The data was analysed and seven themes, with nine accompanying sub-themes, emerged, which were comprehensively unpacked in Chapter Five. A review of literature and a theoretical framework were used to substantiate, explain, compare and contrast the findings of this study. In Chapter Six, the final chapter of this study, a brief summary on each of the foregoing chapters, as well as the conclusions and recommendations from the findings, for future research, will be provided.

6.2. Summary

6.2.1. Chapter One

Chapter One served as the outline of the study through which the background of the study, the research problem, goals, objectives and methodology were introduced. A contextual framework on emergency services, as well as secondary trauma and its possible effects on the spouses of EMS personnel were discussed as the main focus of this study. The researcher's use of a qualitative research approach was considered appropriate in order to address the research problem and adequately work towards achieving the research goal and objectives. The selection of Bowen's (1950) family systems theory was applied as a theoretical framework for the study. The ecological framework of trauma by Dutton & Rubinstein (1995) was also discussed to provide an understanding of the nature and development of secondary trauma. The research question that was generated from the research problem and answered by means of an explorative and descriptive research design was motivated. The research methodology, according to a qualitative research approach, provided the process for the implementation of the study. Purposive sampling was applied as a sampling strategy, individual semi-structured interviews were conducted as a means of data collection, and thematic analysis was used as a method of data analysis (Creswell, 2009). Approaches

to ensure trustworthiness, as well as the ethical considerations of the study were also discussed.

In conclusion, the researcher inferred that the qualitative research approach, the designs and methodology used in the study were adequate to achieve the goals and objectives of the study.

6.2.2. Chapter Two

This chapter discussed the main theoretical framework of the study, which included both the Family Systems theory, by Murray Bowen (1950), and the Ecological Framework of trauma, by Dutton & Rubinstein (1995). The underlying theoretical framework of this research focused on the systemic approach, particularly family systems theory, focusing on the core concept that each family member is connected to each other as a unified whole, and if one family member is experiencing challenges, such as secondary trauma, then the other family members and the system as a whole could be impacted. The researcher continued to explore the fact that EMS personnel may bring their experiences of secondary trauma home, which in turn could influence their spouses and their family functioning.

This chapter also provided a better understanding of secondary traumatic stress by studying Dutton & Rubinstein's (1995) ecological framework of trauma. This model assisted in revealing how EMS personnel develop secondary traumatic stress, as well as how secondary trauma could have an impact on their family system.

6.2.3. Chapter Three

Chapter Three reviewed the literature relevant to the research topic and focused on the subject of traumatic stress. Firstly, it provided a brief introduction and understanding of trauma and discussed the differences between primary trauma and secondary trauma, as well as the impact thereof. Trauma, in a South African context, was also explored as the research was conducted in a South African context. This chapter continued to discuss stress and coping in the emergency service field, and the concepts of behavioural changes, functional and dysfunctional coping, as well as post-traumatic stress disorder arose within the context of emergency service work. The researcher also explored the concept of secondary trauma and the impact thereof on the spouses of EMS personnel, as well as the influence this could have on family functioning. The studies that were examined in this chapter included international, as well as local, research.

The researcher concluded that the literature reviewed, was indeed in line with the goals and objectives of the study, and served as a reference for the study

6.2.4. Chapter Four

Chapter Four provided a description of the research methodology that was implemented during the study. An explorative and descriptive research design, within a qualitative approach, was used for this study and was discussed in this chapter. The research problem, research goal and research objectives, as points of reference for the applied methodology, were also explained. The study's population encompassed the spouses' of EMS personnel living in the Gauteng region. The spouses, who participated in the study, were recruited from ER24, Netcare 911 and Hatzolah Emergency Services by means of purposive sampling.

Data collection occurred by means of face-to-face semi-structured interviews with the aid of an interview guide. An explanation was given of the interview protocol followed for all the individual interviews, as well as the data collection process. The interviews were transcribed verbatim and analysed according to Creswell's (2009) eight steps of data analysis. Themes and subthemes emerged through data analysis, which was presented in Chapter Five. Trustworthiness was used to ensure the reliability and validity of this study. Ethical considerations, such as confidentiality, voluntary participation, informed consent and informed assent were discussed, in detail, to provide evidence of adherence to research ethics in conducting this study.

The chapter concluded with the encountered limitations of the study, which included difficulties in recruiting participants for the study and cultural diversity. The fact that the findings of the study cannot be generalised, owing to the small sample, was also highlighted. Chapter Four provided a detailed account of the research methodology and the implementation thereof. The research approach and the research design were successfully used to provide detailed information that could be utilised in the data analysis process.

6.2.5. Chapter Five

Chapter Five encompassed the research findings generated from the spouses' of the EMS personnel and were presented by means of themes and sub-themes. The demographic details of the participants, who participated in the study were given in a table format and then discussed in detail. The themes and sub-themes that emerged from the data analysis were presented, compared and contrasted to existing literature.

Eight spouses, five females and three males, were interviewed. The findings from the participants fulfilled the first objective of this study, namely to explore and describe spouses' experiences of personal, behavioural and emotional changes among emergency service personnel. Seven themes and their respective sub-themes were generated from the analysed data. A summary and conclusions of these themes are presented in the following sections.

6.2.5.1. Theme 1: Traumatic incidents at work

In order to establish whether EMS personnel experience secondary trauma, participants were asked how often their spouse was exposed to traumatic incidents at work. This was a relevant theme to the study because, if it was found that participants were exposed to traumatic incidents regularly, the possibility existed that these experiences and symptoms could be passed on to their spouses.

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All eight of the participants expressed that their spouses were exposed to traumatic incidents every time they were at work. These responses demonstrated that EMS personnel experience frequent exposure to traumatic incidents, and may, therefore, experience secondary trauma, and, in turn, bring this trauma exposure home.

6.2.5.2. Theme 2: Impact of secondary trauma on marital relationships

This theme addressed secondary trauma and the impact this has on the marital relationships. The development of secondary trauma was discussed and the ecological framework of trauma by Dutton & Rubinstein (1995) was used to obtain a better understanding of secondary traumatic stress.

