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Attraction and Retention of Ambulance Paramedics in British Columbia

By:

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We acknowledge and respect the Ləkʷəŋən (Songhees and Xʷsepsəm/Esquimalt) Peoples on whose territory the university stands, and the Ləkʷəŋən and W̱SÁNEĆ Peoples whose historical relationships with the land continue to this day.

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Executive Summary

Acting as the primary responders within provincial ambulance services, adequate staffing of Paramedics is key to the overall functioning of most Canadian emergency medical systems. However, most of the workforce-related research on this important occupational group is based on ambulance services outside of Canada. Studies which focus on the workplace factors affecting the attraction and retention of ambulance personnel within the Canadian context are limited. This is problematic, as there is a wide variance in the structures of emergency medical response frameworks across different jurisdictions; even across Canadian provinces. Additional information on the context-specific factors which influence the attraction and retention of Canadian paramedics would likely prove useful to policy makers and health authorities in B.C. Other Canadian jurisdictions may also benefit from additional validated research constructs to inform cross-provincial comparisons of ambulance structures.

To this end, this exploratory study utilized a semi-structured, one-on-one interview format to acquire qualitative data on the subjective workplace experiences of working ambulance paramedics in B.C. In addition to providing practical data on the workplace dynamics of Paramedics in B.C., the study attempted to illustrate a set of theoretical concepts potentially useful for future studies involving ambulance paramedics in the provincial context. A conceptual framework drawn from previous literature was used to inform the interview questions. A convenience sample of 12 Paramedics were asked to discuss the factors which most influenced their decision to enter the profession, as well as the workplace factors they felt most influenced retention. Respondents were also asked if they had recommendations towards improving their working experiences.

Interview data was organized into themes. 'Attractant' themes were grouped by question intent while retention and improvement-related themes were organized into groups aligning with the concept-categories outlined within the conceptual framework. 3-5 themes arose within each attractant group and conceptual framework. These themes were then analyzed and discussed within the wider academic and environmental context. Respondent recommendations for improvement were also discussed in the course of this wider analysis.

The analysis conducted under this study outlined 10 potential areas of future research within the field of Paramedic attraction and retention. 12 recommendations potentially of use for improving the retention of ambulance personnel in B.C. were synthesized from both the explicit recommendations of respondents, as well as the content of the emergent themes. While the conceptual framework utilized within the study requires further validation, the results of this study may nonetheless be useful for both policy makers looking to improve the stability of the provincial ambulance workforce and researchers looking to add to the literature on Canadian Paramedics.

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Introduction

Over the last two decades, there has been a growing interest in the hiring and retention of qualified ambulance personnel among managers and researchers. As paramedics frequently operate as the primary responders within ambulance services (BCEHS, n.d.-f; Government of Alberta, 2012; Government of Canada, 2012), adequate staffing of this occupational group is key to the overall functioning of provincial emergency response frameworks. Many studies in the field focus on attrition over retention; expressed as a function of ‘intention to leave’ the profession or workplace supplemented by the reported reason(s) for leaving (Blau & Chapman, 2016; Cash et al., 2018; Chapman et al., 2009; Crowe et al., 2018; Fischer & MacPhee, 2017). Studies which focus on retention often discuss the issue in relation to workplace satisfaction; as satisfaction has been correlated with both performance and workplace turnover (Chapman et al., 2016; Judge et al., 2001; Spector, 1997). Research on satisfaction in paramedic populations has found that the opportunity to help others, the exciting/challenging nature of the work, working relationships, opportunities for advancement, pay and benefits, and task variety were the occupational factors most strongly associated with retention (Blau & Chapman, 2011, 2016; Chapman et al., 2009; Patterson et al., 2005, 2009). A number of factors have been cited as important attractants for the paramedic profession, including ‘a desire to help others’, a desire for an exciting job’, and the ‘respect’ associated with the profession (Chapman et al., 2016; Lineros, 2020; Patterson et al., 2005; Ross et al., 2016).

