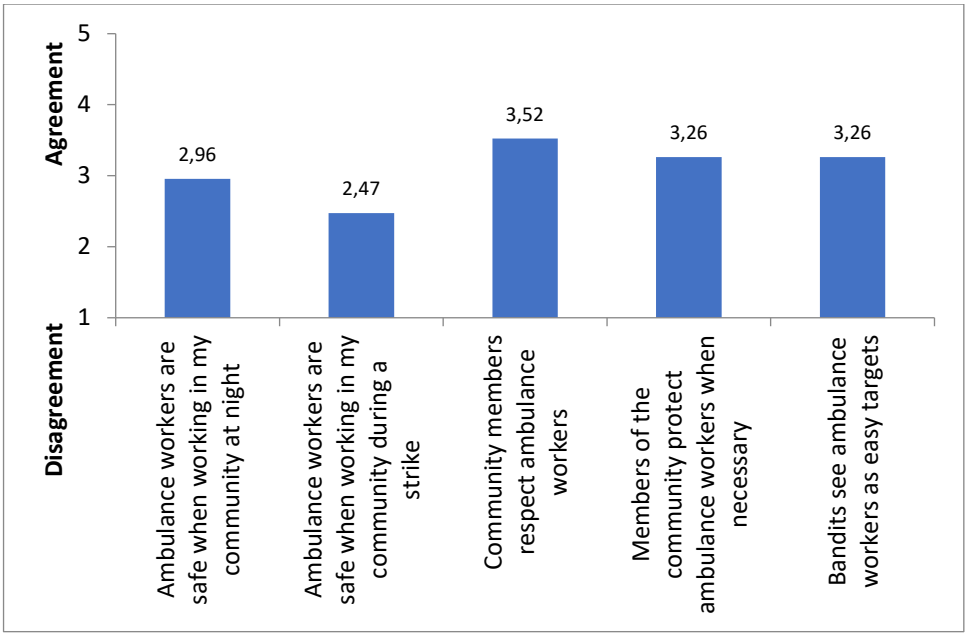

Figure 5.12: Safety of ambulance workers: Mean total responses

5.6.1 Ambulance workers are safe when working at night in the community

The results of the study showed that 24% (n=99) of participants disagreed and 22.8% (n=94) agreed that ambulance workers are safe when working at night in the community. There is neither significant agreement nor disagreement that PECPs are safe when working within the Gauteng Province communities at night (M=2.96, SD= 1.243), t (3) = -.680, p=.497.

5.6.2 Ambulance workers are safe when working in the community during a strike

The results of the study showed that 37% (n=153) of participants disagreed and 11.6% (n=48) agreed that ambulance workers are safe when working during a strike in the community. There is significant disagreement that PECPs are safe when working within the Gauteng Province communities during protests (M=2.47, SD= 1.195), t (3) = -8.857, p<.0005.

5.6.3 Community members respect ambulance workers

The results of the study showed that 11.6% (n=48) of participants disagreed and 37.5% (n=155) agreed that community members respect ambulance workers. There is significant agreement that Gauteng Province community members respect PECPs (M=3.52, SD= 1.097), t (3) = 9.571, p<.0005.

5.6.4 Members of the community protect ambulance workers when necessary

The results of the study showed that 13.6% (n=56) of participants disagreed and 33.4% (n=138) agreed that community members protect ambulance workers when necessary. There is significant agreement that Gauteng Province community members protect PECPs when necessary (M=3.26, SD= 1.060), t (3) = 4.967, p<.0005.

5.6.5 Bandits see ambulance workers as easy targets

The results of the study showed that 16.9% (n=70) of participants disagreed and 26.6% (n=110) agreed that bandits see ambulance workers as easy targets. There is significant agreement that bandits see PECPs as easy targets (M=3.26, SD= 1.249), t (3) = 4.224, p<.0005.

5.7 SECTION E: IMPACT OF VIOLENCE ON THE COMMUNITY

Participants were asked to indicate their agreement with six statements about the impact of violence on ambulance workers on the community. The following total mean responses were received to indicate their agreements with the statements in the survey about the impact of violence towards PECPs on the Gauteng Province communities. For delayed ambulance response time because the ambulance needs to wait for a police escort before responding to scene, the mean score was 3.28 (n=399), for fewer available ambulances to respond to calls within the community due to: hijackings of ambulances; vandalizing of ambulances; undergoing of repairs to ambulances, the mean score was 3.53 (n=400) , for slower police reaction times in responding to crime

in the community as they have to escort ambulance workers, the mean score was 3.48 (n=400), for lack of concentration by ambulance workers when treating patients on scene as they fear for their lives and must be constantly aware of their surroundings, the mean score was 3.37 (n=400), for community members having to use private transportation to transport the sick and injured to hospital as ambulances cannot enter the community when strikes occur, the mean score was 3.76 (n=400) and not enough advanced life support ambulance workers servicing the community as they resign or transfer due to crime and fear of being attacked whilst on the job, the mean score was 3.53 (n=400), as illustrated in Figure 5.13.

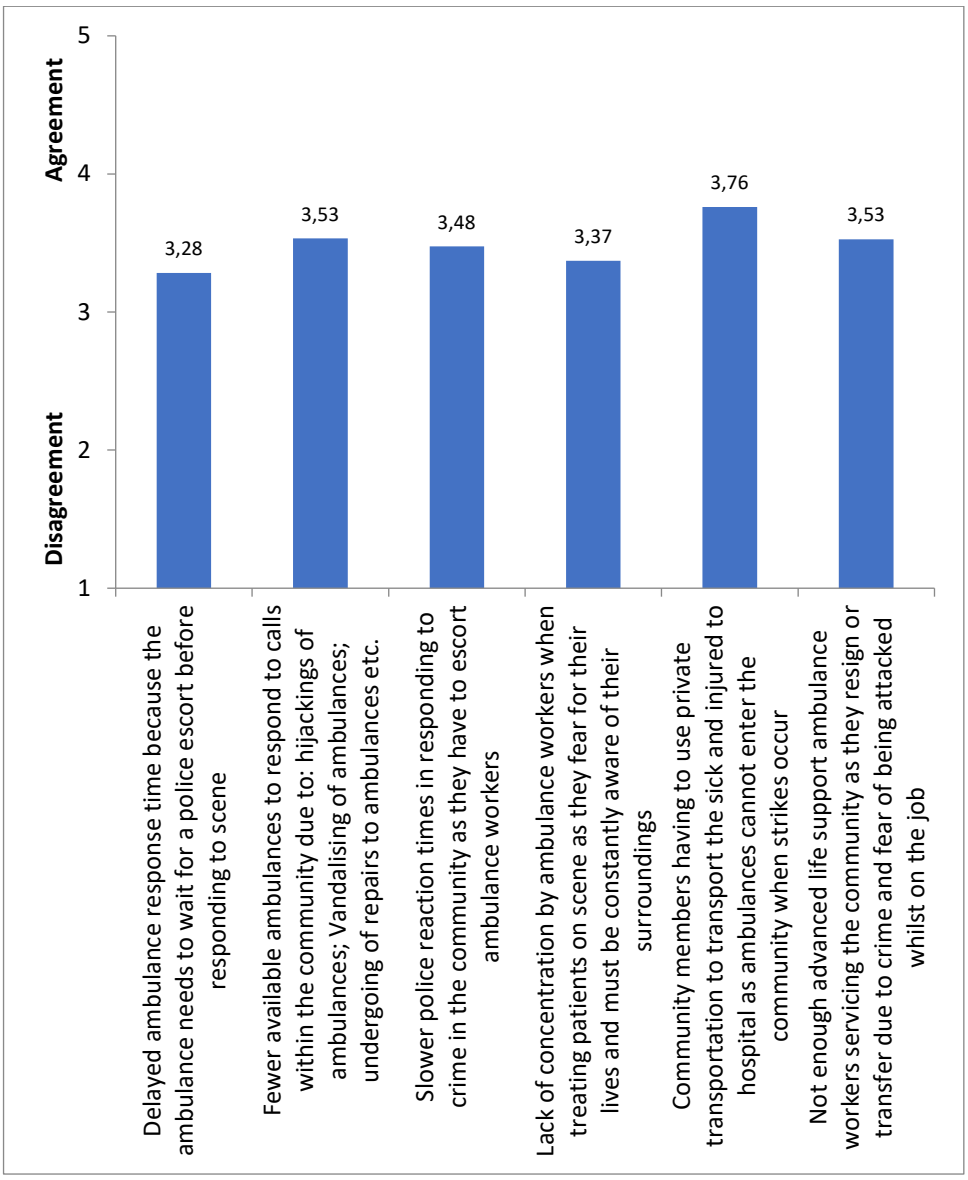

Figure 5.13: Impact of violence on the community: Mean total responses

5.7.1 Delayed ambulance response time because the ambulance needs to wait for a police escort before responding to the scene

The results of the study showed that 18.6% (n=77) of participants disagreed and 28.6% (n=118) agreed that ambulance response times are delayed because the ambulance needs to wait for a police escort before responding to the scene. There is significant agreement that ambulance response times are delayed when ambulances wait for a police escort before responding to the scene (M=3.28, SD= 1.295), t (3) = 4.370, p<.0005.

5.7.2 Fewer available ambulances to respond to calls within the community due to hijackings of ambulances; vandalizing of ambulances; undergoing repairs to ambulances and other matters.

The results of the study showed that 13.6% (n=56) of participants disagreed and 34.6% (n=143) agreed that ambulance hijackings, vandalism, repairs, and other matters result in fewer ambulances available to respond to calls within the community. There is significant agreement that fewer available ambulances are available to respond to calls within the community due to: hijackings of ambulances; vandalizing of ambulances; undergoing repairs to ambulances and other matters, M=3.53, SD= 1.195), t (3) = 8.194, p<.0005.

5.7.3 Slower police reaction times in responding to crime in the community as they have to escort ambulance workers

The results of the study showed that 16.7% (n=69) of participants disagreed and 26.4% (n=109) agreed that escorting ambulances to the scene results in police having slower reaction times to crime scenes. There is significant agreement that police have slower reaction times to crime scenes in the community as they have to escort ambulances within the community (M=3.48, SD= 1.238), t(3)= 7.672, p<.0005.

5.7.4 Lack of concentration by ambulance workers when treating patients on the scene as they fear for their lives and must be constantly aware of their surroundings

The results of the study showed that 18.2% (n=75) of participants disagreed and 27.4% (n=113) agreed that there is a lack of concentration by ambulance workers when treating patients as they fear for their lives and must be constantly aware of their surroundings. There is significant agreement that there is a lack of concentration by PECPs when providing EMC on the scene as they fear for their lives and must be constantly aware of their surroundings (M=3.37, SD= 1.283), t (3) = 5.766, p<.0005.

5.7.5 Community members have to use private transportation to transport the sick and injured to the hospital as ambulances cannot enter the community when strikes occur

The results of the study showed that 9.4% (n=39) disagreed and 37.5% (n=115) agreed that community members must use private transportation to transport the sick and injured to hospital as ambulances cannot enter the community during strikes. There is significant agreement that community members have to use private transportation to transport the sick and injured to hospital as ambulances cannot enter the community during protests (M=3.76, SD= 1.123), t(3)= 13.538, p<.0005.

5.7.6 Not enough advanced life support ambulance workers servicing the community as they resign or transfer due to crime and fear of being attacked whilst on the job

The results of the study showed that 8.2% (n=34) disagreed and 30.8% (n=127) agreed that there are not enough advanced life support ambulance workers servicing the community as they resign or transfer due to crime and fear of being attacked whilst on the job. There is significant agreement that there are not enough advanced life support PECPs servicing the communities in Gauteng

Province as they resign or transfer due to crime and fear of being attacked whilst on the job (M=3.53, SD= 1.157), t(3)= 9.122, p<.0005.

5.8 SECTION F: TEN STEPS TO PREVENT VIOLENCE

Participants were asked to indicate their agreement with ten steps that would help to prevent violence towards emergency care workers. The following total mean responses were received to indicate their agreements with the steps in the survey that would help to prevent violence towards PECPs. For police escorts, the mean score was 4.27 (n=395), for educating the community, the mean score was 4.52 (n=395), for community patrols, the mean score was 4.48 (n=394), for reporting crime, the mean score was 4.56 (n=395), for respect for each other, the mean score was 4.55 (n=394), for notifying the authorities and community leaders when community members are in possession of and selling ambulance equipment, the mean score was 4.52 (n= 396), for ensuring roads are well lit and addresses are visible, the mean score was 4.54 (n= 395), for establishing community forums specifically dedicated to ambulance protection, the mean score was 4.41 (n= 396), for pre-warning ambulance crews of a potential strike action within the community, the mean score was 4.43 (n= 395), and community patrol forums must accompany ambulance workers to the scene within the community, the mean score was 4.32 (n= 396), as illustrated in Figure 5.14.

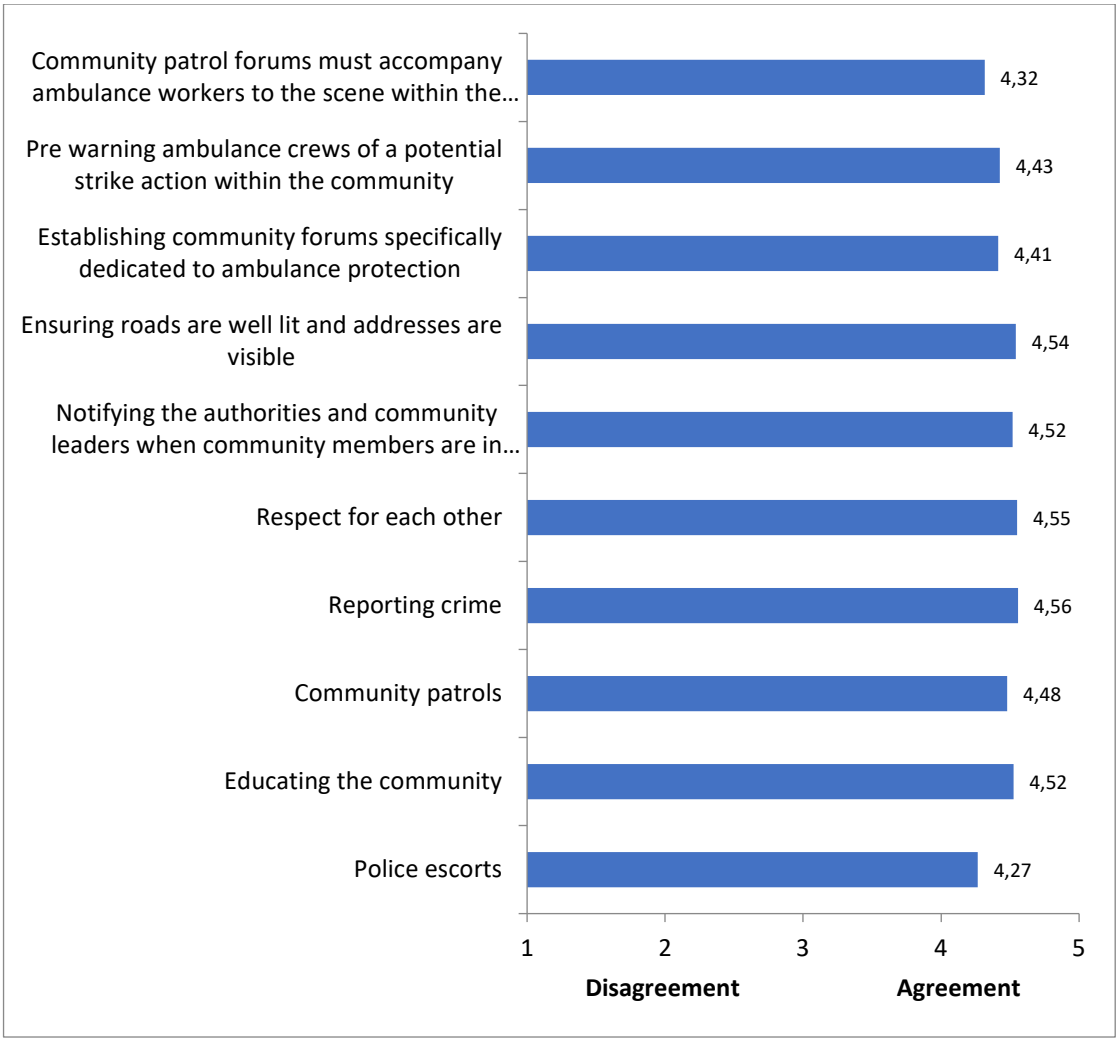

Figure 5.14: Ten steps to prevent violence: Mean total responses

5.8.1 Police escorts

The results of the study showed that 3.1% (n=13) of participants disagreed and 36.6% (n=151) agreed that police escorts can help prevent violence against ambulance workers. There is significant agreement that police escorts may help prevent workplace violence towards Gauteng Province public service PECPs (M=4.27, SD= .911), t (3) = 27.611, p<.0005.

5.8.2 Educating the community

The results of the study showed that 1.2% (n=5) of participants disagreed and 29.3% (n=121) agreed that educating the community can help prevent violence

against ambulance workers. There is significant agreement that educating the community may help prevent workplace violence towards Gauteng Province public service PECPs (M=4.52, SD= .788), t (3) = 38.449, p<.0005.

5.8.3 Community patrols

The results of the study showed that 1.2% (n=5) of participants disagreed and 31.5% (n=130) agreed that community patrols can help prevent violence against ambulance workers. There is significant agreement that community patrols may help prevent workplace violence towards Gauteng Province public service PECPs (M=4.48, SD= .788), t (3) = 37.250, p<.0005.

5.8.4 Reporting crime

The results of the study showed that 1.2% (n=5) of participants disagreed and 26.6% (n=110) agreed that reporting the crime can help prevent violence against ambulance workers. There is significant agreement that reporting crime may help prevent workplace violence towards Gauteng Province public service PECPs (M=4.56, SD= .796), t (3) = 38.888, p<.0005.

5.8.5 Respect for each other

The results of the study showed that 0.2% (n=1) of participants disagreed and 27.1% (n=112) agreed that community mutual respect can help prevent violence against ambulance workers. There is significant agreement that mutual respect may help prevent workplace violence towards Gauteng Province public service PECPs (M=4.55, SD= .777), t (3) = 39.598, p<.0005.

5.8.6 Notifying the authorities and community leaders when community members are in possession of and selling ambulance equipment

The results of the study showed that 1.7% (n=7) of participants disagreed and 24.2% (n=100) agreed that notifying the authorities and community leaders when community members are in possession of and selling ambulance equipment may help prevent violence against ambulance workers**.** There is

significant agreement that reporting community members who are in possession of ambulance equipment to authorities and community leaders may help prevent workplace violence towards Gauteng Province public service PECPs (M=4.52, SD= .810), t(3)= 37.306, p<.0005.

5.8.7 Ensuring roads are well lit and addresses are visible

The results of the study showed that 1.2% (n=5) of participants disagreed and 26.6% (n=110) agreed that ensuring roads are well lit and addresses are visible may help prevent violence against ambulance workers. There is significant agreement that having well-lit roads and clearly visible addresses in Gauteng Province may help prevent workplace violence towards Gauteng Province public service PECPs (M=4.54, SD= .767), t(3)= 39.927, p<.0005.

5.8.8 Establishing community forums specifically dedicated to ambulance protection

The results of the study showed that 1.2% (n=5) of participants disagreed and 28.3% (n=117) agreed that establishing community forums specifically dedicated to ambulance protection may help prevent violence against ambulance workers. There is significant agreement that the establishment of community forums specifically dedicated to ambulance protection in Gauteng Province may help prevent workplace violence towards Gauteng Province public service PECPs (M=4.41, SD= .833), t(3)= 33.783, p<.0005.

5.8.9 Pre warning ambulance crews of a potential strike action within the community

The results of the study showed that 1.5% (n=6) of participants disagreed and 28.3% (n=117) agreed that pre-warning ambulance crews of a potential strike action within the community may help prevent violence against ambulance workers. There is significant agreement that the establishment of community forums specifically dedicated to ambulance protection in Gauteng Province

may help prevent workplace violence towards Gauteng Province public service PECPs (M=4.43, SD= .819), t(3)= 34.571, p<.0005.

5.8.10 Community patrol forums must accompany ambulance workers to the scene within the community

The results of the study showed that 4.1% (n=17) of participants disagreed and 28.6% (n=118) agreed that community patrol forums must accompany ambulance workers to the scene within the community to prevent violence against ambulance workers. There is significant agreement that the community patrol forums must accompany ambulance workers to the scene within the Gauteng Province communities to prevent workplace violence towards Gauteng Province public service PECPs (M=4.32, SD= .913), t(3)= 28.664, p<.0005.

5.9 SUMMARY OF THE CHAPTER

Overall, the quantitative results achieved three objectives of the study. The results of this study revealed that the risk of workplace violence against PECPs in Gauteng Province is mainly attributed to the high rates of crime within the Gauteng Province communities. In addition, the results also revealed that members of the Gauteng Province community perceive workplace violence towards PECPs to have a negative impact on the community. This is because there is a significant agreement that community members must use private transportation to transport the sick and injured to the hospital as ambulances cannot enter the community during protests. Furthermore, the results of this study revealed that there is significant agreement that reporting crime may help prevent workplace violence towards Gauteng Province public service PECPs. To achieve these three objectives, the results answered the three questions as highlighted in 5.1 of this chapter. The following chapter will present the qualitative results of the study.

CHAPTER 6: PRESENTATION OF FINDINGS: SUBPHASE 2 (QUALITATIVE DATA)

6.1 INTRODUCTION

This chapter presents the data analysis findings of the qualitative subphase of the study. The qualitative data set aimed to achieve the following objectives of the study which were to:

- Explore the incidence of workplace violence amongst public service PECPs in Gauteng Province.
- Identify the risk factors of workplace violence against PECPs in Gauteng Province.
- Identify the consequences of workplace violence as experienced by public service PECPs in Gauteng Province.
- Determine the strategies to mitigate against workplace violence of public service PECPs in Gauteng Province Determine the measures currently in place to ensure the safety of public service PECPs in Gauteng Province.
- Determine how public service PECPs in Gauteng Province perceive their safety within the workplace.
- Determine the measures that public service PECPs take to ensure their safety within the workplace.

To achieve these objectives, the following research questions had to be answered:

- What is the incidence of violence experienced by public service PECPs in Gauteng Province?
- What are the risk factors associated with workplace violence against PECPs in Gauteng Province?
- What consequences do public service PECPs in Gauteng Province experience as a result of workplace violence?

- What strategies can be used to mitigate against workplace violence of public service PECPs in Gauteng Province?
- What measures are currently in place to ensure the safety of public service PECPs in Gauteng Province?
- How do public service PECPs in Gauteng Province perceive their safety within the workplace?
- What measures do public service PECPs in Gauteng Province take to ensure their safety within the workplace?

6.2 PRESENTATION OF FINDINGS

This chapter will present the findings on one-one interviews, which will be followed by the findings of the FGDs.

6.3 FINDINGS OF ONE-ON-ONE INTERVIEWS

6.3.1 Demographic data of the participants who participated on one-one interviews

Face to face, semi-structured individual interviews were conducted with a total of seven (n=7) managers. A total of five (n=5) managers were interviewed from the Gauteng Emergency Medical Services (GEMS) and a total of two (n=2) managers were interviewed from the South African Police Services (SAPS) Gauteng Province. Table 6.1 depicts the demographic data of the participants.

Table 6.1: Demographic data of interview participants

Code	Designation
P#1	Gauteng Province EMS (GEMS) Manager
P#2	Gauteng Province EMS (GEMS) Manager
P#3	Gauteng Province EMS (GEMS) Manager
P#4	Gauteng Province EMS(GEMS) Manager
P#5	South African Police Service (SAPS) Manager
P#6	South African Police Service (SAPS) Manager
P#7	Gauteng Province EMS (GEMS) Manager

6.4 THEMES AND SUB-THEMES

Table 6.2 presents the themes and sub-themes that emerged from the semi-structured, individual interviews.

Table 6.2: Overview of the themes and subthemes: Individual interviews

Theme	Sub-theme
1. Access to emergency medical care.	1.1 Limited access to EMC. 1.2 Delayed response time.
2. Human resources.	2.1 Decreased employee morale. 2.2 Inadequate employer support. 2.3 Low safety climate.
3. Prevention strategies.	3.1 Early warning systems. 3.2 Community awareness. 3.3 Police escorts. 3.4 Lack of prosecution. 3.5 Risk classification of communities. 3.6 Stakeholder engagement.
4. Principle of causation.	4.1 Events and causes of workplace violence.

The findings of the study are presented together with the themes and sub-themes that emerged from the analysis of the semi-structured, individual interviews. Pertinent direct quotes are included to corroborate the findings.

6.4.1 Major theme 1: Access to emergency medical care

The majority of the participants report that workplace violence delays ambulance response times and hinders ambulance access to the ill and injured in high-risk communities. The following sub-themes emerged from the main theme namely, limited access to EMC and delayed response time.

6.4.1.1 Subtheme 1.1: Limited access to emergency medical care

The participants reported that public service PECPs experience difficulties in accessing those that need EMC due to workplace violence that they experience within communities that have been classified as high-risk for workplace violence in Gauteng Province. Participants also stated that despite the severity of the ill or injured requiring EMC, they may have to resort to terminating services to guarantee the safety of PECPs in some communities. The participants reported limiting access to emergency care in Gauteng Province communities that are high-risk for workplace violence in the following quotations:

"It does affect the mandate of the Gauteng Emergency Medical Services because as Gauteng Emergency Medical Services, we have a mandate to provide medical emergency medical services to all the communities, but with the current violence and attacks, we cannot even reach to, or we cannot even service even those that they are in need of emergency medical services, so it does affect the mandate on a very serious note" [GEMS; P#3].

"Depends I guess on the , what's this , on the area that they will be responding to, there are areas that will just be automatically red flagged as high-risk areas, and those areas, coz the safety of the personnel is compromised, so basically they will not even be entertained, … if it's a high-risk area, it will be avoided and uhm just to protect the personnel, and the idea should be that, there should be

uhm, meeting points, and this is where I get controversial and say, irrespective of how serious the patient is, it shouldn't be our problem until such time that the community can uhm, show gore (Sesotho) their willing to protect emergency care workers" [GEMS; P#4].

It is worth noting that although the majority of participants reported that there is limited access to EMC in high-risk communities, one participant highlighted that ill or injured patients from these communities consequently end up having to transport themselves from the scene to areas deemed safe by PECPs to access EMC. The participant highlighted the consequence of limited access to EMC in high-risk communities in the following quotation:

"It does affect it, coz obviously we've identified places that are high-risk and there's critical patients there, and we cannot respond to them, because obviously their wellbeing or their health and uhm survival rate decreases exponentially so, and the more we say they must actually meet us at a certain meet point that we consider our safe zone, how will they get there if they don't have means of transport, uhm what will happen to the patient that is critical from within their home to the point that they are supposed to meet the EMS, that's also got an impact on the patient, so it affects them obviously as well" [GEMS; P#4].

6.4.1.2 Subtheme 1.2: Delayed response time

Participants reported that workplace violence results in PECPs delaying their response time as they must obtain police escorts before responding to the scenes in high-risk communities. The delay in response time was made evident in the following quotations:

"… one will be thinking of the safety first, … I'll mention the areas like uhm Gomora (Informal settlement in Pretoria) as an example, … you know very well that you may be attacked at any time, then as a result, …you get the uhm escort from the SAPS to accompany you to where the call is,… as a result, the

response time, we working on the response time, and eventually you going to be delayed, and you look at the outcome of the patients, you think of the patient in need of that ambulance, so those are the issues here, those are the challenges" [GEMS; P#7].

" …Uhm there are places which are, are high-risks, which even if , no matter people are sick , we know we understand but they can't risk going there without the escort of the police, and that delays the response time, and a person, they might end up dying" [GEMS; P#2].

"Well it affects it a lot in my opinion because the members are scared then to go out, EMS members you find the ambulance will not go out readily to a call for help, they want the police to escort them or to get an escort in because of this violence, so it affects the psych it affects the mentality, it affects the readiness of someone to go out and respond as soon as possible, so if we don't stop the workplace violence, we will find that it will take longer for people to respond, it's going to affect life on a negative scale" [SAPS Gauteng Province; P#5].

6.4.2 Major theme 2: Human resources

The majority of participants reported that workplace violence demoralizes PECPs. In addition, the majority of participants also reported that they receive inadequate mental health support from their employer and do not feel safe at work. The following subthemes emerged from the second major theme, namely, decreased employee morale, inadequate employer support and low safety climate.

6.4.2.1 Subtheme 2.1: Decreased employee morale

The findings of the study revealed that public service PECPs working in Gauteng Province feel demoralized by the recurring workplace violence towards them. In addition, the recurring incidents of workplace violence result in decreased job satisfaction amongst public service PECPs, lack of confidence

towards their employer and have a negative impact on the patients they care for. Below are some of the participants' views:

"The emergency providers are exposed to mostly the attacks, uhm they are attacked whilst on duty and their personal belongings are usually taken off from them, not only that but they are traumatised uh when…during this uh violence or trauma that they are going through" [GEMS; P#3].

"… Like I said gore (Sotho), they feel that they are not protected etc their morale also crushes, and when it crushes, the rate of absenteeism increases, obvious then, uhm , your performance will also decrease because now you not running at the optimal strength because people are absent and even those who are present at work we've got a phenomenon of presentism as well…" [GEMS; P#4].

The study also revealed that PECPs may be having unresolved issues because of the traumatic experience associated with workplace violence and the response of participants regarding this is as follows:

"… Attacks really has a negative image on human capital as well as uh our investment as, as a public service, it takes the confidence away from our employees, uh coz they feel when they come to work at the back of their minds whether they will be attacked today, whether the area is safe and then they ask difficult questions to the employer, I mean is the employer doing enough for them …" [GEMS; P#1].

6.4.2.2 Subtheme 2.2: Inadequate employer support

Some participants reported that Gauteng Province EMS provides support and advice for employees who receive calls in high-risk areas. They shared the following views:

"Uh firstly they have to be sure about uh, the zones because we do have different zones, there are danger zones whereby it's not easy really… to get into them, and then….sometimes… when they get the call , the control centre also advise them, on how to approach it, because you get that sometimes they are also uhm false calls , this is why I'm saying it's really unpredictable because uhm you won't know really what is going to happen, so you must sometimes use your discretions but continuously eh, engaging with the control centre and then they make sure that you are safe" [GEMS; P#2].

Other participants, however, also reported that the employer is not providing adequate mental health support nor doing enough to address the phenomenon of workplace violence as illustrated in the following quotations:

"…Uh coz they feel when they come to work at the back of their minds whether they will be attacked today, whether the area is safe and then they ask difficult questions to the employer, I mean is the employer doing enough for them, so yah, I think let me just pause there" [GEMS; P#1].

"…from a police perspective I think our reporting procedures are fine, but from the other guys I think there should be the same thing involved, I think I know the department sometime they don't take care of the mental health of employees, they look rather at the financial and the physical thing, but the mental health is, I think that's important" [SAPS Gauteng Province; P#5].

6.4.2.3 Subtheme 2.3: Low safety climate

The findings reported that Gauteng Province based public service PECPs do not feel safe when performing their duties. The views were expressed in the following quotations:

"In, In my views uh, the public uh, violence against uh PECPs, uhm, it affects the emergency care practitioners uh negatively so uh when they have to provide uh services to the community uh on a daily basis when they are coming on duty

because they feel uh there's not enough uhm protection to defend themselves" [GEMS; P#3].

"Well it affects it a lot in my opinion because the members are scared then to go out, EMS members you find the ambulance will not go out readily to a call for help, they want the police to escort them or to get an escort in because of this violence, so it affects the psych it affects the mentality, it affects the readiness of someone to go out and respond as soon as possible, so if we don't stop the workplace violence, we will find that it will take longer for people to respond, it's going to affect life on a negative scale" [SAPS Gauteng Province; P#5].

The findings also revealed that even though they may be escorted by police to calls, this does not guarantee their safety because the police also get attacked and this is expressed in the quotation below:

"Honestly speaking eh, eish the safety, we can always call the SAPS to accompany us, but that doesn't guarantee us or doesn't guarantee the safety because even the police themselves they got attacked, so you can never tell yourself to say you are safe enough whenever you are with the SAPS personnel, no…[GEMS; P#7].

6.4.3 Major theme 3: Prevention strategies

The majority of participants reported that tracking devices, panic buttons and police escorts are currently ineffective in preventing workplace violence. Furthermore, participants also reported that there has been a lack of prosecution for perpetrators of workplace violence. The majority of participants also reported that the risk classification of high-risk communities results in delays in access to ambulances. However, the majority of participants also reported that engaging with stakeholders is a very important intervention to curb workplace violence. The following subthemes emerged from the theme "prevention strategies" namely, ineffective early warning systems, community

awareness, police escorts, lack of prosecution, risk classification of communities and stakeholder engagement.

6.4.3.1 Subtheme 3.1: Ineffective early warning systems

The findings of the study revealed that tracking devices have been installed on ambulances as well as panic buttons on the radios. The emergency control centre dispatcher can also assess the risk before dispatching an ambulance to an emergency. These findings were reported as follows:

"I think, I'm confident to say we as, as Gauteng Province Health Emergency Medical Services, we have a robust, uhm, mechanism of them reporting from the few measures we put in was umm, when the attacks take place there is a, on the radios there is a panic button, and even now we've just installed Tracker into every ambulance, so there's also panic buttons on those vehicles …" [GEMS; P#1].

"The, there is a…a knob on our radios that their using as a communication that is usually used to sensitise the ECC on when they are attacked they can press the knob and then uh the ECC will immediately see that their under attack is called a panic button" [GEMS; P#3].

The findings however, also revealed that the tracking devices may not be effective as PECPs may be harmed before law enforcement responds to their assistance as reported in the following quotation:

"…currently, in Gauteng Province we using uhm tracker system, and that doesn't prevent anything, to be honest with you, why am I saying is that yes, we'll be having the tracker, should you have any problem they will know where you are, but then it's a question of by the time they send the SAPS to where you are, how long will it take, one, two, where will you be by then, and how are they going to help you, if the attack it happens now, it happens now, so that is the challenge…" [GEMS; P#7].