The first sub-theme that emerged was whether EMS personnel discuss their traumatic incidents of work with their spouses and families. Six participants expressed that their partners do, which, on the one hand, was viewed in a positive light because it demonstrated open communication, but, on the other hand, it could also impact the relationship, should the spouses be traumatised by the content of what the EMS personnel discusses. Two participants expressed that their spouse previously did but have lately become more closed off, talking less than they used to about these incidents. Literature supports this finding that some EMS personnel may become more closed off, or repress their emotions, to try and avoid their thoughts of the trauma they had witnessed, finding it easier to block the incident out.

The next sub-theme that secondary trauma has an impact on the marital relationships, emerged as seven of the participants indicated that discussing the traumatic events does have an impact on their relationships in different ways. The impact of secondary trauma on their relationships emerged in the following ways: withdrawal from their spouses; heightened worry for safety; repression; mood swings; and heightened awareness of surroundings. Supportive literature revealed that the spouse may experience post-traumatic stress symptoms, without understanding their cause, and, in turn, disrupt the relationship with their spouses, leaving both partners ultimately burned out, psychologically weakened and dissatisfied. This supports the theoretical notion of the family systems theory in that if one family member is experiencing challenges, such as secondary trauma or burn out, then the other family members and the system as a whole could be impacted.

The third sub-theme explored how secondary trauma could have an impact on the spouses themselves. This was substantiated by the fact that clinical observations and research have established that the consequences of traumatic events are not limited to the persons primarily exposed to the event, and that these events often affect significant others in their environment, namely, their spouses, families, friends or caregivers. The majority of responses reflected that the spouses do experience symptoms of secondary trauma, such as feeling traumatised, helpless, sad, confused and worried, after hearing about the incidents their spouses had seen or experienced. This was also consistent with the family systems theory by Bowen (1950), who asserts that every family member is connected to each other through a system of overlapping and intertwining relationships, therefore, if one of the family members is exposed to trauma on a regular basis, the spouse, children and family system as a whole could be negatively impacted.

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This theme met one of the objectives of the study, namely, to explore and describe the influence of secondary trauma on the relationship of emergency service personnel and their spouses.

6.2.5.3. Theme 3: Behavioural changes

This theme discussed behavioural changes that occurred in EMS personnel, as well as behavioural changes that occurred among the spouses of EMS personnel. Literature has revealed that EMS personnel may exhibit different behavioural changes due to the consistent exposure to trauma, fatigue, post-traumatic stress symptoms, destructive coping mechanisms, poor working conditions and a lack of social support. The sub-theme, behavioural changes in the participants' spouses,

therefore, emerged, which described the behavioural changes that the EMS personnel exhibited, such as emotional numbing, withdrawal, irritability, low tolerance levels and anxiety, due to the high stress and traumatic incidents they deal with on a regular basis.

A second sub-theme examined the spouses' behavioural changes in themselves. Their responses supported the concept that spouses of EMS personnel exhibit changes in their behaviour, influenced by various factors, such as secondary trauma, having to take on extra responsibilities in the household due to EMS shift work, seeing their partners suffer, or helping manage their partners' psychological difficulties. Most of the participants felt overprotective of their partners and literature supported their responses, which were, they feel more anxious, hypervigilant, have increased frustration levels, increased insecurities, feel helpless and worry about their spouse continuously. You the

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This theme met two of the objectives of the study, which sought to explore and describe the spouses' experiences of personal, behavioural and emotional changes among their EMS partners; and the spouses' experiences of personal, behavioural and emotional changes in themselves.

6.2.5.4. Theme 4: Impact of emergency service work on marital relationships

This theme presented the impact that emergency service work (long working hours, inflexible shift times, high stress, and communication challenges) can have on marital relationships. The first sub-theme that emerged was the negative impact that emergency service work could have on relationships. Three participants supported the concept and described the negative impact in the

following ways: increased arguments, decreased quality time due to working hours, distancing from their spouse, communication breakdown, and less social activities due to shift work.

The second sub-theme that emerged was the positive impact that emergency service work could have on the relationship. Five participants agreed and expressed that they felt proud of their partners; that their partners brought a caring and supportive nature into the relationship; and that their partners used the insight, learnt on duty, in a constructive way to benefit the relationship.

6.2.5.5. Theme 5: Social Support

Social support was the fifth theme that developed and focused on the role of social support in the emergency services, as well as the type of support that is provided to EMS personnel and their spouses. All eight participants identified some form of social support, leading to the development of this theme. The most commonly identified forms of social support were friends, family and co-workers. The findings highlighted that a lots of peer counselling occurred on shift and, even though it was not always sufficient and professional support was also necessary, the mutual support of co-workers provided a great deal of comfort and connectedness to EMS personnel. It was also emphasised that family and friends do not always understand the feelings and experiences that the spouses of EMS personnel face, but regardless of that, each participant identified some form of social support. The reliance on social support varied from each participant, and the type of social support provided also dictated whether the support was helpful or not. However, all the participants expressed their appreciation and valued the support that they received.

6.2.5.6. Theme 6: Coping mechanisms

This theme addressed the study's fourth objective, which sought to explore and describe the coping mechanisms of the spouses of emergency service personnel. Coping strategies are a set of cognitions and behaviours aimed at managing and reducing the consequences of a situation that is viewed as stressful. Stress refers to a situation where the needs of an individual exceed the means s/he can draw upon. The first sub-theme focused on the current coping mechanisms of the participants, which included exercise, family time, communication, painting, eating, as well as counselling. All the coping mechanisms expressed by the participants in this study were positive, and each participant had their own individual coping strategies.

The second sub-theme involved the coping strategies used in their marital relationships, to deal with the challenges, such as the nature of EMS work, shift work, behavioural changes and secondary trauma. Coping strategies for their relationships included, open communication, affection, having individual hobbies, and doing fun things together. Although coping mechanisms varied from participant to participant, each of the eight participants identified some form of coping mechanism for their relationship, and all the coping mechanisms described were positive and healthy.