However, much of this research is centered on emergency medical personnel working in the United States; and a significant portion of this literature (studies utilizing the LEADS data set, see ‘Literature Review’ for further explanation) employs data from a survey instrument which has not been validated for use in Canadian research. Research on Canadian paramedics is, in general, limited (Fischer & MacPhee, 2017). Further, due to differences in the structure of emergency response frameworks, the occupational features of ambulance services vary widely across national and provincial jurisdictions (Alberta Health Services, n.d.; BCEHS, n.d.-g, n.d.-e; Government of Ontario, n.d.; National Registry of EMTs, n.d.). British Columbia (B.C.), for

example, has a publicly-funded ground ambulance service run by provincial government agencies, whereas Ontario divides this responsibility between certain municipalities and designated delivery agents (BCEHS, n.d.-e, n.d.-f; Government of Ontario, n.d.; Public Health Services Authority, n.d.). This is problematic for policy makers and health organizations, as previous research has shown that occupational context can significantly influence reported satisfaction and overall attrition in emergency medical personnel (Federiuk et al., 1993; Patterson et al., 2010).

The lack of directly-comparable occupational research is an especially significant consideration for health policy makers in British Columbia; as union officials and the media have reported low numbers of operational ambulances (Ambulance Paramedics of British Columbia, 2022b; Daflos, 2022), and increases in scene-response times over the last few years (Ambulance Paramedics of British Columbia, 2022a; Little & Garcha, 2021; McSheffrey, 2022). According to media sources, this is due, in large part, to ongoing staffing challenges within the provincially-run ambulance service, operated by B.C. Emergency Health Services (BCEHS) (Daflos, 2025a; Little & Garcha, 2021; McSheffrey, 2022). Additional research into the factors which influence the attraction and retention of ambulance paramedics within the provincial context could prove useful to provincial hiring authorities interested in facilitating the stability of the ambulance workforce into the future. Specifically, there is a need for a validated set of conceptual constructs which are appropriate for describing the workplace factors which most influence or inhibit Paramedic retention and motivation in B.C. This research may also be useful for other Canadian jurisdictions interested in comparing Paramedic workforce dynamics across the country.

This paper will attempt to redress the lack of Canadian ambulance workforce literature by providing qualitative interview data on the self-reported factors which influence the attraction and retention of ambulance paramedics in BC. In doing so, this study will attempt to illustrate a set of theoretical constructs potentially useful for describing the factors which affect attraction and retention in B.C. Paramedics. The data gathered from this study will also provide an initial test of the validity of those constructs.

This exploratory study interviewed 12 Paramedics to collect data on the initial attractants to work in the ambulance service; as well as the factors which working Paramedics felt were the most influential on their sustained workplace motivation. The final set of retention questions also solicited explicit recommendations from respondents towards improving their workplace experiences. These recommendations were then synthesized with other results data into 12 recommendations for the consideration of the ambulance service and provincial health authorities.

Literature Review:

'Paramedicine', is a broad term which encompasses a number of professions with varying specialities; there is no single definition in Canada (Bowles et al., 2017). The working term 'paramedic' in the Canadian literature generally refers to a practitioner holding a 'Primary Care Paramedic' (PCP) level licence (or equivalent), issued by a given provincial health authority or another delegated agency, while working in an 'ambulance service' setting (Bigham et al., 2014; Bowles et al., 2017;). Studies in the United States commonly use either the umbrella term 'emergency medical services (EMS) worker', or specify the (nationally-regulated) licence categories held by study participants (usually Emergency Medical Technician-Basic (EMT-Basic) or Paramedic) (Levine, 2016); they generally do not specifically refer to the occupational setting.

The literature on the working experience of paramedics describes a state of affairs in line with anecdotal assumptions about work in EMS. Work in an ambulance setting was shown to entail a high degree of job-site stress (Kukowski et al., 2016; Lawn et al., 2020) in addition to significantly higher-than-average rates of workplace injury (Weaver et al., 2015). Contributing to this stress was a high rate of jobsite violence (Maguire et al., 2018; Mausz et al., 2023). In particular, one Canadian study found that 75% of paramedics had suffered at least one violent incident in the workplace within the last year (Bigham et al., 2014). These factors likely contribute to the high rates of PTSD and burnout experienced by Paramedics (Kukowski et al., 2016; Lawn et al., 2020; Mausz et al., 2022); high even when compared to other first-response services (McFarlane et al., 2009).