6.4.3.2 Subtheme 3.2: Community awareness

Participants reported that community education is being done to educate, inform and raise awareness to the community through various methods of engagement such as community patrol forums, peer education, awareness campaigns in schools and media about the EMC profession and workplace violence towards Gauteng Province based public service PECPs. Management has been trained on how to mitigate against workplace violence. They reported their views as follows:

"…most of the senior managers have attended workshops and symposiums, and high level they've given in terms of …what's needed to be done but I think …the take home point was community engagement… I think what we doing as Gauteng Province EMS, we approaching the CPFs and indirectly we approach the communities as well… but I think also we going onto radio stations, educating the public, we've asked our college to do education drives, in terms of schoolings, the different school levels, also to the educators out there so the message can be uhm, you know driven from that education department to their parents, to their relatives , everybody…" [GEMS; P#1].

However, participants also reported that more education still needs to be done especially in areas that are classified as high-risk for workplace violence. Furthermore, participants also highlighted that political parties and the media should play a role to assist in informing the public about workplace violence as reported in the below quotations:

" …I guess engaging with community leaders and political parties as well when they are doing their own things with the communities like campaigning etc we need to put across those messages hore [Sotho- that] PECPs should be protected by all…yah, I think we need some serious campaigning overall" [GEMS; P#4].

"…there needs to be a greater emphasis on education uh information sharing about the services of PECPs, why they are there, … and I think education, but not only education but like I said from councillors, from political parties, from interested parties, but more also from media, … let it be part and parcel of education in school, a programme like we used to have right living or now its life orientation or life skills …" [SAPS Gauteng Province; P#5].

6.4.3.3 Subtheme 3.3: Police escorts

The findings of the study reveal that management of GEMS and law enforcement advocate for police escorts to be used when PECPs respond to emergencies in high-risk communities and recommend that this practice must continue. The findings also reveal that there are arrangements for local CPF members to also accompany PECPs to calls in high-risk communities. The findings were expressed in the following quotations:

"Currently well, we've engaged with … the SAPS and your metro polices of the various metros as well as the community policing forums, gore uhm, the areas that we've identified together, gore the clusters must protect or escort EMS in those areas that we've identified, so like your community policing forum in areas which we have identified as high-risk, they will then, we'll have the numbers of the leaders of the communities in those areas, so whenever there's a call around those areas, the community leaders if SAPS is not there to do those calls, then the community leaders will be there to meet the guys, and hopefully the presence of those community leaders, will either make the crews feel safe or alternatively would still prevent those criminal activities towards PECPs, one of the two…" [GEMS; P#4].

"…firstly, I think that when responding, if there's a need, let's say for example there's a, a cash in transit or ATM robbery, instead of dispatching a force, we dispatch a vehicle, and only once the vehicle gets there then you want to call for backup and that backup generally doesn't come, I know from a personal experience we don't operate the same way, I had an incident the last time as a

Brigadier, I was calling for assistance where a tow truck guy was becoming aggressive, he was drunk I wanted to arrest him, an hour went by not a single vehicle came to my rescue but within 5 minutes or ten minutes that guy had a whole group of his tow truck buddies coming there…" [SAPS Gauteng Province; P#5].

The findings, however, also reveal that the SAPS have a limited human resource capability which impedes their ability to protect themselves and those that they are called upon to protect. The findings of the study also show that the SAPS members are also vulnerable during attacks and therefore this impedes their ability to provide adequate protection to PECPs as reported below:

"…we not having the same amount to do the job yet our challenges are greater, so there's a reduction of personnel, with a reduction of personnel meaning you have just two members must go out to a crime scene and regardless of whatever it is, so the violence stands, and then also, I don't say I have a challenge with it, but you also have the thing of equity, so you have more female officers that are now out in the field , and not all female officers, but the majority of female officers, the physical strength, the fighting capabilities are not there, so it puts a risk on the male counterpart or the other member to also protect his colleague, protect himself and protect those who have called for help…" [SAPS Gauteng Province; P#5].

6.4.3.4 Subtheme 3.4: Lack of prosecution

Participants reported that cases of workplace violence are not being prioritized by law enforcement. They also reported that there has been no successful prosecution of perpetrators of workplace violence towards Gauteng Province based public service PECPs. Below are some of their views:

"…the system is not user friendly as the same procedures are expected for PECPs, that they have to follow when reporting such like the normal public should, and I personally am of the view that they should be at least given a

priority when reporting such crime, … the system, the purpose of reporting the cases, is as the same outcome than your typical bareng (Sotho They say) your typical turnaround time of cases reported by public to SAPS which have a slow turnaround time, so the system needs to change in terms of how these cases are reported as prioritized by the security cluster [GEMS; P#4].

"…something more important needs to be done here because uhm so many cases have been reported, up to date we can never tell as to what transpired, what is the end result of those attacks to say whether the criminals or the thugs got arrested, what is the outcome and all that, so I feel like the way in which we report all those cases, uhm even in an SAPS level they don't take it seriously cause uhm to start with, no investigations will be done, even if they do, it doesn't go to that level where you will hear that the thugs got apprehended or got arrested for that criminal offence, …" [GEMS; P#7].

6.4.3.5 Subtheme 3.5: Risk classification of communities

The participants revealed that communities within Gauteng Province are classified according to risk as high-risk areas are places where workplace violence has occurred and is likely to occur and low-risk communities are areas where workplace violence is less likely to occur. High-risk communities experience delays in response times due to ambulances having to wait for police escorts before responding to the scene. Participants reported their views in the following quotations:

"…we've also classified areas in terms of high-risk …low risk, medium risk, so they'd actually know what they are going into to, and then… high-risk areas we definitely advocate that eh escorts must be provided and we do inform the callers in advance, this is a high-risk area uh and they must eh they must expect a delay because of the police escort or any other escort that is taking us to scene" [GEMS; P#1].

"…uhm there are places which are, are high-risks, which even if , no matter people are sick , we know we understand but they can't risk going there without the escort of the police, and that delays the response time, and a person, they might end up dying" [GEMS; P#2].

6.4.3.6 Subtheme 3.6: Stakeholder engagement

The participants reported that engaging with stakeholders is very important in curbing the phenomenon of workplace violence towards public service PECPs in Gauteng Province. The participants also reported that there have been engagements with communities, community leaders, CPFs in various communities, Gauteng Province community safety and SAPS. They have used media platforms to inform the community about workplace violence towards PECPs. The participants, however, highlight that there is a lack of political will to curb workplace violence towards PECPs. Participants, therefore, recommend more intensive community outreach programmes and community engagement, utilizing the Department of Basic Education to provide formal community education programmes to school-goers, involving the department of social development, councillors, political parties, and more involvement from media. These sentiments were expressed as follows:

"Community is being educated, also involved, the councillors and also more on radio interviews and also meeting with the community" [GEMS; P#2].

"Currently well, we've engaged with uhm, who's this, the SAPS and your metro polices of the various metros as well as the community policing forums, …so like your community policing forum in areas which we have identified as high-risk, they will then, we'll have the numbers of the leaders of the communities in those areas, so whenever there's a call around those areas, the community leaders if SAPS is not there to do those calls, then … the presence of those community leaders, will either make the crews feel safe or alternatively would still prevent those criminal activities towards PECPs…" [GEMS; P#4].

"…there needs to be a greater emphasis on education uh information sharing about the services of PECPs, … like I said from councillors, from political parties, from interested parties, but more also from media, because media sometimes doesn't portray the violence against emergency care workers,… when you see police vehicles are being burnt in a protest action, instead of the politicians or whoever responsible coming and addressing, coming and saying no this must stop, but because … you don't want to lose the vote, you want to side with the wrongfulness, … we also say uh an old dog is hard to teach new tricks, so let it be part and parcel of education in school, a programme like we used to have right living or now its life orientation or life skills …" [SAPS Gauteng Province; P#5].

6.4.4 Major theme 4: Principle of causation

The majority of participants reported that workplace violence towards Gauteng Province based public service PECPs occurs in many forms and can be attributed to certain motives and circumstances. The following subtheme emerged from the theme principle of causation, namely, events and causes of workplace violence.

6.4.4.1 Subtheme 4.1: Events and causes of workplace violence

The participants emphasized that workplace violence comes in many forms such as armed robbery of personal belongings, sexual assault, theft of personal belongings, violence between colleagues due to personal reasons and sometimes vehicle theft and theft of medical equipment. The participants attributed workplace violence to poverty, unemployment, delayed response times, a lack of awareness about the profession and illiteracy. However, another participant also noted that even those that are educated commit serious crimes. The participants described some of their views as follows:

"…violence comes directly from, from the perpetrators of these acts, these acts of criminality … uhm, they held at gunpoint, … and then also for the females, they, they kind of semi undress them, … because they are looking for jewellery,

so they say; whereas your ring? They go into their shirt, if you got a chain under there, are you keeping your cell phone in your bra, or something like that, uhm, they'd look for things, are you hiding money or such when they do attack, … I'll quote one incident that we had where it was an old lady, a pensioner, that we were called to see and … whilst the female crew was inside the house, the male was in the vehicle, they first attacked him and asked him for his valuables then they took him inside and got …the female where they harassed her, uh, kind of like an indecent assault and wanted her jewellery all of that, and then afterwards…which is very …something we can't understand as employer as well, they threw the ambulance keys away …" [GEMS; P#1].

"…mostly so far it has been robberies, uhm of their personal belongings, in terms of your cell phones, your wallets, your rings, earing's, all those things, uhm we've seen small incidents where, like people are being literally interested in the vehicles itself, but mostly its medical equipment as well as the personal belongings of our people" [GEMS; P#4].

"…a victim of mob justice, … you find that the people, they want to take the law into their own hands, so they don't want, the so called victim to get help from the emergency personnel, …and the other one you find that they are being robbed by the member of the community while attending the said person" [SAPS Gauteng Province; P#6].

6.5 FOCUS GROUP DISCUSSIONS

Five (n=5) focus group discussions (FGD) were conducted with public service operational PECPs working in Gauteng Province. The focus group discussions comprised of 35 participants. Five (n=5) participants participated in the first focus group discussion, nine (n=9) participants participated in the second focus group discussion, twelve (n=12) participants participated in the third focus group discussion, five (n=5) participants participated in the fourth focus group discussion and four (n=4) participants participated in the fifth focus group discussion. The data analysis highlighted the themes (Table 6.2) and structural

and textural descriptions arising from the focus group discussions with the participants and synthesized the descriptions of all the participants.

6.6 DEMOGRAPHIC DETAILS OF THE FOCUS GROUP DISCUSSION PARTICIPANTS

Table 6.3 depicts the numbers and codes of FGD participants.

Table 6.3: Demographic details of the FGD participants

Code	Number of participants
FGD#1	5
FGD#2	9
FGD#3	12
FGD#4	5
FGD#5	4
TOTAL	35

6.7 PRESENTATION OF THE FINDINGS

Table 6.4 below presents the themes and sub-themes that emerged from the focus group discussions.

Table 6.4: Overview of the themes and subthemes: Focus group discussions

Themes	Subthemes
1. Causes of violence.	1.1 Community violence. 1.2 Delayed response time. 1.3 Emergency Control Centre increasing emergency care provider vulnerability to workplace violence. 1.4 Soft targets. 1.5 Partnering women together in an ambulance.
2. Current preventative measures.	2.1 Trackers and panic buttons inefficient. 2.2 Police escorts are ineffective. 2.3 Responding to the scene with multiple ambulances. 2.4 Community engagement.
3. Experiences of workplace violence.	3.1 Bullying amongst colleagues. 3.2 Callers and family members are violent. 3.3 Hospital staff inciting violence. 3.4 Community members prohibiting the entry of ambulances in their neighbourhoods.
4. Impact of workplace violence.	4.1 Lack of trust between community and EMS. 4.2 Lack of confidence towards management. 4.3 Leaving a violent scene.
5. Mental health.	5.1 Demoralized by workplace violence. 5.2 Fearing you may become a victim. 5.3 Lack of adequate mental health support. 5.4 Mental health support.
6. Need for training programmes.	6.1 Educating community about emergency medical services. 6.2 Educating control. 6.3 Educating management. 6.4 Educating PECPs.
7. Prevention of workplace violence.	7.1 Community first responders calling for an ambulance. 7.2 Development of a dedicated reporting channel. 7.3 Incentivizing community members to protect ambulances. 7.4 Involving other stakeholders. 7.5 Weapons not permitted for use by public service PECPs.
8. Support from management.	8.1 Resolving reported issues. 8.2 Intimidation from management. 8.3 Lack of confidence towards management. 8.4 Gaps in organizational policy and SOP implementation.

The findings of the study are presented together with the themes and sub-themes that emerged from the analysis of the five focus group discussions. The appropriate direct quotes are included to corroborate the findings.

6.8 THEMES AND SUB-THEMES

6.8.1: Theme 1: Causes of violence

The majority of participants reported that workplace violence is due to community related factors such as poverty and criminality, delayed ambulance response times, PECPs being perceived as soft targets, partnering women together in one ambulance, and poor communication skills between the emergency control centre and the community. The following subthemes emerged from Theme 1 namely, community violence, delayed response time, emergency control centre increasing emergency care provider vulnerability to workplace violence, soft targets and partnering women together in an ambulance.

6.8.1.1 Subtheme 1.1.: Community violence

The participants in the study reported that they have been robbed, stabbed, shot, and racially abused by members of the communities they serve. They also reported that the violence is due to members of communities stealing as a means to make money, community members not wanting them to provide lifesaving EMC to victims of lynching and peer pressure. Other factors include societal norms of valuing money above Ubuntu, economic deprivation of basic rights to previously disadvantaged communities by the government resulting in angry members of the community destroying government property to get their voices heard by government, being affiliated with top structures within management and government, and a lack of knowledge within the communities about EMC. However, the participants also reported that the perpetrators are known within the communities, nevertheless, members of the community turn a blind eye. The following quotations express some of the participants' views:

"…even 2 weeks back we had a break in of our ambulance in Zola (Township in Soweto) where our crews were attending a call, so because we have GPS, they broke in and took the GPS and when they came out of the house, the ambulance was broke in by the community which is not good because we are

serving the community, and at the same time they are breaking into our ambulances, and then 2 months or 3 months ago we had crews who were attending a call at the hostel, and they took their cell phones, medical bags and wallets, …" [FG#4; P#2].

"…uh!! My crewmate was assaulted by the hijackers, my students were assaulted by hijackers, uh my patient was killed in the back of an ambulance whilst I was held at knife point, sliced to bits, …" [FG#5; P#1].

"…I think its lack of knowledge and frustration, … there was a taxi that when we passed, it was rolled, and they were like; "yah, that's why siwa shaya thina lama ambulance [IsiZulu: We vandalize these], I government ayi yenzi nex [IsiZulu: The government is doing nothing/ the government is useless]", so you see they are frustrated, and their frustrations are being taken out towards the people who work for the government, and they think that even when they steal from us the government will replace our belongings and its easy for the government, … they think that everything is simple, the government does this and that, … they are frustrated, even when they toyi [Slang: Service delivery protests] around here, we are scared because maybe they can just take a brick and hit the ambulance bakwatile [IsiZulu: Angry] amajita ecorneni [Slang: A group of unemployed male youth who hang around together particularly at an intersection within their local township] you understand yah, so its frustration according to me" [FG#4; P#4].

6.8.1.2 Subtheme 1.2: Delayed response time

Participants reported that they experience verbal and physical abuse from members of the community members for responding late on the scene Participants also reported that they experience workplace violence when they treat patients on the scene because members of the community do not understand the importance of providing EMC before transportation to the hospital. Their views were expressed in the following quotations:

"…yah, eh, the violence that we experience is more especially the attacks of the crews whilst on duty and then the intimidations that we get from the public whilst attending to the uh some of the calls whereas sometimes they feel like were responded late to the calls, sometimes they feel that our interventions are very slow, so and then sometimes they just bully us for no reason, so that's the issue that we have here at our workplace" [FG#2; P#6].

Notably, one participant reported that the delayed response times are due to an inadequate number of ambulances available for the population size in the following quotation:

"…most violence is brought about by delayed responses, … for example as a central paramedic I was responding as far as Evaton, (Township in Sedibeng) Orange Farm (Township in Sedibeng), where the responses were longer than 30 minutes, totally unacceptable but passed to the department as normal,… if a call comes in, guys will delay at the station, but there's no ambulance actually in the area for them to go to, so they coming from long distances, right in order to get to those places, right whereas the public does not know that it's one ambulance per 10000 people, but if you look at Orange Farm, its nothing close, nothing close at all, think there there's like maybe 4 ambulances for half a million people …" [FG#5; P#1].

Participants also reported that members of the community become aggressive as they do not understand that when they call for an ambulance, the call is directed to the emergency call taker who then transfers the call to an emergency ambulance dispatcher to dispatch an ambulance when it is available as articulated in the quotation below:

"…uh! People don't understand ukuthi (IsiZulu: That) when you call for an ambulance, it doesn't go straight to the crews who drive the ambulance, it goes first to the call centre and the call centre whereby there is a person who is taking the call and put through to someone who is going to dispatch the ambulance before it gets to the crews who are driving the ambulance who will respond to

the call, so the community if someone calls for an ambulance expects that in 2 minutes the ambulance must be there it doesn't work like that, and then when the crews get there, they are fighting all the time …" [FG#4; P#3].

6.8.1.3 Subtheme 1.3: Emergency Control Centre increasing emergency care provider vulnerability to violence

The participants indicated that when there is an argument between the emergency call takers and the callers requesting ambulance assistance, this incites violence towards PECPs when they arrive on the scene. Participants also indicated that when communications officers shout at them during a conference call between them and the person requesting an ambulance, this makes them look incompetent and likely to be attacked when they get to the scene. Participants indicated that communications officers instruct them to wait for callers in dark, isolated areas and also take time before responding when being called by PECPs who do not feel safe in dark and often isolated areas or those who are in imminent danger. Their views are illustrated in the following quotations:

"…callers or bystanders…, they don't understand hore (Setswana: That) when they call for an ambulance, the call doesn't come directly to the base, it first goes to the control centre and then that's when the control centre will then dispatch ereng hore (Setswana: That is) its close by,… so there's one time we were dispatched ko stabbing ko Winterveld (Township in Pretoria)… apparently the dispatcher and the bystander … got into an argument,… so when we got there, he was under the impression that the person that he spoke to on the phone, was me, me being a female ko di crews tseo (Setswana: Those crews), so pulled out a gun, … so I don't know where I got the strength or whatsoever, I was calm about it, ka emo botsa hore (Setswana: I told him that) you don't need to take out a gun, whoever you were speaking to ne isi nna (Setswana: It wasn't me) and try to explain the situation, somehow I got him to calm down, and he understood…" [FG#1; P#2].

"…the control centre is like it cannot protect us, because they can dispatch us to a call, at the same time conference us with the caller and at the same time shout at you as if you are incompetent, maybe uh akere (SeTswana: is it not?) the caller can ask you to meet them at a certain landmark, and when we don't find the caller at the landmark, automatically you will not stop because you want to be safe, but you will rove around the area, but immediately when the control starts to conference you again, they start to shout at you, and make you incompetent, so even the control gives the callers power to attack us when we get to the scene" [FG#1; P#3].

Notably, one participant also indicated that the emergency call takers do not inform the callers of the estimated waiting time for an ambulance as reported in the quotation below:

"…I think they think that when they call an ambulance they are calling me personally, and the call goes somewhere and motho (Setswana: A person) who takes the call, I don't think waba tlalosetsa (Setswana: Explains to them) that all ambulances are out, and right now I don't have an available ambulance, so the time that you take to get there, when you arrive they shout at you,…" [FG#2; P#7].

6.8.1.4 Subtheme 1.4: Soft targets

Participants emphasized that members of the community are aware that PECPs are unarmed, hence bandits target them because they experience minimal resistance. The participants reported their views as follows:

"I think as medics we are the most because communities know very well that we are not armed, so sometimes when we do calls the community sees it as an opportunity to rob us and do whatever because they know very well that we are not armed and all, so I think that's the biggest thing that they know we are not armed, we won't do anything, we won't fight back, so they see it as an opportunity" [FG#2; P#2].

"Uh, we here at Gauteng Province EMS, we are targets of robberies, they take our belongings like cell phones and wallets because they know that we are not armed, and most of the time our crews consists of a male and female, so mostly they are aware that we are not armed so we are soft targets and they can rob us easy, and most of the things, like our phones we lose them, but we get nothing in return, we don't get compensated" [FG#3; P#6].

6.8.1.5 Subtheme 1:5: Partnering women together in an ambulance

The participants reported that being partnered together as women in an ambulance makes them vulnerable and more susceptible to experiencing workplace violence. They also asserted that they are not as physically strong as their male counterparts. Participants also reported that at times they work with ambulances that do not lock. These sentiments were expressed as follows:

"…my concern is safety especially for us as women, there was a point in time where we were working with an ambo that is not locking and we reported that, but that one was not even taken seriously and then we were working together as women, during the night, so you can just imagine what could happen, I mean uhm given the circumstances tsa gore (Setwana: Of) what's happening in the country, I mean already people are being kidnapped, people are being robbed, people are being and, wabona (Setswana: You see), so like safety, I felt like our safety was somewhat neglected …" [FG#2; P#5].

"Uh yeah, I think uhm this thing of a lady working with another lady is a problem because our women are not tough physically, so when they are passing around they see easy targets and they actually think of something else again to add on that crime, wabona (Setswana: You see), so I think on shifts we should balance it with like a man with a woman, so that it becomes a man working with a woman where we can, to protect them against the guys in the communities otherwise at the end you will hear that your colleague has been raped or sexually assaulted,… so yah I think we should balance it with a man working with a woman" [FG#3; P#3].

Significantly, one participant reported that their male colleague was shot and killed when he appeared during a robbery of his female colleagues because bandits perceived him as a threat who is coming to intervene in assistance to their vulnerable targets in the following quotation:

"…I once experienced uh the death of our colleague, he was shot at ODI, they were out there buying food, and then uh as my colleague said we are easy targets, so those guys came there and demanded phones and all the things they had that time, so unfortunately for the guy, he came from behind the ambulance because they started with the ladies, so when he appeared then they just shot him, you see, so everything went sour and then yah, we went there and then tried to save him, but then at the end he lost his life because of this community…" [FG#3; P#2].

6.8.2 Theme 2: Current preventative measures

The majority of participants reported that trackers, police escorts and panic buttons are currently an inefficient deterrent of workplace violence. However, the majority of participants also reported that dispatching multiple ambulances to a single call makes them feel safer. The majority of participants also reported that community engagement is an essential intervention to prevent workplace violence. The following subthemes emerged from Theme 2, namely, trackers and panic buttons inefficient, police escorts ineffective, responding to scene with multiple ambulances and community engagement.

6.8.2.1 Subtheme 2.1: Trackers and panic buttons inefficient

Participants emphasized that tracking devices and panic buttons are not assisting in stopping or deterring workplace violence. This, they highlight, is because when they press the panic buttons, either nothing happens or they receive a call from the communications officers on their phones or through the radio, however, no police or security responds to their aid. The participants recommended that panic buttons be linked to the SAPS or a security company that can come to their aid when they press them. Their views were made

evident in the following excerpts:

"…it was said there are so called trackers and panic buttons installed in vehicles or what nhe, in case I'm at a call and then I feel I'm not safe and the scene is not safe and I need to report to control or something, I for one, when those devices were installed, I tested them by pressing the panic button nonstop, and guess what, nothing happened, no call to find out I'm seeing whoever will be alerted by this panic button, no call to say that I'm seeing that a certain vehicles panic button was pressed, are you ok, what's happening …" [FG#1; P#3].

"…they also brought tracking systems which even today they are failing, they brought radios with panic buttons but even today they are failing, … because they have never tested the response time of those things, …when you press it, instead of responding, they will want to call a manager, call a supervisor, when are they going to find you, … so even on us they must come up with a strategy where if we press then somebody will come, or maybe hire a security company that will give us protection whenever we press the panic button, and whenever we press they respond to where we are" [FG#2; P#6].

"…so, the strategies that they must come with is that of panic buttons, where like they said, you press they come now, not phoning eish they say no and start talking on the radio, or call you on your phone, so you can press it now, they will call you in your phone, so that one is not solving any problem" [FG#2; P#1].

6.8.2.2 Subtheme 2.2: Police escorts are ineffective

The participants reported that they have lost hope and trust in the SAPS and Metro Police for protection against workplace violence and have no security. According to the participants, this is due to SAPS not having vehicles available to come to their aid and delays in responding. However, participants also endorsed having police escort ambulances as standard when responding to areas distinguished as red zones as a necessity. They shared the following views:

"…asking for a police escort before we go to calls, that does not work, to call police to escort you to calls, I don't know if there are those who used it, I don't remember, because when you ask for police escort from control, you even leave the scene before they arrive sometimes, so it doesn't work for us, re sentse re bereka nje ka thuso yamodimo (Setswana: We have lost hope, we are now just working and rely on God's grace)" [FG#2; P#4].

" …this thing of SAPS coming with us to calls, we tried it but it's not materializing, because it happened maybe twice after we were robbed and then you find that SAPS is now saying that they don't have any vehicles…" [FG#3; P#12].

"I think they have to look at the red zones in the areas, wherein the red zone we should have an escort from SAPS, yah" [FG#4; P#1].

6.8.2.3 Subtheme 2.3: Responding to the scene with multiple ambulances

The participants reported that they feel safer on the scene when multiple ambulances are dispatched to one call. The participants reported that this is because they deter attacks when they are in a group. Participants reported that to ensure their safety, they call for backup from other available ambulances when they do not feel safe on the scene or when violence is imminent. This is how they expressed their views:

"…what we spoke about as a shift is that if you feel hore you are not safe where you are, just ask for ambulance backup, we would rather do the call as 6 ambulances, knowing hore when we are maybe 12 on scene, there is no way someone can attack so many people, it will need a group of people, so whenever they don't feel safe, uh the ambulance that is available at the base or just finished at the hospital goes to attend the same call, so that if its 2 ambulances or four people it's not easy to be attacked …" [FG#2; P#6].

"…if you feel uncomfortable; uh like in my case; we are first responders or we are backing up, if we are first responders wed rather wait for the ambulance to come, at least there will be 4 of us, or we go out together, at least there will be 4 of us, at least it gives you momentum that at least it's not just two people on scene …" [FG#3; P#10].

6.8.2.4 Subtheme 2.4: Community engagement

Participants reported that community engagement is essential in preventing workplace violence against PECPs and that more engagement is needed. These were some of their views:

"…maybe we can have community meetings with those people and we'll be able to basically infiltrate into the community and speak from one voice with the community, so I think that's one of the most maybe crucial things that we might need to uh identify as Gauteng Province EMS …" [FG#5; P#3].

Notably, participants also stated that in some violent communities, community engagement and commitment from community leaders have had a positive impact towards preventing workplace violence as indicated in the quotations below:

"You see, uh, there is this area that was dangerous, it's called Nkandla (Informal settlement in Pretoria), we didn't enter there, so them, last time when we went, they told us they had a meeting, they had a meeting with the police, because they need us in that community, so we told them that if they have a meeting and they need an ambulance then they have to call, uh the ambulance management and police and explain to them that they will stop doing the things that they used to do, the things like attacking the ambulances and the police" [FG#1; P#2].

" I think so I remember there was protests, and then these ones they were very serious, and then there was an instruction that was given to those guys that were protesting, that police, ambulance you must let them pass, failure to do so there is somebody who will directly call the councillor, so when we came and we were about to turn they would call us and say no you guys can come and pass, so they are aware that what they are doing is wrong and how they can assist, do yah there is a lot that they can do, uh we bring in the police, we bring in the councillor and the local leaders, and also the individuals,…" [FG#3; P#10].

6.8.3 Theme 3: Experiences of workplace violence

The majority of participants reported that they have experienced bullying, discrimination and verbal abuse from their colleagues, violence and intimidation from family members and bystanders of the sick and injured and verbal abuse from hospital staff. Some participants reported that they have been refused entry into communities by members of the very same communities. The following subthemes emerged from Theme 3, namely, bullying amongst colleagues, callers and family members are violent, hospital staff inciting violence and community members prohibiting the entry for ambulances in their neighbourhoods.

6.8.3.1 Subtheme 3.1: Bullying amongst colleagues

The participants in this study reported that they experience bullying and discrimination from their colleagues. The following quotations articulate some of the views reported by participants:

"Bullying, I get so emotional when talking about that because you know sometimes people think that it's funny to like make fun of other people's weaknesses or problems, forgetting that it might impact very bad on a person and that might affect a person's performance at work, … that's bullying, its painful especially if you have experienced that in the past, …" [FG#2; P#5].

"…I have a colleague who was intimidated verbally …" [FG#3; P#10]

Above all, one participant highlighted that she witnessed physical fighting amongst her colleagues on the scene whilst she was still employed by a private ambulance service in the following quotation:

"Uhm I was still working for this other private company and we were attending a call, so it was an ALS, so this guy, he was an old guy, very quiet, very humble, so the other service, uhm, the other private ambulance came, to the scene and then they, he, the guy actually started fighting our senior, to a point that they get, he got physical with him, so that, it was not nice, and it didn't sit well with me…" [FG#2; P#5].

6.8.3.2 Subtheme 3.2: Callers and family members are violent

Participants reported that they experience violence and intimidation from the callers who request an ambulance, the family members of those requesting an ambulance and bystanders on the scene. The participants reported their experiences in the following views:

"… it's not only the bystanders, sometimes even the family members, the very same people that called the ambulance, they become violent as well, especially verbally" [FG#1; P#2].

"I have experienced violence in Garankuwa (Township in Pretoria), … like someone called for an ambulance, …he saw people fighting, a couple, so he directed us to the house where the couple is fighting, you see, so we asked him, did you tell them that you called for an ambulance?, so he said, he didn't tell them he called for an ambulance, so when we arrived at the gate, the person who called for an ambulance started attacking us and when we got to the house, even the couple started to attack us, … [FG#1; P#3].

Notably, one participant also reported that family members once threatened to set their dogs on responding PECPs in the following quotation:

"Uh! We experience that when you go to house calls, when you arrive they expect you to arrive at a certain time and they threaten to let their dogs bite you, those are crimes that we experienced" [FG#3; P#4].

6.8.3.3 Subtheme 3.3: Hospital staff inciting violence

The participants reported that hospital staff verbally abuse PECPs. The participants also reported that this is due to hospital staff being aware that unlike them, PECPs do not have well-established reporting structures and support from their management. One participant articulated these experiences through the following quotations:

"*Yah! My problem is that we fight with the nurses most of the time in the hospitals, and the nurses have a channel that they report to and they attack us fast when they reported and they follow up, but for us we have nowhere to report, you see they don't protect us, …"* [FG#2; P#9].

"Uh! Another problem is the management ko dipetlele (Sepedi: In Hospitals) and di (Sepedi: The) clinic, they give the nurses our numbers so that if we come late they can call us, forgetting that calls pile up and there is a lack of staff most of the time" [FG2; P#9].

6.8.3.4 Subtheme 3.4: Community members prohibiting the entry for ambulances in their neighbourhoods

Participants reported that communities are refusing entry of ambulances within their neighbourhoods. Participants also reported that although communities are aware that ambulances are refused entry within their communities, there are community members who rely on and call for ambulance assistance. The participants reported their experiences in the following quotations:

"…mostly wherever we are being called, where we cannot enter, they are aware that we cannot enter, because last we had a call, and when we got there, the community told us that yah, here you will not enter, …" [FG#1; P#2].

A participant also reported that during protests some community members request money from PECPs to enter communities to provide EMC in the following quotation:

"Uh! The one that we experienced is the protesters, you are going to a scene or a call and then you find that they are blocking the road, now most times they will turn you away, you will not pass, sometimes they will ask you for money as any other person, no if you want to pass you must give us money, now that is money coming out of your pocket to go and save the community, …yes that is what the protesters like, the other day the taxis, they were blocking the road, we were turned back, …" [FG#3; P#10].

6.8.4 Theme 4: Impact of workplace violence

The majority of participants reported that they have a lack of trust towards members of the community and are frustrated by the way management is handling the phenomenon of workplace violence. Participants also reported that they leave the scene when there are safety concerns. The following subthemes emerged from Theme 4, namely lack of trust between community and EMS, lack of confidence towards management and leaving a violent scene.

6.8.4.1 Subtheme 4.1: Lack of trust between the community and Emergency Medical Services

Participants reported that PECPs are at times accused of theft of personal belongings. The participants shared the following views:

"…we being accused of stealing peoples belongings, like people came to the base and accused us of stealing a laptop, like I didn't even see anything, when cars collided here in Bloed street (Name of street located in the Central

Business District of Pretoria), nna I was called and told that a bystander found people in an accident, firstly who called the ambulance, why don't they first ask that person before they come to me, because when they come to me they already have a conclusion that I am a thief, and the car was also taken by me, I mean I didn't take car, I didn't tow anyone's vehicle. Like the day before yesterday, people came here to look for passports …" [FG#2; P#7].

Importantly, it was also reported in the below quotation that PECPs also have a lack of trust towards the communities they serve, and this results in them transporting patients without providing quality EMC:

"I think it contributes to the fact that we don't have trust anymore towards the community, when you go to a call at night and you suspecting something, you just do it to finish, you don't look at the patient anymore, you just do it and go because you don't trust anyone, when someone comes you just pack up and go, so we are not doing our jobs to the fullest anymore because there is no trust anymore" [FG#3; P#6].

6.8.4.2 Subtheme 4.2: Lack of confidence towards management

The participants reported that they believe that the inability to prevent workplace violence is due to adequately skilled managers. The participants also reported that they are frustrated with the management in dealing with workplace violence and believe that management does not appreciate the seriousness of workplace violence and therefore does not care about their safety and wellbeing in the workplace. The participants' beliefs were articulated in the following excerpts:

"…the management sometimes just want money or production, not thinking about uh the safety of the crews and their wellness …di (Sepedi: The) managers most of them, I'm not ashamed to say this, they need management skills, … they don't have those things, they just come here and say ntate (Sepedi: Sir), from kaosane (Sesotho: Tomorrow) you are a shift leader, you

are a this and this, they don't get those management skills, so if they get that, that's when things will start uh, like di crews, and those violence they can decrease them because we don't start on violence, we start down hore (Sesotho: That) what may be the cause, how can we solve this, …" [FG#2; P#8].