6.2.5.7 .Theme 7: Support for EMS personnel and spouses

The final theme that emerged involved the type of support that should be provided to EMS personnel and their spouses. The participants expressed that the type of support they anticipate for EMS personnel includes, counselling,

debriefing, group sessions, training and team building. There were also similar responses to the question regarding the type of anticipated support for the spouses of EMS personnel. The findings highlighted that there was currently only limited support provided to EMS personnel. The participants obviously felt that the provision of the anticipated support could help EMS personnel and their families achieve a good balance between their work and family; provide EMS workers with the necessary support to cope in their duties; improve EMS workers' attitudes towards their jobs, as well as dissuade them from leaving a much needed profession in society.

Through this study, the researcher acknowledges that EMS personnel experience secondary trauma and that its effects can be passed on to their spouses, impacting family functioning. Consequently, the following recommendations are made to different stakeholders.

6.3. Recommendations

The researcher developed two sets of recommendations: recommendations for future practice, to improve the well-being of EMS personnel and their spouses; and recommendations for future research.

6.3.1. Future practice

As some participants were either not aware of services available to EMS
personnel and their spouses, or their awareness was limited, more promotion or
marketing of the services should be organised.

- Restructure available employee wellness resources to ensure equal distribution of
 Employee Assistance Programmes at all emergency services bases, and in
 addition, inform the employees of the employee assistance services available to
 them and their families.
- EMS organisations to provide more support services to the spouses of EMS
 personnel, such as information regarding the nature of emergency services;
 psycho education; trauma; different coping mechanisms, as this was a need
 expressed by the participants themselves.
- Organisations to arrange support groups that are specifically for the spouses of EMS personnel, in which they can meet regularly to debrief and support each other.
- Further possible changes to the current support offered by emergency service organisations to include a mentor system for the EMS personnel, as well as better resources within the service as a whole.
- Introduce family friendly work practices in EMS organisations, such as more flexible work schedules, dependent care assistance, leave arrangements, counselling and referral services.
- Introduce a life skills programme so that individual employees can be empowered to take personal responsibility for their own wellness, at a minimal cost to themselves. This can assist employees to be more self-aware, when they are at risk of PTSD or depression, and implement preventative measures themselves, promptly.
- Training for the emergency services employees to include topics on clinical disorders and related symptoms, as this type of training could help them

recognise similar symptoms in themselves and be aware of their implications, in order to address these timeously.

6.3.2. Future research

- Further research could consider a more enlarged population, comprising EMS personnel and their spouses from several provincial facilities in South Africa, as well as an equal number of the different ethnic groups. This will yield more comprehensive insightful results, validating the findings of this study.
- Comparative studies between the experiences of secondary trauma among the spouses of EMS personnel in South Africa, as well as other countries in Africa, should be conducted for further expansion of the research on co-habiting families.
- In future, to utilise both interviews and questionnaires to extend such studies, if EMS personnel and their spouses would have the time to participate.
- Quantitative studies are also recommended on this subject to generate statistical data, empirical analysis and more generalised findings.
- Literature has revealed that emergency service work does impact the family and,
 therefore, implications of family-work interface could be further explored.

6.4. Conclusion

Through qualitative enquiry the research goal and objectives of this study were achieved, as well as the research question answered. A qualitative approach was utilised, as it was considered the best research method for this study and assimilated rich comprehensive data. The findings of the study provided a better understanding of the experiences of secondary trauma amongst the spouses of EMS personnel. This final chapter of the study provided the

reader with a summary and conclusions of the preceding chapters from the introduction, theoretical framework, literature review, applied methodology and the major research findings. Based on these findings, the researcher made a number of recommendations for future practice and future research.

In conclusion, the researcher hopes that this study will add to the development of studies on secondary trauma and its effects on the spouses of EMS personnel in South Africa. The researcher believes that the study contributes to the practice tasks of all social workers, working with emergency service families, to improve family functioning and to promote the well-being of the individuals involved.



REFERENCES

Alexander, D., & Klein, S. (2001). *Ambulance personnel and critical incidents*. British Journal of Psychiatry, 178, 76-81.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*, (5th ed.). Washington, DC: Author.

Arrive Alive general road safety statistics. (2013). [Online]. Available https://arrivealive.co.za/ArriveAlivecoza-Online-Report-2013

Atwoli, L., Stein, D.J., Williams, D.R., Mclaughlin, K.A., Petukhova, M., Kessler, R.C. & Koenen, K.C. (2013). *Trauma and posttraumatic stress disorder in South Africa: analysis from the South African Stress and Health Study*. BMC Psychiatry: BioMed Central Ltd.

UNIVERSITY of the WESTERN CAPE

Babbie, E. (2010). The practice of social research. 12th Edition. USA: Wadsworth.

Babbie, E. & Mouton, J. (2001). *The Practice of Social Research*. Cape Town: Oxford University Press.

Babbie E. & Mouton J. (2003). *The Practice of Social Research (4th Edition)*. Oxford University Press, Cape Town.

Baldwin, D. (2004). *David Baldwin's trauma information pages*. [Online]. Available http://www.trauma-pages.com

Barkley, K.T. (1990). *The ambulance*. Exposition Press.

Beaton, D. (2003). Long term implications of critical incident stress among emergency responders. University of Lethbridge: Alberta.

Beaton, R., & Murphy, S. (1995). Secondary Traumatic Stress of Crisis Workers: Research Implications. In C. Figley (Ed.), Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized (pp. 51-81). New York: Brunner/Mazel.

Beaton, R. D., Murphy, S. A., Pike, C. K. & Corneil, W. (1997). *Social support and network conflict in firefighters and paramedics*. Western Journal of Nursing Research, 19, 297-313.

Becvar, D.S. & Becvar, R.J. (2003). Family Therapy: A systemic integration (5th ed.) Boston: Allyn & Bacon.

Becvar, D.S. & Becvar, R.J. (2006). Family therapy: a systemic integration (6th Ed.). Pearson Education, Inc: USA.

Bélanger, C., Sabourin, S., & El-Baalbaki, G. (2012). *Behavioral correlates of coping strategies in close relationships*. Europe's Journal of Psychology, 8(3), 3449-460.

Berger, W., Coutinho, E. S. F., Figueira, I., Marques-Portella, C., Luz, M. P., Neylan, T. C., & Mendlowicz, M. V. (2012). Rescuers at risk: A systematic review and meta-regression analysis of the worldwide current prevalence and correlates of PTSD in rescue workers.