There is a limited, but growing body of literature which focuses explicitly on Paramedic (and/or EMT) workforce issues. A significant portion of the available research utilizes survey data from one source: the Longitudinal EMT Attributes and Demographic Study (LEADS). LEADS was a 10-year study commissioned as a joint venture by the United States Department of Transportation, National Highway Traffic Safety Administration, and the National Registry of Emergency Medical Technicians (NREMT) (Brown et al., 2002). The study utilized the NREMT's national registry to acquire annual survey data on a variety of aspects related to the paramedic

workforce across the US, including job satisfaction and intention to leave the profession (Levine, 2016, p. 20).

'Job satisfaction,' generally speaking, is a measure of how one feels about one's job (or the elements of one's job) (Spector, 1997). Satisfaction can be measured as either a single assessment of overall satisfaction with a job, or as an assessment of individual elements of the working experience (Spector, 1997). The LEADS survey instrument measured satisfaction utilizing a 9-category questionnaire. In their 2009 paper, Chapman et al. categorized these 9 survey categories into a two-factor analysis of 5 'intrinsic' satisfiers ("exciting job, technical challenges, variety of tasks, working without close supervision, and helping others") and 4 'extrinsic' satisfiers ("pay and benefits, work schedule, advancement opportunities, and supervision"). 'Intrinsic' job factors are the aspects of the working experience which are specific to the job in question (e.g. the enjoyable qualities of the job tasks themselves), while extrinsic factors are reflective of the work place in general (e.g. the pay and benefits) (Spector, 1997, p. 23). As Chapman et al. note in their paper, their intrinsic/extrinsic distinction of satisfaction coheres somewhat with the 'two-factor' or 'motivation-hygiene' theory of job attitudes put forward by Frederik Herzberg (Chapman et al., 2009; Herzberg, 1974; Herzberg et al., 1958). This will be discussed further in the 'conceptual framework' section of this paper.

Chapman et al. (2009) found that 'intrinsic' job satisfaction was negatively correlated with intent to leave the profession only for paramedics (not EMT-Basics). Extrinsic job satisfaction was negatively correlated with intent to leave the profession for both paramedics and EMT-Basics; although a surprise finding was that "paramedics reported lower mean extrinsic job satisfaction [than EMT-Basics] despite the fact that they are paid more" (Chapman et al., 2009, p. 497). The authors further noted that a focus on lesser-studied extrinsic satisfiers like improved supervision would be a useful area of future study for retention within the profession (Chapman et al., 2009, p. 499). Similarly, a (2016) study by Blau and Chapman, utilizing year over year results of LEADS data, found that extrinsic job satisfaction was an important factor for the retention of both EMT-Basics and Paramedics; but that "lower intrinsic job satisfaction had a significant relationship with intent to leave the profession for EMT-Paramedics but not EMT-

Basics” (Blau & Chapman, 2016, p. 110). The study also found a high rate of overall satisfaction with the profession within both sample groups (Blau & Chapman, 2016). A later study by Chapman et al. (2016) which focused on the attraction and retention of *new* Paramedics and EMTs found that (LEADS) survey satisfaction items were scored highly (within 80-100% reported satisfaction) across all 10 years of the LEADS study (Chapman et al., 2016). Respondents were consistently less satisfied with both ‘pay and benefits’ and ‘opportunities for advancement’; with paramedics being consistently (year-over-year) less satisfied with advancement opportunities when compared against EMT-basics (Chapman et al., 2016, p. 14). Conducting a secondary analysis of cross-sectional (2005) LEADS survey data, Patterson et al. (2009) found that a very high percentage of EMT Basics and Paramedics were satisfied with ‘being able to help others’ (99.5%), ‘being able to work without close supervision’ (97.2%), ‘performing a variety of tasks in a variety of situations’ (97.1%), ‘their working relationships with other EMTs’ (96.8%), and ‘having a job that’s exciting’ (96.5%) (Patterson et al., 2009). Survey respondents were least satisfied with ‘opportunities for advancement’ and ‘pay and benefits’ (67.8% and 55.2%, respectively) (Patterson et al., 2009).

Outside of LEADS studies, an early and influential paper by Federiuk (1993) found that paramedics employed in public, fire-oriented EMS services had higher intrinsic and extrinsic job satisfaction than private agency paramedics. The study also found that “female paramedics from private agencies reported lower overall job satisfaction than did male paramedics from public or private agencies” (Federiuk et al., 1993, p. 661). A study of German paramedics found that respondents were least satisfied with their payment and their organization/ management; respondents were most satisfied with their jobsite activities and their relationships with their colleagues (Eiche et al., 2021). 16.5% of respondents indicated that they were not satisfied with their jobs overall (Eiche et al., 2021, pp. 7–8).