" …we are being bullied, attacked, physical attacks, sexually and all of that, but nna my biggest frustration is that our management doesn't actually seem to be doing anything about it, I think they don't care because they are not the ones working on the road, like she said gore last week they were attacked, they phones were taken but no one is taking it seriously, if one day they could actually replace the crews and get into the ambulances and do the calls that we do, at night, during the day and whatever, they would actually see and maybe they would start taking us seriously, di attacks kontle (Setswana: Outside) yes it's frustrating, but it's even more frustrating when the people that are supposed to be protecting you are not doing anything about it…" [FG#2; P#2].

Notably, one participant however suggested that management can alter working times so that those using public transportation can report for duty and depart during twilight to ensure their safety as expressed in the following quotation:

"I think management don't care, they don't listen, I mean 7 when you knock of its at night, its dark, some people don't have cars and have to walk, so they came up with a suggestion as a shift and other shifts also agreed that we want to knock off at 6, because at 6 it is not yet dark, so that those who walk can at least go before it gets dark, but management brushed it off as if it didn't even exist, so we are in big trouble" [FG#2; P#7].

6.8.4.3 Subtheme 4.3: Leaving a violent scene

Participants reported that whenever they do not feel safe on the scene and no protection is available, then they leave the scene. The participants reported their views as follows:

"…if I feel I'm not safe, there is no other ambulances to back me up and SAPS is not showing, then I leave the scene, so if I'm not safe, I'm leaving the scene, that's what I do, I'd rather solve it with the management and unions and fight for the fact that I didn't service the call than being in hospital, so I leave" [FG#2; P#6].

"…sometimes when you receive a call you feel that you are not safe, even if it's a genuine call you end up having fear, because our area is rural, so sometimes they are dark, so you fail to look for the caller and at the end you end up leaving …" [FG#3; P#3].

"That is a high-risk environment that according to the occupational health and safety, as an employee you have every right to deny …" [FG#5; P#3].

6.8.5 Theme 5: Mental Health

The majority of participants reported that they do not receive adequate mental health support from their employer whereas the reoccurrence of workplace violence affects their mental health and their fear of being attacked haunts them daily. The following subthemes emerged from Theme 5 namely, demoralized by workplace violence, fearing you may become a victim and lack of adequate mental health support.

6.8.5.1 Subtheme 5.1: Demoralized by workplace violence

The participants reported that they feel disheartened and depressed by workplace violence and how it is currently being addressed. The participants also reported that workplace violence is decreasing their job satisfaction. The following views were enunciated by the participants:

"Personally, nna yang demoralizer (Setswana: It demoralizes me), honestly speaking, to a point that recently so I was even requested to be moved to control centre or something, in a sense that, ke (Setswana: I) feeler as though ke lose passion even for patients, you know, and I need to be a in different environment, maybe a change of scenario would really do…" [FG#1; P#4].

"…hey! It affects us very bad, I think mostly right now if you can check everyone, we just come to work because of uh we need money, the passion and everything dies along the way because of the calls that we do feeling unsafe,… it is very difficult to operate and love our jobs and do things the way that we are supposed to" [FG#2; P#6].

"…our management is the one failing us, even if they can say that people are abusing sick leave, I think instead of saying that yah I will deal with them and teach them a lesson, they are not actually looking at the bigger picture trying to see what's the real problem, first of all we are underpaid, secondly they don't want to pay us the extra hours that we work, so already I'm frustrated, on top of that we are being attacked, they are not doing anything about it, on top of that management is oppressing me, there is favouritism and all of these things, so already I'm negative, if negative was a person, I'm a walking negative, even waking up in the morning to come to work is depressing, …" [FG#2; P#2].

6.8.5.2 Subtheme 5.2: Fearing you may become a victim

Participants reported that they do not feel safe at work and fear that they may not make it back home alive upon completion of their shift. Participants also stated that they also fear that they may be attacked by bystanders of scenes they attend whilst at work and even when they are not at work. Furthermore, participants also reported that they are always worried that they may be next. The participants reported their views about the safety of PECPs as follows:

"It's like really you go to work scared, even if you knock off you are still scared, because some of these patients or bystanders are people that you can see anytime or any day, so silo se gona ho irahala ko (Setswana: Something can happen there) later that day, maybe you go to a shopping centre or what, you even hear, like you not relaxed anymore…" [FG#1; P#3].

"*Uh! I don't feel safe here at work because you will never know when you go to a call that, are you going to come back, or maybe it's your last day there, more especially when you are doing night shift and then you get a call maybe at Winterveldt, that place is not safe at all…"* [FG#3; P#9].

Moreover, one participant reported that they leave their personal items when responding to calls because they constantly fear they might be robbed in the following quotation:

"…when I go out to a call, I leave my personal belongings, everything, all my property in our crew room, then I go to attend to a call, and then if they attack us, there's nothing that they can take, my wallet is not there, they can hurt me, I will heal" [FG#4; P#1].

6.8.5.3 Subtheme 5.3: Lack of adequate mental health support

Participants reported that there are inadequate mental health support services available from the workplace for victims of workplace violence. The participants also stated that after experiencing violent encounters, they are supposed to receive debriefing from chaplains and the Employee Assistance Programme, however, the support is inconsistent and inadequate. The participants reported their dissatisfaction with the mental health support measures in the following quotations:

"Our chaplains are for funerals not for solving problems, I only see them at funerals, even when we had the phone robbery problem, I didn't see anyone, I didn't even see the management, like now the person who was robbed of the

phone is at home, we don't know maybe he is stressing about the phone, because no one came and asked him what's wrong or what happened, nothing" [FG#2; P#7].

"Yah! We do have somebody who deals with those things here in our department, we just contact them, then we go to the counselling and we tell them everything that happened, and then yah there is a solution" [FG#4; P#3].

"…as I say; if you are looking at paramedics that are involved incidences of hijacking and violence, the EWP will not come out to them, you as a paramedic that's affected by the violence, will have to leave the safety of your home and go and look for an EAP or for the EWP; so there is a failure to provide such services and the EWP is not only there for employees, but it should also be there for victims for other victims, because it's for employees, at least you are doing something for employees but how much are you doing, are you doing enough?" [FG#5; P#1].

6.8.6 Theme 6: Need for training programmes

The majority of participants reported that there currently exists a need to educate the community about EMS, to educate the emergency control centre staff about triage and communications techniques, empowering managers with management leadership skills and PECPs on workplace violence. The following subthemes emerged from Theme 6, namely, educating the community about EMS, educating control, educating management, and educating PECPs.

6.8.6.1 Subtheme 6.1: Educating the community about Emergency Medical Services

The participants reported that although the community is aware of EMC, there is still a lack of knowledge about the EMC profession and the service that is rendered by PECPs from the moment they arrive on the scene to when they reach the hospital. Furthermore, the participants reported that a lack of knowledge about EMC is a cause of violence perpetrated by family members

and misuse of ambulance services through calling for ambulances during non-emergencies. The need for educating the community about EMC was expressed by participants in the following quotations:

"…most of the community, when they see someone injured or sick, they get confused, when they get confused, they don't know what to do, and they think that the person is dying, so this is the thing that makes the people end up attacking us, … if we can teach the community about our profession, maybe things can get better…" [FG#1; P#2].

Notably, one participant suggested that community members can be educated on using the community health care centres to access primary health care instead of calling for an ambulance in the below quotation:

"Another thing, if they can be taught about making use of the clinic because some minor cases are the clinic cases, and when you get to hospital , the nurses will tell you mara (Sepedi: But) this is a clinic case, so if they can be taught to make use of the clinic" [FG#2; P#3].

Another participant reported that there is a need to educate the community about the challenges experienced by EMS in the quotation below:

"Um! I also think that public education can be a big uh plus for halting the violence's uh preferably maybe adverts on the television to be more friendlier to the medical supply so that the people can understand the challenges that sometimes the government is having in terms of making the resources available to them timeously, yah that's one of the things I think needs to be emphasized on" [FG#5; P#3].

6.8.6.2 Subtheme 6.2: Educating control officers

The participants reported that there is currently exists a need to educate the communications officers about triage and communication techniques. The

participants deliberated that educating control officers may contribute to decreasing workplace violence towards PECPs. The participants highlighted their views in the following quotations:

"…I remember at the showgrounds, imagine a person just calls an ambulance for a finger, I remember even when we got there we were also surprised when the patient said they bit his finger, imagine….it's a big misuse of the ambulance because we are doing some useless calls, I don't know if our control is even being educated or what?" [FG#2; P#7].

"… the control centre … have to advise the community that your call at least it's a finger, you can take a venture (Toyota multipurpose vehicle used as a local taxi in Pretoria townships) to the clinic, so the community will wait for us whereas there is an emergency call which if we are still waiting for someone complaining of their finger, it's a waste of time again" [FG#3; P#1].

"…I believe if the call takers and the dispatchers, our dispatchers, if they can be trained properly on how to communicate with the community , that could help because most of the time you could here when the control room is conferencing you with the patient, sometime the language is not proper, so when you get there, the community is already angry, so they believe you are the one who was talking to them on the phone, and actually you were not, so they start fighting with you, so I think the education needs to start there at the control room…" [FG#3; P#9].

6.8.6.3 Subtheme 6.3: Educating management

The participants deliberated that junior managers should be taught management skills. The participants communicated their views in the following excerpts:

"…the best way to solve these problems is to educate the supervisors, don't just hire a supervisor with ILS, give them some management course …, these

things are important because they will know how to deal with people, they must teach people before they are taken into offices then I think we will be fine" [FG#2; P#7].

"…the managers who are full here in the offices, they must go to school and study management courses, because they only have matric and medical qualifications, I mean you ILS and all of a sudden you've been here for 10 years and you are a station manager, you can't manage yourself but you think you can manage a base, that's the reason why we are having so many problems, … so they must go to school, that's when we will see these problems coming to being solved" [FG#2; P#2].

Notably, another participant reported that PECPs are of the impression that the EMC profession is being side-lined by the government in the quotation below:

"…if you can hear the Minister of Health, when he is talking about health professionals, EMS is always side-lined, and then he doesn't even mention EMS staff or our safety…" [FG#3; P#3].

6.8.6.4 Subtheme 6.4: Educating Emergency Care Providers

Participants in this study reported that they have not done any organizational training on workplace violence. However, the participants reported that training may assist them in identifying and evading violent situations. The participants also added that training will enable them to support colleagues affected by violence and contribute to preventing workplace violence. Also, participants reported that they believe self-defence training may violate patients' constitutional rights and aggravate violent confrontations, however, some participants believe that self-defence training is necessary as it may prevent violent encounters in some situations. The need for workplace violence training for PECPs is highlighted in the following quotations:

"…it's not about that they must teach us, I'm just making an example kata 1 kata 2 (Karate exercise), you end up beating up the patient or the escort, and you will cause other problems, and we will be vulnerable and violating chapters of the constitution…" [FG#1; P#1].

"Yah! Self-defence is necessary, if they can help us by giving us this training, at the private ambulance they used to take us for those courses, and how to use pepper spray, we did that training, and we got the certificate, but you cannot take it to this department because that was done privately but now we are at the government sector, so here we didn't do it, … I think even here it is needed for self-defence when you are at scene…" [FG#4; P#5].

Fundamentally, one participant identified that workplace violence training for PECPs should encompass bullying, how to deal with depression and post-traumatic stress, how to support colleagues who have been victims of workplace violence and reporting procedures in the quotation below:

"The specialized training I think is about education, I think it should be about training on how to be safe, and how to report such matters, but the training about fighting, I don't think it will work, so I think training should cover the bullying, the frustration, how to deal with it, then I think it can help a lot if we have such type of training so that we know how to deal with a colleague who has problems, and the support we must give each other, yah" [FG#2; P#6].

6.8.7 Theme 7: Prevention of workplace violence

The majority of participants reported that community first responders can help in decreasing ambulance response times and the development of a dedicated reporting line with its own dedicated structure can encourage reporting of workplace violence. The majority of participants also reported that incentivizing members of the community can motivate them to protect PECPs within the communities. The majority of participants also reported that the use of weapons for protection is not currently permitted and they recommended that

conventions should be convened by stakeholders to find a solution to curb workplace violence. The following subthemes emerged from Theme 7, namely, community first responders calling for an ambulance, development of a dedicated reporting line, incentivizing community members to protect ambulances, involving other stakeholders, and weapons not permitted for use by public service PECPs.

6.8.7.1 Subtheme 7.1: Community first responders calling for an ambulance

Participants reported that having first responders in the community can help decrease the ambulance response times. Participants also reported that first responders may help to provide the emergency control centre with accurate patient information can help the communications officers in dispatching suitable resources. The participants expressed their views and suggestions about community first responders in the following quotations:

"I think if the community can maybe have first responders, so that before they call the ambulance, they call a certain person to go and check before they can call an ambulance, it's what will make the response time decrease because that person will be able to assess and see why the ambulance is being called, not for things that they call for…" [FG#2; P#1].

"…if the people can know that the community knows that if they have a problem, they will phone the first responders first and … these people will first come and check what is the problem, whenever they call an ambulance then our response time will definitely be within the 15 minutes that they want,… even the attacks will decrease because those people know their community better, they know who is troublesome in their community…" [FG#2; P#6].

"…I mean we have got too many volunteers, uh in our community, uh some of them then they don't even have a portfolio, so if maybe in every block or section can have a volunteer, maybe then uh the department train that person maybe as a first aider or something, so that if there is a call maybe the community can

get hold of him and he can arrange the ambulance so that we can know maybe that that call is genuine from our side, because uh doing so is going to be tough for those guys who rob us to rob us because now you going through someone else …" [FG#3; P#3].

6.8.7.2 Subtheme 7.2: Development of a dedicated reporting channel

The participants suggested that the EMS should establish a dedicated reporting line and have a dedicated independent reporting structure that is independent of management for reporting workplace violence. The participants also highlighted that an independent structure may encourage reporting and prevent victimization as reporters will remain anonymous. The participants indicated their suggestions on the establishment of a dedicated reporting line and a reporting structure in the following quotations:

"…If you are abused by your manager … there must be a place where you must report your problems, I think if they can hire somebody or look for people who are working with that part, that this is where you report these issues, … there is nowhere where you can report EMS, so you must report to the very same person, so do you think it's going to be solved or, no…" [FG#2; P#6].

"…with us I don't think we have … a line where you can report anonymously you understand,… there's some community members who are willing to help us in regard to this kind of stuff, but they don't know where to report such things and then uhm, at some point a person will report it and the next day you find that that person has been beaten or is being abused because somebody who violated us that this is a snitch, so …. we need to have a line as EMS so that the community can report such things…" [FG#3; P#12].

"…I think we can have an independent committee whereby you can report your cases as anonymous or furthermore you can still give your details if you feel comfortable, because other people are afraid of saying certain things because of victimization… I think most people will come out" [FG#3; P#10]

6.8.7.3 Subtheme 7.3: Incentivising community members to protect ambulances

The participants in the study suggested that community members should be incentivized as motivation to assist in the protection of PECPs when responding to calls in their communities and identifying and reporting perpetrators. The statements below present the participants suggestions:

"…community, once you were able to convince it but you were also giving them an incentive, that when they walk around at night to guard the location, then they can buy their children bread in the morning, I think that could be the proper structure that could assist that even us, on the other side be protected, once we have a call, we know in terms of the demarcations of the area that this location is headed by which structure, then you can call those people, they will come in and take physical defence of one of the vehicles of the state…" [FG#1; P#1].

"I think if government, if they can provide incentives, you see now the government is giving people who are sitting at home R350, you see us we can be safe if the government collects all the Nyaopes (Umbrella term referring to Nyaope addicts) and tell them that if they can protect the ambulances, if they can help the police with this and that, guys here's bread, here's an incentive, I think it will motivate them, …" [FG#4; P#4].

6.8.7.4 Subtheme 7.4: Involving other stakeholders

The participants in the study recommended that workplace violence towards PECPs conventions should be convened and should include EMC management, unions, civic organizations, unions, community forums, security clusters, local community leaders and representatives, councillors and political parties. The participants agree that the conventions will enable the rise of an amicable solution in preventing workplace violence towards PECPs by members of communities. The participants' recommendation is articulated in the following quotations:

"…I'm sure if we can rope in, to an extent, our unions, we roped in civic organizations, we roped in some other delegations of Mayors, we can sit down and come up with a very productive output yah machinery that when we are moving forward, we can be able to can take care of each other…" [FG#1; P#1].

"…may be if we meet with the security clusters, police, the counsellor, the local uh leaders…" [FG#3; P#10].

"… Political leaders they need to take a stand in terms of actively engaging this problem because they are the ones who are mostly engaging the public you understand so political parties to come to play on this issue…" [FG#5; P#2].

6.8.7.5 Subtheme 7.5: Weapons not permitted for use by public service PECPs

Some participants in this study reported that the law does not permit the use of weapons by PECPs for protection. The participants reported their views about carrying weapons in the following extracts:

"I don't know, but if we were to have pepper spray or something, it's also against the law, so nothing" [FG#4; P#4].

"Nothing is supporting us to that, if you have a gun you can't carry it, if you have a knife you can't use it, you see" [FG#4; P#3].

Additionally, one participant reported that carrying weapons will increase the risk for workplace violence towards PECPs in the following quotation:

"If you are carrying a gun, if you bring a gun to work then the community will start saying that paramedics have guns so let's call them and take the guns, they won't call us for real calls, and again if a person maybe, let's say maybe boyfriend and a girlfriend are fighting then the girlfriend will think OK let me call the ambulance because I know paramedics have guns so that they can scare my boyfriend with the gun, so eish the gun thing will not work" [FG#4; P#1].

6.8.8 Theme 8: Support from management

The majority of participants reported that issues related to workplace violence perpetrated by managers are not resolved and instead reporters are victimized. The majority of participants also reported that there are inconsistencies with access and implementation of workplace policies and SOPs related to workplace violence and that they have lost confidence and trust in their managers. The following subthemes emerged from theme 8, namely resolving reported issues, intimidation from management, lack of confidence towards management and gaps in organization policy and SOP implementation.

6.8.8.1 Subtheme 8.1: Resolving reported issues

In this study, participants stated that there are channels currently in place to report issues. However, the majority of participants also stated that issues are not resolved by their managers and they receive no feedback from issues that have already been reported, especially issues reported against workplace violence perpetrated by management. Their affirmations are asserted below:

"…my opinion is that uh! we don't have follow up machinery, you report maybe after 3 months down the line you ask the very same manager what is the progress in terms of the way forward, he's even surprised that what exactly are you talking about…" [FG#1; P#1].

"Uhm… like the incident …yako (Setswana: From) Garankuwa (Township in Pretoria), we were a crew and then we reported it via the radio, and then the supervisor which then submitted the report, but in all honestly that was the last we heard of it, because we wrote the report, no follow up, nothing" [FG#1; P#3].

"Uh…. we don't report most cases because nothing is done about them, so we see it as being useless to report. Sometimes you end up not reporting issues to the person you are supposed to, and come to work with issues and a grudge, so its fine" [FG#2; P#4].

6.8.8.2 Subtheme 8.2: Intimidation from management

The participants in this study reported that they are verbally abused by their managers and are ill-treated and victimized when they raise issues or report verbal abuse perpetrated by supervisors. The following quotations express the participants' notions:

"… Uh… we are afraid to talk, it's just that too many things happen, and we are afraid to talk, because after you talk, you are victimized, after they have discussed, so when a lot of things happen here at work, we just keep quiet and just come to work as usual but deep down you know you are hurt, and it becomes worse if you were hurt by the person you must report to, so where must you go now? …" [FG#2; P#4].

"…I had a case before where I reported one of our seniors, the response I got was that yah no since he apologised its fine, he has a short temper we understand him, no I also have a short temper, but I don't bring it to work, …" [FG#2; P#2].

"… I have a colleague who was intimidated verbally and then when she took it to the next level, she was hammered so the next level after the level that hammered her did nothing, so basically she is still stuck with the problem that she reported and nothing is being done, so I think it goes with levels, if it's from outside it will be taken and addressed but if its internal then no I don't think that its being addressed" [FG#3; P#10].

6.8.8.3 Subtheme 8.3: Lack confidence towards management

The participants in this study reported that there is a lack of management leadership and a lack of will to resolve workplace violence. The majority of participants also reported that management is not taking adequate action to address workplace violence. Moreover, the participants have lost trust in their management. The participants reported their doubts about their management as follows:

"…I'll just uh allude to what the other provinces have done, …the very same management in Gauteng Province does not rise to the occasion that lets just try, let's see that if we implement this machinery so that our people can be protected, where can it lead us, and then again let me resort again to our province…In Gauteng Province EMS there is nothing, its quiet, there is nothing happening, apparently it's like our lives are being taken for a ride, serious, serious, serious" [FG#1; P#1].

"… I don't think the management understands the seriousness of this issue, …personally I feel like it's not a priority, it's not being taken serious, maybe something needs to happen, maybe with the management, because we've had numerous discussions with this issue, because every time it happens and when you come back on the next shift its business as usual and then you even forgot that there were people who were mugged …" [FG#3; P#10].

"Uh! You know it does happen because of poor management structures, …you know the lack of concern in the management structure is not effective enough in dealing with pre-emptively planning violence against paramedics, it's not an environment that allows for it because the guys are never there, … it's a system that's failing but it can be improved, but the right structures have to be put into place, … inconsistencies in management does not provide a safe environment for the staff" [FG#5; P#2].

6.8.8.4 Subtheme 8.4: Gaps in organizational policy and standard operating procedure implementation

The participants in this study reported that there are disparities in the implementation of policies in their workplace. The participants also reported that there are disparities in the access to documented organizational SOPs which leads to inconsistencies in how employees deal with workplace violence. The participants' views were reported as follows:

"…uh to me the thing that will be important is … the proper implementation of legislated processes, like I would say legislated policies, that are there and govern the public service, for example I'll quote just one, as a start uh our chain of command is not working according to what the code of conduct of discipline of our department is talking about, …I'm quoting the policy, which states that uh perhaps if we were taking care of each other, we checked the wellbeing of others whilst on duty, even if there are problems that emanate in the upholding of that uh implementation, interpretation of that policy, uh department of health EMS would become a very better department to work in,…" [FG#1; P#1].

"…at the end of the day it's based on SOPs, If we don't have SOPs then there is nothing that we can do regarding certain things that government or Gauteng Province EMS have implemented or initiated at the beginning, because at the end of the day SOPs are the ones that are controlling us, those are the things that are actually telling us what to do or what not to do, because at this moment is all based on hearsay, this person is saying this, but at the end of the day we don't have SOPs that are actually brought forward to the colleagues regarding certain things that should actually be implemented, …" [FG#3; P#11].

"Eh regarding the policies and the memos I think I've seen a couple of memos regarding how to report uh serious adverse events, the memos that were placed there, but unfortunately they are not there anymore, and there were policies advising people how to avoid danger when driving an ambulance, there was a memo with lots of information on it, it was there, maybe people they didn't see it, but it was there, and some of the memos they send them on our phones, we've got a WhatsApp group, the memos are being sent on the WhatsApp group, …so they have tried but the measures have failed, but in terms of memos, there are memos, that one I can assure you" [FG#3; P#9].

6.9 SUMMARY OF THE CHAPTER

This chapter presented the analysis of the data from the interviews and focus group discussions and the themes that emerged. The themes that emerged from the interviews included access to EMC, human resources, prevention

strategies and principle of causation. The themes that emerged from the focus group discussions included causes of violence, current preventative measures, experiences of workplace violence, impact of workplace violence, mental health, need for training programmes, prevention of workplace violence and support from management. Table 6.2 presented a summary of both the themes and subthemes that emerged from the interviews. Table 6.4 presented a summary of both the themes and sub-themes that emerged from the focus group discussions. Chapter 7 converges the qualitative and quantitative data included in this study and provides a detailed discussion of the findings.

CHAPTER 7: DISCUSSION OF FINDINGS

7.1 INTRODUCTION

This chapter discusses the results of the quantitative and qualitative subphases of the study relative to the reviewed literature. In the discussion, the qualitative and quantitative inferences will be integrated using triangulation to generate meta-inferences. The generated meta-inferences addressed the first eight objectives of this study.

7.2 TRIANGULATION

As stated in Chapter 3 of this study, triangulation contributes to the validity of this study. Following separate analysis of quantitative data in Chapter 5 of this thesis and quantitative data in Chapter 6 which was collected simultaneously, three types of triangulation, namely methods triangulation, theory triangulation and data source triangulation, were employed in this chapter (Farmer, Robinson, Elliott and Eyles 2006). Triangulation was used in describing the process of studying the phenomenon of workplace violence towards public service PECPs in Gauteng Province using quantitative and qualitative methods to gain a comprehensive picture. Triangulation of the quantitative data and qualitative findings determined where the findings offer complementary information about the phenomenon of workplace violence towards public service PECPs in Gauteng Province (complementarity), where the findings agree with one another (convergence) and where the findings appear to be contradicting each other (dissonance) (O'Cathian, Murphey and Nicholl 2010). A summary of the triangulation of quantitative results and qualitative findings was provided during the discussion of each major theme.

7.3 THEORETICAL PHILOSOPHY

To elucidate and understand the phenomenon of workplace violence towards Gauteng Province based public service PECPs, theory triangulation was successfully employed in this chapter. Two pragmatic theories namely the Broken Windows Theory of Criminal Behaviour and the concept of Safety Climate as articulated in chapter 3, were aggregated.

7.4 FOLLOWING A THREAD

According to O'Carthain and Murphey (2010), techniques for integrating qualitative and quantitative data in research studies provide researchers with more knowledge than with separate analysis. This study employed the following a thread technique to integrate qualitative data and quantitative inferences. Following a thread involves selecting a major theme or factor from one component of the study and follow it across the other components (Moran- Ellis, Alexander, Cronin *et al.* 2006).

7.5 ACCESS TO EMERGENCY MEDICAL CARE

7.5.1 Triangulation summary

During the triangulation of results and findings associated with access to EMC, the qualitative theme: impact of workplace violence derived from the FGD data source offered complementarity to the major theme: access to EMC. The four quantitative factors, namely demographic information, exposure to prehospital EMC, the response time of government ambulances to scene and delayed ambulance response time because the ambulance needs to wait for a police escort before responding to the scene offered convergence to the major theme.

7.5.2 Following a thread

According to the theoretical framework of Safety Climate, working in violent and stressful environments lead to higher mental health problems such as burnout, depression, and high rates of occupational injury. This leads to negative

perceptions amongst employees about their safety climate, therefore, resulting in decreased organizational service delivery (McCaughey *et al.* 2013). Admittedly, the findings of the interview and quantitative strands revealed that workplace violence hinders access to life saving EMC for the ill and injured and results in delays in ambulance response times as ambulances need to obtain police escorts before responding to high-risk communities. Additionally, the interview strand also discloses ambulances experiencing difficulties in accessing patients in communities classified as high-risk for workplace violence. Likewise, findings of the FGD strand show that when ambulances can access these communities, the PECPs at times have to leave the scene altogether when they do not feel safe or hastily transport the ill and injured without providing EMC. Moreover, according to Morphet *et al.* (2014), workplace violence places healthcare providers at a crossroad, as they must care for patients whilst having to consider their right to a safe working environment. Consequently, this negatively impacts the quality of life for those who live, work and visit Gauteng Province. In the same way, the WHO (2002) noted that workplace violence has a negative impact on the quality of healthcare provision and hence results in poor service delivery. The qualitative findings of the FGD strand also reveal that PECPs are at times accused of theft of patient belongings. WHO (2002) reiterates that workplace violence disrupts the work environment and interpersonal relationships, therefore threatening productivity. Undoubtedly, this also negatively affects the quality of care provided by PECPs, and ultimately decreases the quality of life of the Gauteng population.

The quantitative strand of this study also shows government ambulances being perceived as always being late amongst the Gauteng Province population. Quantitative findings show that during strikes, the Gauteng Province populace must resort to using private transportation to ferry the ill and injured to healthcare facilities as ambulances cannot enter their communities during strikes. These findings illustrate the extent to which workplace violence towards PECPs negatively affects the population of Gauteng Province. Morphet *et al.* (2014) highlight that workplace violence results in delays in treatment and

increased waiting times. However, in contrast, according to the Broken Windows Theory of Criminal Behaviour, crime flourishes in communities where disorderly behaviour is ignored (Wilson and Kelling 1982). Consequently, workplace violence data from GEMS (2018) reveals that most incidents of workplace violence occur in low to middle-income areas, which shows that it is low to middle-income areas that are more likely to be classified as high-risk communities.

These low- and middle-income areas have a high prevalence of low medical scheme membership, high rates of unemployment, with many households redistributing household income to sustain basic household needs as a result of increasing inflation (Gauteng Province Treasury 2018). Therefore, many households cannot afford access to private-sector EMS as an alternative service provider in the absence of public service EMS. They also have no access to private transportation such as hiring a private vehicle from neighbours or requesting an Uber especially late at night when there is no access to taxis or trains in their communities or maybe living in areas that are far from public transport systems such as trains or taxis. Besides, the ill or injured may have types of injuries or conditions that warrant a certain degree of urgency and EMC, specialized interventions or equipment and specific patient positioning which can only be provided by an ambulance. Considering the widening gap of inequality in South Africa, workplace violence towards PECPs in Gauteng Province contributes to inequality and decreases the quality of life for those living in low to middle-income areas by impeding access to quality EMC in low to middle-income areas.

7.6 HUMAN RESOURCES

7.6.1 Triangulation summary

Upon triangulation of results and findings associated with human resources, the qualitative themes, namely: Mental Health and subtheme Lack of confidence towards management, which was derived from the FGD data source offers convergence to the major theme 2: Human resources, whereas the qualitative

theme: Support from management offers complementarity.

7.6.2 Following a thread

This study's qualitative FGD and interview findings concur with that of WHO (2002) which showed that workplace violence results in poor service delivery and has a negative impact on the quality of care. Notwithstanding, according to Khan *et al.* (2020), PECPs are more vulnerable to higher levels of depression, post-traumatic stress disorder, fatigue and insomnia than the general population and other healthcare providers due to the nature of their job. In this study, qualitative interviews and FGD findings revealed that Gauteng Province based public service PECPs have decreased job satisfaction and feel demoralized and disheartened by the persistent incidence of workplace violence. Altogether, workplace violence serves as an instrumental aggravator to already high levels of depression, Post Traumatic Stress Disorder (PTSD), fatigue and insomnia amongst Gauteng Province based PECPs. Nevertheless, this study's qualitative FGD and interview findings also conceded that the currently available employee mental health support measures comprising of an employee assistance programme and chaplains are inconsistent and ineffective.

The qualitative interview and FGD findings also revealed that PECPs do not feel safe at work and constantly fear being the next victim. According to Alharthly *et al.* (2017), workplace violence also leads to psychological distress, low perceptions of safety and burn-out amongst healthcare providers. Moreover, according to the Broken Windows Theory of Criminal Behaviour, PECPs fear becoming victims of crime and this has a negative influence on their workplace violence experiences. According to Piquero *et al.* (2013), workplace violence may result in low employee morale, fear, increased personal safety concerns, decreased job performance and emotional exhaustion. According to the theoretical framework of Safety Climate, it can therefore be concluded that the above qualitative interview and FGD findings of this study confirm that workplace violence negatively influences the

perceptions of PECPs about the Gauteng Province public service safety climate and their safety climate. This in turn, negatively influences their job satisfaction, stress levels and leads to burnout and poor service delivery (McCaughey *et al*. 2013).

The results of the qualitative FGD and interview strand of the study showed that PECPs have lost confidence in their management and are of the perception that not enough is being done to prevent workplace violence. Unquestionably, as suggested by the Broken Windows Theory of Criminal Behaviour, the findings suggest that the management's response to the incidents of workplace violence has a negative influence on the experiences of the PECPs. Subsequently, the findings attribute the inability of the employer to preventing workplace violence to inadequately skilled managers and unclear policies. Although the findings identified gaps in the management skills of GEMS junior managers, they also revealed that public service PECPs felt side-lined by the government. According to the findings of a study by Mildenhall (2012), due to the offsite, ambulatory nature and rotating shift patterns of the profession, there is manager detachment and reduced manager staff interaction as managers often work during managerial office hours and this may result in underreporting of workplace violence and therefore lack of resolution. Even so, according to the Broken Windows Theory of Criminal Behaviour, unclear policies on workplace violence in the GEMS have a negative influence on the experiences of PECPs (Cambell 2001).

On the other hand, given the attributes highlighted in studies by Gardner and Johnson (2001); Bartlett and Bartlett (2011); MacIntosh (2005) and Rayner (1997), the findings of this study also suggest that managers in GEMS meet attributes for classification as bullies as they do not provide feedback for issues reported by subordinates and use bullying tactics such as victimizing and verbally abusing subordinates. According to the Broken Windows Theory of Criminal Behaviour, it is important to note that when emotional abuse is tolerated within the workplace, then there is a greater chance for outsider perpetrators such as bandits, patients,their family members and bystanders to

become more aggressive towards PECPs (Hesketh *et al*. 2003). However, this study also shows that employees are also bullies by blaming management for the lack of solutions to preventing the phenomenon of workplace violence. This aligns with Bartlett and Bartlett's (2011) findings that blaming others and false accusations is a form of workplace abuse. Importantly, according to Bartlett and Bartlett (2011), workplace bullying and abuse amounts to workplace violence and has negative organizational impacts such as decreased productivity, increased absenteeism, increased need for training, low morale, increased workplace errors, poor interpersonal relationships and poor customer (patient and bystander) relations.