Social Psychiatry and Psychiatric Epidemiology, 47(6), 1001-1011. doi: 10.1007/s00127-011-0408-2

Bodenmann, G. (2005). *Dyadic coping and its significance for marital functioning*. In T. A. Revenson, K. Kayser, & G. Bodenmann (Eds.), Couples coping with stress: Emerging perspectives on dyadic coping (pp. 33-49). Washington, DC, US: American Psychological Association.

Boeije, H. (2010). Analysis in qualitative research. London: Sage Publications Ltd.

Brough, P. (2005). Workplace violence experienced by paramedics: Relationships with social support, job satisfaction, and psychological strain. Australia: Griffith University.

Brown, J. (1999). *Bowen family systems theory and practice: Illustration and critique*. Australian and New Zealand Journal of Family therapy, Vol. 20, No. 2, pp. 94-103.

Calhoun, L.G. & Tedeschi, R.G. (2006). *Handbook of posttraumatic growth: Research and practice*. Psychology Press: New York.

Campfield, K.M. & Hills, A.M. (2001). Effects of timing of critical incident stress debriefing (CISD) on post-traumatic symptoms. Journal of Traumatic Stress 14, 327-340.

Collins, S. (2007). Statutory social workers: stress, job satisfaction, coping, social support and individual differences. The British Journal of Social Work, Volume 3, Number 6, September 2008.

Craighead, W.E. & Nemeroff, C.B. (2004). *The concise corsini encyclopaedia of Psychology and Behavioural Science*. 3rd ed. John Wiley & Sons, Inc.

Creswell, J. W. (1998). Qualitative inquiry and research design: choosing among five traditions. London: Sage.

Creswell, J.W. (2003). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (2nd ed.). USA: Sage Publications Inc.

Creswell, J.W. & Clark, V.L.P. (2004). *Principles of qualitative research: Designing a qualitative study*. University of Nebraska: Lincoln.

Creswell, J.W. (2007). Qualitative inquiry and research designs: choosing among the five approaches. Thousand Oaks: SAGE.

Creswell, J.W. (2009). Research design: Qualitative, quantitative, and mixed methods Approaches (3rd ed.). London, UK: SAGE Publications Ltd.

Crime Stats SA (2013). Crime stats simplified. [Online].

Available http://www.crimestatssa.com/national.php

D'Cruz, H. & Jones, M. (2004). *Social work Research: Ethical and political contexts*. California: Sage publications.

Dekel, R. & Monson, C.M. (2010). *Military-related post-traumatic stress disorder and family relations: Current knowledge and future directions*. Elsevier Ltd.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (2002). Research at Grass roots: For the social sciences and human service professions (2nd Ed.). Van Schaik Publishers, Pretoria.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (2011). *Research at grassroots:* For the social sciences and human service professions (4th Ed.). South Africa: Van Schaik Publishers.

De Witte, H. (2005). Job insecurity: *Review of international literature on definitions,* prevalence, antecedents and consequences. SA Journal of Industrial Psychology, 31(4): 1-6.

Duffy K. G., & Wong, F. Y. (1996). Community psychology. Boston, MA: Allyn Bacon.

Dutton, M.A. & Rubinstein, F.L. (1995). Woking with People with PTSD: Research Implications. In C.R. Figley (Ed.), *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those who Treat the Traumatised.* (pp. 82-100). New York: Brunner/Mazel Publishers.

Edwards, D. (2005). *Post-traumatic stress disorder as a public health concern in South Africa*. Journal of Psychology in Africa: South Africa.

Everley, G. & Lating, J. (Eds.). (1995). *Psychotraumatology*. New York: Plenum Press. Haseed, C. (2002). *Know Thyself*. Melbourne: Michelle Anderson.

FC Emergency Medical Services (FCEMS). (2015). See http://www.fcems.org/about-EMS.html

Figley, C.R. (1989). Helping traumatized families. San Francisco: Jossey-Bass.

Figley, C.R. (1995). Compassion Fatigue as Secondary Traumatic Stress Disorder: An Overview. In C.R. Figley (Ed.), *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those who Treat the Traumatised.* (pp. 1-20). New York: Brunner/Mazel Publishers.

Figley, C.R. (1995). Secondary traumatic stress and the impact of working with high-risk children and families. Child Trauma Academy.

See http://www.childtraumaacademy.com/cost_of_caring/lesson02/page02.html

Figley, C.R. (1999). Secondary Traumatic Stress: Self - Care Issues for Clinicians, Researchers and Educators, chapter Compassion fatigue: Toward a New Understanding of the Costs of Caring, pages 3-28. Lutherville, MD: Sidran Press.

Figley, C.R. (2001). *Renewing spirits: Lessons from thirty years of trauma work*. Invited keynote address to the William Wendt Center for Loss and Health Conference on Illness, Grief & Trauma, Washington, DC.

Figley C.R. (2002). *Compassion fatigue: Psychotherapists' chronic lack of self-care*. Journal of Clinical Psychology. 58:1433-1441.

Figley, C.R. (2003). Compassion Fatigue: An Introduction. Green Cross Foundation: Belfast.

Figley, C.R. & Figley, K.R. (2009). Stemming the tide of trauma systemically: The role of family therapy. New Orleans: USA.

Fjeldheim, C.B., Nöthling, J., Pretorius, K., Basson, M., Ganasen, K., Heneke, R., Cloete, K.J. & Seedat, S. (2014). *Trauma exposure, posttraumatic stress disorder and the effect of explanatory variables in paramedic trainees*. Licensee BioMed Central Ltd.

Gallagher, S. & McGilloway, S. (2008). Living in critical times: The impact of critical incidents on frontline ambulance personnel: A qualitative perspective. International Journal of Emergency Mental Health, 9(3), 215-223.

Goldenberg, I. & Goldenberg, H. (2000). *Family therapy: An overview (5th Ed.)*. USA: Wadsworth/Thompson learning.

Gurman, A.S. & Kniskern, D.P. (2013). *Handbook of family therapy*. Routledge: Oxfordshire.

Harper, E.L. (2013). Paramedics' experiences of potentially traumatic events and their coping styles an interpretative phenomenological analysis. University of Nottingham: Degree of Doctor in Clinical Psychology.