Many studies, including those using LEADS data, attempt to measure actual or intended withdrawal from the profession or job over more proximal indicators. In most cases, this was conducted in tandem with assessments of job satisfaction or, alternatively, alongside the reported reasons (or contributing factors) for the intention to leave. As previously noted, annual

rates of attrition within the paramedic profession vary widely based on agency context (Patterson et al., 2010). Patterson et al.'s (2010) research found an annual turnover rate of 10.7% in the (US-based) EMS agencies they contacted. A study by Cash et al. (2018) found a 4% rate of annual attrition within their sample; with many respondents intending to return to the profession at a later time. As it is difficult to acquire data on actual paramedic resignations that occur within the industry (Blau & Chapman, 2016), 'intent-to-leave' was often used as a proxy metric for actual resignations within the workforce (Blau & Chapman, 2016; Chapman et al., 2009; Fischer & MacPhee, 2017). Blau and Chapman (2016) found US paramedics were more likely to report an intention to leave a specific workplace rather than leaving the profession entirely. Concurrently, Crowe et al. (2018) found that 19.7% of paramedics planned to leave their current workplace within 12 months, while only 8.4% intended to leave the EMS profession entirely (within the same timeframe). An early LEADS paper by Brown (2002) found that approximately 7% of Paramedics intended to leave the profession within 12 month. In the Canadian context, Fischer and MacPhee (2017) found as many as 19% of the paramedics surveyed intended to leave the profession within two years, and 21% planned to reduce their work hours from full time to part time.

Many of the studies focusing on Paramedic/EMT attrition, including those utilizing LEADS data, captured the reported reasons for leaving (or intention to leave) their job or profession. The literature was somewhat divided on the degree to which jobsite stress affected turnover. Some studies (Bigham et al., 2014; Blau & Chapman, 2011) found the factor to be a key contributor, while others suggested it was just one of several significant factors (Blau & Chapman, 2016; Cash et al., 2018). There was significant consistency in the literature, however, that 'dissatisfaction with compensation' had a major influence on turnover rates (Blau & Chapman, 2016; Cash et al., 2018; Chapman et al., 2009, 2016; Freeman et al., 2009). This may not be an entirely surprising finding, given that previous research has found that paramedics tended to receive lower wages than other first-responder professions (Chapman et al., 2009) while being burdened by comparatively extensive continuing competency requirements (Freeman et al., 2009). Other reported factors associated with EMT/Paramedic turnover or intention to leave included: a lack of job challenge (Blau & Chapman, 2011), a desire for further

education (Blau & Chapman, 2016; Cash et al., 2018), a lack of career advancement (Chapman et al., 2016; Fischer & MacPhee, 2017), and dissatisfaction with management (Blau & Chapman, 2016).

Studies which explore recruitment into the paramedic profession are extremely limited. The few studies available vary widely in their methodologies and choice of conceptual frameworks. An early and influential paper by Patterson et al. (2005) utilized qualitative, focus-group interviews to explore the factors which most influenced the attraction and retention of EMTs and Paramedics. Data acquired under the study was categorized into three major themes, which included sub-themes related to specific, commonly-raised discussion points. Theme 1 was entitled, 'EMS is a Professional Afterthought'; and broadly referred to interviewee's common experience that EMS was not their first choice of occupation (Patterson et al., 2005). This theme also included sub-themes related to interviewee's desires to "give back to the community," the influence from role models within the profession, and the desire for an exciting and challenging job (Patterson et al., 2005, p. 158). Theme 2 was entitled 'EMS is an Emotional Paradox' and encapsulated respondent's feelings of "intense stress and job-related dissatisfaction with intense professional camaraderie and satisfaction" (Patterson et al., 2005, p. 158). Sub-themes included specific work-related stressors, dissatisfaction with "attention and recognition from upper management," dissatisfaction with pay and benefits, and strong feelings of workplace camaraderie (Patterson et al., 2005, p. 160). Theme 3 was entitled 'EMS is an Educational Blackbox' and concerned the "commonly held opinion among most respondents that the educational process for EMTs and paramedics remains underdeveloped" (Patterson et al., 2005, p. 159). A more recent study by Lineros (2020) undertook a qualitative analysis to examine "how Men of Color in [Texan] community college paramedical programs experienced their awareness, interest, and proactive choice of paramedicine as a course of study" (Lineros, 2020, pp. 181–182). Study findings were organized into 3 'meta-narratives' related to attractants to the paramedic profession. These included: 'the importance of media influences' (which included discussions around the importance of mentor influence and community colleges), 'the need for ongoing support' (specifically from mentors, family, and coworkers), and 'the need for external validation.' Other studies utilized quantitative survey methodologies to gather data related to