On the other hand, Govender *et al.* (2011) attributed exposure to workplace violence as one of the major causes of ALS emergency care provider migration. More importantly, a nursing study by Boafo (2016) ascribes the substantial growth in the relationship between migration and workplace violence to nurses feeling that the employer is doing nothing to curb the incidence of workplace violence. Alternatively, Piquero *et al.* (2013) assert that workplace violence also causes job insecurity. As a result, these findings also correspond with the theoretical framework of Safety Climate guiding this study, which states that workplace violence within the GEMS has a direct influence on retention and recruitment of PECPs (McCaughey *et al*. 2013).

7.7 PREVENTION STRATEGIES

7.7.1 Triangulation summary

During triangulation of the results and findings associated with prevention strategies, the qualitative themes namely causes of violence and experiences of workplace violence derived from the FGD strand of the study offered convergence to the major theme: Principles of causation. The quantitative factors namely; experiences with austere incidents and safety of ambulance workers offered complementarity whereas the factor: bandits who reside within the communities offer convergence.

7.7.2 Following a thread

The qualitative FGD and interview findings of this study propose that current strategies to prevent workplace violence in the GEMS include pre-warning systems such as panic buttons and vehicle tracking devices and waiting for backup from law enforcement. However, according to Morphet *et al.* (2014), the strategies to prevent workplace violence towards healthcare providers have been poorly implemented in most settings. Evidently, according to the qualitative findings of this study, this may be the case in the GEMS particularly considering that the quantitative results recommend their use. Equally, the aggregated theoretical frameworks explain that the ineffectiveness of preventative strategies as revealed by the findings results in negative experiences which results in negative employee perceptions about their safety climate. The aggregated theoretical frameworks also explain that negative employee perceptions about their safety result in negative organizational commitment, decreased performance and a negative work attitude which ultimately results in decreased quality of care rendered and therefore decreased morbidity and mortality (Hesketh *et al.* 2003; McCaughey *et al.* 2013). Moreover, Maguire *et al.* (2018), acknowledge that early warning systems are important in the prevention of workplace violence as they improve safety by maintaining and upholding organizational links with local policing authorities to constantly obtain real-time information about hotspots and serial offenders and also assisting in identifying hotspots where police escorts are mandatory.

In contrast, it is imperative to consider that the findings of the study by Maguire *et al.* (2018) which state that in most settings strategies such as police escorts are ineffective because they are poorly implemented and are based on an Australian context. This study's qualitative findings showed that in Gauteng Province, this strategy is ineffective as it is hindered by challenges that are unique to the Gauteng Province and South African context where police escorts are ineffective. Gauteng Province SAPS have limited resource capabilities and escorting ambulances to high-risk areas increases their workload, impedes

their ability to combat crime in Gauteng Province communities and according to qualitative and quantitative findings, delays in ambulance response times. This is further aggravated by findings of the South African Police Service (2017) that Gauteng Province has higher reported cases of robberies with aggravated circumstances and assault with intent to do grievous bodily harm than any other province in the country. Evidently, this shows that according to the Broken Windows Theory of Criminal Behaviour, crime and workplace violence in Gauteng Province flourish because perpetrators know that they will encounter minimal resistance from law enforcement (Wilson and Kelling 1982). Even more so, as previously highlighted, the findings show that risk classification of communities in Gauteng Province has a negative impact on the overall health of the population and also reaffirm the findings of Morphet *et al.* (2014) that expulsion of the ill and injured from healthcare systems may result in further harm and even more so, death (Gauteng Province Treasury 2018).

According to an international study by Morphet *et al.* (2014), the Victorian branch of the Australian Nursing Federation made a government submission for government legislation to grant sanctions against perpetrators of workplace violence towards healthcare providers. A study by Hester, Harrelson and Mongo (2016) reveal that many USA states have since increased penalties for assaults on healthcare providers from a misdemeanour to felonies. Similarly, the study by Morphet *et al.* (2014) also shows that in the year 2005, the Prime Minister of the United Kingdom adopted zero-tolerance policies against perpetrators of workplace violence towards healthcare providers. In contrast, the quantitative results and qualitative findings show that PECPs are easy targets whereas qualitative findings of this study show that there are no collateral consequences for perpetrators. Again, workplace violence thrives, as according to the Broken Windows Theory of Criminal Behaviour the current conditions have instilled fear and intimidation in PECPs and perpetrators know that they will be met with modest resistance and that they can reduce their chances of being recognized or arrested (Wilson and Kelling 1982; Hesketh *et al.* 2003).

Notwithstanding, similar to Morphet *et al.* (2014), this study has shown that public awareness programmes and community engagement have been effective strategies in reducing workplace violence towards healthcare providers. On the other hand, this study recognized the need for a dedicated reporting line and independent reporting structure to encourage reporting and preventing victimization by ensuring reporters remain anonymous. According to Piquero *et al.* (2013), this can assist in guiding policies for prevention and lessen underreporting of workplace violence by PECPs. To encourage community reporting and protection, the findings also proposed the incentivization of community members as a naturally viable strategy considering that hotspots for workplace violence are located in low- and middle-income communities (GEMS 2018; Gauteng Province Treasury 2018). According to Campbell (2001), policies and procedures which encourage reporting of workplace violence will have a positive impact on efforts aimed at deterring recurrent violence and the severity with which it occurs. Moreover, the qualitative findings also recommended community first responders responding to emergencies within their respective communities relay accurate patient information to the emergency control centre. The recommended approach may decrease ambulance response times and assist the emergency control centre to dispatch suitable resources for the particular emergency. Notably, these findings also indicated a need to promote the use of community health care centres to access primary health care instead of calling for an ambulance. Implementation of this process may have a positive impact on the availability, operational readiness and response times of ambulances. Furthermore, the findings recommended the establishment of accords between GEMS, Department of Health, unions, civic organizations, security clusters, community forums, local community leaders, councillors and political formations to enable commitment in the development of amicable solutions in preventing workplace violence. These findings are corroborated by Maguire *et al.* (2018) who found that maintaining organizational links may help to develop and improve multi-organizational relationships and SOPs which would enhance safety.

Equally important, the findings of this study showed that current laws do not permit the use of weapons by PECPs for protection. Although EMS,such as the Ohio EMS in the USA already allows PECPs to carry firearms, employers who choose to allow their employees to carry firearms will be legally liable for employees' actions including training and unintended consequences as a result thereof (Huff 2013; Maguire *et al.* 2018). Worth noting is that according to the Broken Windows Theory of Criminal Behaviour, in the community, PECPs are seen as humanitarian, however, law enforcement officials are seen as having the authority to maintain law and order, wear a uniform and carry a badge, while their actions and decisions are protected by the law and their organization (Wilson and Kelling 1982).

According to Morphet *et al.* (2014), educating staff is an essential component in the prevention of workplace violence towards healthcare providers as the staff contribute to violence through compassion fatigue, poor communication, and a lack of empathy. Morphet *et al.* (2014) noted that employee training should focus on recognition of potential violence, negotiation skills, communication and promotion of a culture of workplace safety as healthcare providers' attitude, tone and interrogation in determining patients' validity for seeking healthcare assistance may initiate or intensify workplace violence. The findings indicated a need for organizational workplace violence training for GEMS PECPs, which should encompass escape and evading violent situations, defending oneself during violent situations, diffusing potentially violent situations, supporting affected colleagues, bullying, dealing with stress and depression. However, the findings also substantiated the need to educate the emergency care control centre dispatchers about triage and communication techniques as they may have a positive contribution to the prevention of workplace violence.

According to Hesketh *et al.* (2003), there should be an immediate visible response to even the smallest incidence of workplace violence. Notably befitting, Maguire *et al.* (2018), state that prevention strategies for workplace violence towards PECPs should enable PECPs to diffuse potentially violent

situations through active listening, respect for the potential aggressor and maintaining defensive posturing whilst seeking an exit strategy. Furthermore, Maguire *et al.* (2018) also noted that there is currently no workplace violence prevention training programmes . Training should be guided by evidence, encompass all aspects of workplace violence and include components that encourage healthy lifestyles such as diet and physical fitness. Safety climate encompasses factors such as knowledge and training, and will positively influence PECPs' experiences and perceptions about their organizational safety culture and therefore increase GEMS productivity and morbidity and mortality in Gauteng Province (Rojas, Seghieri and Nuti 2014; Hesketh *et al*. 2003; McCaughey *et al*. 2013).

7.8 PRINCIPLE OF CAUSATION

7.8.1 Triangulation summary

During triangulating the findings and results associated with the Principle of causation, the qualitative theme: current preventative measures derived from the FGD data source offers convergence to the major theme: preventative strategies, whereas the themes: the need for training programmes, prevention of workplace violence and awareness of prehospital EMC offer complementarity. The factors: awareness of prehospital EMC and slower police reaction times in responding to crime in the community as they have to escort ambulance workers offer convergence to the major theme: preventative strategies although these factors namely actions taken when crimes are witnessed in the community and preventing violence offer complementarity to major theme 3: current preventative measures.

7.8.2 Following a thread

The quantitative results and qualitative findings of this study show that Gauteng Province based public service PECPs have been refused entry into communities, sexually abused, shot, robbed, stabbed, bullied and verbally abused by the community, colleagues, hospital staff and managers and racially

abused whilst on the job. Evidently, according to Holgate (2015), South African PECPs experience workplace violence in the form of verbal assault, shootings, stabbings, punching and biting. These results also demonstrate that PECPs work in stressful and violent environments and therefore have negative organizational safety climate perceptions (McCaughey *et al.* 2013). They also demonstrate the fact that crime flourishes in communities where disorderly behaviour is ignored (Wilson and Kelling 1982).

According to Alharthy *et al.* (2017), delayed response time is a risk factor for workplace violence. Furthermore, according to Maguire *et al.* (2018), PECPs are at high risk of workplace violence due to having high-value items such as expensive medical equipment and having to work in isolated environments. This study's findings concur with Maguire *et al.* (2018) and Alharthy *et al.* (2017), however, attributes to workplace violence in Gauteng Province include poverty, unemployment, high crime rates, peer pressure, economic deprivation of basic rights to previously disadvantaged communities by government. The low socio-economic status backgrounds result in angry members of the community destroying government property to get their voices heard by government.

The findings also attribute workplace violence to community members with affiliation to GEMS and government managers and a limited knowledge amongst community members about the duties of EMC providers. Evidently, according to these findings, it is important to note that in the South African context and considering that Gauteng Province has the highest population in the country, South Africa has one of the highest crime rates in the world in addition to having the most unequal societies with immense marginalization and social exclusion. Unquestionably, this study's findings also amplify the vast literature which attributes widespread violence in post-democratic South Africa to poverty, unemployment, a patricentric societal ideology that includes alcohol abuse, increasing competition for resources as a result of high inflow of migration, substance abuse, ethnic and social classing, high rate of human immune deficiency syndrome orphans, single parenting, ease of access to

firearms and income inequality (Demombynes and Ozler 2006; Louw 1997; Grabucker and Grimm 2018; Palmary 2001; Jonck *et al.* 2015).

On the other hand, although noted in this study, that colleagues, management and hospital staff are also perpetrators of workplace violence towards PECPs, it, however, does not show evidence of colleagues and management being the biggest perpetrators of workplace violence in the Gauteng Province context, but the community. Consequently, it is important to note the recommendations of an African in-hospital study by Banda *et al.* (2016), that healthcare facilities should adopt a violence-free policy and improve violence reporting policies and procedures to prevent workplace violence perpetrated by colleagues and managers within healthcare facilities (Banda *et al.* 2016). According to the Broken Windows Theory of Criminal Behaviour, all forms of workplace violence should be taken seriously and addressed, regardless of the severity and therefore there should be zero tolerance to violence in the workplace, whether from hospital staff, colleagues, managers, or members of the community (Hesketh *et al.* 2003).

Accordingly, as the findings have shown, perpetrators of workplace violence are known by their communities, however, communities turn a blind eye. These findings show a broken window in the communities of Gauteng Province and assert the Broken Windows Theory of Criminal Behaviour. The findings have also shown that delayed response time causes workplace violence, they serve as confirmation that the GEMS currently has inadequate ambulances and PECPs to service the population size of Gauteng Province. This is a reaffirmation that the ever-increasing total population is giving rise to service delivery constraints at a local government level and this is further corroborated by persistent service delivery protests (Demombynes and Ozler 2006). Besides, they also show the first broken window, which indicates that workplace violence thrives in Gauteng Province because disorderly behaviours such as service delivery protests are ignored and therefore tolerated, and also shows that the community turns a blind eye to crime. Consequently, this has created conditions where perpetrators continue criminal activities because they know

that they encounter minimal resistance and there are minimal chances of being arrested (Hesketh *et al.* 2003).

7.9 SUMMARY OF THE STEPS ON HOW THE PROPOSED MODEL WILL BE DEVELOPED

The flow diagram in Figure 7.1 summarizes the steps on how the proposed model will be developed in the following chapter as informed meta-inferences generated by the mixed results and findings in this chapter.

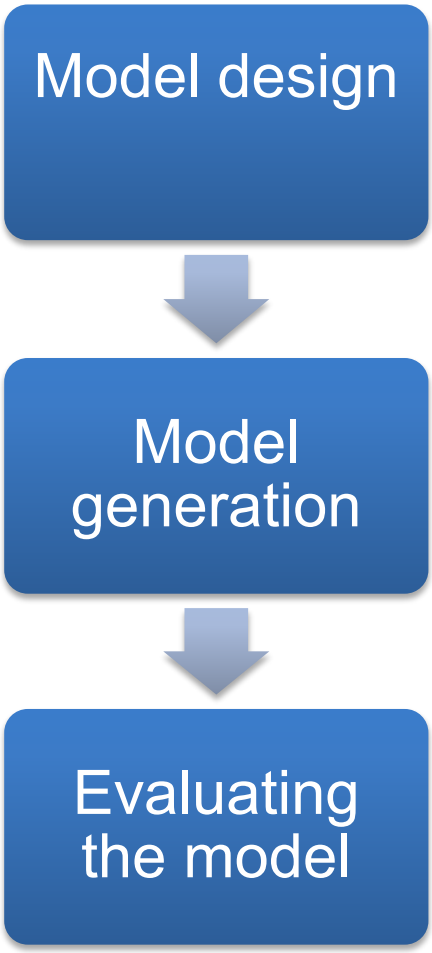

Figure 7.1: Flow diagram for developing the model for preventing of workplace violence towards Gauteng Province public service PECPs (Davidson, Halcomb, Hickman *et al.* 2006).

7.10 SUMMARY OF THE CHAPTER

The mixing and merging of the results of the study in this chapter enabled the researcher to corroborate and validate the findings of the study. Overall, the findings of the qualitative FGD strand and the quantitative strand corroborated and validated the findings of the qualitative interview phase related to access to EMC, human resources, prevention strategies and the principle of causation. According to the aggregated theoretical frameworks of this study, to prevent violence and create a healthy working environment that will serve to improve the quality of life and decrease morbidity and mortality rates in Gauteng Province, it is important to know, target and eliminate all the factors that may lead to violence (Wilson and Kelling 1982; Hesketh *et al*. 2003). Therefore, mixing and merging also assisted the researcher to draw conclusions about what could be the best model to guide the prevention of workplace violence. The next chapter will discuss the process of the development and validation of the model for the prevention of workplace violence towards Gauteng Province based public service PECPs.

CHAPTER 8: A MODEL FOR THE PREVENTION OF WORKPLACE VIOLENCE TOWARDS PUBLIC SERVICE EMERGENCY MEDICAL SERVICE CARE PROVIDERS IN GAUTENG PROVINCE

8.1 INTRODUCTION

The purpose of this study was to develop a model to guide the prevention of workplace violence against public service PECPs in Gauteng Province. Models are the primary tools of scientific representation (Giere 2004). Furthermore, a model was previously defined to be a descriptive representation of a real object, phenomenon, or thing (Pearson and Vaughan 1986). According to the findings of this study, workplace violence has a negative impact on public service PECPs and the quality of care they provide, which influences the quality of EMC that the Gauteng Province population receives, thus affecting their quality of life. As a result, to achieve the final two objectives and therefore the aim of this study, a model of care was developed in response to the perceived inadequacies in healthcare delivery because of workplace violence (Davidson, Meleis, Daly *et al.* 2006). Furthermore, according to Queensland Health (2016), a model of care is a concept that is multidimensional in nature and defines how healthcare is delivered within a health system. Models of care are suitable when there is a need to bridge a gap in service delivery and are suitable for implementation in limited-resource settings with an interest in enhancing the quality of healthcare (Eaton 2000; Davidson *et al.* 2006). The model of care presented in this chapter builds on the theoretical illustrations presented in chapter 5, 6 and 7 of this study. As depicted in Table 7.1, the development of this pragmatic model follows a project management methodology and was conducted in the following stages of developing a model of care as articulated by Davidson *et al.* (2006) (Agency for Clinical Innovation 2013).

a. Model design

The design stage consisted of reviewing the findings of this study to identify the key issues related to preventing workplace violence towards public service PECPs, and to identify the stakeholders that are relevant in preventing workplace violence.

b. Model generation

This stage consisted of creating and documenting the model of preventing workplace violence towards public service PECPs by selecting and developing solutions to prevent workplace violence from the findings of this study.

c. Evaluating the model

The final stage consisted of assessing the accuracy and validity of the formulated model of preventing workplace violence using six criteria (Cramer 2012).

8.2 MODEL DESIGN

According to Giere (2004), the inclination to use models in representing aspects of the world lies in their distinctive design that enables their elements to be identified with features of the real world. For this model of care, two pragmatic elements emanated from reviewing the empirical findings of this study namely, identification of key issues related to preventing workplace violence and essential stakeholders for preventing workplace violence.

8.2.1 Key issues related to preventing workplace violence

As discussed in the previous chapter, when reviewing the findings of this study, the key issues related to preventing workplace violence identified were causes of workplace violence, prevention measures and effects of workplace violence.

a. Causes of workplace violence

The identified causes of workplace violence are high crime rates, widespread violence, poverty, frustrations with service delivery and government, bandits seeing easy targets for theft and robberies, and poor communication skills. Additionally, PECPs being in possession of expensive equipment that can be sold in the black market, limited knowledge about duties of PECPs, delayed response times, bandits knowing that they will encounter minimal resistance when they commit crimes were identified as contributory factors. Communities turning a blind when they witness crimes being committed and community members tolerating disorderly behaviour such as protests and vandalism were also some of the causes of workplace violence .These key issues augmented the model design by guiding the empirical solutions to prevent workplace violence.

b. Prevention measures

The prevention measures identified include early warning systems with timely rapid response, training, stakeholder engagement, introducing collateral consequences for perpetrators, public awareness, encouraging reporting and incentivizing community members to report workplace violence and protect ambulances. Furthermore, additional preventive measures included the utilization of community first responders to relay accurate patient information to emergency control centres, promoting use of community health centres for primary health and enhancing communications skills of PECPs and emergency control centre dispatchers. This key issue augmented the model design by providing the elements essential for the provision of solutions to prevent workplace violence.

c. Effects of workplace violence

The effects of workplace violence that were identified were negative experiences amongst PECPs, negative perceptions amongst PECPs about their organizational safety culture, stress and decreased job satisfaction.

Decreased GEMS service delivery, delayed response times, limited access to EMC amongst Gauteng Province communities and ultimately increased morbidity and mortality amongst Gauteng Province communities were also cited as effects of workplace violence. This key issue augmented the model design by providing the performance indicators that will be used to measure model efficiency after implementation.

8.2.2 Essential stakeholders for preventing workplace violence

In this component, the following stakeholders and their roles were identified from the findings as essential for the prevention of workplace violence:

a. Local Law enforcement

Roles include protection, escort and providing backup support to PECPs and GEMS assets in imminent danger where resource capacity exists. To also gather evidence and arrest perpetrators.

b. GEMS protection officers

GEMS should develop a capacity to provide rapid response and protection of PECPs and GEMS assets in imminent danger to augment the capacity of local law enforcement agencies such as SAPS and Metro Police. The officers should also have the capacity to gather and preserve evidence that is essential in securing successful convictions for perpetrators of workplace violence.

c. Community leaders and forums

To enhance community awareness and serve as a link to the GEMS and members of the community. To also provide tip-offs about planned protest actions within their respective communities and share information about perpetrators who have or sell ambulance equipment.

d. Trade Unions

Trade Unions can play a vital role by means of collective bargaining through the Bargaining Councils with GEMS and the National Department of Health, to reach collective agreements in enhancing legislation and a workplace safety climate that promotes emergency care provider safety and protection. According to Bhorat, Naidoo and Yu (2014), the Bargaining Councils are established by registered trade unions in collaboration with employers to reach collective agreements with issues affecting employees such as conditions of employment. The Labour Relations Act 66 of 1995 promotes and facilitates collective bargaining within the workplace and regulates the rights of Labour Unions (Bhorat, Naidoo and Yu 2014).

e. Political support

To meet the needs of citizens, the South African public service has a political-administration interface which is composed of administrators and politicians who work co-operatively to facilitate the formation of government policy and the execution of the lawfully formulated policies of the government of the day (Mehlape 2018). According to Ndudula (2013), politics determine how government power is exercised and the occupants of leadership roles in government. Therefore, political support is essential in preventing workplace violence.

f. Civic society organizations

The National Development Agency (2008) classifies civil society organizations as private self-governing organizations that are established solely for the public benefit and have a common purpose centred on service delivery, research, education, social watch or advocacy. In addition, they also present opportunities for government partnerships to enhance service delivery. It is important to note that workplace violence towards public service PECPs in South Africa's most populated province is a disincentive to South Africa reaching the targets set out by the Sustainable Development Goals (SDGs) by

the year 2030. These goals are: *"Goal 3: Ensuring healthy lives and promote well-being for all at all ages"* and *"Goal 10: Reduce inequality within and amongst countries"* and achieving Chapter 10 of the National Development Plan (NDP) (Statistics South Africa 2017b). It is imperative that the government collaborate with civic society organizations to prevent workplace violence as it hinders efforts to reach the targets set out by the SDGs and the NDP (United Nations Development Program 2020).

g. National Department of Health

According to Statistics South Africa (2017b), the five-year strategic goals of the National Department of Health are intended to formulate the advancement of the SDGs and the NDP. Workplace violence is an obstacle for the National Department of Health to realize their health sector policies and strategies for the five-year planning period, namely the National Health Insurance Bill, the NDP, SDGs and the Medium-Term Strategic Framework 2019-2024 and NDP Implementation Plan 2019-2024. More importantly, the participation of the National Department of Health in workplace violence prevention will help the department to realize its mission of focusing on equity, efficiency, and access to improve healthcare delivery systems (Department of Health 2020).

h. GEMS and Gauteng Provincial Health Department management

According to the Department of Labour (1993), employers have a mandate of ensuring a safe working environment that is devoid of risk to employees. GEMS and Gauteng Provincial Government Health Department management are duty-bound by the Occupational Health and Safety Act, No. 85 of 1993 as amended by the Occupational Health and Safety Amendment Act, No. 181 of 1993 of the Republic of South Africa to be the key stakeholders in preventing workplace violence towards GEMS employees.

i. GEMS control centre dispatchers

GEMS control centre dispatchers are the first contact and serve as a link between patient and emergency care provider in times of emergencies.

j. GEMS Emergency Care Providers

As the victims of workplace violence and having to execute duties within an environment that tolerates violence, workplace violence negatively affects GEMS PECPs.

8.3 MODEL GENERATION

According to Davidson *et al.* (2005), the process of generating models of care should be underpinned by sound theoretical principles and incorporate the needs of communities, health care providers, organizations, policymakers and funders with patient- centred empirical evidence (Sackett, Straus, Richardson *et al.* 2000; Wagner, Austin, Davis *et al.* 2001; Cretin, Shortell and Keeler 2004). It is also important to note that according to the Agency for Clinical Innovation (2013), models of care aim to ensure that patients obtain the appropriate level of care, at the right time and the right place. As previously mentioned, this study has provided empirical evidence that workplace violence presents an unsafe working environment for PECPs which impedes emergency medical service delivery, decreases patient access to EMC and has a negative impact on the quality of EMC rendered particularly to low- and middle-income communities.

According to the Agency for Clinical Innovation (2013), a model of care generation aims to create change to improve service delivery. Accordingly, the model of care generated in this study aimed to elicit change by preventing workplace violence towards PECPs to improve service delivery and provide low- and middle-income communities with prompt, safe equitable access to high-quality EMC using empirical evidence. As mentioned previously, the generated model is pragmatic and therefore followed a project management methodology in its development. Using the two pragmatic elements identified

in the design stage, the model development and the empirical evidence revealed by the findings of this study, a proposed model for the prevention of workplace violence towards Gauteng Province based public service PECPs was generated and its diagrammatic representation was depicted by Figure 8.1 and thereafter elucidated in this stage of developing the model of care.

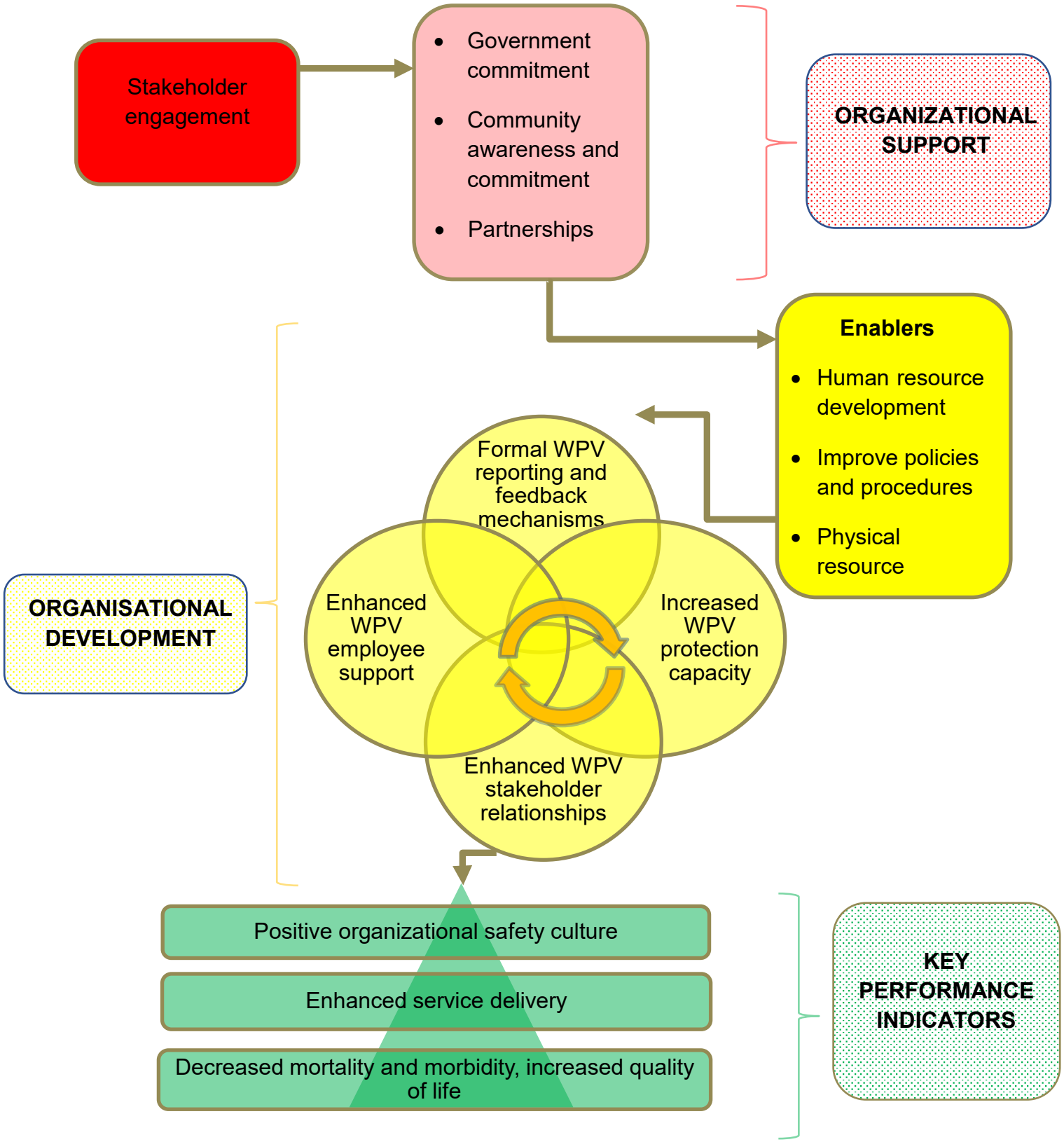

Figure 8.1: Model for the prevention of workplace violence towards Gauteng Province based public service PECPs

8.4 THE STARTING POINT FOR PREVENTING WORKPLACE VIOLENCE

Preventing workplace violence is not possible without attaining organizational support. According to Sun (2019), the concept of organizational support emphasizes the organization's commitment to employees and is an important tool for organizations to establish unilaterally beneficial relationships with their employees by motivating employees to work hard. The concept of organizational support is related to concern and respect for employees by the organization, provision of equipment necessary to perform the job to employees, ease of access to information to employees, fairness, manager and co-worker support, employee development, high commitment to human resource practices and working conditions (McMillin 1997; Sun 2019). PECPs have decreased job satisfaction, PTSD, stress, negative perceptions about their organizational safety climate, and negative perceptions towards management's response to workplace violence and feel side-lined by the government. Sun (2019) posits that organizational support affects employee job satisfaction, happiness, performance and ultimately service delivery and organizational performance.

Organizational support is a vital element in the model and as mentioned previously, workplace violence prevention programmes cannot exist without it. Also, PECPs are GEMS and Gauteng Provincial Health Department's human resources and therefore are valuable assets. They enable the GEMS to fulfil its mandate of providing EMC and Gauteng Provincial Health Department provide multidisciplinary health care to the communities of Gauteng Province. They play a crucial role in decreasing mortality and morbidity and increasing the quality of life of those who live, work and visit Gauteng Province. Moreover, as mentioned in the design phase, GEMS and Gauteng Provincial Health Department management, as the employers of PECPs, have the general duty of ensuring a safe working environment that is devoid of risk to employees. Hence they have already initiated stakeholder engagements as shown by the findings of this study to prevent workplace violence. As depicted in figure 8.1 above and 8.2 below, the concept of organizational support is an element used to define the

component and subcomponents of the first layer of the model, which is depicted in different shades of red hence the right brace preceding the element.

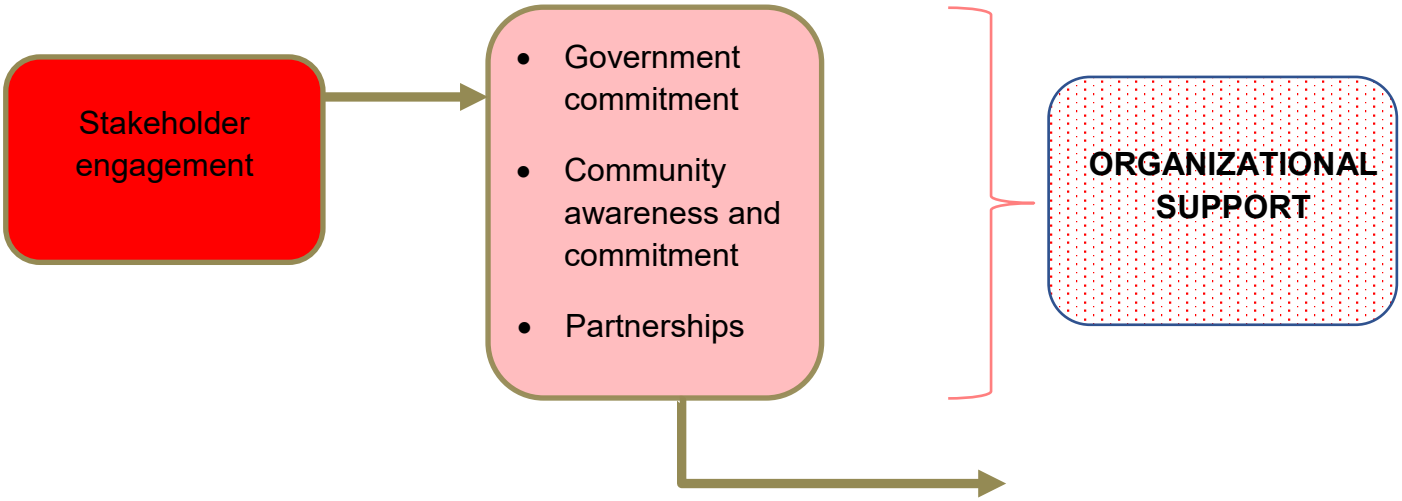

Figure 8.2: Layer of organizational support

8.4.1 Stakeholder engagement

Organizational support starts with the initiation of stakeholder engagement. As previously mentioned in the design phase of the model, GEMS and Gauteng Provincial Health Department management have already initiated stakeholder engagements to prevent workplace violence. Stakeholder engagement involves attaining commitment from the government, the community as well as establishing partnerships with public and private institutions. According to Bruce and Shelley (2010), stakeholder engagement is the interaction employed by an organization with groups and individuals who have an influence on or are impacted by the organization. Stakeholder commitment will enable the development of amicable solutions to prevent workplace violence. Stakeholder engagement will also enhance the commitment and participation of multiple organizations in the prevention of workplace violence. Similarly, according to Maguire *et al.* (2018), stakeholder engagement develops and maintains multi-organizational relationships and SOPs which can enhance safety. As mentioned in the design phase of this study, all the stakeholders essential in preventing workplace violence have specific roles. However, stakeholder engagement is currently inadequate and more engagement is required.

Therefore, for organizational support in preventing workplace violence to be attained, stakeholder engagement should be goal orientated. As depicted in figure 8.1 and 8.2, the goals of stakeholder engagement include attaining government commitment, partnerships, and community awareness and commitment. Achieving these goals requires engagement with the key stakeholders mentioned in the design phase of the model and is explained below:

8.4.1.1 Government commitment

Stakeholder engagement should strive to attain the government's commitment to preventing workplace violence. As previously mentioned, the findings show that PECPs feel side-lined by the government, whilst they also show that one of the causes of workplace violence is the frustrations of community members towards service delivery. As mentioned in the design phase of this model, South Africa has a political-administrative interface which comprises of administrators and politicians who work co-operatively to formulate and execute the policies of the government of the day, which in healthcare, consists of the National Health Insurance Bill, the NDP, SDGs, the Medium-Term Strategic Framework 2019-2024 and NDP Implementation Plan 2019-2024. Therefore, government commitment will ensure the availability of funding, policy development and government support in the implementation of the model.