Harrison, D. (2010). An Overview of Health and Health Care in South Africa 1994-2010: Priorities, Progress and Prospects for New Gains. A Discussion Document Commissioned by the Henry J. Kaiser Family Foundation to help inform the National Health Leaders' Retreat. Muldersdrift, January 24 to 26 2010, pp.1-40.

Haseed, C. (2002). *Know Thyself*. Melbourne: Michelle Anderson.

He, N., Zhao, J. & Archbold, C.A. (2002). Gender and police stress: The convergent and divergent impact of work environment, work-family conflict, and stress coping mechanisms of female and male police officers. Policing: An international journal of police strategies & management, Vol. 25, No. 4.

Hepworth, D.H., Rooney, R.H., Rooney, G.D. & Strom-Gottfried, K. (2013). *Direct social work practice: Theory and skills* (9th Ed.). Canada: Brookes/Cole Cengage learning.

Herman, J. (2000). *USA Today Magazine*, Issue Aug. 2000. Retrieved 5-25-02 from the world Wide Web at http://www.findarticles.com

Hood, C. & Carruthers, C. (2002). *Coping skills theory as underlying framework for therapeutic recreation services*. Therapeutic Recreational Journal.

Huggard, P. (2003). *Secondary traumatic stress: doctors at risk*. Department of general practice and primary health care. University of Auckland: Auckland.

Iranmanesh, S., Tirgari, B. & Bardsiri, H.S. (2013). *Post-traumatic stress disorder among paramedic and hospital emergency personnel in south-east Iran*. World Journal of Emergency Medicine, Vol 4, No 1. School of Nursing and Midwifery, Kerman University of Medical Sciences, Kerman, Iran.

Iwu, C.G. (2013). An Analysis of the Reasons for Staff Turnover amongst Paramedics in South Africa. Faculty of Business, Cape Peninsula University of Technology, Cape Town, South Africa.

Janoff-Bulman, R. (1992). *Shattered Assumptions: Towards a New Psychology of Trauma*. New York: The Free Press.

Jones, L.K. & Cureton, J.L. (2016). *Trauma Redefined in the DSM-5: Rationale and Implications for Counseling Practice*. The Professional Counselor. [Online]. Available http://tpcjournal.nbcc.org/trauma-redefined-in-the-dsm-5-rationale-and-implications-for-counseling-practice/

Kail, A. (2014). *Needs of emergency service personnel and their families*. New Philanthropy Capital: London.

King, D.B., Mar, M.Y. & De Longis, A. (2014). Stress and Coping across Occupational and Personal Environments (SCOPE) in Canadian Paramedics and their Spouses. University of British Columbia.

Klarić, M., Kvesić, A., Mandić, V., Petrov, B. & Frančišković, T. (2013). *Secondary traumatisation and systemic traumatic stress*. Medicina Academica Mostariensia, Vol. 1, No. 1, pp 29-36.

Krefting, L. (1991). *Rigor in qualitative research: The assessment of trustworthiness*. The American Journal of Occupational Therapy. Volume 45, No 3.

Lazarus, R. S. & Folkman, S. (1984). Stress, appraisal and coping. New York: Springer.

Luce, A., Firth-Cozens, J., Midgley, S. & Burges, C. (2002). *After the Omagh bomb:* posttraumatic stress disorder in health service staff. Journal of Traumatic Stress, Volume 15, Number 1, February 2002, pp 27-30.

Macritchie, V.J. (2006). Secondary traumatic stress, level of exposure, empathy and social support in trauma workers. University of the Witwatersrand: South Africa.

Maguire, B.J. & Smith, S. (2013). *Injuries and Fatalities among Emergency Medical Technicians and Paramedics in the United States*. Prehospital and Disaster Medicine / Volume 28 / Issue 04 / August 2013, pp 376-382.

Makie, V.V. (2006). Stress and Coping Strategies Amongst Registered Nurses Working in a South African Tertiary Hospital. MCom Thesis, Unpublished. University of the Western Cape, Cape Town.

Maloney, R.J. (2003). The evolution of patient transport. FireEMS. July/Aug. 52-60

Margolies, L. (2010). *Understanding Different Approaches to Psychotherapy. Psych Central*. Retrieved on July 28, 2013, from http://psychcentral.com/lib/understanding-different-approaches-to-psychotherapy/0003077

Marlow, C.R. & Boone, S. (2005). Research methods for generalist social work (4th ed.). Mexico. Brooks/Cole.

Mashigo, D.M.A. (2010). The coping strategies of the Ekurhuleni emergency service employees. University of the Witwatersrand: Johannesburg.

Matsakis, A. (1994). *Post-Traumatic Stress Disorder: A Complete Treatment Guide*. California: New Harbinger Publications.

McCann, I.L. & Pearlman, L.A. (1990). Vicarious Traumatisation: A Framework for Understanding the Psychological Effects of Working with Victims. *Journal of Traumatic Stress*, 3(1), 131-147.

Mildenhall, J. (2012). Occupational stress, paramedic informal coping strategies: A review of the literature. Journal of Paramedic Practice, Vol. 4, Iss. 6, 01 Jun 2012, pp 318-328.

Miller, B. (2003). *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health*, Seventh Edition. Philadelphia: Saunders.

Miller, R.B., Anderson, S. & Keala, D.K. (2004). *Is Bowen theory valid? A review of basic research*. Journal of Marital and Family Therapy; Oct 2004; 30, 4; Research Library pg. 453.

Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier. [Online]. Available http://medical dictionary.thefreedictionary.com/emergency+medical+service

National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

National Health Act. (2003). Government Gazette, Act No 61, No 26595. Vol 469. 23 July 2004: Cape Town.

Neuman, W.L. 2006. Social research methods: qualitative and quantitative approaches.

Boston, MA: Pearson Education.

Oxford English Dictionary. (2015). Oxford University Press. [Online]. Available http://www.oxforddictionaries.com/definition/english/spouse

Patterson, B. (2014). *Psychotherapy and grief counselling*. [Online]. Available http://bethspatterson.com/treating-trauma-grief-hierarchy-needs/

Pillay, R. (2009). Work satisfaction of professional nurses in South Africa: A comparative analysis of the public and private sectors. Human Resources for Health, 7(15): 1-10.