predetermined 'attractant' constructs. The 2016 study of new paramedics and EMTs by Chapman et al. included an analysis of the LEADS survey measure which assessed (on a yes/no basis) which items were important for influencing entrance into EMS. The study examined the 11-item measure over 9 of the 10 sample years. The most commonly cited reasons for entering the field were "caring for those in need" and wanting an "exciting job" (Chapman et al., 2016, pp. 9, 13). Other important factors included a desire to "learn about health careers" and a desire to pursue "new career opportunities" (Chapman et al., 2016, pp. 9, 13). An Australian study by Ross et al. (2016) used a unique, 19-item survey to examine "the motivations behind students' decision to enrol in a degree in emergency health (paramedic) or double degree emergency health (paramedic) and nursing" (pp. 1-3). The most important survey items for influencing vocational choice were found to be 'wanting to help people,' 'saving lives' and 'exciting career' (Ross et al., 2016, pp. 4-6). Other items rated as important factors were 'interest in medicine,' 'giving back to the community,' 'an admired and trusted profession' and 'working environment' (Ross et al., 2016, pp. 4-6). Finally, a study by Freeman et al. (2009) surveyed EMS directors across the United States to assess differences in recruiting and retention between rural and urban EMS agencies. They found that 49.8% of the metro EMS agencies and 56.5% of the rural agencies they surveyed were not fully staffed (Freeman et al., 2009, p. 249). Across both sample groups, the most commonly-reported factors contributing to recruitment difficulties were 'community members having no time to volunteer,' 'community members not interested in volunteering,' and 'a lack of certified EMTs or Paramedics in the area' (Freeman et al., 2009).

Taken together, the literature surveyed suggests that paramedics tend to operate in challenging workplace settings. The assessed rate of actual attrition or 'intention to leave' varied significantly across studies. Overall satisfaction with the profession appears to be relatively high, except in regards to certain extrinsic elements. Regardless, some of the American, as well as the (limited) Canadian evidence, suggests that retention may be a significant issue within the profession. Attractants to the profession are, in general, understudied; although a desire to help others (or similar altruistic motivation) is frequently cited as one of the most important reasons for entering the profession across studies.

Conceptual Framework

The conceptual framework utilized within this study is based on a unique combination of factors drawn from the available literature on paramedic attraction and retention. Specifically, key constructs were selectively drawn from the focus group findings of Patterson et al (2005), the survey findings of Ross et al. (2016), the interview themes outlined by Lineros (2020), a quantitative survey analysis by Chapman et al (2016), and the satisfaction survey items used within the LEADS study framework (Levine, 2016). The framework concepts were also informed by Herzberg's two-factor theory of job motivation and the literature concerning 'public service motivation' (PSM).

Herzberg proposed that the 'intrinsic' elements of one's work, or 'motivators,' are what truly satisfy an individual in their careers. These are elements that pertain to the specifics of the job in question, and include achievements (and the recognition thereof), the work itself, responsibility on the job, advancement, and opportunities for growth (Herzberg, 1974; Herzberg et al., 1958). Herzberg refers to these elements as 'motivators' in that "if they are present in appropriate amounts in any organization, they bring about work motivation as a corollary to their creating positive attitudes of job satisfaction" (Herzberg, 1974, p. 18). Extrinsic or 'hygiene' factors are generally only associated with *dissatisfaction* in a job, in that their absence is a source of unhappiness for employees but their presence generally does not serve to provide motivation. Hygiene factors under Herzberg's theory include company policy and administration, supervision, interpersonal relationships, working conditions, salary, status, and security (Herzberg, 1974; Herzberg et al., 1958). This distinction is useful for the present study on ambulance paramedics in British Columbia, as the intention is to not only provide an account of the workplace conditions affecting paramedic retention, but also to outline what aspects of their work paramedics find most enriching (i.e. what motivates and engages them in working for the ambulance service). Herzberg's theory provides a guideline for many of the conceptual factors which are most likely to contribute to paramedic motivation through workplace enrichment.