Furthermore, the current EMS Regulations, as stipulated by the Department of Health (2014), which apply to all EMS operating in the Republic of South Africa, currently do not have provision for protection and tactical service levels, personnel, equipment and vehicles. The findings suggest that there should be a reliable means of protecting employees and escorting ambulances through the provision of a cost-effective in-house tactical response capability that will be timeous and not delay ambulance response times. This would serve as an alternative to the understaffed SAPS response and escorts. The regulations and consequence of establishing such a capability within the GEMS is therefore the responsibility of the employer. Hence, EMS legislation should incorporate

the protection of PECPs, establishment of tactical service levels, personnel and their roles and responsibilities, equipment, vehicles and advisory committee. The Gauteng Department of Health should commission the policy drafting and legislation for the formalization of the model for preventing workplace violence towards PECPs which would enable funding, training, protection, community involvement, public-private partnerships, collateral consequences for perpetrators, support for victims of workplace violence, and equipment. Furthermore, government commitment will enable inter-departmental co-operation, which will ensure that workplace violence prevention programmes remain cost-effective and sustainable.

8.4.1.2 Community awareness and commitment

As mentioned previously, workplace violence towards PECPs has a negative impact on vulnerable communities in Gauteng Province. According to the findings of the study, the majority of workplace violence is perpetrated by community members who prevent ambulances from entering their communities during service delivery strikes. However, the findings also show that community engagement yields positive results. Therefore, it is imperative to have formally structured community awareness programmes that include educating communities about the EMC profession and the impact of workplace violence within the communities, having formal ambulance protection structures and community first responders. The findings also suggest that incentivizing community members for reporting workplace violence towards PECPs, protecting PECPs and being community first responders may be a viable option to encourage community members into playing a proactive role in the prevention of workplace violence and protection of PECPs in their communities, especially considering that there are high rates of poverty and unemployment in Gauteng Province.

8.4.1.3 Partnerships

According to Thadani (2014), private-public partnerships are the collaboration between the private and public service to overcome visible limitations to achieve common goals. The private sector serves as a catalyst to service delivery where the government has a supply and demand mismatch, especially in healthcare. The private sector can augment the government services with greater human resource capability, coupled with greater efficiency, focused strategies and management skills which enhances service delivery (Thadani 2014). The results of this study show that pre-alert systems such as trackers and panic buttons are ineffective as there is no rapid response in times of imminent danger. There are prolonged waiting times as a result of waiting for police escorts as law enforcement has decreased human resource capabilities with greater responsibilities as there are high crime rates that they have to respond to. Therefore, considering that there is a growth in collaboration between private security and law enforcement to address security concerns in South Africa, as noted by Asomah (2017: 1-22), private-public partnerships will allow for the availability of rapid response of security personnel and tactical response teams in times of imminent danger.

Human resource capability building will facilitate the transfer of skills and training which will enable GEMS to have their own in-house rapid response and protection skills. Furthermore, public and private partnerships will enable formal collaboration with CPFs to protect ambulances within their communities and provide the GEMS with information that can be used to protect PECPs and ambulances. Funding will be an essential resource for the model to be implemented. However, it is important to consider that due to the high population rate and continuous healthcare budget cuts, with low GDP , funding is focused on the operational needs of the GEMS. Apart from government budget allocation for the implementation of the model, funding may have to also be sought from private sponsors and through private-public partnerships. Additional funding should also be sought from philanthropic organizations such

as foundations and charities to enhance community awareness and outreach programmes.

8.4.2 Organizational development

Following organizational support, the model proposes organizational development as the next layer to preventing workplace violence. The prevailing workplace violence, according to the findings of this study, alludes to the fact that the GEMS currently do not have the capability of preventing workplace violence. Organizational development is defined as the planned process of change and reinforcement of organizational strategies, structures, and processes through planned interventions to improve the effectiveness of an organization's effectiveness using behavioural sciences knowledge. Altogether organizational development is concerned with how organizations and employees' function and how their efficiency can be enhanced (Grieves 2000; Cummings and Worley 1993; Beckhard 1969).

The layer of organizational development is the second element of the generated model for the prevention of workplace violence and involves the development of a workplace violence prevention capability within the GEMS. The element of organizational development and its components as depicted in Figures 8.1 and 8.3 have a yellow background colour which is a symbol of optimism, commences once the element of organizational support has been realized and is concerned with the organizational change efforts and interventions that are essential to prevent workplace violence and therefore instigate positive employee and organizational outcomes within the GEMS. Similarly, according to Robertson, Roberts and Porras (2003), the flow of change during organizational development is ultimately to change organizational and employee outcomes. To develop GEMS' capability to prevent workplace violence, the second layer of the model proposes four essential components depicted in figures 8.1 and 8.3. Based on the findings of this study, the model proposes that human resource development, improving existing policies and procedures and physical resource development will enable the accomplishment

of the four organizational development components for developing GEMS' capability to prevent workplace violence.

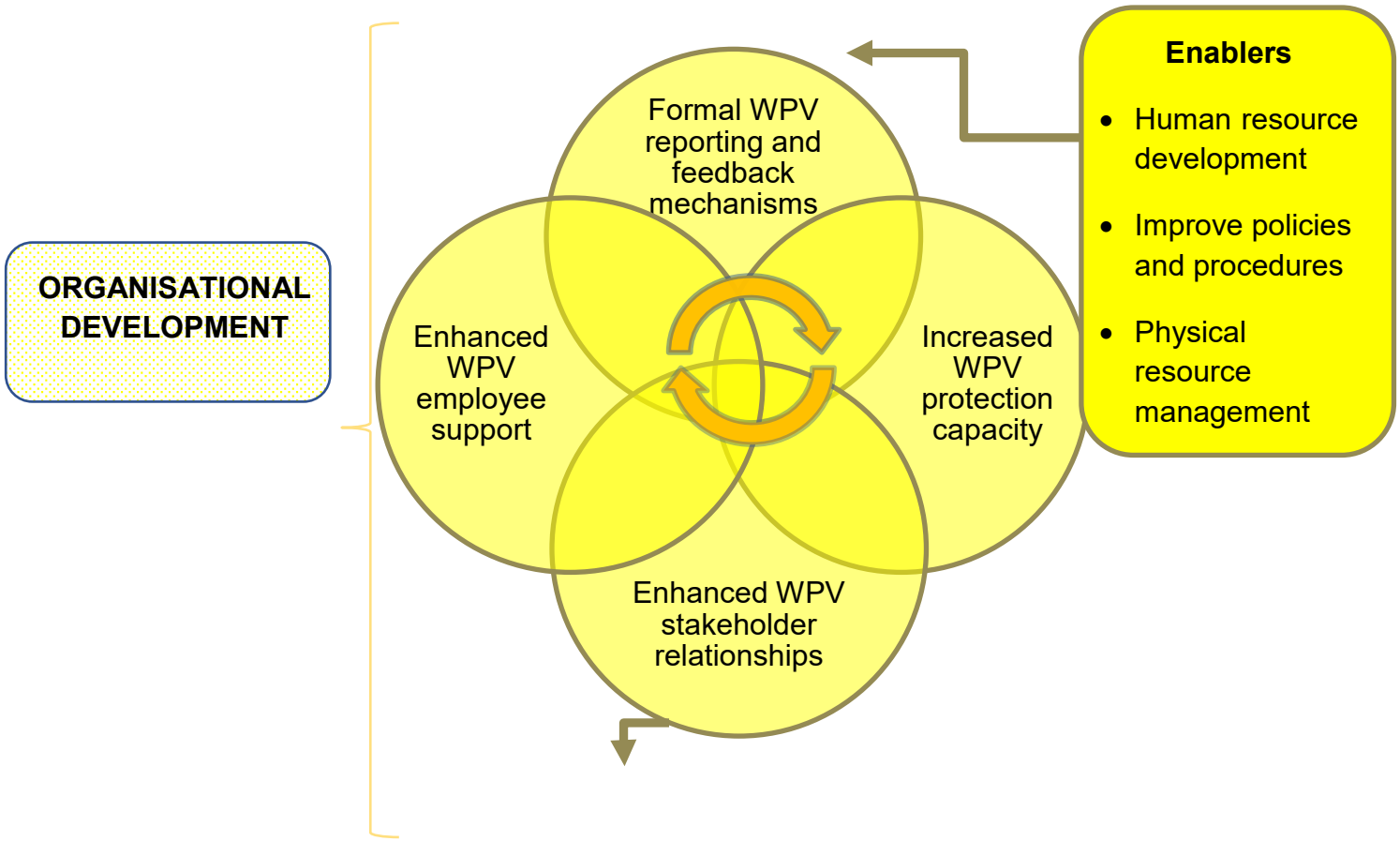

Figure 8.3: Layer of organizational development

8.4.2.1 Formal workplace violence reporting and feedback mechanisms

According to the findings of this study, reporting structures in the GEMS currently exist, however, there is a lack of feedback mechanisms. The current reporting structures are unsuitable for reporting workplace violence perpetrated by managers and do not promote reporting from members of the community. Furthermore, according to Clompus and Albarran (2016), workplace violence towards PECPs is underreported. Having formal and discreet workplace violence reporting and feedback mechanisms will encourage victims of workplace violence and members of the community to report incidents and enable perpetrators to be prosecuted. It will also enable the GEMS to deploy appropriate resources to assist victims of workplace violence timeously.

Furthermore, having a centralized reporting and feedback mechanism will enable the GEMS to have a database that can be used in policy development and refinement of existing policies, identifying of training needs, provide managers with intelligence such as potential strike action that can be used to avert potential incidents of workplace violence and to protect PECPs in high-risk communities, assist law enforcement in investigations and improve employee perceptions about their safety climate.

8.4.2.2 Enhanced workplace violence stakeholder relations

As mentioned in the first layer of the model, stakeholder engagement and commitment are essential to preventing workplace violence. However, it is not a once-off event, therefore stakeholder relations will need to be sustained and strengthened for workplace violence prevention programmes to be cost-effective. The roles of stakeholders may change as the prevention programmes elicit workplace violence prevention and it is imperative to maintain relations to ensure renewed commitment which will ensure sustainable workplace violence prevention.

8.4.2.3 Increased workplace violence protection capacity

According to the findings of this study, there is a need to strengthen protection capacity with consideration that the SAPS delay ambulance response times and has limited human resource capacity and there are high crime rates within communities. There is sufficient evidence from the findings that GEMS will have to develop an in-house protection response capacity that can respond to PECPs who are in imminent danger and escort PECPs to high-risk communities to augment SAPS escorts. Additionally, there is a need to upskill PECPs, emergency call takers and dispatchers on unarmed self-defence, fitness, escaping and evading potential violence, situational awareness and deescalating potentially violent situations.

8.4.2.4 Enhanced workplace violence employee support

According to the findings of this study, the current employee support programmes are not well-suited for victims of workplace violence and their colleagues. Furthermore, the findings have shown that PECPs may be experiencing mental health problems such as depression and PTSD because of workplace violence and that current employee wellness facilities provided by GEMS are inadequate. Enhancing employee support programmes for victims of workplace violence and their colleagues requires the inclusion of clinical psychologists who can respond to victims of workplace violence after incidents, provide counselling, assessment and treatment of mental and emotional disorders to victims and their colleagues. Employee support programmes should be easily accessible and available at all times because PECPs work in shifts. Therapy should be able to provide group debriefing and assessments to determine employees with unresolved issues following exposure to workplace violence.

8.4.3 Key performance indicators

The aim of a model of care is to improve service delivery to patients (Davidson *et al.* 2006). Importantly, for the model of care to improve service delivery to patients, it should contribute to the prevention of workplace violence towards PECPs and therefore improve patient outcomes and the quality of life of those who live, work and visit Gauteng Province. The model should also play an important role in addressing inequality in Gauteng Province through the provision of equitable EMC. Some of the important factors that the model should address are the determinants of crime and workplace violence in the communities served. According to Weber and Thomas (2005), key performance indicators measure an organization's success against a set of objectives and are an important principle of management. Furthermore, key performance indicators, which form the final layer to preventing workplace violence in this proposed model, identify organizational performance gaps and indicate progress towards initiatives and programmes which are intended to close the identified gaps. The key performance indicators element which is

denoted by the green triangle in figures 8.1 and 8.4, a colour which denotes tranquility and health and a shape which represents perfection and enlightenment, identifies three key performance indicators that are impacted by workplace violence as essential for measuring the performance of the model for the prevention of workplace violence. The three performance indicators are positive organizational safety culture, enhanced service delivery and decreased mortality and morbidity, increased quality of life.

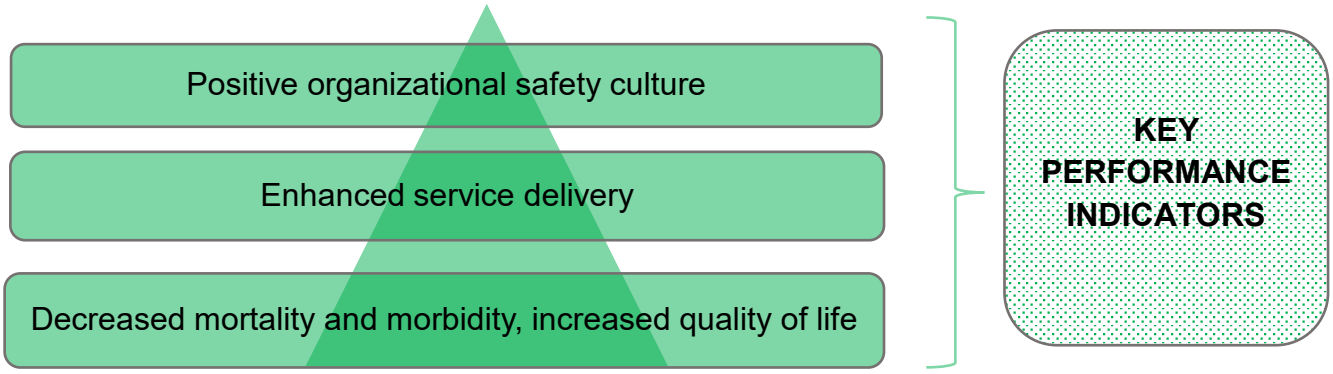

Figure 8.4: Layer of key performance indicators

8.5 EVALUATING THE MODEL

According to Giere (2004), models are the idealisms that researchers use to purposefully epitomize facets of the world. As mentioned previously, Pluta, Chinn and Duncan (2011) define epistemic criteria as the standards that researchers use to assess the accuracy and validity of scientific models. The accuracy and validity of the model formulated in this study were assessed based on Cramer's (2012) six criteria, which required the use of a modified Delphi technique. The Delphi technique is an accepted method for soliciting knowledge and consensus-building from experts within certain topic areas to converge opinions concerning real-world knowledge. It involves using questionnaires to collect data from a panel of selected experts to develop a consensus of opinion and allows for an impartial and objective analysis that enables collected data to be summarized. The Delphi technique enables researchers to eliminate shortcomings of group interaction by conventional

opinion pooling means, eliminates group pressure, noise and enables anonymity (Hsu and Sandford 2007; Dalkey and Helmer 1963).

To assess the validity and accuracy of the model using Cramer's (2012) six criteria, the Delphi process format was modified by having one round of iterations with a well-structured web-based questionnaire (Appendix 12). As the information about the phenomenon was already available, the model was developed using findings that were obtained from the Delphi participants during the data collection phase of the study and the reviewed literature. Therefore, based on the literature provided by Kerlinger (1973), the modification was deemed appropriate. To increase the quality of the generated results, two top management decision-makers from the GEMS and two from the SAPS who participated in semi-structured interviews, two PECPs who participated in focus group discussions and two community members who participated in the survey during the data collection phase of the study were purposively sampled to be Delphi panelists. These participants' judgments were sought as they will be utilizing the generated model and contributed immensely to its development. The purposively selected participants were provided with a letter of information (Appendix 11) containing and explaining the proposed model. However, only one top management decision-maker from the GEMS, one from the SAPS, two emergency care providers and one community member participated in the Delphi panel (n=5).

According to Delbecq, Van de Ven and Gustafson (1975), a Delphi panel should consist of the minimally sufficient number of participants required to provide a consensus representation. A One-sample t-test was used to analyze the data with the level of significance set at $p<.05$. The consensus that was reached from the findings of the modified Delphi process about the validity and accuracy of the generated model for the prevention of workplace violence towards public service PECPs using the six criteria by Cramer (2012) is explained below:

a. *Comprehensiveness*: According to the results of the modified Delphi process, there is a significant agreement (M=4.60) that the model described, controlled, explained, and predicted violence ($p<.0005$). Therefore, there is

consensus that a comprehensive model was developed to describe, control, explain and predict the phenomenon of workplace violence towards public service PECPs in Gauteng Province (Cramer 2012).

b. *Precision and testability*: The results of the modified Delphi process revealed that there is significant agreement (M= 5.0) that the model is well defined ($p<.0005$). There is also significant (M=4.40) agreement that the concepts of the model are interrelated and impartial ($p<.0005$). Therefore, there is consensus that the concepts of the model were well defined, interrelated, and impartial to validity and reliability testing through falsifiable hypotheses (Popper 1963).

c. *Parsimony*: The Delphi panel has significant agreement (M=4.20) that the model has no meaningless explanations ($p<.0005$). Therefore, there is consensus that the model is precise and devoid of meaningless explanations (Cramer 2012).

d. *Empirical validity*: The results of the modified Delphi process revealed that there is significant agreement (M=4.40) that all the explanations are scientifically proven and backed by scientific evidence ($p<.0005$). According to Cramer (2012), contradicting evidence carries more weight in approving or disproving a model. Therefore, the model provided evidence-based explanations for contradicting evidence and is in line with the supporting evidence (Gould 1978; Cramer 2012).

e. *Heuristic value*: According to the results of the modified Delphi process, there is a significant agreement (M=5.0) that the model can be adapted for preventing workplace violence in other fields ($p<.0005$). Therefore, there is consensus that the model can generate unique perspectives and guidelines which will enable it to be sublimated into other fields of study, even though it may remain dormant (Cattell *et al.* 1950; Cramer 2012).

f. *Applied value*: According to the results of the modified Delphi process, there is significant agreement (M=4.60) that the model provides effective evidence-based solutions to prevent violence towards emergency care workers (p<.0005). Therefore, the model provides measurable and effective evidence-based solutions preventing workplace violence towards public service PECPs in Gauteng Province (Cramer 2012).

8.6 USABILITY OF THE MODEL

According to Giere (2004), scientists develop models using specific conditions and principles and endeavour to apply them to specific phenomena and objects in the world to generate generalized hypotheses about phenomenon or objects. As mentioned previously, this model will be used to prevent workplace violence towards public service PECPs in Gauteng Province, guide workplace violence policy formulation, prehospital clinical practice in austere environments and further workplace violence research. The model may improve the quality of care provided by PECPs in communities thereby improving the healthcare outcomes.

8.7 SUMMARY OF THE CHAPTER

This chapter presented the proposed model for the prevention of workplace violence towards public service PECPs. The chapter also presented the design phase, model generation phase, testing and usability of the proposed model. A three-layer model of care was generated, and a modified Delphi technique was used to evaluate the proposed model using six criteria. Chapter 9 provides the summary, limitations, and recommendations of the study.

CHAPTER 9: SUMMARY, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

9.1 INTRODUCTION

This chapter presents the summary of the study, limitations and recommendations of the study.

9.2 SUMMARY OF THE STUDY

Workplace violence towards public service PECPs in Gauteng Province negatively affects the mental wellbeing and safety climate of PECPs, affects service delivery and ultimately the quality of care and access to timeous EMC for residents and visitors of Gauteng Province. Workplace violence has a negative impact on the quality of life of the Gauteng Province population. The post-democratic South Africa is plagued with a huge gap of inequality, with a two-tier health system where only a minority of the population belongs to medical aid schemes. The majority of the low and middle class, depend on state-funded EMC which they cannot access timeously due to continuous workplace violence. It is imperative for workplace violence to be addressed for the healthcare system to meet the healthcare needs of the Gauteng Province population.

The quantitative results of this study showed that workplace violence has a negative impact on the communities of Gauteng Province. The results also exposed Gauteng Province communities have high rates of contact crimes which aggravate the risk of workplace violence towards PECPs in Gauteng Province. Furthermore, the qualitative findings generated four themes from the interview strand and eight themes from the focus group strand. The mixing and merging of the above quantitative and qualitative results corroborated and validated the results of this study. The model for the prevention of workplace violence towards public service PECPs in Gauteng Province presents an

evidence-based empirical model to prevent workplace violence in the Gauteng Province and the South African context, especially considering that South Africa has a high rate of contact crimes. The development of the proposed model for the prevention of workplace violence towards public service PECPs in Gauteng Province was informed by the meta-inferences generated by the mixed results and findings.

The stages of development consisted of model design which entailed determining key issues related to preventing workplace violence and identifying relevant stakeholders. Thereafter model generation consisted of developing a three-layered model of care. Model evaluation involved assessing the model's accuracy and validity by employing a modified Delphi technique to acquire expert consensus that the model meets Cramer's (2012) six criteria. The three-layered model prevents workplace violence initially by achieving organizational support for the GEMS through goal-orientated stakeholder engagement, subsequently organizational development which entails developing a workplace violence prevention capability within the GEMS. Finally, key performance indicators measure the performance of the model in enhancing the organizational safety culture of PECPs, which would, in turn, enhance service delivery by the GEMS, and therefore enable the Gauteng Province healthcare system to provide quality EMC to meet the healthcare needs of Gauteng Province population.

9.3 LIMITATIONS OF THE STUDY

Limitations are restrictions in a study that may result from factors such as deficiencies, research design problems or weaknesses in data collection (Burns and Grove 2011: 48). In this study, the researcher used a limited sample size; however, a detailed description of the methodology of the study was provided. The study did not include political policymakers, but only included administrators as part of the management cohort, who according to the findings can play a role in influencing policy and political will, especially considering that South Africa is governed using a political-administrative interface.

This study did not explore the lack of adequate personal protective equipment by PECPs during the COVID-19 pandemic. Based on the findings from the focus group discussions, participants expressed the lack of protective personal equipment as a form of abuse, because it withholds critical equipment required for PECPs to perform their duties and therefore prevent workplace violence. This is a limitation as the study was commenced before the beginning of the COVID-19 pandemic and completed during the pandemic. Although the lack of personal protective equipment emerged in the findings, it was not fully explored as it was not a part of the objectives of the study, although it was identified as a form of workplace violence. However, it presents an opportunity for further research to prevent workplace violence towards PECPs, particularly workplace violence that results from pandemics that are not yet clearly understood. Lastly, this model still requires implementation and refinement.

9.4 RECOMMENDATIONS

The following recommendations concerning policy development, socio-economic reforms and further research are based on the findings of this study.

9.4.1 Policy development

As previously mentioned, the findings of this study revealed that there are efforts by the GEMS to address workplace violence, however, there are currently no policies that exist in the upper echelons of government that show prioritization of workplace violence prevention programmes. This is even though workplace violence has received significant media attention, and according to the findings, has a negative impact on the health sector policies and strategies of the National Department of Health and Gauteng Provincial Health Department such as the NDP, SDGs and the Medium-Term Strategic Framework 2019-2024 and NDP Implementation Plan 2019-2024. It is therefore imperative for the National Department of Health and the Gauteng Province Health Department to develop and provide clear policies that can enable the implementation of workplace violence prevention programmes and

initiatives to enable the health system to meet the needs of the population, retain PECPs and address inequality.

9.4.2 Socio-economic reforms

South Africa has a high gap of inequality which extends to healthcare access. Inequality is a result of slow socio-economic reforms which lead to high crime rates and rapid flares of community protests to show their level of frustration towards socio-economic reforms and a lack of basic services in low- and middle-income communities. Due to the high levels of crime in low- and middle-income communities, the risk of workplace violence still exists as the socio-economic determinants of crime have not yet been fully eradicated. Hence, if female PECPs are still seen as easy targets within these communities, then gender-based violence can also not be fully eradicated as the reforms are not being implemented at a fast enough pace that can cap the number of lives lost.

9.4.3 Further research

More research is recommended to explore the impact of the model of preventing workplace violence to the community of Gauteng Province and the safety climate of Gauteng Province public service PECPs. Further research is required to determine the employability of the model to prevent workplace violence amongst private sector PECPs as well as public service PECPs in other provinces within South Africa.

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APPENDICES

Appendix 1: University Ethics clearance

DUT
DURBAN UNIVERSITY OF TECHNOLOGY

Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

14 November 2019

Mr T L Khoza
1496 Papyrus Crescent
Westview Security Estate
Andeon Extension 6
Pretoria
0183

Dear Mr Khoza

A model for the prevention of work-place violence towards public service emergency care providers in Gauteng province
Ethical Clearance number IREC 096/19

The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the IREC acknowledges receipt of your gatekeeper permission letters.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely,

Professor J K Adam
Chairperson: IREC

2019 -11- 14

Appendix 2a: Letter of request for permission from the Gauteng Emergency Medical Services

1496 Papyrus Crescent
Westview Security Estate
Andeon Extension 6
Pretoria
0183
[Date]

Chief Director: Emergency Medical Services (Gauteng Department of Health)
Unit 4 Continuity SA Growth Point Business Park,
Cnr Old Pretoria & Tonetti Street,
Midrand, 1682

Dear Chief Director

Request for Permission to Conduct Research

My name is Tshikani Lewis Khoza, a PhD: Health Sciences student at the Durban University of Technology. The research I wish to conduct for my doctoral study is: *A model for the prevention of work-place violence towards public service PECPs in Gauteng Province*.

I am hereby seeking your consent to recruit and collect data from operational PECPs, the Human Resource Director, Operational Director Chief Director and the Health and Wellness Manager of the Gauteng Emergency Medical Services through individual in-depth interviews for management and focus group interviews for operational PECPs. I would also like to seek consent to access and peruse available records detailing workplace violence towards PECPs.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me or my supervisor Prof Sibiya on 031-373 2704, Email nokuthulas@dut.ac.za

Thank you for your time and consideration in this matter.

Sincerely,

……
Mr Tshikani Khoza
Durban University of Technology
Email address: ktshikani@yahoo.com
Tel number: 076705 5560

Appendix 2b: Approval letter from the Gauteng Emergency Medical Services

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Enquiries: Mr.L.A Malotana
Tel: 011 564 2002
Fax: 086 542 5940
Emailarnold.malotana@gauteng.gov.za

TO: **MR T. L KHOZA**

FROM: **MR. LA MALOTANA**
CHIEF EXECUTIVE OFFICER: GAUTENG EMS

SUBJECT: **Permission to conduct research:**

The above subject refers,

Your request to conduct research within Gauteng Emergency Medical Services, with the topic "A model for the prevention of work-place violence towards public service emergency care providers in Gauteng province", is acknowledged an considered favourably with the provision that you obtain full ethical clearance/approval from the Durban University of Technology, and the outcome of the study be shared with the Department.

This approval allows you permission to recruit and collect data from operational emergency care providers, the Human Resource Director, Operational Director Chief Director and the Health and Wellness Manager of the Gauteng Emergency Medical Services through individual in-depth interviews for management and focus group interviews for operational emergency care providers and access to and peruse available records detailing workplace violence towards emergency care providers.

I support this effort and will provide any assistance necessary for the successful research. If you have any questions, please do not hesitate to contact me. I can be reached at:

Email: amalotana@gmail.com

(011) 564 2002/ 082 807 6867.

Sincerely,

_____

MR. LA MALOTANA

CHIEF EXECUTIVE OFFICER: GAUTENG EMS

DATE: 2019/08/08

1

Appendix 2c: Letter of request for permission from the Provincial Commissioner: South African Police Service

1496 Papyrus Crescent
Westview Security Estate
Andeon Extension 6
Pretoria
0183
[Date]

SAPS Gauteng Province
16 Empire roadParktownJohannesburg2017

Dear SAPS Provincial Commissioner Gauteng Province: Lt Gen Elias Mawela

Request for Permission to Conduct Research

My name is Tshikani Lewis Khoza, a PhD: Health Sciences student at the Durban University of Technology. The research I wish to conduct for my Doctoral thesis involves developing a model for the prevention of work-place violence towards public servant PECPs in Gauteng Province.

I am hereby seeking your consent to recruit and collect data in the form of individual in-depth interviews from South African Police Service Gauteng Province managers at strategic and operational levels.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me or my supervisor Prof Sibiya on 031-373 2704 Email nokuthulas@dut.ac.za

Thank you for your time and consideration in this matter.

Sincerely,

Mr Tshikani Khoza
Durban University of Technology
Email address: ktshikani@yahoo.com
Tel number: 0767055560

Appendix 2d: Approval letter from the Provincial Commissioner: South African Police Service

SUID-AFRIKAANSE POLISIEDIENS SOUTH AFRICAN POLICE SERVICE

Privaatsak/Private Bag X 94

Verwysing/Reference:	3/34/2
Navrae/Enquiries:	Lt Col Joubert AC Thenga
Telefoon/Telephone:	(012) 393 3118
Email Address:	JoubertG@saps.gov.za

THE HEAD: RESEARCH
SOUTH AFRICAN POLICE SERVICE
PRETORIA
0001

The Provincial Commissioner
GAUTENG

PERMISSION TO CONDUCT RESEARCH IN SAPS: A MODEL FOR THE PREVENTION OF WORK-PLACE VIOLENCE TOWARDS PUBLIC SERVANT EMERGENCY CARE PROVIDERS IN GAUTENG PROVINCE: DURBAN UNIVERSITY OF TECHNOLOGY: DOCTORATE DEGREE: RESEARCHER: TL KHOZA

1. The above subject matter refers.

2. The researcher, Mr TL Khoza, is conducting a study with the aim ***to develop a model to guide prevention of workplace violence against public servant emergency care providers in Gauteng Province.***

3. The researcher is requesting permission to interview police officials from the following Police Stations: Soshanguve Major General Mohajane, Carletonville Brigadier Theron, Evaton Brigadier Bischoff, Hilbrow Brigadier Nevhuhulwi, Johannesburg Central Brigadier Perumal and Moroka Police Station Brigadier Govindasamy.

4. The proposal was perused according to National Instruction 1 of 2006. This office recommends that permission be granted for the research study, subject to the final approval and further arrangements by the office of the Provincial Commissioner: Gauteng.

5. We hereby request the final approval by your office if you concur with our recommendation. Your office is also at liberty to set terms and conditions to the researcher to ensure that compliance standards are adhered to during the research process and that research has impact to the organisation.

6. If approval is granted by your office, this office will obtain a signed undertaking from researcher prior to the commencement of the research which will include your terms and conditions if there are any and the following:

6.1. The research will be conducted at his/her exclusive cost.

PERMISSION TO CONDUCT RESEARCH IN SAPS: A MODEL FOR THE PREVENTION OF WORK-PLACE VIOLENCE TOWARDS PUBLIC SERVANT EMERGENCY CARE PROVIDERS IN GAUTENG PROVINCE: DURBAN UNIVERSITY OF TECHNOLOGY: DOCTORATE DEGREE: RESEARCHER: TL KHOZA

6.2 The researcher will conduct the research without the disruption of the duties of members of the Service and where it is necessary for the research goals, research procedures or research instruments to disrupt the duties of a member, prior arrangements must be made with the commander of such member.

6.3 The researcher should bear in mind that participation in the interviews must be on a voluntary basis.

6.4 The information will at all times be treated as strictly confidential.

6.5 The researcher will provide an annotated copy of the research work to the Service.

6.6 The researcher will ensure that research report / publication complies with all conditions for the approval of research.

7. If approval is granted by your office, for smooth coordination of research process between your office and the researcher, the following information is kindly requested to be forwarded to our office:

- **Contact person**: Rank, Initials and Surname.
- **Contact details**: Office telephone number and email address.

8. A copy of the approval (if granted) and signed undertaking as per paragraph 6 supra to be provided to this office within 21 days after receipt of this letter.

9. Your cooperation will be highly appreciated.

MAJOR GENERAL
THE HEAD: RESEARCH
DR PR VUMA

DATE: 2019 -10- 11

South African Police Service | Suid-Afrikaanse Polisiediens

Privaatsak Private Bag X94	Pretoria 0001	Faks No. Fax No.	(012) 334 3518

Your reference/U verwysing:

My reference/My verwysing: 3/34/2

THE HEAD: RESEARCH
SOUTH AFRICAN POLICE SERVICE
PRETORIA
0001

Enquiries/Navrae: Lt Col Joubert
AC Thenga
Tel: (012) 393 3118
Email: JoubertG@saps.gov.za

Mr TL Khoza
DURBAN UNIVERSITY OF TECHNOLOGY

RE: PERMISSION TO CONDUCT RESEARCH IN SAPS: A MODEL FOR THE PREVENTION OF WORK-PLACE VIOLENCE TOWARDS PUBLIC SERVANT EMERGENCY CARE PROVIDERS IN GAUTENG PROVINCE: DURBAN UNIVERSITY OF TECHNOLOGY: DOCTORATE DEGREE: RESEARCHER: TL KHOZA

The above subject matter refers.

You are hereby granted approval for your research study on the above mentioned topic in terms of National Instruction 1 of 2006.

Further arrangements regarding the research study may be made with the following office:

The Provincial Commissioner: Gauteng:

- **Contact Person:** Col Peters
- **Contact Details:** (011) 547 9131
- **Email Address :** petersNS@saps.gov.za

- **Contact Person:** Intern Nenzhelele
- **Contact Details:** (011) 547 9131

Kindly adhere to paragraph 6 of our attached letter signed on the **2019-10-11** with the same above reference number.

MAJOR GENERAL
THE HEAD: RESEARCH
DR PR VUMA

DATE: 2019 -11- 04

Appendix 3a: Letter of information for focus group discussion participants

Dear Participant

Thank you for agreeing to participate in this study.