Porter, S. (2008). *Increasing paramedic students' resiliency to stress: Assessing Correlates and the impact of Intervention*. Fanshawe College.

Porter, S. (2013). An exploration of the support needs of Ambulance Paramedics. Victory University: College of Health and Biomedicine.

Qualitative Research Consultants Association. (2015). What is Qualitative research? See http://www.qrca.org/?page=whatisqualresearch

Regehr, C. (2005). *Bringing the trauma home: Spouses of paramedics*. Journal of Loss and Trauma: International Perspectives on Stress & Coping, 10:2, 97-114.

Regehr, C., Goldberg, G., & Hughes, J. (2002). *Exposure to human tragedy, empathy and trauma in ambulance paramedics*. American Journal of Orthopsychiatry., 72(4).

WESTERN CAPE

Regehr, C. & Bober, T. (2005). *In the line of fire: Trauma and the emergency services*. New York: Oxford University Press.

Renshaw, K.D., Allen, E.S., Rhoades, G.K., Blais, R.K., Markman, H.J. & Stanley, S.M. (2011). Distress in Spouses of Service Members with Symptoms of Combat-Related PTSD: Secondary Traumatic Stress or General Psychological Distress? J Fam Psychol. 2011 Aug; 25(4): 461-469.

Retief, Y. (2004). *Healing for trauma in the South African context*. Struik Christian Media: Cape Town.

Rice, P.L. (1999). Stress and health. (2nd ed). Pacific-Grove: Brooks/Cole.

Robin, A.L. & Foster, S.L. (2003). *Negotiating parent-adolescent conflict: A behavioural family systems approach*. The Guilford Press: New York.

Robinson, R. (1997). Evaluation of the Victorian Ambulance Crisis Counselling Unit.

Melbourne: Victorian Ambulance Crisis Counselling Unit.

Robinson, R. (2002). Follow up study of health and stress in ambulance services of Victoria, Australia: Report 1. Paramedics and their partners. Melbourne: Victorian Ambulance Counselling Unit.

Ross, M. (2010). Research Methods: A practical guide for the social sciences. University of Birmingham: Longman.

Roth, S.G., Reed, R.A. & Zurbuch, H. (2008). *The effects of working in emergency medical services on family life*. In: MR Blakely, SM Timmons (Eds.): Lifestyle and Health Research. New York: NovaScience Publishers.

Rubin, A. & Babbie, E. (2001). *Research Methods for Social Work (4th Ed.)*. Wadsworth/Thomson Learning, USA.

Rubin, A. & Babbie, R. (2008). Research Methods for Social Work (6th Ed.). Thompson Brooks/Cole, USA.

Rughoo, N. (2010). Exploring the psychological effects of trauma counseling on novice trauma counselors. University of South Africa.

Salston, M. & Figley, C.R. (2003). Secondary traumatic stress effects of working with survivors of criminal victimization. Journal of Traumatic Stress, 16(2), 167-174.

Sanders, M.J., McKenna, K.D., Lewis, L. & Quick, G. (2012). *Mosby's paramedic textbook*. USA: Jones & Barlett Learning.

Satterwhite, R. (2013). *Being a female paramedic: Saving lives 'like a girl'*. [Online]. Available http://adacountyparamedics.com/2013/04/02/being-a-female-paramedic/

Scarpa, A., Haden S.C. & Hurley J. (2006). Community violence victimization and symptoms of posttraumatic stress disorder: The moderating effects of coping and social support.

Journal of Interpersonal Violence. Volume 21 Number 4 April 2006 446- 469.

Shamoo, A.E. & Resnik, D.B. (2003). *Responsible conduct of research*. Oxford University Press.

Shantz, M.C. (2002). *Effect of work related stress on firefighter/paramedic*. Eastern Michigan University Ypsilanti Mi: School of fire staff and command.

Sherin J.E. & Nemeroff, C.B. (2011). *Post-traumatic stress disorder: the neurobiological impact of psychological trauma*. Florida: USA.

Siegfried, C.B. (2008). *Child Welfare Work and Secondary Traumatic Stress*. The National Child Traumatic Stress Network. [Online]. Available

http://www.nctsnet.org/nctsn_assets/pdfs/CWT3_SHO_STS.pdf

Skowron, E.A., Wester, S.R. & Azen, R. (2004). *Differentiation of self-mediates college stress and adjustment*. Journal of Counseling & Development, Volume 82, Issue 1, pages 69-78.

Slabbert, M. (2008). An Analysis of Staff Turnover in the Optometric Industry. MBA Mini Dissertation, Unpublished. Potchefstroom: North West University.

Smit, J.A. (2006). The Influence of Coping and Stressors on Burnout and Compassion

Fatigue Among Health Care Professionals. PhD Thesis, Unpublished. University of Free

State, Bloemfontein.

South African Police Services (SAPS). (2012). [Online].

Available at: http://www.saps.gov.za/statistics/reports/crimestats/2012/province.htm

Stebbins, R.A. (2001). *Exploratory research in the social sciences*. Sage Publications: Thousand Oaks, CA.

Taylor, S. (1998). Coping strategies. University of California: San Francisco.

Terre Blanche, M., & Durrheim, K. (1999). *Research in practice*. Cape Town: University of Cape Town Press.

Terre Blanche, M., Durrheim, K. & Painter, D. (2006). Research in practice: Applied methods for social sciences (2nd ed.). University of Cape Town: South Africa.

The Bowen Centre for the study of the family. (2015). Washington. [Online]. Available http://www.thebowencenter.org/

The Diagnostic and Statistical Manual of Mental Disorders (4th Ed.). (2000). American Psychiatric Association.

Titelman, P. (2013). Clinical applications of Bowen family systems theory. The Haworth Press Inc: New York.

Toseland, R.W. & Rivas, R.F. (2001). *An introduction to group work practice* (4th Ed.). USA: Allyn & Bacon.

Tudor, C.S. (2013). *Occupational exposure to primary and secondary trauma in corrections*. [Online]. Available http://www.corrections.com/news/article/31682

Van der Ploeg, E. & Kleber, R.J. (2003). Acute and chronic job stressors among ambulance personnel: Predictors of health symptoms. Occupational Environmental Medicine, 60 (Suppl 1): 140-146.