PSM has been defined differently by different authors (Vandenabeele, 2008), but the theory generally centres around the belief that “unique motives are found among public servants that are different from those of their private sector counterparts” (Perry et al., 2010, p. 681). The theory arises from a landmark paper by Perry and Wise (1990), and is frequently conceptualized as encompassing four key motivation dimensions: ‘attraction to public policy making,’ a ‘commitment to the public interest,’ ‘compassion,’ and ‘self-sacrifice’ (Perry, 1996, p. 20; Stefurak et al., 2020; Vandenabeele, 2008). Perry and Wise originally postulated that higher PSM makes an individual more likely to seek employment within a public service organization, positively influences an individual’s jobsite performance (in public institutions), and makes individuals less reliant on “utilitarian” incentives to achieve positive performance (Perry & Wise, 1990, p. 371). Subsequent research has found some support for these propositions (Perry et al., 2010; Vandenabeele, 2008); including one study involving Paramedics (Stefurak et al., 2020). As such, the incorporation of PSM theory into the conceptual framework for this study serves to supplement the broader framework of Herzberg’s theory and provides a theoretical basis to account for some of the more ‘altruistic’ (intrinsic) motivation factors observed by other authors studying the Paramedic profession.

The motivational constructs listed below are an amalgamation of the factors described above, and represent the conceptual elements that were used to structure the interview questions posed to study participants. They were also used to inform the initial structure of the ‘retention’ results analysis. They consist of factors related to both the intrinsic, or motivational, elements of the work, as well as the (hygiene) factors commonly associated with dissatisfaction in previous research on paramedics. In some cases, concept constructs were synthesized from multiple similar constructs in other studies (e.g. collapsing three interrelated constructs into ‘a desire to work in a respected profession,’ see below).

1. Serving Patients and the Community:

‘Serving Patients and the Community’ as a conceptual category was intended to reflect the altruistic inclinations of those who enter the medical field. The concept as used in the present study included dispositions like a desire to help others, a desire to give back to the

community, a desire to save lives, etc. This concept (or similar, related concepts around caring for those in need/giving back to others) was found by Chapman et al (2016), Patterson et al (2005), and Ross et al, (2016) to be one of, if not the most-reported reason for entering the Paramedics profession. Lineros (2020) also noted the importance of a similar concept in vocational attraction. The ability to help others could be considered to provide motivation under Herzberg's model in relation to 'achievement,' 'recognition for achievement,' and/or in relation to the work itself (Herzberg, 1974; Herzberg et al., 1958). Relatedly, Chapman et al. (2009), considered a similar construct in their study to be an 'intrinsic' measure of job satisfaction. However, this construct perhaps best correlates with PSM theory, and in particular, the motivational dimensions of 'commitment to the public interest' and 'compassion' (Perry, 1996; Perry & Wise, 1990).

2. A Desire to Work in a Respected Profession

Patterson et al (2005) noted that respondents "frequently cited the 'respect' that accompanies a position of health care provider" as an important influence on their vocational choice (p.157). Ross (2016) and Lineros (2020) noted that 'wearing a uniform,' specifically, was an important attractant to the EMS profession. Lineros (2020) further elaborated that a uniform ties into the motivational quality of the respect and/or prestige associated with the profession. Similarly, 'interest in medicine' and 'interest in a health career' were reportedly significant motivators for entry into the profession for both Ross (2016) Chapman et al (2016). While they did not elaborate on why medicine was viewed as a desirable career, it is likely that it was tied, at least in part, into elements of respect or prestige associated with a medical career (in addition to the possibility that work in medicine was viewed as intrinsically interesting). Thus, 'working in a respected profession' under this study was taken to encompass comments related to respect (directly), wearing a uniform, and/or a desire to work in the medical field. Under Herzberg's model, working in a respected profession could provide motivation in relation to 'the work itself' or perhaps through 'recognition for achievement' (Herzberg, 1974; Herzberg et al., 1958).