Title of the Research Study: A model for the prevention of work-place violence towards public service PECPs in Gauteng Province.

Principal Investigator/s/researcher: Mr T.L. Khoza, PhD: Health Sciences Candidate.

Co-Investigator/s/supervisor/s: Prof M.N. Sibiya, D Tech: Nursing (Supervisor); Dr N. Mshunqane, PhD: Physiotherapy (Co-supervisor).

Brief Introduction and Purpose of the Study: Increasing rate of workplace violence towards PECPs in South Africa, particularly in Gauteng Province indicates that the current efforts to address the phenomenon of workplace violence towards PECPs have been unsuccessful. Developing a model to prevent workplace violence towards public service PECPs in Gauteng Province may help address the problem using empirical research. This study, therefore, aims to develop a model to guide prevention of workplace violence against public service PECPs in Gauteng Province.

Outline of the Procedures: You are requested to participate in the focus group discussion which will be held at the Gauteng Emergency Medical Services Head Office Conference Room for 45 minutes to an hour. The discussions will require a minimum of 6 participants. The discussions will be facilitated by the lead researcher. I kindly request for permission to record the discussion by using a digital audio recorder. The recorded information will be used only for research purposes.

Risks or Discomforts to the Participant: There are no anticipated risks for participating in the study.

Benefits: A proposed model may improve the participants' workplace safety climate and job satisfaction. The research may also improve the quality of EMC provided to participants and therefore improve their quality of life.

Reason/s why the Participant May Be Withdrawn from the Study: You have a right to withdraw at any time from participating in this study and there is no penalty for withdrawal.

Remuneration: There is no financial remuneration for participating in the study.
Costs of the Study: You will not be expected to cover any costs towards the study.

Confidentiality: The research material will be kept confidential by the researcher and stored in the researcher's home. The information contained will only be used for this study. No names or personal details will be used during the focus group discussions. No names or personal information will be disclosed when presenting the results.

Research-related Injury: There is no anticipated research-related injury for participating in this study.

Persons to Contact in the Event of Any Problems or Queries: Please contact the researcher on 076 705 5560, my supervisor, Prof M.N. Sibiya on 031-373 2704 or the Institutional Research Ethics Administrator on 031-373 2375. Complaints can be reported to the DVC: Research, Innovation and Engagement, Prof S. Moyo on 031-373 2577 or moyos@dut.ac.za

Appendix 3b: Letter of information for interview participants

Dear Participant

Thank you for agreeing to participate in this study.

Title of the Research Study: A model for the prevention of work-place violence towards public service PECPs in Gauteng Province.

Principal Investigator/s/researcher: Mr T.L. Khoza, PhD: Health Sciences Candidate.

Co-Investigator/s/supervisor/s: Prof M.N. Sibiya, D Tech: Nursing (Supervisor); Dr N. Mshunqane, PhD: Physiotherapy (Co-supervisor).

Brief Introduction and Purpose of the Study: Increasing rate of workplace violence towards PECPs in South Africa, particularly in Gauteng Province indicates that the current efforts to address the phenomenon of workplace violence towards PECPs have been unsuccessful. Developing a model to prevent workplace violence towards public service PECPs in Gauteng Province may help address the problem using empirical research. This study, therefore, aims to develop a model to guide prevention of workplace violence against public service PECPs in Gauteng Province.

Outline of the Procedures: You are requested to participate in the interview session which will be held at the Gauteng Emergency Medical Services Head Office Conference Room for 45 minutes to an hour. The interview discussion will be facilitated by the lead researcher. I kindly request for permission to record the discussion by using a digital audio recorder. The recorded information will be used only for research purposes.

Risks or Discomforts to the Participant: There are no anticipated risks for participating in the study.

Benefits: A proposed model may improve the participants' workplace safety climate and job satisfaction. The research may also improve the quality of EMC provided to participants and therefore improve their quality of life.

Reason/s why the Participant May Be Withdrawn from the Study: You have a right to withdraw at any time from participating in this study and there is no penalty for withdrawal.
Remuneration: There is no financial remuneration for participating in the study.

Costs of the Study: You will not be expected to cover any costs towards the study.

Confidentiality: The research material will be kept confidential by the researcher and stored in the researcher's home. The information contained will only be used for this study. No names or personal details will be used during the interview discussions. No names or personal information will be disclosed when presenting the results.

Research-related Injury: There is no anticipated research-related injury for participating in this study.

Persons to Contact in the Event of Any Problems or Queries: Please contact the researcher on 076 705 5560, my supervisor, Prof M.N. Sibiya on 031-373 2704 or the Institutional Research Ethics Administrator on 031-373 2375. Complaints can be reported to the DVC: Research, Innovation and Engagement, Prof S. Moyo on 031-373 2577 or moyos@dut.ac.za

Appendix 3c: Letter of information for survey participants

Dear Participant

Thank you for agreeing to participate in this study.

Title of the Research Study: A model for the prevention of work-place violence towards public service PECPs in Gauteng Province.

Principal Investigator/s/researcher: Mr T.L. Khoza, PhD: Health Sciences Candidate.

Co-Investigator/s/supervisor/s: Prof M.N. Sibiya, D Tech: Nursing (Supervisor); Dr N. Mshunqane, PhD: Physiotherapy (Co-supervisor).

Brief Introduction and Purpose of the Study: Increasing rate of workplace violence towards PECPs in South Africa, particularly in Gauteng Province indicates that the current efforts to address the phenomenon of workplace violence towards PECPs have been unsuccessful. Developing a model to prevent workplace violence towards public service PECPs in Gauteng Province may help address the problem using empirical research. This study, therefore, aims to develop a model to guide prevention of workplace violence against public service PECPs in Gauteng Province.

Outline of the Procedures: You are requested to participate in survey which will be conducted with the community cohorts. The surveys will be distributed in two ways namely web-based surveys which will be distributed by using Survey Monkey web-based survey platform for community members with access to web-based platforms, and paper based surveys which will be distributed in various public spaces such as malls, taxi ranks, community health clinics and places of religious worship. You are requested to respond to all the questions. The web-based surveys will be made available for a period of two months.

Risks or Discomforts to the Participant: There are no anticipated risks for participating in the study.

Benefits: A proposed model may improve the participants' workplace safety climate and job satisfaction. The research may also improve the quality of EMC provided to participants and therefore improve their quality of life.

Reason/s why the Participant May Be Withdrawn from the Study: You have a right to withdraw at any time from participating in this study and there is no penalty for withdrawal.

Remuneration: There is no financial remuneration for participating in the study.

Costs of the Study: You will not be expected to cover any costs towards the study.

Confidentiality: Research materials will be kept confidential by the researcher and stored in the researcher's home. The information contained will only be used for this study. No names or personal details will appear on the questionnaire. No names or personal information will be disclosed when presenting the results.

Research-related Injury: There is no anticipated research-related injury for participating in this study.

Persons to Contact in the Event of Any Problems or Queries: Please contact the researcher on 076 705 5560, my supervisor, Prof M.N. Sibiya on 031-373 2704 or the Institutional Research Ethics Administrator on 031-373 2375. Complaints can be reported to the DVC: Research, Innovation and Engagement, Prof S. Moyo on 031-373 2577 or moyos@dut.ac.za

Appendix 3d: Incwadi yemininingwane yababambiqhaza kucwaningo

Ngiyabingelela mbambiqhaza.

Ngiyabonga ukuthi uvume ukubamba iqhaza kulolucwaningo.

Isihloko socwaningo: Imodeli yokuvikela udlame endaweni yokusebenzela abezimo zosizo oluphuthumayo kwisifundazwe saseGoli.

Inhloko yocwaningo: Mnuz. T.L. Khoza, umfundi weziqu zobudokotela kumkhakha wezempilo.

Umphathi: USolwazi M.N. Sibiya, oneziqu zobudokotela kwezobuhlengikazi (Umhloli omkhulu); Dokotela N. Mshunqane, oneziqu zobudokotela kwezokwelula amathambo (Umhloli olekelelayo).

Isingeniso esifushane nenhloso yocwaningo: Ukunyuka kodlame endaweni yokusebenzela abezimo zosizo oluphuthumayo eSouth Africa, kakhulukazi eGauteng Province ikhombisa ukuthi imizamo yokulungisa lesenzakalo ayiphumelelanga. Ukusungula imodeli yokugwema udlame endaweni yokusebenzela abezimo zosizo oluphuthumayo eGauteng Province kungaba usizo ekulungiseni lenkinga kusetshenziswa uphenyo olunamandla. Lolucwaningo luhlose ekuvikeleni udlame endaweni yokusebenzela abosizo oluphuthumayo eGauteng Province.

Uhlaka lwenqubo yocwaningo: Uyacelwa ukuba ube ingxenye yocwaningo lohla lwemibuzo oluzokwenziwa ngamaqoqo omphakathi. Ucwaningo luzokwenziwa ngezindlela ezimbili okubalwa iSurvey Monkey okuyiplathifomu yewebhu kulabo abanazo izinsiza zokuphendula lemibuzo ngalendlela, kanye nohla lwemibuzo ezobe ibhalwe ephepheni ezoshatshalaliswa ezindaweni zomphakathi ezahlukahlukene okubalwa inxanxathela yezitolo, emarenki amatekisi, imitholampilo kanye nezindawo zokukhonzela. Uyacelwa ukuthi uphendule yonke imibuzo. Ucwaningo kwi webhu luzobe lutholakala kuze kuphele izinyanga ezimbili.

Ubungozi noma ukuphazamiseka kombambi qhaza: Abukho ubungozi obulindelekile ngokuthatha iqhaza kulolucwaningo.

Inzuzo: Imodeli ehlongozwayo ingenzancono ezokuphepha endaweni yokusebenzela abathatha iqhaza kulolucwaningo iphinde ibenze bagculiseke ngomsebenzi abawenzayo.

Lolucwaningo lungaphinde luthuthukise uhlobo losizo oluphuthumayo olunikwa ababambi qhaza nokwenzancono izimpilo zabo.

Izizathu ezingenza ababambiqhaza bakhishwe kucwaningo: Unemvume yokuhoxa ekubambeni iqhaza kulolucwaningo noma inini futhi asikho isijeziso ngokwenza lokho.

Inkokhelo: Ayikho inkokhelo yemali ezotholwa abazobamba iqhaza.

Imfihlo: Izimpahla eziphathelene nocwaningo zizogcinwa ngokuyimfihlo, zibekwe ekhaya lomcwaningi. Imininingwano eqoqwe kulolucwaningo izosetshenziswa kulesisifundo kuphela. Amagama nemininingwane yabazobamba iqhaza angeke ibhalwe ephepheni lokuqoqa ulwazi futhi ngeke kuvezwe noma sekukhishwa imiphumela.

Izindleko zocwaningo: Azikho izindleko zocwaningo ezizokhokhelwa uwena.

Ukulimala okuhambisana nocwaningo: Akhukho ukulimala okulindelekile ngokuthatha iqhaza kulolucwaningo.

Abantu ongabathinta mawunemibuzo noma izinkinga ngocwaningo: Ungathintana nomcwaningi ku 076 705 5560, Umhloli, uSolwazi M.N. Sibiya on 031-373 2704 noma umabhalane wezocwaningo ku 031-373 2375. Izikhalo zingabikwa kuMqondisi wezocwaningo, uSolwazi S. Moyo ku 031-373 2577 noma moyos@dut.ac.za

Appendix 4a: Consent (English)

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mr Tshikani Khoza about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	**Date**	**Time**	**Signature / Right Thumbprint**

I, Tshikani Khoza herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Tshikani Khoza	_____	_____
Full Name of Researcher	**Date**	**Signature**

_____	_____	_____
Full Name of Witness (If applicable)	**Date**	**Signature**

_____	_____	_____
Full Name of Legal Guardian (If applicable)	**Date**	**Signature**

Appendix 4b: Consent (IsiZulu)

Isitatimende sesivumelwano sokubamba iqhaza kucwaningo lwesifundo:

- Ngiyaqinisekisa ukuthi ngazisiwe umcwaningi, u Mnuz. Tshikani Khoza ngohlobo, izinzuzo, ubungozi bocwaningo - Research Ethics Clearance Number: _____,
- Nginikeziwe, ngayifunda, ngayiqonda imininingwane ebhalwe ngenhla (Participant Letter of Information) mayelana nocwaningo.
- Ngiyaqonda ukuthi imiphumela yocwaningo (isifundo), okubalwa kuyo ubulili bami, iminyaka yami, usuku lokuzalwa, ama-inishela ami noxilongo kuzocwaningwa/ kuzasetshenzwa ngokuyimfihlo.
- Ngokubuka izidinga zocwaningo, ngiyavuma ukuthi imininingwano eqoqiwe ingacwaningwa nge computer.
- Noma inini ngingahoxa ekubeni ingxenye yocwaningo yalesifundo ngaphandle kokubandlululwa.
- Ngibe nesikhathi esanele sokubuza imibuzo yingakho ngizivumela ngokwami ukuthi ngilungiselelwe ukubamba iqhaza kulesifundo.
- Ngiyaqonda ukuthi okutholakalayo okusha okusemqoka kulolucwaningo okuthinta mina ngizokwaziswa.

_____	_____	_____	_____
Igama Lobambiqhaza Isithupha Sokudla	**Usuku**	**Isikhathi**	**Ukusayina/**

Mina, Tshikani Khoza ngiyaqiniseka ukuthi umbambi qhaza obhalwe ngenhla wazisiwe ngokugcwele ngohlobo nobungozi balesisifundo.

Tshikani Khoza _____	_____	_____
Igama lomcwaningi	**Usuku**	**Ukusayina**

_____	_____	_____
Igama lafakazi (If applicable)	**Usuku**	**Ukusayina**

_____	_____	_____
Igama lombheki osemthethweni (If applicable)	**Usuku**	**Ukusayina**

Appendix 5: Focus group discussion guide

Grand tour question/objective

What are your experiences regarding the workplace violence towards public servicePECPs in Gauteng Province?

Please note that 'workplace violence' includes all forms of physical, verbal and emotional abuse.

Probing questions

- Have you ever experienced violence of any kind at work? If so, what sort of violence have you experienced?
- Have you ever witnessed somebody else in your workplace being a victim of workplace violence? Elaborate please.
- What do you think brings about the violence? Are there any specific situations or factors that put you at risk of workplace violence.
- How does workplace violence affect you personally and in terms of your work?
- What are your opinions regarding your safety at work?
- Are you able to report intimidation and verbal abuse at your workplace? If so, how is it done?
- What are your views about initiatives that Gauteng Province EMS and the government have implemented to protect you whilst at work?
- Is there anything that could be done by the community, in which you work, to make you feel safe/improve your safety?
- Can you suggest any strategies that could be introduced to prevent workplace violence towards public service PECPs in Gauteng Province?
- What measures do you take to ensure your safety at work?
- Have you undergone any training regarding the topic of 'workplace violence'? If they answer YES: What training have you had and do you think it is effective? If they answer NO: Do you think if you had some specialised training it would help to protect you against workplace violence?

Thank you for participating.

Appendix 6: Interview guide

SECTION B: INTERVIEW QUESTIONS

Grand tour question

What are your views on workplace violence towards public service PECPs working in Gauteng Province?

Probing questions

- What sort of violence are PECPs exposed to whilst at work?
- What do you think about the reporting procedures for workplace violence towards PECPs in Gauteng Province?
- What are your views about the safety of PECPs when responding to calls?
- What measures are currently in place to prevent violence against PECPs?
- How do you think workplace violence affect the mandate of the Gauteng Emergency Medical Services?
- How do you think workplace violence against PECPs currently affects the population of Gauteng Province?
- How do you think workplace violence towards PECPs in Gauteng Province can be prevented?

Appendix 7a: Questionnaire for community members

Instructions

1. Please mark your selected response by putting an X in the relevant box.
2. Do not write your name in the questionnaire.
3. Please respond to all the questions.

Section A: Demographic information

1. Gender

Male	Female

2. Age

18-20	21-25	26-33	34-40	41 and above

3. Home language

Afrikaans	English	IsiZulu	SePedi	SeSotho	SeTswana	TshiVenda	XiTsonga	Other: Please specify _____

4. Employment status

Employed	Unemployed

5. Place of residence (Select the **ONE** option that best applies to you)

Informal settlement	Township	City	School accommodation/ Residence	Other: Please specify____

6. District which you reside in (Select the **ONE** option that best applies to you)

Ekurhuleni	Johannesburg	Sedibeng	Tshwane	Westrand

Section B: Experience with prehospital EMC

1. Which **ONE** of the following statements applies to you? (**Tick ONE option only**)

1.1 I am not aware of the ambulance worker profession	
1.2 I am aware of the ambulance worker profession, but I do not know anything about it	
1.3 I am aware of the ambulance worker profession and know little about it	
1.4 I am aware of the ambulance worker profession and know quite a bit about it	
1.5 I am aware of the ambulance worker profession and know a lot about it	

2. Indicate which of the following situations apply to you. (**Tick ALL that apply**)

Situation	Yes	No
2.2 I have used a government ambulance (identified by green and yellow markings and the provincial government logo)		
2.3 My friends and/or family have used a government ambulance		
2.4 I have called a government ambulance for someone who was sick or injured		
2.5 I have seen government ambulance workers helping someone who was sick or injured		

3. Indicate your agreement with the following statements about ambulances **responding** to an emergency in your community:

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3.1 Government ambulances are always late					
3.2 Ambulance drivers are reckless					

Section C: Crime in the community

1. Indicate your agreement that you take the following actions when you see a **crime** being committed in your community.

Action	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.1 Pretend I didn't see anything					
1.2 Call the police					
1.3 Go and help the victim					
1.4 Go and help the criminal					

2. Indicate your agreement with the following statements regarding bandits who reside within your community:

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2.1 My community knows the bandits that live within my community					
2.2 I am afraid of reporting the bandits to the police					
2.3 The community is afraid of doing something about the crime in my area					
2.4 The bandits in my area are treated like heroes					
2.5 Crime in my area is high					
2.6 The bandits who do crime in my area are from my community					
2.7 I feel safe when I am walking or driving at night in my community					

3. Indicate your agreement that you have **experienced the following incidents.**

Incidents	Yes	No
3.1 I have experienced a strike in my area		
3.2 I have seen or heard about a hijacking in my area		
3.3 I have seen or heard about an ambulance being vandalized in my community		
3.4 I have seen or heard about ambulance workers being robbed in my area		
3.5 I have seen or heard about someone being robbed or killed in my area		

Section D: Safety of ambulance workers

1. Indicate your agreement with the following statements about the **safety** of ambulance workers:

Views	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.1 Ambulance workers are safe when working in my community at night					
1.2 Ambulance workers are safe when working in my community during a strike					
1.3 Community members respect ambulance workers					
1.4 Members of the community protect ambulance workers when necessary					
1.5 Bandits see ambulance workers as easy targets					

Section E: Impact of violence on the community

1. Indicate your agreement with the following statements about the **impact** of violence to ambulance workers on the community:

Violence on ambulance workers results in...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.1 Delayed ambulance response time because the ambulance needs to wait for a police escort before responding to scene					
1.2 Fewer available ambulances to respond to calls within the community due to: hijackings of ambulances; Vandalising of ambulances; undergoing of repairs to ambulances etc.					
1.3 Slower police reaction times in responding to crime in the community as they have to escort ambulance workers					
1.4 Lack of concentration by ambulance workers when treating patients on scene as they fear for their lives and must be constantly aware of their surroundings					

Violence on ambulance workers results in...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.5 Community members having to use private transportation to transport the sick and injured to hospital as ambulances cannot enter the community when strikes occur					
1.5 Not enough advanced life support ambulance workers servicing the community as they resign or transfer due to crime and fear of being attacked whilst on the job					

Section F: Preventing violence

1. Indicate your agreement that the following steps would help to prevent violence towards emergency care workers

Steps to prevent violence	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.1 Police escorts					
1.2 Educating the community					
1.3 Community patrols					
1.4 Reporting crime					
1.5 Respect for each other					
1.6 Notifying the authorities and community leaders when community members are in possession of and selling ambulance equipment					
1.7 Ensuring roads are well lit and addresses are visible					
1.8 Establishing community forums specifically dedicated to ambulance protection					
1.9 Pre warning ambulance crews of a potential strike action within the community					
1.9 Community patrol forums must accompany ambulance workers to the scene within the community					

THANK YOU FOR COMPLETING THE QUESTIONNAIRE

Appendix 7b: Imibuzo yamalunga omphakathi

Imiyalelo

1. Khetha impendulo yakho ngokubhala u **(X)** ebhokisini elifanele.
2. Ungabhali igama lakho kuleliphepha lemibuzo.
3. Phendula yonke imibuzo.

Ingxenye A: Imininingwane yakho

1. Ubulili

Owesilisa	Owesifazane

2. Iminyaka yakho

18-20	21-25	26-33	34-40	41 nangaphezulu

3. Ulimi lwebele

Afrikaans	English	IsiZulu	SePedi	SeSotho	SeTswana	TshiVenda	XiTsonga	Okunye okungaba lulwanga _____

4. Isimo somsebenzi

Uyasebenza	Awusebenzi

5. Indawo ohlala kuyo (Khetha okukodwa okuqondene nawe)

Indawo esathuthuka (Informal settlement)	Ilokishi	Idolobha	Uhlala esikoleni ngaphakathi	Okungabalulwanga, chaza

6. Isifunda ohlala kuso (Khetha okukodwa okuqondene nawe)

Ekurhuleni	Johannesburg	Sedibeng	Tshwane	Westrand

INGXENYE B: ISIPILIYONI NGEZOSIZO LWEZEMPILO OLUPHUTHUMAYO

1. Yikuphi kulemininingwane elandelayo okuqondene nawe? (**Khetha impendulo eyodwa (**X)

1.1 Anginalo ulwazi mayelana nabasebenzi bama ambulensi	
1.2 Nginalo ulwazi ngabasebenzi bama ambulensi kodwa ngazi kahle	
1.3 Nginalo ulwazi oluncanyana ngabasebenzi bama ambulensi	
1.4 Nginalo ulwazi olungatheni ngabasebenzi bama ambulensi	
1.5 Nginalo ulwazi olwanele ngabasebenzi bama ambulensi	

2. Cacisa ukuthi lezimo ezilandelayo ziqondene kanjani nawe. (**Khetha konke okuqondene nawe (**X)

Isimo	**Yebo**	**Cha**
2.2 Ngake ngayisebenzisa I ambulansi kahulumeni (inomubala oluhlaza nophuzu kanye nophawu lukahulumeni wesifundazwe)		
2.3 Abangani kanye/noma izihlobo zike zayisemenzisa I ambulensi ka hulumeni		
2.4 Ngake ngayifonela I ambulance kugula noma kulimele umuntu		
2.5 Ngake ngababona abasebenzi bama ambulensi besiza umuntu ogulayo noma olimele		

3. Uvumelana kangakanani nalemininingwane elandelayo mayelana noku responder kwama ambulensi uma kunezimo eziphuthumayo emphakathini wangaking:

Isitatimende	**Angivumelani neze**	**Angivumelani**	**Phakathi**	**ngiyavumelana**	**ngivumelana kakhulu**
3.1 Ama ambulensi kahulumeni ahlezi efika emuva kwesikhathi					
3.2 Abashayeli bama ambulensi bashayela ngokungachopheleli					

INGXENYE C: Ubugebengu emphakathini

1. Khombisa ukuvumelana kwakho ngongakwenza noma okwenzayo uma ubona ubugebengu emphakathinin wangakini

Izenzo	Angivumelani neze	Angivumelani	Phakathi	ngiyavumelana	ngivumelana kakhulu
1.1 Ngenza engathi angibonanga lutho					
1.2 Ngifonela amaphoyisa					
1.3 Ngisiza isizulu					
1.4 Ngisiza isigebengu					

2. Bonisa ukuvumelana kwakho kulezizitatimende ezilandelayo ngezigilamkhuba (ngama-bandits) ahlala emphakathini wangakini

Izitatimende	Angivumelani neze	Angivumelani	Phakathi	ngiyavumelana	ngivumelana kakhulu
2.1 Amalunga omphakathi ayazazi izigilamkhuba ezihlala emphakathini wangakithi					
2.2 Ngiyesaba ukubikela amaphoyisa ngezigilamkhuba					
2.3 Umphakathi uyasaba ukwenza okuthile mayelana nobugebengu endaweni yangakithi					
2.4 endaweni yangakithi izigila mkhuba zithathiswa okwamaqhawe					
2.5 Liphezulu izinga lobugebengu endaweni yangakithi					
2.6 Izigilamkhuba ezenza ubugebengu endaweni yangakithi zingamalunga omphakathi					
2.7 Ngizizwa ngiphephile uma ngihamba ngezinyawo noma ngishayela ebusuku endawenin yangakithi					

3. Bonisa ukuvumelana kwakho ngokuthi sewake wabhekana nalezizigameko ezilandelayo

Izigameko	Yebo	Cha
3.1 Ngike ngabhekana noma ngasibona isiteleka endaweni yangakithi		
3.2 Ngake ngabona noma ngezwa ngokuphangwa kwezimoto endaweni yangakithi		
3.3 Ngike ngabona noma ngezwa kokucekelelwa phansi kwama ambulensi endaweni yangakithi		

3.4 Ngike ngezwa noma ngabona abasebenzi be ambulensi bebanjwa inkunzi endaweni yangakithi		
3.5 Ngike ngabona noma ngezwa ngomuntu obanjwe inkunzi noma obulewe endaweni yangakithi		

INGXENYE D: Ukuphepha kwabasebenzi bama ambulensi

1. Bonisa ukuvumela kwakho mayelana nalezizitatimende ezilandelayo ngokuphepha kwabasebenzi bama ambulensi:

Imibono	Angivumelani neze	Angivumelani	Phakathi	ngiyavumelana	ngivumelana kakhulu
1.1 Abasebenzi bama ambulensi baphephile uma besebenza ebusuku emphakathini wangakithi					
1.2 Abasebenzi bama ambulensi baphephile uma besebenza ngezikhathi zesiteleka emphakathini wangakithi					
1.3 Amalunga omphakathi ayabahlonipha abasebenzi bama ambulensi					
1.4 Amalunga omphakathi ayabavikela abasebenzi bama ambulensi uma kunesidingo					
1.5 Izigilamkhuba zibona amasebenzi bama ambulensi njengabantu abatholakala kalula uma ufuna ukwenza ubugebengu					

Ingxenye E: Umthelela wobugebengu emphakathini

1. Bonisa ukuvumelana kwakho ngezitatimende ezilandelayo mayelana nomthelela wobugebengu obubhekiswe kubasebenzi bama ambulensi emphakathini wangakini

Ubugebengu obubhekiswe kubasebenzi bama ambulensi bubangela….	Angivumelani neze	Angivumelani	Phakathi	ngiyavumelana	ngivumelana kakhulu
1.1 Ama ambulensi afika emuva kwesikhathi ngoba kumele alinde amaphoyisa ngaphambi kokuthi bafike kwindawo yesigameko					
1.2 Ama ambulensi ayashoda ngoba amanye asuke eyolungiswa, amanye aphangiwe, amanye ecekelelwe phasi					
1.3 Ukuphazamiseka kosizo lwamaphoyisa ekubambeni izigebengu ngoba besuke bephelezele abasebenzi bama ambulensi					

1.4 Basebenzi bama ambulensi basebenza ngokutatazela nokunganaki uma besiza ziguli ngoba basuke begade ukuphepha kwezimpilo zabo, begade izigilamkhuba ezingavela noma inini					
1.5 Amalunga omphakathi asebenzisa ezokuthutha zangasese ukuthwala abagulayo nabalimele ukubayisa ezibhedlela ngoba ama ambulensi engakwazi ukungena emphakathini ngenxa yeziteleka					
1.5 ukushoda kwama advanced life support paramedics asiza umphakathi ngoba bayashiya noma bafuna ukudluliselwa kwezinye izindawo ngoba besabela ukuhlaselwa emsebenzini					

Section F: Ukuvikela ubudlova

1. Bonisa ukuvumelana kwakho ngalezinyathelo ezilandelayo ukuthi zingavikela ukuhlukunyezwa kwabasebenzi bama ambulensi

Izinyathelo ezingathathwa ukuvikela ukuhlukunyezwa	**Angivumelani neze**	**Angivu melani**	**Phakathi**	**ngiyavu melana**	**ngivume lana kakhulu**
1.1 Ukuphelezelwa amaphoyisa					
1.2 Ukufundisa umphakathi					
1.3 ukupatrola komphakathi					
1.4 ukubika ubugebengu					
1.5 Ukuhloniphana					
1.6 Ukwazisa abezomthetho nabaphathi bemiphakathi uma kukhona uphethe noma odayisa imishini esetshenziswa ema ambulenseni					
1.7 ukuqinisekisa ukuthi imigwaqo isezingeni elisebenzisekayo namakheli emizi ayabonakala					
1.8 ukusungula ama foramu emphakathini azobhekana nokuphepha kwama ambulensi					

1.9 Ukuqaphelisa abasebenzi bama ambulensi uma kuneziteleka emphakathini					
1.9 Amalunga ama foramu angaphelekezela abasebenzi bama ambulenzi uma bezosiza endaweni					

SIYABONGA NGESIKHATHI SAKHO UGCWALISA LELI PHEPHA LEMIBUZO

Appendix 8a: Recruitment Advertisement (Prehospital Emergency Care Provider)

Study Title: A model for the prevention of work-place violence towards public service PECPs in Gauteng Province

Principal Investigator: Tshikani L. Khoza (Student: PhD Health Sciences)

Introduction: There is verifiable by evidence which suggests that Gauteng Emergency Medical Services (EMS) care providers, whom in South Africa's two-tiered health care system are mandated to care for state funded patients in Gauteng Province, experience workplace violence in the form of contact crimes such as aggravated robberies, use of dangerous weapons, murder, kidnapping, and assault. Furthermore, the increasing rate of workplace violence towards PECPs in South Africa, particularly in Gauteng Province indicates that the current efforts to address the phenomenon of workplace violence towards PECPs have been unsuccessful.

Who is conducting the study? Tshikani L. Khoza

Purpose: The aim of this study is to develop a model to guide prevention of workplace violence against public service PECPs in Gauteng Province.

Participation is voluntary: You can withdraw at any time.

What does the study involve? Focus group discussions

Who can participate in the study?

- ✓ Full time operational staff members of Gauteng EMS.
- ✓ Registered with the HPCSA under the professional board of Emergency Medical Care.
- ✓ Basic Ambulance Assistant (BAA), Ambulance Emergency Assistant (AEA) or Emergency Care Technician (ECT) or Paramedic (ANT) or Emergency Care Practitioner (ECP) qualified PECPs'.

Procedures: Focus group discussions will be conducted at the conference room of Gauteng Province EMS and will take 45 minutes to an hour of your time. Focus group discussions will be voice recorded using a digital audio recorder.

Benefits of the study:

- ✓ Realize cost effective and sustainable solutions to prevent and eradicate workplace violence towards public serviceemergency care providers
- ✓ ensure that emergency medical care provision is accessible to the ill and injured
- ✓ ensure that the economy has a healthy workforce.
- ✓ increasing the quality of life of those living, working and visiting Gauteng Province.
- ✓ increase retention and job satisfaction of emergency care providers.
- ✓ influence policy development.

Participation: A presentation about the study will be held at the Gauteng Province EMS Head office conference room on the_____(Date) at _____(Time). Sign up forms will be made available on the day.

Who do I contact if I have questions about participating in the study? Tshikani L. Khoza at 076 7055 560/ ktshikani@yahoo.com or my supervisor Professor M.N. Sibiya at 031-373 2704/ nokuthulas@dut.ac.za.

Appendix 8b: Recruitment Advertisement (Management)

Study Title: A model for the prevention of work-place violence towards public service PECPs in Gauteng Province

Principal Investigator: Tshikani L. Khoza (Student: PhD Health Sciences)

Introduction: There is verifiable by evidence which suggests that Gauteng Emergency Medical Services (EMS) care providers, whom in South Africa's two-tiered health care system are mandated to care for state funded patients in Gauteng Province, experience workplace violence in the form of contact crimes such as aggravated robberies, use of dangerous weapons, murder, kidnapping, and assault. Furthermore, the increasing rate of workplace violence towards PECPs in South Africa, particularly in Gauteng Province indicates that the current efforts to address the phenomenon of workplace violence towards PECPs have been unsuccessful.

Who is conducting the study? Tshikani L. Khoza

Purpose: The aim of this study is to develop a model to guide prevention of workplace violence against public service PECPs in Gauteng Province.

Participation is voluntary: You can withdraw at any time.

What does the study involve? Semi structured individual interviews

Who can participate in the study?

- ✓ Human Resource director Gauteng EMS.
- ✓ Operational Director Gauteng EMS.
- ✓ Chief Director Gauteng EMS.
- ✓ SAPS Gauteng Province Managers at strategic and operational levels.
- ✓ Health and Wellness Gauteng EMS Manager.

Procedures: Semi structured in-depth individual interviews will be conducted at the conference room of Gauteng Province EMS and the SAPS Gauteng Province for 45 minutes to an hour at a time suitable for participants. Semi-structured individual in-depth interviews will be voice recorded using a digital audio recorder.

Benefits of the study:

- ✓ Realize cost effective and sustainable solutions to prevent and eradicate workplace violence towards public service emergency care providers
- ✓ ensure that emergency medical care provision is accessible to the ill and injured
- ✓ ensure that the economy has a healthy workforce.
- ✓ increasing the quality of life of those living, working and visiting Gauteng Province.
- ✓ increase retention and job satisfaction of emergency care providers.
- ✓ influence policy development.