Wiek, K.L., Dols, J. & Northam, S. (2009). What Nurses Want: The Nurse Incentives Project. Jannetti Publications, Inc.

William, M.K. (2006). *Research Methods Knowledge Base*. [Online]. Available http://www.socialresearchmethods.net/kb/contents.php

Wilson, K.L. (1998). An Exploratory Study into Secondary Traumatic Stress in trauma/crisis counsellors and the perceived effectiveness of supervision as a debriefing process and coping mechanism. Unpublished Masters Dissertation. University of Witwatersrand, Johannesburg.

Young, M. (2004). Exploring the meaning of trauma in the South African police service. Department of Psychology: University of Pretoria.

Young, M., Koortzen, P. & Oosthuizen, R.M. (2012). Exploring the meaning of trauma in the South African Police Service: A systems psychodynamic perspective. SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde, 38(2), Art. #1004, 11 pages. http://dx.doi.org/10.4102/sajip.v38i2.1004

Zimmerman, F. (2012). Cardiovascular disease and risk factors in law enforcement personnel: A comprehensive review. Cardiology in Review, 20(4). 159-166.

APPENDICES

Appendix I: Ethics clearance form

SR1



NAME: Kerry Lee Wheater

UNIVERSITY of the WESTERN CAPE DEPARTMENT OF RESEARCH DEVELOPMENT

UWC RESEARCH PROJECT REGISTRATION AND ETHICS CLEARANCE APPLICATION FORM

This application will be considered by UWC Faculty Board Research and Ethics Committees, then by the UWC Senate Research Committee, which may also consult outsiders on ethics questions, or consult the UWC ethics subcommittees, before registration of the project and clearance of the ethics. No project should proceed before project registration and ethical clearance has been granted.

PARTICULARS OF INDIVIDUAL APPLICANT

DEPARTMENT: Social Work	FACULTY: Human Sciences
FIELD OF STUDY: MA Child and Family Studies	SITY of the
ARE YOU: A member of UWC academic staff? A member of UWC support staff? A registered UWC student? From outside UWC, wishing to research at or with UWC?	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ ☐ Yes ☐ No ☐ ☐ Yes ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
H	ARS OF PROJECT
PROJECT NUMBER: TO BE ALLOCATED BY SENATE EXPECTED COMPLETION DATE: October 2014	E RESEARCH COMMITTEE:
PROJECT TITLE: Spouses' experience of secondary traus	ma among emergency service personnel
TUDES VEV WARDS DESCRIBING BRAISCT. Second	ary trauma, emergency service personnel, spouses

Appendix II: Senate Research Committee Approval Letter



OFFICE OF THE DEAN DEPARTMENT OF RESEARCH DEVELOPMENT

11 February 2014

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by: Ms KL Wheater (Social Work)

Research Project:

Spouses' experiences of secondary trauma among emergency service personnel.

Registration no:

13/10/44

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study. WESTERN CAPE

Ms Patricia Josias

Research Ethics Committee Officer

University of the Western Cape

Private Bag X17, Bellville 7535, South Africa T: +27 21 959 2988/2948 . F: +27 21 959 3170 E: pjosias@uwc.ac.za www.uwc.ac.za

A place of quality, a place to grow, from hope to action through knowledg

Appendix III:

Letter of request for research study

13 March 2014

Dear Sir/ Madam,

My name is Kerry Wheater and I am a Masters student in Child and Family Studies at the University of Western Cape. I'm conducting my master's thesis on *Spouses' experience of secondary trauma among emergency service personnel*. I am doing a qualitative study and thus my sample size is small. My goal is to approach different emergency service companies in order to obtain permission to recruit 8 spouses of EMS personnel to participate in this exploratory study.

Therefore I hereby seek permission of your organisation to conduct my research study to explore spouses experiences of secondary trauma among emergency service personnel. I'm required to recruit 8 spouses of EMS personnel who work for your organisation to participate in this study and the following criteria will be used for selecting participants for the study:

- the spouse is required to be in a relationship with an EMS personnel member who has been working for the emergency service company for a minimum of two years;
- the spouse is required to be in a relationship with an EMS personnel member who works in a position in which she/he is exposed to trauma on a regular basis;
- the spouse should be married, or cohabitating, with the EMS personnel member for a minimum of two years;
- the participants are required to be conversant in English.

I have attached all my research proposal documentation which includes the Abstract, Proposal document, Ethical clearance form, Interview guides, Information sheet, and the Consent form for your own perusal. The obtained results from this research will be used to produce recommendations for social work intervention on working with EMS personnel and their families.

Yours Sincerely,

Kerry Wheater

0837115737

Appendix IV: Information sheet



University of the Western Cape

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959, Fax: 27 21-959
E-mail: mdejager@uwc.ac.za

INFORMATION SHEET

Project Title: Spouses' experience of secondary trauma among emergency service personnel

What is this study about?

This is a research project being conducted by <u>Kerry Lee Wheater</u> at the University of the Western Cape. We are inviting you to participate in this research project because you are <u>currently married or in a relationship with an emergency service (EMS) personnel who has been working for the emergency service company for a minimum of two years. The purpose of this research project is <u>explore and describe spouses' experiences of secondary trauma among emergency service personnel.</u></u>

What will I be asked to do if I agree to participate?

You will be asked to participate in an individual in-depth interview, which will be semi-structured in nature and will take approximately one to one and a half hours to conduct. The researcher will contact you in order to arrange for a suitable time and place to conduct the interview. The purpose of the research and the nature of the research process will then be explained to you. Permission will be solicited from you to use the interview for research purposes. This research involves voluntary participation and you have the option to withdraw at any time. A written consent will be obtained from you and you will be reassured that your identity will remain confidential. Permission to audiotape the session will also be acquired. These authorization forms and transcriptions will be held in a safe place. The researcher will explain the interview procedure and process to you. Interviews will follow a semi-structured interview guide which serves as a guideline for relevant topics that need to be addressed. You will be encouraged to provide clear descriptions of your experiences and be willing to discuss your past and present experiences, thereby revealing sensitive and personal information in the process. The semistructured interview guide will ensure standardization in the broad areas explored but will also allow interviewers to pursue unexpected and unique avenues that may be important to you. You will do most of the talking, but the researcher will give direction in the interview where specific topics raised by you will be further explored. The language use is important and the interview will be conducted in English but caution will be applied not to put you under pressure. Individual's

that speak another language such as, Afrikaans, Xhosa, Zulu, or any other language, but who are conversant in English, can participate in the study. Please see attached a summary of the questions that will be asked.

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality, you will be fully informed of all aspects of the study before being required to sign informed consent to your participation. Informed consent will be obtained from all participants to ensure quality and integrity. The researcher will also ensure confidentiality of your information by: having locked filing cabinets and storage areas; using identification codes only on data forms; and using password-protected computer files. For coded identifiable information: (1) your name will not be included on the surveys and other collected data; (2) a code will be placed on the survey and other collected data; (3) through the use of an identification key, the researcher will be able to link your survey to your identity; and (4) only the researcher will have access to the identification key. If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

What are the risks of this research?

There may be some risks from participating in this research study. The research may involve emotional risks to the subject that are currently unforeseeable. Awareness will also be given to any physical or emotional harm which could result from the study. Information that might harm the participants' employment or embarrass them will not be disclosed and will remain confidential. Debriefing will also be provided for participants that may request it, which constitutes an imperative part of the research process as it provides the participants with the chance to work through their experience and to address any negative feelings brought up their participation in the study. Those participants, who need debriefing, will be referred to a social

worker based at an employee wellness company called ICAS which will be arranged by the researcher and will remain confidential.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about spouses' experiences of secondary trauma among emergency service personnel. We hope that, in the future, other people might benefit from this study through improved understanding into the experiences of secondary trauma in South Africa, particularly with concern to family members of EMS personnel, a population often ignored. Due to the limited research that has been done in this area, this study would contribute to the knowledge base of exploring and describing the impact this type of highly stressful and traumatic job can have on the families of emergency personnel, particularly in South Africa. EMS personnel as well as their family members could benefit from this study because the overall outcome of this research would be to implement support structures and programmes for families, make available different coping mechanisms for the families of EMS personnel, as well as, provide the adequate resources for individual and family therapy where necessary. As a participant you will also be entered into a lucky draw to win a Woolworths voucher of R250.00.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?

Participants, who require counselling or debriefing, will be referred to a social worker based at an employee wellness company called ICAS, which will be arranged by the researcher and will remain confidential.

What if I have questions?

This research is being conducted by <u>Kerry Lee Wheater</u>, through the department of Social Work, at the University of the Western Cape. If you have any questions about the research study itself, please contact <u>Kerry Lee Wheater at: 0837115737; klwheater@gmail.com</u>.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: Prof C Schenck University of the Western Cape Private Bag X17 Belville 7535

Tel: 021 9592011

Email: cschenck@uwc.ac.za

Dean of the Faculty of Community and Health Sciences: Prof J Frantz

University of the Western Cape

Private Bag X17 Bellville 7535

Email: jfrantz@uwc.ac.za

Tel: 0219592746

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Appendix V: Consent Form



University of the Western Cape

Private Bag X 17, Bellville 7535, South Africa Tel: +27 21-959, Fax: 27 21-959 E-mail: mdejager@uwc.ac.za

CONSENT FORM

Title of Research Project: Spouses' experience of secondary trauma among emergency service personnel

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

This research project involves making audiotapes of you. Permission to audiotape the session will be acquired. These authorization forms and transcriptions will be held in a safe place. The audio tape is used as an information aid which will assist the researcher in analysing the information and data recorded. The cassettes will be coded so that no personally identifying information is visible on them and they will be kept in a secure place (e.g., a locked file cabinet in the researcher's office). They will be heard or viewed only for research purposes by the researcher and her associates. The tapes will be retained for possible future analysis.

	I agree to be audiotaped during my participation in this study.
	I do not agree to be audiotaped during my participation in this study.
Parti	cipant's name
Parti	cipant's signature
Witn	ess
Date	

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Dr M de Jager

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)959-3674

Cell: 083 306 2599

Fax: (021)959-2845

Email: mdejager@uwc.ac.za

Student: Kerry Lee Wheater

P.O. Box 98434, Sloane Park, 2152

Telephone: 083 711 5737

Email: klwheater@gmail.com

UNIVERSITY of the WESTERN CAPE

Appendix VI:

Interview Guide

Biographical data of participant	Date:
Participant no:	
Age:	
Gender:	
Language:	
Ethnicity:	
How long have you been together with your spouse?	•
How long has your spouse been working in the emer	gency service (EMS) field?
How do you feel about your spouse working in the I	EMS field?
WESTERN CA	PE
How often is your spouse exposed to traumatic incid	lents at work?
Does your spouse discuss any traumatic incidents he	s/she may have been exposed to at work?
• If yes, does this have an impact on your relationship	, and how?
 How do you feel if your spouse describes a trauma work? 	tic incident he/she may have witnessed at
Have you noticed any behavioural changes in your	spouse since he/she has been working in

the EMS field?

•	If yes,	what	changes	have	you	noticed	and	how	does	this	behaviour	influence	your
	relations	ship?											

- Have you noticed any behavioural spouse in yourself since your partner has been working in the EMS field?
- What type of impact does your spouse working in the EMS field have on your relationship, if any?
- What are your current coping mechanisms?
- How does shift work affect you and your partner's relationship?
- Please will you describe your current family situation?

 UNIVERSITY of the
- What type of social support do you have?
- What type of social support does your spouse have?
- Have you and your spouse experienced any social challenges since your spouse started working in the EMS field?
- What strategies do you use to help manage any challenges in your relationship?
- What type of support do you think should be provided for EMS personnel?
- What type of support should be provided for the partner's/spouses of EMS personnel?

Appendix VII:

22 October 2015

To whom it may concern

Dear Sir/Madam

RE: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title

SPOUSES' EXPERIENCE OF SECONDARY TRAUMA AMONG EMERGENCY SERVICES PERSONNEL

Author

Kerry Lee Wheater

The research content or the author's intentions were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax number, e-mail address or website.

Yours truly

Publisher/Proprietor

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