Participation: Recruitment presentations about the study will be held at the conference room of Gauteng Province EMS at_____(Time) on the _____(Date) and the SAPS Gauteng Province conference room at_____(Time) on the _____(Date). Sign up forms will be made available on

the day. Who do I contact if I have questions about participating in the study? Tshikani L. Khoza at 076 7055 560/ ktshikani@yahoo.com or my supervisor Professor M.N. Sibiya at 031-373 2704/ nokuthulas@dut.ac.za

Appendix 8c: Recruitment Advertisement (Community Cohort- English)

Study Title: A model for the prevention of work-place violence towards public service PECPs in Gauteng Province

Principal Investigator: Tshikani L. Khoza (Student: PhD Health Sciences)

Introduction: There is verifiable by evidence which suggests that Gauteng Emergency Medical Services (EMS) care providers, whom in South Africa's two-tiered health care system are mandated to care for state funded patients in Gauteng Province, experience workplace violence in the form of contact crimes such as aggravated robberies, use of dangerous weapons, murder, kidnapping, and assault. Furthermore, the increasing rate of workplace violence towards PECPs in South Africa, particularly in Gauteng Province indicates that the current efforts to address the phenomenon of workplace violence towards PECPs have been unsuccessful.

Who is conducting the study? Tshikani L. Khoza

Purpose: The aim of this study is to develop a model to guide prevention of workplace violence against public service PECPs in Gauteng Province.

Participation is voluntary: You can withdraw at any time.

What does the study involve? Survey

Who can participate in the study?

- ✓ Resident of Gauteng province.
- ✓ Non-member of medical aid scheme.
- ✓ Low to middle socio-economic status.

Procedures: Web based surveys will be distributed using Survey Monkey web-based survey platform. Paper based surveys will be distributed in various public spaces such as malls, community health clinics and places of religious worship.

Benefits of the study:

- ✓ Realize cost effective and sustainable solutions to prevent and eradicate workplace violence towards public serviceemergency care providers
- ✓ ensure that emergency medical care provision is accessible to the ill and injured
- ✓ ensure that the economy has a healthy workforce.
- ✓ increasing the quality of life of those living, working and visiting Gauteng Province.
- ✓ increase retention and job satisfaction of emergency care providers.
- ✓ influence policy development.

Participation: Recruitment presentations about the study will be held at _____(Public space) on the_____. Sign up forms will be made

available on the day. A research presentation will also be held live on _____(Social media platform) on the_____ and on _____ (Radio station) on the _____.

Who do I contact if I have questions about participating in the study? Tshikani L. Khoza at 076 7055 560/ ktshikani@yahoo.com or my supervisor Professor M.N. Sibiya at 031-373 2704/ nokuthulas@dut.ac.za.

Appendix 8d: Recruitment Advertisement (Community Cohort- IsiZulu)

Isihloko socwaningo: Imodeli ezosiza ekuvikeleni ubudlova obubhekiswe kubasebenzi bezimo eziphuthumayo esifundazweni saseGauteng Province

Umphenyi oyinhloko: Tshikani L. Khoza (Student: PhD Health Sciences)

Isingeniso: Kunobufakazi obuqinisekisiswe obuveza ukuthi abasebenzi base Gauteng Emergency Medical Services (EMS), abanakekela iziguli zikahulumeni wase Ningizimu Africa babhekana nobudlova emsebenzini okubalwa kubo ukubanjwa inkunzi, ukusetshenziswa kwezikhali, ukubulawa, ukuthunjwa, nokushaywa. Ukhuphuka kwenani lezigameko zobudlova obubhekiswa kubasebenzi bama ambulensi eNingizimu Africa, ikakhulukazi e Gauteng Province kubonakalisa ukuthi imizamo yokulungisa ubudlova ayiphumeleli

Ubani oqhuba ucwaningo? Tshikani L. Khoza

Injongo: Inhloso yocwaningo ukusungula imodeli ezosiza ekuvikeleni ubudlova obubhekiswe kubasebenzi bezimo eziphuthumayo esifundazweni saseGauteng Province

Ucwaningo lumayelana nani? Survey

Ubani ongabamba iqhaza kulolucwaningo?

- ✓ Isakhamuzi sesifundazwe sase Gauteng.
- ✓ Ongesilo Ilunga le medica aid.
- ✓ Abaphla impilo esezingeni eliphansi neliphakathi nendawo (Low to middle socio-economic status).

Inqubo: Web based surveys azosatshalaliswa ngokusebenzisa i Survey Monkey web-based survey platform. Paper based surveys zizosatshalaliswa ezindaweni zemiphakathi ezahlukahlukene okungama mall, imitholampilo, nezindawo zokukhonzela.

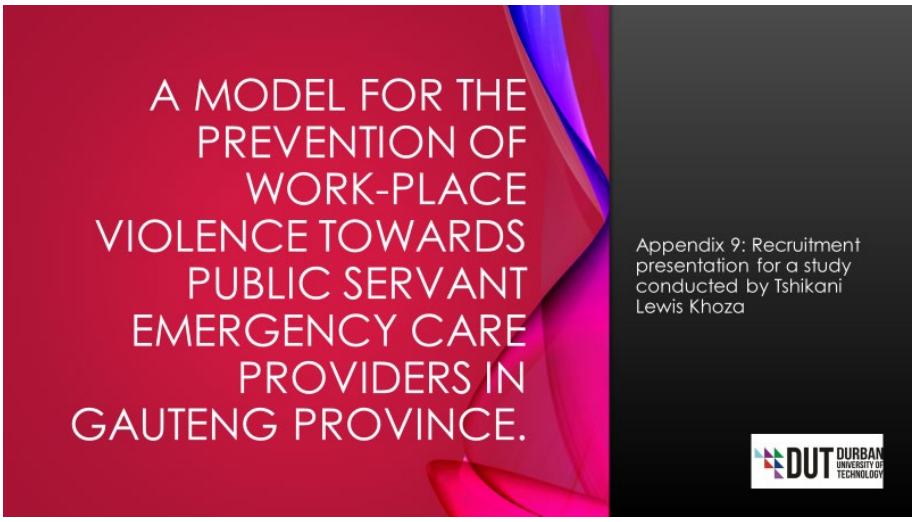
Inzuzo yocwaningo:

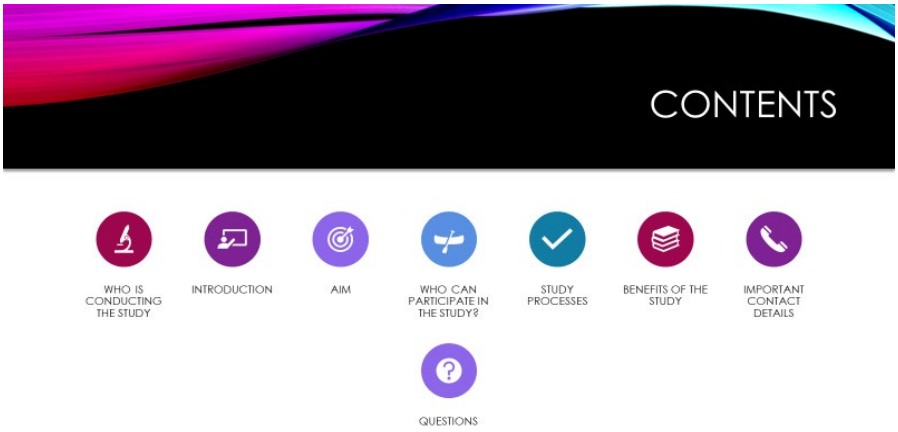
- ✓ Ukuthola izindleko ezikahle nezixazululo ezingagcineka zokuvikela ziphinde ziqede udlame endaweni yokusebenzela abosizo oluphuthumayo
- ✓ Ukuqinisekisa ukuthi usizo oluphuthumayo lwezempilo lufinyelela kwabagulayo nabalimele
- ✓ Ukuqinisekisa ukuthi umnotho unabasebenzi abaphilileyo
- ✓ Izinga lempilo lalaba abavakasha nabahlala eGauteng
- ✓ Ukugcina abasebenzi nokunyusa izinga lokugculiseka emsebenzini kubasebenzi bezosizo oluphuthumayo.
- ✓ Ukuba nomthelela ekusunguleni kwenqubomgomo.

Ukubamba iqhaza: Isethulo somkhankaso wocwaningo uzobanjelwa e _____(endaweni yomphakathi) mhlaka_____. Amafomu okusayina azotholakala ngelanga lokhankaso, isethulo socwaningo sizobanjwa bukhoma e _____(ezinkundleni zokuxhumana) mhlaka_____ siphinde futhi _____ (emisakazweni) mhlaka _____.

Abantu ongaxhumana nabo mayelana nocwaningo noma unemibuzo Tshikani L. Khoza at 076 7055 560/ ktshikani@yahoo.com or Supervisor Professor M.N. Sibiya at 031-373 2704/ nokuthulas@dut.ac.za.

Appendix 9: Recruitment presentation





INTRODUCTION

Workplace violence comprises of any harassment, intimidation, act or threat of physical violence or threatening disruptive behaviour.

Workplace violence also affects healthcare providers, particularly those that care for patients within an emergency setting.

There is verifiable by evidence which suggests that Gauteng Emergency Medical Services (EMS) care providers, whom in South Africa's two-tiered health care system are mandated to care for state funded patients in Gauteng province, experience workplace violence in the form of contact crimes such as aggravated robberies, use of dangerous weapons, murder, kidnapping, and assault.

Furthermore, the increasing rate of workplace violence towards emergency care providers in South Africa, particularly in Gauteng indicates that the current efforts to address the phenomenon of workplace violence towards emergency care providers have been unsuccessful.

AIM

- To develop a model to guide prevention of workplace violence against public servant emergency care providers in Gauteng Province.

WHO CAN PARTICIPATE IN THE STUDY

- Public servant emergency care providers working in Gauteng province who are:
  - Full time operational staff members of Gauteng EMS
  - Registered with the HPCSA under the professional board of Emergency Medical Care
  - Basic Ambulance Assistant (BAA), Ambulance Emergency Assistant (AEA) or Emergency Care Technician (ECT) or Paramedic (ANT) or Emergency Care Practitioner (ECP) qualified PECPs'

- Managers and policy makers who are:
  - Human Resource director Gauteng EMS
  - Operational Director Gauteng EMS
  - Chief Director Gauteng EMS
  - Gauteng Provincial Government Community Safety Managers at strategic and operational levels
  - Health and Wellness Gauteng EMS Manager

- Gauteng community members who are:
  - Resident of Gauteng province.
  - Non-member of medical aid scheme.
  - Low to middle socio-economic status.

STUDY PROCESSES

- Mixed methods study design
- 3 cohorts (groups)
  - Cohort 1:
    - Managers: Semi structured individual interviews
      - 45 – 1hour
      - Conference room of Gauteng EMS/ Gauteng Provincial Government Community Safety
      - Recorded using audio recorder

- Cohort 2
  - Emergency care providers- Focus group discussions
    - 45 mins- 1 hour
    - Conference room of Gauteng EMS
    - Recorded using audio recorder

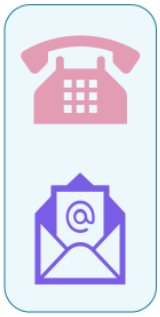
- Cohort 3
  - Members of the Gauteng community
    - Survey questionnaire
    - Takes 10 minutes to complete
    - Will be made available for a period of 2 months
    - Available online (Survey monkey)
    - Available paperback (Distributed at various community places such as taxi ranks, malls, community clinics, places of religious worship)

BENEFITS OF THE STUDY

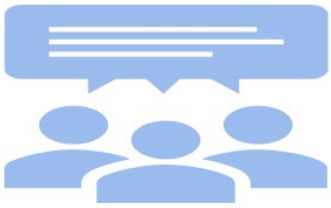
- Realize cost effective and sustainable solutions to prevent and eradicate workplace violence towards public sector emergency care providers
- Ensure that emergency medical care provision is accessible to the ill and injured
- Ensure that the economy has a healthy workforce.
- Increasing the quality of life of those living, working and visiting Gauteng Province.
- Increase retention and job satisfaction of emergency care providers.
- Influence policy development.

IMPORTANT CONTACT DETAILS

- If more information about the study is required:
  - Tshikani Khoza:
    - 076-705 5560/ ktshikani@yahoo.com
  - Professor MN Sibiya:
    - 031-373 2704/ nokuthulas@dut.ac.za.



QUESTIONS



THANK YOU FOR YOUR TIME

The End

DUT DURBAN UNIVERSITY OF TECHNOLOGY

Appendix 10: Sample of a transcript

Appendix 4b: Focus group discussion guide

Focus Group 2

Grand tour question/objective

What are your experiences regarding the workplace violence towards public service PECPs in Gauteng Province?

" Yah eh the violence that we experience is more especially the attacks of the crews whilst on duty and then the intimidations that we get from the public whilst attending to the uh some of the calls whereas sometimes they feel like were responded late to the calls, sometimes they feel that our interventions are very slow, so and then sometimes they just bully us for no reason, so that's the issue that we have here at our workplace." (F2P#6).

"Eh I think intimidation starts here at home, here in our workplace, like when we, re shota ka di PPE, so hao shota with PPE you are being forced to calls without those proper PPEs and of which it's not good at all, so when we go out ko community, I think community as well have a very big impact on this violence that they are doing, one is that I think they think that when they call an ambulance they are calling me personally, and the call goes somewhere and motho who takes the call, I don't think waba tlalosetsa that all ambulances are out, and right now I don't have an available ambulance, so the time that you take to get there, when you arrive they shout at you, of which le yona ha e sharp." (F2P#7).

"I think intimidation starts necessarily at our workplace, when you raise some point you being labelled most of the time, that you are negative, and even if they are sitting in their offices, as a, starting from our chief leaders, ok they start talking about you, that you are the influence of the shift, I don't think someone

can influence these people, they are old enough to be influenced, so it started here at our workplace." (F2P#1).

"Uhm, nnah my concern is safety especially for us as women, there was a point in time where we were working with an ambo that is not loving and we reported that, but that one was not even taken seriously and then we were working together as women, during the night, so you can just imagine what could happen, I mean uhm given the circumstances tsa gore what's happening in the country, I mean already people are being kidnapped, people are being robbed, people are being and and and, wabona, so like safety, I felt like our safety was somewhat neglected or yah." (F2P#5).

"Ok yah, nna my experience About this violence was not in government but it was in the private sector, it doesn't matter, we the same thing, uh, mine was like, uh, it was a racial thing, and most cases tsa racial are not being reported, the ones that I reported ke tsa ko di township, and wherever, co if you check all townships when you go with your car, they will tell you that they are high risk, and if you check the cars that they steal, they steal them at the suburbs and those things, so mine was a racial thing, the husband of the patient said he doesn't want a black person, then he started fighting, when I reported it to management, they said no, we can't report it because we will lose the customers, so it says a lot about the colour itself because he is protecting the fellow white, number two he, Ok they did a out of court settlement which I was side-lined that no we will settle out of court for that, so yah that was my experience that management sometimes they just want money or production, not thinking about uh the safety of the crews and their wellness because those things like the wellness etc, because when you see people sometimes they are starting to be negative, you need to go deep and find out why are they negative, what if maybe ke stress or maybe ke workload it's too much, find solutions and help the people, sometimes the finances, we get there an then we find out hore there's a problem ya finances and when you come to work you are no longer productive because you are thinking hore, eish the children must go to school, the wife must do her hair, those kind of things, so at the end even if someone

talks to you, the patient asks for your help uh you just sommer fight with them because you have those things or you answer them in a bad way because you have got a problem with management because you know that even if you report the person, you won't be taken serious, so end up not saying anything because anyway it's not going to solve your problem and that anger you take it out on patients and even patients they got their own situation, they are thinking of my wife is dying or my sister is dying and at the end you fight because all of you, you are under this thing of stress, so those wellness, di managers most of them, I'm not ashamed to say this, they need management skills, from private to government, they don't have those things, they just come here and say ntate, from kaosane you are a shift leader, you are a this and this, they don't get those management skills, so if they get that, that's when things will start uh, like di crews, and those violence they can decrease them because we don't start on violence, we start down hore what may be the cause, how can we solve this, coz we just say, ah those were attacked, their phones were taken, but let's go down and solve those things, thanx." (F2P#8).

"Uh, I feel that personnel, we are not safe at all and there is no one protecting us around here at work, and we are oppressed, a lot, even last month our phones were stolen, we were working as 2 women only and then the matter will just disappear into thin air, there is no one who asked from management what happened, there is no one who takes the case serious, so it means tse di holo di santse ditla, because this one if its small but doesn't get to management and nothing is done about it, I don't know, even favouritism is too much here at work, everything that you do depends on who you are, I don't know how it happens, we are not safe at all." (F2P#4).

"*Yah my problem is that we fight with the nurses most of the time in the hospitals, and the nurses have a channel that they report to and they attack us fast when they reported and they follow up, but for us we have nowhere to report, you see they don't protect us, even the community, when we arrive late they tell us that we are paid ka di tax tsa bonna so we don't know where our tax goes, thank you."* (F2P#9).

"Uh I'm also concerned on the safety uh thing, uh especially when you go with the cars, lezi ezi nga locki, it becomes a problem on the road, especially when we are only 2 women, another thing is when you call the control, they don't know how safe you are where you at, so they take time to call us, so if those things can be fixed." (F2P#3).

"Out of everything they said its true, we are being bullied, attacked, physical attacks, sexually and all of that, but nna my biggest frustration is that our management doesn't actually seem to be doing anything about it, I think they don't care because they are not the ones working on the road, like she said gore last week they were attacked, they phones were taken but no one is taking it seriously, if one day they could actually replace the crews and get into the ambulances and do the calls that we do, at night, during the day and whatever, they would actually see and maybe they would start taking us seriously, di attacks kontle yes it's frustrating, but it's even more frustrating when the people that are supposed to be protecting you are not doing anything about it, and it's really irritating." (F2P#2).

"Uh ya I hear you like, eh you putting those complaints, but as well you need to come with solutions, and one of the solutions, I think yah, I think they need to install like cameras, maybe yah ho facer front, it must be that dummy like there's a camera but it's not recording, if a camera is installed facing forward and back, at least even if there is a person 24/7 monitoring, at least even trucks, those guys ba di trucks, ba na le tsona, those truck guys get attacked most of the times, I think those sides of Nigel they used to get hijacked a lot, but now that there are cameras and everything else, they know you can't hijack them and abuse them now, because there is someone monitoring those things 24/7, at least they will see that here there is a problem, it's like these people are in danger and call, even though it will be invading privacy but at least like ladies working together, and someone verbally abuses them, then someone can call and say like guys it seems like you are experiencing a problem, what is happening, and they tell them if they are ok, so we also need to come with

solutions, and this one about management, I think eish I don't know how to say this but I think there should be uh HR, il start there at HR, HR in most places, they are not doing their job, HR was supposed to be neutral, in most cases HR moves with management, instead of being neural they move with management, they take the part ya management, instead of taking the part of being neutral, where they can tell them that here there is a problem of 1,2,3 lets deal with it, so I think HR should start doing their job and be neutral and then if we've got problems, if I report to management and they don't take it serious then I go and report it to HR, I think that's the solution, that this person we reported to him 1,2,3,4 he did not attend to it, so now we are reporting to you as HR and another suggestion is to have like email, lets report in writing than verbally, because verbally you can tell me this and this, and then when you ask me again I will refuse, so let's write letters to protect ourselves as well." (F2P#8).

Please note that 'workplace violence' includes all forms of physical, verbal, and emotional abuse.

Probing questions

- Have you ever experienced violence of any kind at work? If so, what sort of violence have you experienced?

"Bullying, I get so emotional when talking about that because you know sometimes people think that it's funny to like make fun of other people's weaknesses or problems, forgetting that it might impact very very bad on a person and that might affect a person's performance at work, you can never be at work where you feel like uhm, you not ok, you firstly not going to concentrate on what are you supposed to do nhe, and secondly you going to take out your frustrations maybe on the patients, or maybe uh your partner, your partner maybe not even aware of what's going on with you, and then yah, so if maybe if we could have this uh they give us this uh platform where you can actually voice out whatever that's bugging you freely, not even scared that you going to be judged or you going to be discussed as a, you think you know better, u

mafikizolo, but you think you uh… you get me, such things, that's bullying, its painful especially if you have experienced that in the past, so I think of here at work there can be something where people can be considerate towards each other, like 99% of our time, we spend it here, it's more like our second home, so if we like treat each other with same respect, same love then be considerate towards each other, like even with management, they need to start taking that seriously because sometimes they take it as a joke you see, but bullying honestly speaking it's a very serious thing and it affects people differently and in a bad way." (F2P#5).

"Nna I have experienced it and I don't like anyone to shout at me, so if you shout at me, I shout at you or we can blacksem each other, I fought ko musanda I know how to fight, so at any time if somebody shouts at me I will shout, I'm not going to be a punching of somebody, and if it has to be personal vele I'm ready, so I have experienced bullying, actually that was not bullying, it was undermining my rights at some point yah, so, sometimes I always say us blacks, we don't want to read, simple things those regulations those SOPs and everything, sometimes we need to read so that at least when it becomes bad you can also refer that uh section 18 of 1998 says 1,2,3,4, so there's a time I was working in the mine, there was a patient who was weighing 120kg and the labour law says that you can't carry more than 40kg, and I had to refer, so the manager was like no you can't do that I was like bring the proof then I was like I'm not supposed to do this alone, so patient, there must be a third person as well to lift this patient, so after he was like being against my rights." (F2P#8).

"Uh to add on the bullying, uh we are afraid to talk, it's just that too many things happen, and we are afraid to talk, because after you talk, you are victimized, after they have discussed, so when a lot of things happen here at work, we just keep quiet and just come to work as usual but deep down you know you are hurt, and it becomes worse if you were hurt by the person you must report to, so where must you go now? Because they tell you channel of communication, so mo mmerekong hare tsamayi sintle rona." (F2P#4).

"Eh! I think the biggest bullies ke our management, and like p4 said before hore ho nale favouritism, if there is something that you want to do, they look hore who is this person, if you are on their side, and they favour you, then yes you can do it, but if maybe you are not uh, one of their favourites, they make it very difficult for you, most especially and on other things, when you want to go to school, if you are not favoured, you will not do that, and then for me, I wanted to study, something that they said it's not in line with Gauteng Province EMC, they told me hore if you continue studying we going to freeze your salary and all of these things, and then when you go to HR they tell me a different thing that as long as you studying and you are registered, bring proof, you are allowed to do that, but my manager and supervisors make it as though you are not allowed to do those things, it's like they create their own policies that suit them, even sometimes when you are sick, they say that we abuse the sick leave, when you are sick it's as if you are lying, when you have to take family responsibility leave or as long as it's not annual leave, if you are not their favourite they feel as though if I'm taking those days, I am taking it from your leave days and it's not, so our biggest thing is our management." (F2P#4).

- Have you ever witnessed somebody else in your workplace being a victim of workplace violence? Elaborate please.

"Uhm! I was still working for this other private company and we were attending a call, so it was an ALS, so this guy, he was an old guy, very quiet, very humble, so the other service, uhm, the other private ambulance came, to the scene and then they, he, the guy actually started fighting our senior, to a point that they get, he got physical with him, so that, it was not nice, and it didn't sit well with me, maar for a fact that I couldn't do anything, yah." (F2P#5).

"Uh! There was vele one that I witnessed and on the same shift that I'm working, uh we had maybe two or three times where our personnel have been threatened on a scene, uh we had to intervene because on a scene more especially when you talk to our ECC, they take time to react, so we end up coming with a solution that, ok guys lets help each other on the ground, because

those people are safe where they are, they have cameras, they have security and everything, so on that point, our colleagues went to a call where they were supposed to enter into a flat, the patient was an assault case, so when they got there they were threatened to a point where they had to run, leave the ambulance and everything, and leave the flat because they could not drive out with the ambulance because the gate was locked, it was an electric gate, so we had to as all the crews in the station respond to the scene just to rescue our colleagues because they had ran away from the scene and went to a petrol station nearby, The other one is when we went, most especially the calls that include violence inside, like assault, high jacking and so forth, we went to a place where they said the patient was stabbed, the stabber was still on scene, but uh the patient was bleeding to death, but you as well, when the person is still on scene and holding a knife, you cannot be safe because you ask your what if you attend this person and then whenever I'm focusing on the patient, the person who stabbed the patient can also attack me, and when you include SAPS and the control room uh they take time to react to such things and then at the end of the day when you leave the patient to die you are still going to get into trouble because the community around are going to say the ambulance arrived and they did not do anything, they were just standing, so you see that basically we are in between a hard place and a rock, we don't know which one should we take and then which one is right, sometimes in other calls when you tell them that, alright like during the night when you working night shift, some calls we are going to where it's like maybe plots, its bushes and everywhere, so when you tell them you can't find the caller they tell you nah, they will tell you that no, wait just there and we will still the person or no wait there because they say they are coming, so for how long, how long do you wait for someone in the bush, not knowing when someone pops out from nowhere and attacks you, whilst you bare waiting. So I think sometimes even then uh even our control rooms, they should think of our safety, because they are just sitting, and you ask if you can get SAPS or because you don't feel safe where you are, then they tell you no, wait the patient is coming, then you'd wait, if you go you are at fault because you left the scene or they feel maybe you didn't even go to scene, so problem ke yona ewo." (F2P#6).

“Uh! The other problem I have with the community its one, especially the issue of MVAs, we being accused of stealing peoples belongings, like people came to the base and accused us of stealing a laptop, like I didn’t even see anything, when cars collided here in Bloed street, nna I was called and told that a bystander found people in an accident, firstly who called the ambulance, why don’t they first ask that person before they come to me, because when they come to me they already have a conclusion that I am a thief, and the car was also taken by me, I mean I didn’t take car, I didn’t tow anyone’s vehicle. Like the day before yesterday, people came here to loom for passports, so uh the person who did the call gave the patient his passports back, now the hospital does not know where the passports and the patient’s clothes went, so now they send patients to the ambulance stations to look for the paramedics who treated you on scene, of which its wrong, why don’t they first find the patients clothes before they take a conclusion that the paramedics took the patient’s passport, so these are the problems we encounter with the community.” (F2P#7).

- What do you think brings about the violence? Are there any specific situations or factors that put you at risk of workplace violence?

“ I think as medics we are the most because communities know very well that we are not armed, so sometimes when we do calls the community sees it as an opportunity to rob us and do whatever because they know very well that we are not armed and all, so I think that’s the biggest thing that they know we are not armed, we won’t do anything, we won’t fight back, so they see it as an opportunity.” (F2P#2).

“uh another problem is the management ko dipetlele and di clinic, they give the nurses our numbers so that if we come late, they can call us, forgetting that calls pile up and there is a lack of staff most of the time.” (F2P#9).

- How does workplace violence affect you personally and in terms of your work?

"Uh! If you are a person who has been or who has experienced maybe violence in your personal life, it eish, it brings back the very bad memories nje, and that might lead to a person being depressed, depression ha e tlhoki hore bare honale mathatha a eng eng, just that memory nje, it might trigger something, and then it finds you dealing with a lot, wabona, so yah." (F2P#5).

"Uh! On that one about how does it affect you, ey it affects us very bad, I think mostly right now if you can check everyone, we just come to work because of uh we need money, the passion and everything dies along the way because of the calls that we do feeling unsafe, uh the stress levels here at work where they put a lot of pressure on us, so that is why I tell you that we start losing…because even these attacks di ira hore, kore you are not even there to treat a patient you understand, you don't treat a patient freely anymore, you just treat a patient whilst thinking in your mind that some of the things I will do on route to hospital and some of the things will be done in hospital, you understand, because of the attitude and some of the things that we find on scene, you see, so ey even the job itself right now ey it is very difficult to operate and love our jobs and do things the way that we are supposed to." (F2P#6).

"Uh! This one is for management, I think management they will come with any strategy that they find so that we cannot get performance bonuses, like I think you have been here before, someone in an office or home can say give those people 3, like how they supposed to even know how I work, like for you to know that I am working, am I supposed to pick papers Infront of you? Of which to tell you the truth, its killing us, and because those monies we are also looking at the fact that it can boost us, and then someone asks you, when last did you go on course, and you ask yourself when did the person do a management course for them to tell me I must go to course, so such things are oppressing us." (F2P#7).

"Yah! It also affects me because I am even afraid to go on leave, when you go on leave and send a message, they call and ask why you are taking leave, and I tell them the baby fell or the baby is sick, and I find that they are not comfortable with my answer." (F2P#9).

"… just to add on the guys have said, our management is the one failing us, even if they can Say that people are abusing sick leave, I think instead of saying that yah I will deal with them and teach them a lesson, they are not actually looking at the bigger picture trying to see what's the real problem, first of all we are underpaid, secondly they don't want to pay us the extra hours that we work, so already I'm frustrated, on top of that we are being attacked, they are not doing anything about it, on top of that management is oppressing me, there is favouritism and all of these things, so already I'm negative, if negative was a person, I'm a walking negative, even waking up in the morning to come to work is depressing, when you get to work, on your first day, you are supposed to be energetic, you are ready for work, but as soon as I get here, I'm so tired, I feel like sleeping, actually my brain telling my body that I don't want to be here, even me studying, is to study so that I can leave this place, this place is depressing, I didn't know depression up until I started working here, so I know hate is a strong word but I hate our workplace because the biggest problem is our management." (F2P#20.

"… adding on that, firstly our management, they've got only matric, they sitting on the offices, they don't know nothing about management , even the labour law, others they know nothing, they will tell "from above" it is the English that they use most of the time, from above they say so, what did you say you, it's the problem that we get here, because they get instruction, even if they can see that this is out of line, they just want to apply on us, we have to just see, and again, our members on the meetings, they keeping quiet, now if one of our manager was here they would keep quiet, they are talking because it's you, they don't know you, they know they are not going to be labelled, they are afraid to be labelled, it's a problem, I can point people that if it's a meeting they talk, most of them they just sitting down, even if they see there are some stuff that

management is doing wrong, they just keep quiet, because they are afraid that they will not get PMDS, they will not get this, you see." (F2P#1).

"Uh! Whenever you talk, or raise a point here at the workplace, it's more like they start placing traps and want to know ok this one talks too much, and want to say ok, this one is influencing others, so for them to deal with you they must look at the mistakes that you are doing, so every time they check you personally so ok, are you coming to work on time , what are you doing, when you are absent they scrutinize your sick notes and ask yesterday you went to a certain Dr and now you changed doctors, so what is your problem, so you see it becomes personal whenever you start telling people that this is not right, and this is right, so they feel threatened, so it becomes personal and they start to look at you, and you will get charged for something that is not even meaningful." (F2P#6).

- What are your opinions regarding your safety at work?

"Honestly speaking, I come to work because I need money, and I got a family to take care of , but honestly speaking I don't have any guarantees that ill, like especially during the night so, hore like tomorrow I might still be alive, because we are being attacked and no one is doing anything about that, it's like we being seen as I don't know, made of steel or something, or we don't have feelings or something, it's like people don't care about our feelings or they don't even care about our lives, especially our management because if they cared, like this typical example they made yah issue yah they got attacked and then the phone got stolen nhe, it would have been taken seriously mara who is doing that, nobody is following up on that, nobody is even caring hore how did that incident even affect them emotionally, but they expect them to come to work, feel ok as if nothing happened, so we not safe at all, we only coming here because we are forced to, we don't have a choice, yah." (F2P#5).

"Uh! I think il add on this one, uh on this one, I think our safety to be honest, we are far from safe, and still the people that should protect us, they don't, and on

that day of the phone I remember, the phone was not the only thing to get lost, but there were some cards and…but tomorrow they will come to you and say we want a PDP, they didn't even bother to come to you, and they forget that you need a phone and you must go back to do another PDP with which money? They don't even meet you halfway and mind you when we do not answer our phones at night because they steal them, or tell them their radios do not work, they become insensitive and tell you that you bought the phone from the money they pay you, so we have been getting that it's not fair." (F2P#7).

"I was once involved in an accident, they didn't even ask if I was fine, or am I in hospital, the only thing that they were worried about was the ambulance and organising the breakdown or I'm sorry to say this, I think they were calling their friends, I mean if you don't care about your staff, and you worried about the vehicle, maybe you are going to get maybe 15% from the breakdown, let me leave it there, but this job itself is not safe like safety is compromised, you respond to emergencies, you skip the red lights, you go to townships as its labelled as a high risk, you go to taverns and everything, at least they were supposed to say, these people they've got families, they've got everything, and they risking their lives every day, at least let's give them allowance because they are risking their lives, imagine losing your life and you got your 3 year or one year old child and you gone, trying to save someone's life that you don't even know whether that patient is alive or dead, so they need to go deep to find out how much can they give us, they cannot sit in the office and just decide, hore no the safety will be 200 Rands, how did they get to 200 Rands, we are talking about life, I'm telling you about the accident that I was involved in, it could have been worse, but just to take a phone and ask are you fine, is there anything that we can do, do you need maybe something, just to go and get checked, nothing, even today, so we've got COVID-19 now, the worst part is that even the president is not even considering maybe to give those who are front liners, maybe allowance for this or like we transporting these people now, you putting danger to you family like you go and transport them, next thing you transport the same virus to your family and you get nothing for that, you are a hero, that's what they'll say, they will tell you, you should have passion, so

passion for putting your fellows life at risk, I mean it's tough, the other thing we work 12 hours, we need to rest, I mean going up and down, driving can be tough sometimes, like I mean working 2 nights, 12 hours, you doing calls so you can sleep over the night, so when you rest you need a place where you comfortable that you can sleep 30 minutes, so that when you wake up you are refreshed and know that you can be productive, so nothing, I mean you sleeping on that sponge where lots of patients been sleeping there with malaria and everything, I mean lets be serious, the management needs to do this." (F2P#6).

"I think management don't care, they don't listen, I mean 7 when you knock of its at night, its dark, some people don't have cars and have to walk, so they came up with a suggestion as a shift and other shifts also agreed that we want to knock off at 6, because at 6 it is not yet dark, so that those who walk can at least go before it gets dark, but management brushed it off as if it didn't even exist, so we are in big trouble." (F2P#7).

"When coming to safety, I think even now if they just give me a radio and say go and work, the radios have panic buttons and the ambulances have panic buttons, they do nothing, even if I stand outside and press it, nothing happens, it's like they just want to give someone money." (F2P#1).

"I think about safety our management tried, I don't know if they tried or they just lying to the community on media and everything and saying that we are being escorted by SAPS, we've got panic buttons, we've got uh trackers on the vehicles, uh that's some of the things that they are talking about to say we've got security, that's what they call it, but it's not doing anything for us, I think maybe they must come up with a better strategy, and they must also educate the community, you see now, I have never seen such a thing, you know now there is this pandemic, and they are advertising it everywhere, but I've never seen attacks against paramedics being advertise anywhere or the community being taught about the very important things about EMS and ambulances to say, ok when you call for an ambulance, this is the reasons why you should call for an ambulance, and how you should react towards the ambulance people,

so I think they are not giving the community enough education about what is the role of an ambulance in the community, I think there must be billboards and adverts everywhere explaining to the people about what is an ambulance and how does it work, so some of the attacks come because people are not educated and they don't know and think that they think that if they call for an ambulance then their emergency should just stop right there and then, so now they are saying that they will insert trackers and then callers will have an app and they will be able to see the ambulance like the way an Uber works, but it's not going to work until they educate the communities and there is raised awareness. There must be programs of EMS awareness and they must be taken to communities, and then there must also be initiatives of EMS month and they must be given pamphlets and say when you call for an ambulance, this is why you call, and you must call with these types of problems and when you call for an ambulance this is how long it will take to get to you, but what they do now is just to collect all the ambulances and show them to the community and tell them yes, we have bought them, these are yours and they are new, if you need them just call, they don't tell them that there is no staff to operate the ambulances, so what the community knows is that there are too many ambulances, they were bought, there's enough, but they were educated about how do ambulances work, because in other times, we attend calls that are not even serious, it's just a mode of transport for them to go to hospital or whatever, you understand, it's not real emergencies, so I think they must start there to solve the issue of safety, by awareness, they must do awareness campaigns to the communities." (F2P#6).

"I think the misuse of ambulances by the communities is too much as well, when a person is sick at home and they call for an ambulance they think that when they get to hospital they will just jump the queues and just enter, I want to share with you, I remember at the showgrounds, imagine a person just calls an ambulance for a finger, I remember even when we got there we were also surprised when the patient said they bit his finger, imagine….it's a big misuse of the ambulance because we are doing some useless calls, I don't know if our control is even being educated or what?" (F2P#7).

- Are you able to report intimidation and verbal abuse at your workplace? If so, how is it done?

"We report and then nothing is being done, I had a case before where I reported one of our seniors, the response I got was that yah no since he apologised its fine, he has a short temper we understand him, no I also have a short temper but I don't bring it to work, and just because we go with ranks you shouldn't be throwing your weight around just because wena you are a senior, respect is mutual, just because wena you think you are up there, you going to disrespect someone who is down there, it doesn't work like that, so the one of attacks ke ya yi bona, but if you are going to report someone and then they are not doing anything about it, we will end up having attacks amongst ourselves, because no one wants to be disrespected, because if you ALS you are ALS on your patients, and not on me." (F2P#2).

"Uh! We don't report most cases because nothing is done about them, so we see it as being useless to report. Sometimes you end up not reporting issues to the person you are supposed to, and come to work with issues and a grudge, so its fine." (F2P#4).

"I am adding on the issue P4 is talking about, uhm there was an issue, it's a WhatsApp thing where our manager victimised P4 for reporting something, but for me it was not right, and for me even the way the manager was talking, like he didn't even mention all shifts, like the manager mentioned our shift and the person, so it was for me it was victimization because the manager mentioned it on the WhatsApp group." (F2P#1).

" Uh! I think the report line, akere they say there is a channel of communication, but it doesn't work because of the favouritism that we spoke about, and it doesn't work because they end up placing you in a position where they say this one we must deal with him, wabona, so you are an enemy now because of you reported something and then again they didn't put it on the table and said ok, the reporting line of this issue of abuse, this is the reporting line, because the

reporting line that we know is the reporting line of work related issues, they didn't talk about the reporting line of abuse and said, ok if you are abused by your manager you don't need to report to him, maybe there must be a place where you must report your problems, I think if they can hire somebody or look for people who are working with that part, that this is where you report these issues, like in hospitals, if you have a problem with hospitals or something, there is maybe a room or a person who is dedicated to solving these issues and if you have a problem you can go straight to that person and report whatever you want to report, so here that thing is not there totally, so if I want to report my district manager where do I report and how, so wabona they didn't even say ok, if you have a problem you can write a letter and send it to this person and wait this timeframe for feedback, I think there must be a unit that protects the needs of employees against management like what is happening in SAPS, like there is SAPS and then there is a place where the community can report SAPS, so even us there is nowhere where you can report EMS, so you must report to the very same person, so do you think it's going to be solved or, no, so it's better to keep quiet so that tomorrow you don't get an AWOL or something, so it's better to just keep it to yourself." (F2P#6).

"…. uh! I did not have a problem, but this one of not knowing that sometimes who must you report to, like for example district manager has somewhere where they report, but you cannot report the district manager to himself, you need to report him where he also reports, but now you need to start from shift leader, then station manager then district manager and then obvious it goes up, so no one is above the law, but like I said earlier, us people, Africans, we don't want to read and follow the procedure, kore we see person that we were shown that this is your manager and we want to end just there, sometimes you just go and report them at the top, I remember this other company, sorry to say this, we were working, we didn't have oxygen and they gave us a call, so I took the phone and called the HPCSA and said, I have a problem and my name is..so they gave us a call and said we must respond but we don't have oxygen and its difficulty in breathing, and when I came back I found the oxygen full and they were saying someone reported us and I kept quiet, yah so it's just that we don't

read, but these station managers report to HPCSA, there is labour unions and Dali Mpofu, you can just send a DM, and say I have a problem because these people they know that government will lose money, they will have to pay you when you sue them, so at the end you don't pay, but they pay you at the end." (F2P#8).

"I would like to say that here in government, we do things in a different way, you can't just go and open a case for someone without following the internal processes first, and if you go straight and open a case there are some policies that they will tell you that you should have and we discussed and saw that if this thing doesn't work then that's when you going to open the case, wabona, so the way I am telling you about channels of command, that you can't just, if now I can phone CEO, the first thing he will ask is where did I get his numbers from, you understand, so he wants to know that when you report, why didn't you report to the person who is close to you because you are not supposed to call him directly, wabona, so you can report to the HPCSA but that person is a member of the board of HPCSA so if you are reporting him to HPCSA, who has some of the directives in HPCSA then how are you going to win the battle, you will end up having to face him 1 on 1, whereas you thought you will remain anonymous but at the end of the day you must face him it's going to be difficult and some of the things they are doing it for compliance only, now if you say you don't have oxygen or gloves, they go to the store room that they don't know about and then ask you, if you say they are not there, then who did you ask? Because we have piles and piles of those things, and when they open the storeroom you find that it is full of gloves, then it seems like you are lying, so you didn't look for things but you lied, like now you can say my ambulance is broken, I don't have an ambulance you'll be told, how because we have a lot of ambulances, we could have gave you 1 so you can do your call, so you see whenever you report and come with media, they always have a defensive mechanism, a hiding place to say for compliance only, it's like they have a storeroom to protect them in the case of compliance but on the ground when you ask for them you don't get, it's like now if you can ask for uniform, they will tell you they don't have uniform, but if you go and complain then they will go

and open the store, ask for your size and ask you that when you say you don't have uniform why didn't you ask, that's what they do, for compliance only, wabona." (F2P#6).

- What are your views about initiatives that Gauteng Province EMS and the government have implemented to protect you whilst at work?

"Our department is all talk and no action, with regards to taba ya di attacks, they used to say hore if you guys are attacked at a certain area, we are no longer doing calls kgona mo, but we are still being sent there, and they always have this thing yah ore comply and complain later, they will say no do the call whilst we are sorting it out, then we do the call, tomorrow do the call, until when, so that's their problem, all talk, no action whatsoever, last time we had a meeting when the attacks were rife, they were happening almost every week, they said to us hore no, we are doing di talks with whoever they were talking to, we are sorting this out, efelletse mo moyeng, they never even came back to us to say this is the person we were talking to, or these were the people we were talking to, this is our solution, nothing ever happened, up until now, I also raised a point at the meeting hore if you guys are not going to do anything, nna il take it upon my own capacity, I'm going to do gun training and il come to work carrying a gun, because I didn't come here to go and do calls and die, they said no you shouldn't respond to violence with violence, we are going to sort this out, they haven't done that.) (F2P#2).

"Uh to add on that uh, there was a story of asking for a police escort before we go to calls, that does not work, to call police to escort you to calls, I don't know if there are those who used it, I don't remember, because when you ask for police escort from control, you even leave the scene before they arrive sometimes, so it doesn't work for us, re sentse re bereka nje ka thuso yamodimo." (F2P#4).

"Uh I think the initiative that government took is to say I think since they were saying they will do self-defence training, it never happened, they also brought

tracking systems which even today they are failing, they brought radios with panic buttons but even today they are failing, and I think even today, what the government is saying is they are trying, but they are doing absolutely nothing, because they have never tested the response time of those things, they've never told us that ok, if you press this button, this is going to happen, they've never told us that ok, if you press the panic button there will be maybe a specialised unit that can respond to where you are, but when you press it, instead of responding, they will want to call a manager, call a supervisor, when are they going to find you, because you are the one on scene and you pressed the panic because you have a problem, but they want to call a manager and a supervisor and find out that you went to a call, and what happened, that thing doesn't work, I think they must make it in that if you press the button then somebody will respond to you in 5 minutes or so, like how they do with cash in transit vehicles, where if you press the panic button, every police station will know that there is a cash in transit robbery or so, so even on us they must come up with a strategy where if we press then somebody will come, or maybe hire a security company that will give us protection whenever we press the panic button, and whenever we press they respond to where we are." (F2P#6).

" I was going to talk about what was said about self-defence, uh do you think I can fight those people, mos they will kill me, so for self-defence, that one is just them when they talk, because if you fight someone who is got a gun, what's going to happen to you and your partner, so the strategies that they must come with is that of panic buttons, where like they said, you press they come now, not phoning eish they say no and start talking on the radio, or call you on your phone, so you can press it now, they will call you in your phone, so that one is not solving any problem.' (F2P#1).

"Uh! P6 made a very good point, maybe we need to ask our department, the one about cash in transit heists, where they press panic buttons and the cops are there very quickly, why can't it be the same for us, or maybe because we are not money, we don't matter that much, or maybe we must also start a

movement like Black Lives Matter or maybe us paramedics lives matter, it is very unfair." (F2P#2).

- Is there anything that could be done by the community, in which you work, to make you feel safe/improve your safety?

"…. they can stop calling for minor things like my finger has been bitten, my nail is off, my toe is this and that, they can stop calling for those, I don't want to use the B word but it's very frustrating, I usually call them bullshit cases, but excuse my language, they are usually calling for nonsense stuff, I don't think they understand the concept ya emergency, you get there, ah I've been having a headache for the past two week, and you get called at 3 in the morning, so yah." (F2P#2).

"…. I think if the community can maybe have first responders, so that before they call the ambulance, they call a certain person to go and check before they can call an ambulance, it's what will make the response time decrease because that person will be able to assess and see why the ambulance is being called, not for things that they call for like P2 said." (F2P#1).

" I think even our dispatcher, I think if they can gather proper information form the callers, and give us the proper information, and then they must go deep, they must not just be amused by taking a call and conveying a message to the person who is supposed to be dispatched and go and do a call, because sometimes you just go there like uh we got a call on our first shift, when we got there the patient said that he only called an ambulance to get first aid, he said he doesn't want to be transported, he just wants us to help him and check on him, like who does that." (F2P#5).

"… adding on what P5 is saying, the problem is what they said, the callers, the communities, they've got our managements cell phone number, remember if the controller says to them I'm not going to send an ambulance, they are going to take their phone and call the manager, and say this person refused to send

an ambulance for me, because even us when we respond and we find the person saying headache or finger, we just going to take that person to hospital, because if you don't then they will call again and say yah they left me here on scene what what what….they didn't want to transport me, you see lots of stories, and the problem, us there is no one who is protecting us, let that person report, and you will see the management coming, they will want a report from you, and say write an report, but when you complain ah, but if someone reports us, they want a report now, so nna I've made peace with it, if the control gives you a call, I just go there, transport the patient and come back, because if you can leave the patient there, sometimes you can undermine the patient, if he dies there then it comes back to you again, remember headache kills, nna in my culture when someone says they have a headache, I'm taking him serious, you can get a headache and die." (F2P#1).

"My colleague spoke about educating the community, give the community pamphlets to read about what is an emergency, what does an ambulance do, those are the things that can be done, otherwise if you not doing that, then they are still going to abuse you, because the numbers are free they don't lose airtime, so teach people and you will see an improvement, that's the only thing they can do." (F2P#6).

"…. another thing, if they can be taught about making use of the clinic because some minor cases are the clinic cases, and when you get to hospital, the nurses will tell you mara this is a clinic case, so if they can be taught to make use of the clinic." (F2P#3).

"The education of the community must also emphasize what is primary health care, what is secondary health care, what is tertiary health care, so that they know that primary health care is clinics and stuff, and tell them that for primary health care this is what you should do, and this is the facility to use for these kind of things, and then they will refer you to secondary if there is a need for that and then what is an emergency, and uh an emergency is this kind of stuff, these kind of emergencies, they don't go to primary health care, they go its

either to secondary or high level of care, that's what they need to tell the community as well, so they know that when they get headaches and things they should go to clinics, not hospitals, and if the clinic sees that the patient needs further care, they will arrange and we will come and transfer you to the relevant place and then they must understand as well what is an emergency, and based on what P1 said earlier, if the people of NGOs, those who are working with clinics, they can use them as well as first responders if there is an emergency in the community, and they can insure that every community has people from the NGO, so if those people can become the first responders in the community, or if the people can know that the community knows that if they have a problem, they will phone the first responders first and the these people will first come and check what is the problem, whenever they call an ambulance then our response time will definitely be within the 15 minutes that they want, because we will also know that we were called by someone who knows what is an emergency so it then means that this is really an emergency, so then it goes to our job again, and it will uplift us as paramedics because we will know that whenever we go to calls we know it's very serious, and I must respond in time and make sure that the patient is well taken care of, unlike the calls that we do now and they say collapse, uhhh, maybe I must not risk my life, skipping robots for collapse, whenever you get there they show you the patient who collapsed, they don't even have the signs of collapsing, so we end up saying we are risking our lives for a critical patient whilst the patient is not serious, so if you can get first responders, even the attacks will decrease because those people know their community better, they know who is troublesome in their community, and then I think if the NGOs and CPF if they can come together and work as one, ay it will be safe even for us to go into those communities because we will know we were called by people of the NGOs and they are with someone from the CPF, so meaning whenever we attend to that patient, we already have guardian angels on scene, you see, so we know the CPF is there and they can guarantee our safety whilst we take care of the patient." (F2P#6).

"I can hear what P6 is saying, but it's your child, you won't think of calling bra Jack or bra Peter whilst they are still at the tavern, it's not like I'm refusing but

with your child you want to get service, you just need an ambulance, that is why when you get to scene you find the family ya panicer because it's their family and they want them to go to hospital, and they see as if you are delaying because they are the ones in that situation, it's not a normal situation for them, but for us because we know we can triage these people, even by looking you can triage and say this one is ok, he just likes calling for an ambulance, so for them because it happens once, they panic that's why sometimes we have to understand, but the other thing that I just wanted to add is about management, they need to consult, this is what they must do, the first people that they must consult is the people on the ground, they cannot just implement things without asking the people who deal with the situation every day, they cannot just say from tomorrow you have panic buttons, because I can suggest that I need one which can be in the pocket so that even the criminals don't see me pressing it so they must just come up with ideas but the people that they must consult with are people here on the ground, are people that experience these things every day, we are the people that go to MShongo, it's not them." (F2P#8).

- Can you suggest any strategies that could be introduced to prevent workplace violence towards public service PECPs in Gauteng Province?

"uh I think the best way to solve these problems is to educate the supervisors, don't just hire a supervisor with ILS, give them some management course like my brother said, these things are important because they will know how to deal with people, they must teach people before they are taken into offices then I think we will be fine." (F2P#7).

"I think I will second that one, the managers who are full here in the offices, they must go to school and study management courses, because they only have matric and medical qualifications, I mean you ILS and all of a sudden you've been here for 10 years and you are a station manager, you can't manage yourself but you think you can manage a base, that's the reason why we are having so many problems, right from the top, they say so and so has been here for 50 years, they are the CEO whatever, but they don't have management

skills, that is why we will continue having these problems, you report something and they don't know what you talking about, because they don't have management skills, they don't care about the employees, they only care about their self-interests, and they also have that thing of ruling with an iron fist, that if you don't do this I charge you, so they must go to school, that's when we will see these problems coming to being solved." (F2P#2).

"I think skills development must be for everyone, not just managers, but also personnel, that's where managers will learn that there charge sheets are not the only way where you can solve a problem, because maybe even the person did not know that something is a chargeable offence, I think skills development will highlight to everyone hore ok , managers must develop themselves and be familiar with rules and regulations as well as personnel to say guys be familiar with these rules and regulations, this will avoid even personnel going to unions after every charge because the union maybe understands the policies better, so if everyone is aware of the laws, I think it will be better and may decrease the issues that we currently have now." (F2P#6).

- What measures do YOU take to ensure your safety at work?

"…. measures that I did myself is to say to our crews ok, as people on the ground, lets help each other and protect each other ourselves, so whenever there is a call where uh our crews went to a call, and then they don't feel safe, what we spoke about as a shift is that if you feel hore you are not safe where you are, just ask for ambulance backup, we would rather do the call as 6 ambulances, knowing hore when we are maybe 12 on scene, there is no way someone can attack so many people, it will need a group of people, so whenever they don't feel safe, uh the ambulance that is available at the base or just finished at the hospital goes to attend the same call, so that if its 2 ambulances or four people it's not easy to be attacked and then another thing, if I feel I'm not safe, there is no other ambulances to back me up and SAPS is not showing, then I will leave the scene, so if I'm not safe, I'm leaving the scene, that's what I do, I'd rather solve it with the management and unions and fight

for the fact that I didn't service the call than being in hospital, so I leave." (F2P#6).

"I think the only thing that's protecting us is God, because our management is not doing anything about the attacks, so we go to calls with the hopes that we will come back to base alive and knock off still in one-piece." (F2P#2).

"I think our management uses our problems to make money, like when we complained they came and installed tablets, they are taken out now, we can't see them, now we complained and they came with trackers, whether they work or not we don't know, it's like they are just protecting their vehicles, with us they don't care, so yeah we have problems." (F2P#7).

- Have you undergone any training regarding the topic of 'workplace violence'?

"No at all." (P#1).
"No." (P#2).
"No." (P#4).
"No." (P#6).

- <u>If they answer YES</u>: What training have you had and do you think it is effective?

<u>If they answer NO</u>: Do you think if you had some specialised training it would help to protect you against workplace violence?

"None of that, I don't even think there is a program for that, they will only tell you that there is uh this support ya Chaplain services, that chaplains have a 24 hour support line to attend to those matters, but truly speaking that's what they say, like truly speaking that's what they say, that's why I said they do things for compliance only, so they will tell you that there is a group ya compliance that work 24/7 for the debriefing session, but if they come they only come that time, they will only come once and then they are done, they will never" (F2P#6).

"With regards to this chaplain thing, we have only heard about them, we've never seen them here at the base coming to talk to us or pray for us, or whatever it is that they do, the only time I've heard of someone talking to a chaplain here at the base was when he was resigning, and they called him 12 o clock at night trying to talk him out of it, bare no don't resign, think about your family, think about this and that, and he was like no I will resign, that was the only time I heard of a person having a consultation with the chaplain, we've got serious problems, I have never seen those people here, I don't even know what they look like." (F2P#2)

"our chaplains are for funerals not for solving problems, I only see them at funerals, even when we had the phone robbery problem, I didn't see anyone, I didn't even see the management, like now the person who was robbed of the phone is at home, we don't know maybe he is stressing about the phone, because no one came and asked him what's wrong or what happened, nothing." (F2P#7).

"Nna where I worked we did those courses before, but to be honest, they can put your partner at risk because the only one that I felt is useful was advanced driving but the rest I won't advise my partner to do them because if they rob us I would rather give the people the car and the keys in peace, because sometimes they point you with a gun and tell you to fight and take the gun on the course, I mean if you don't have enough strength you will die F2P#8"

" the specialized training I think is about education, I think it should be about training on how to be safe, and how to report such matters , but the training about fighting, I don't think it will work, so I think training should cover the bullying, the frustration, how to deal with it, then I think it can help a lot if we have such type of training so that we know how to deal with a colleague who has problems, and the support we must give each other, yah." (F2P#6).

Thank you for participating.

Appendix 11: Letter of information for experts

Title of the Research Study: A model for the prevention of work-place violence towards public service PECPs in Gauteng Province.

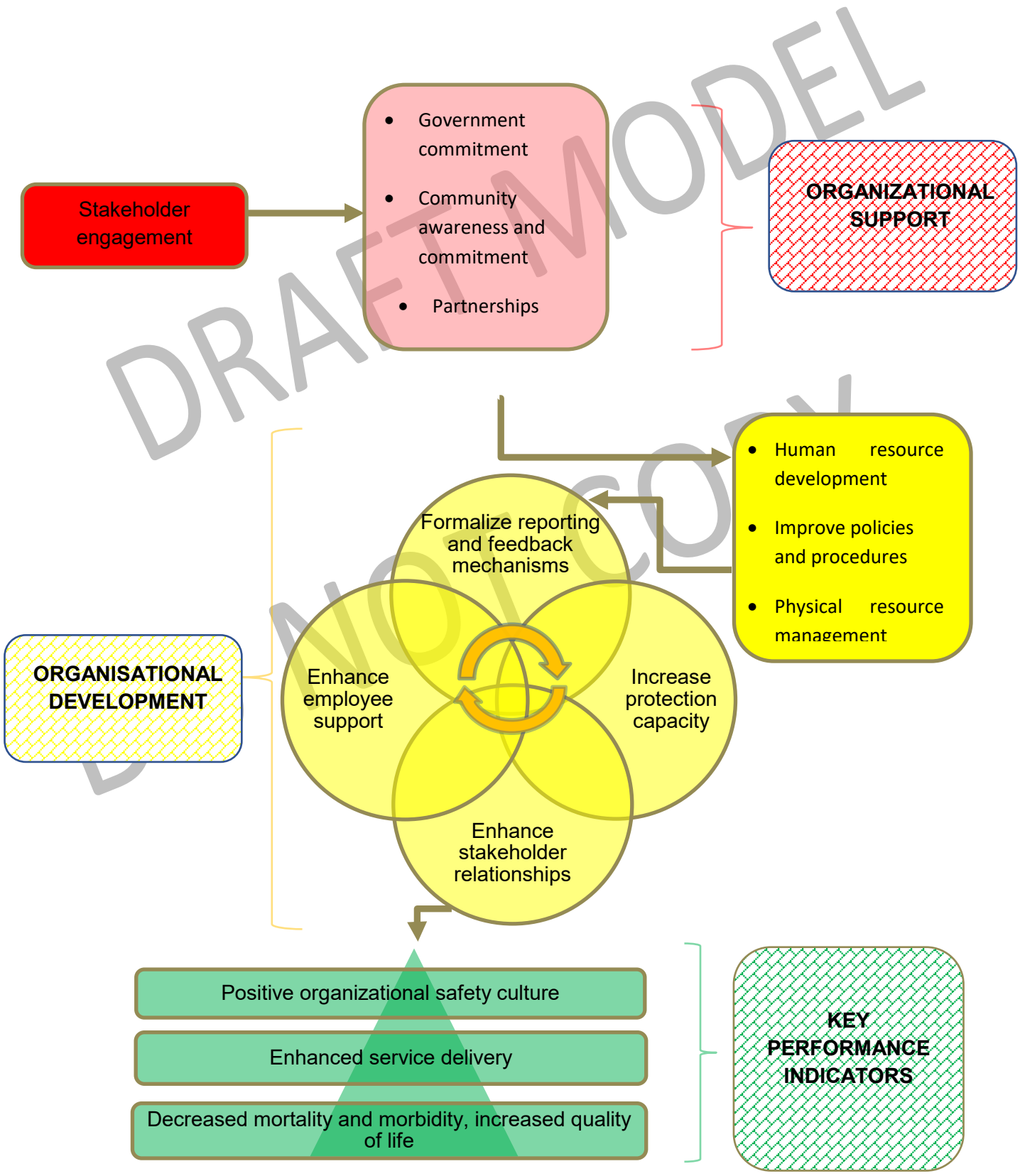
Principal Investigator/s/researcher: T. L. Khoza, DP Candidate (DP: Health Sciences).

Co-Investigator/s/supervisor/s: Prof N. M. Sibiya, DTech: Nursing; Dr N. Mshunqane, PhD: Physiotherapy.

Brief Introduction and Purpose of the Study: As mentioned previously, workplace violence comprises of any harassment, intimidation, act or threat of physical violence or threatening disruptive behavior. Workplace violence also affects healthcare providers, particularly those that care for patients within an emergency setting. As a developing nation, South Africa has been characterized by a rise in crime and a widening inequality gap. This is verifiable by evidence which suggests that Gauteng Emergency Medical Services PECPs, whom in South Africa's two-tiered health care system are mandated to care for state funded patients in Gauteng Province, experience workplace violence in the form of contact crimes such as aggravated robberies, use of dangerous weapons, murder, kidnapping, and assault. Furthermore more, the increasing rate of workplace violence towards PECPs in South Africa, particularly in Gauteng Province indicates that the current efforts to address the phenomenon of workplace violence towards PECPs have been unsuccessful. Therefore, developing a model to prevent workplace violence towards public servant PECPs in Gauteng Province may help address the problem using empirical research.

This study aimed to develop a model to guide prevention of workplace violence against public service PECPs in Gauteng Province. Based on the findings of the study, a model was formulated. The purpose of this phase of the study is to assess the accuracy and validity of the proposed model.

Proposed model: The proposed model depicted by the figure below, consists of 3 elements which are organizational support, organizational development, and key performance indicators as guided by the findings of the study.



Model for the prevention of workplace violence towards Gauteng Province based public service PECPs

Element 1 (Organizational support): Consists of one component, which is stakeholder engagement and has three subcomponents namely government commitment, community

awareness and commitment and partnerships. According to the findings, PECPs have decreased job satisfaction, PTSD, stress, negative perceptions about their organizational safety climate, have negative perceptions towards management's response to workplace violence and feel side-lined by government. Therefore, according to Li Sun (2019) organizational support affects employee job satisfaction, happiness, performance and ultimately service delivery and organizational performance.

Element 2 (Organizational development): According to Robertson, Roberts and Porras (2003), the flow of change during organizational development is ultimately to change organizational and employee outcomes. The element of organizational development comprises of three interrelated subsystems, namely human resource development, policies and procedures and physical resource management. These three interrelated subsystems enable desirable change of five organizational components namely formalized reporting and feedback mechanisms, improve stakeholder relations, strengthen protection capacity, improve employee support and engagement, improve community engagement and participation in order to bring about the desired change which is preventing workplace violence.

Element 3 (Key performance indicators): According to Weber and Thomas (2005), key performance indicators measure an organizations success against a set of objectives and are an important principle of management. Furthermore, key performance indicators identify organizational performance gaps and provide an indication of progress towards initiatives and programmes which are intended to close the identified gaps. The three performance indicators for the model are positive organizational safety culture, enhanced service delivery and decreased mortality and morbidity, increased quality of life.

Outline of the Procedures:

a. Sampling of participants

Purposive sampling was used to sample two decision makers and two PECPs in the GEMS whose judgements are being sought, one decision maker in the SAPS whose judgement is being sought and two community members whose judgements are being sought.

b. Inclusion criteria

- Participated in the data collection phase of the study as part of the management cohort or emergency care provider cohort or community cohort.

c. Exclusion criteria

- Non-participation in the data collection phase of the study as part of the management cohort or emergency care provider cohort or community cohort.

Web-based surveys will be conducted with the expert cohort. The web-based surveys will be conducted using QuestionPro web-based survey platform. The web-based surveys will be made available for a period of one week.

Risks or Discomforts to the Participant: There will be no risks to participants. There will be no harm to the participants. The surveys will only be used for this study and will be kept confidential.

Benefits:

- The study will result in publications which will add to the body of knowledge of workplace violence towards healthcare providers, especially PECPs.
- As workplace violence is a global concern, this study will result in a conference presentation locally and internationally.
- This study may help to realize cost effective and sustainable solutions to prevent and eradicate workplace violence towards public service PECPs in order to ensure that EMC provision is accessible to the ill and injured and therefore ensure that the economy has a healthy workforce.
- This study may assist other developing nations with inequality in finding evidence based pragmatic solutions in preventing workplace violence towards PECPs.
- This study may provide scholars and researchers in developing nations conducting research on workplace violence towards PECPs and other health care providers with a theoretical framework in the form of a model to prevent workplace violence towards PECPs.
- The study may also help the Gauteng Provincial government save substantial amounts of money that are being used to replace and repair damaged equipment as a result of workplace violence.
- The study may contribute to increasing the quality of life of those living, working and visiting Gauteng Province.
- The study may have a positive impact on the retention and job satisfaction of PECPs.
- The results of this study may enlighten policy makers, PECPs and researcher within the emergency care profession and other healthcare fields affected by workplace violence, therefore contributing to the existing body of knowledge and influencing policy.

Reason/s why the Participant May Be Withdrawn from the Study: Participants can elect to be withdrawn from the study. Participants do not have to provide reasons as to why they are withdrawing and there will be no adverse consequences for the participants should they choose to withdraw.

Remuneration: There is no financial remuneration for participating in the study. All participants are volunteering to participate.

Costs of the Study: Participants will not be expected to cover any costs towards the study. All costs will be covered by the researcher.

Confidentiality: The data sheets will be kept confidential by the researcher and stored in the researcher's home. The information contained will only be used for this study. No names or personal details will be used during the web-based surveys. No names or personal information will be disclosed when presenting the results.

Research-related Injury: There will be no injuries as a result of the study hence there will be no compensation. There will be no medical procedures conducted throughout the study. There will be no harm to participants.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher (076 705 5560), my supervisor (031 373 2704) or the Institutional Research Ethics Administrator on 031 373 2375. Complaints cañ be reported to the Director: Research and Postgraduate Support, Prof C E Napier on 031 373 2577 or carinn@dut.ac.za

Appendix 12: Questionnaire for experts

Instructions

1. Please mark your selected response by putting an X in the relevant box.
2. Do not write your name in the questionnaire.
3. Please respond to all the questions.

Section A: Elements of the model

1. Indicate your agreement that the following three elements are essential building blocks in preventing violence towards emergency care workers.

Building blocks to prevent violence	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.1 Organizational support					
1.2 Organizational development					
1.3 Key performance indicators					

Section B: Organizational Support

1. Indicate your agreement that the following component and its subcomponents of the organizational support element are a vital in preventing workplace violence.

Vital components and subcomponents	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.1 Stakeholder engagement					
1.2 Government commitment					
1.3 Community awareness and commitment					
1.4 Partnerships					

Section C: Organizational Development

1: Indicate your agreement that the following organizational components are essential in creating positive employee and organizational outcomes in the GEMS.

Organizational components	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.1 Formalizing reporting and feedback mechanisms					
1.2 Enhancing employee support					
1.3 Increasing protection capacity					
1.4 Enhancing stakeholder relationships					

2: Indicate your agreement that the following organizational subsystems can enable the desirable change of five components that can create positive employee and organizational outcomes in the GEMS.

Subsystems	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2.1 Human resource development					
2.2 Improve policies and procedures					
2.3 Physical resource management					

Section D: Key performance indicators

1: Indicate your agreement that the following key performance indicators are essential in measuring the performance of the model for prevention of workplace violence.

Key performance indicators	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.1 Positive organizational safety culture					
1.2 Enhanced service delivery					
1.3 Decreased mortality and morbidity					

Section E: Accuracy and validity of the model

1. Indicate your agreement about the accuracy and validity about the proposed model for preventing violence towards emergency care workers.

Accuracy and validity	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.1 The model described, controlled, explained, and predicted violence					
1.2 The model is well defined					
1.3 The concepts of the model are interrelated and impartial					
1.4 All the explanations are scientifically proven and backed by scientific evidence					
1.5 The model has no meaningless explanations					
1.6 The model can be adapted for preventing workplace violence in other fields					
1.7 The model provides effective evidence-based solutions to prevent violence towards emergency care workers					

THANK YOU FOR COMPLETING THE QUESTIONNAIRE

Appendix 13: Letter from the statistician

Gill Hendry B.Sc. (Hons), M.Sc. (Wits), PhD (UKZN)

Mathematical and Statistical Services

Cell: 083 300 9896
email: hendryfam@telkomsa.net

11 June 2019

Re: Assistance with statistical aspects of the study

Please be advised that I have assisted Tshikani Lewis Khoza (Student number 21139352), who is presently studying for a PhD: Health Sciences at DUT, with the sampling as well as the development and validation of the questionnaire for his study.

Yours sincerely

Gill Hendry (Dr)

Appendix 14: Letter from the professional editor

DR NELLIE NARANJEE: LECTURER
Doctorate Nursing, MBA, MCur (Health Sciences)
Freelance academic editor: Blackford Institute, UK

Unit 28 , Richmond Park
Kloof
3610

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EDITING / PROOFREADING CERTIFICATE

Re: **Student Tshikani Lewis Khoza (21139352)**

Masters/Doctoral thesis: **A Model for the Prevention of Work-Place Violence towards Public Service Emergency Medical Service Care Providers in Gauteng Province**

I confirm that I have edited this thesis for writing style, clarity, language, sentence structure and layout. The document is formatted according to the prescribed guidelines. I returned the document to the author with track changes. The author remains responsible for the correct application of the changes in the text and references.

I am a freelance editor specialising in proofreading and editing of academic documents. I have a Doctorate Degree in Nursing from Durban University of Technology. I have a Master's Degree in Business Administration (Public Health) and a Master's Degree in Health Sciences. I have a Diploma in Proofreading and Copy Editing with Distinction from the Blackford Institute, UK. I have supervised numerous Master's degree dissertations.

I wish the student all the best.

_____ 26 January 2021

DR NELLIE NARANJEE **DATE**