3. Interpersonal Relations and Working with Others

‘Interpersonal relations and working with others’ under this study was intended to encompass dispositions related to a respondent’s relationship with their supervisors and/or their fellow employees. This is considered a hygiene factor under Herzberg’s model; and coheres directly with his ‘interpersonal relations’ construct (Herzberg, 1974). The qualitative findings by Patterson et al. (2005) stressed the importance of interpersonal camaraderie to job satisfaction. Eiche et al. (2021) found that paramedics were very satisfied with the relationships with their colleagues, but were dissatisfied with ‘upper’ management. Therefore, within the present study, this construct was also taken to include respondent’s attitudes towards higher management, company policies, or ‘the organization’ more broadly. This additional dimension also has some coherence with the hygiene factor, ‘company policy and administration’ within Herzberg’s model (Herzberg, 1974).

4. Pay and Benefits

‘Pay and benefits’ in this study was intended to incorporate dispositions related to the compensation and benefits packages received by paramedics working within the provincial ambulance service. Under Herzberg’s model, ‘salary’ is primarily a hygiene factor associated with dissatisfaction with an organization. As mentioned previously, pay and benefits were consistently noted in the established literature as being an area of dissatisfaction for paramedics (Blau & Chapman, 2016; Cash et al., 2018; Chapman et al., 2009, 2016; Freeman et al., 2009). Interestingly, Chapman (2016) noted that the desire for ‘good pay, benefits’ was a somewhat common motivation for new EMTs and Paramedics to enter the field. Within the same study, however, they note that pay was consistently rated as the largest source of dissatisfaction within their sample (Chapman et al., 2016, pp. 13–14).

5. Advancement

‘Advancement’ broadly refers to a change in the status of an individual within the company; and the increased responsibility that entails. Under Herzberg’s model, the increase in responsibility coinciding with a change in position needs to coincide with an actual change in status within the organization, otherwise, to Herzberg, that motivation is better attributed to

the increased responsibility (Herzberg et al., 1958, p. 46). Other authors similarly note that 'advancement' can be somewhat difficult to conceptualize without proper context. Blau (2011) notes that satisfaction with opportunities for advancement (within LEADS data) could be conceived by respondents as deriving from either intrinsic (denoting an increased level of responsibility) or extrinsic (position/pay) factors (p. e-36). Chapman et al. (2009) considered opportunities for advancement to be an extrinsic category. Herzberg, however, contends that this is a source of motivation (Herzberg, 1974; Herzberg et al., 1958). A further complication for the current study is related to the nature of advancement for paramedics within B.C.'s provincial ambulance system. Specifically, career advancement for paramedics can generally occur in one of two ways: either a transition 'off-car' into a management role, or via further education into a higher licence category followed by the assumption of a position within the organization working under that licence level (BCEHS, n.d.-f, n.d.-c).

Complexities aside, the literature suggests that some measure of advancement was an important factor to include in the present study. The sole Canadian study on Ambulance attrition (Fischer & MacPhee, 2017) found that 'lack of career advancement' was the most significant influence on paramedic decisions to leave EMS. Similarly, Chapman (2016) found that paramedics were least satisfied with 'pay and benefits' and 'opportunity for advancement'. In line with Herzberg's definition, it is likely that either 'standard' advancement path within the provincial ambulance service would represent a change in status within the service, as well as a change in responsibility. As such, any dispositions regarding 'advancement' along either of these paths (i.e. into management or in pursuing education) were generally considered to be related to the 'advancement' concept category for purposes of this study.

6. Learning

'Learning' is a construct taken from prior work by Herzberg to operationalize job enrichment through motivational factors (Herzberg, 1979; Herzberg et al., 1958, p. xiv). The opportunity to learn new things and gather expertise provides motivation by enabling 'growth' under Herzberg's model (Herzberg, 1974, 1979, p. 62; Herzberg et al., 1958). Patterson et al.

(2005) found that paramedics were unsatisfied with the quality of continuing education in paramedicine.

Conceptually, dispositions in relation to 'learning' could overlap with two other concept categories utilized within this study. Specifically, in the learning required to advance in the ambulance service via education and licence level, as well as through learning that occurs by interacting with peers in the working context. To limit overlap, 'learning' within this study was only considered to include dispositions in relation to 'official' learning opportunities associated with the provincial ambulance service. For example, these could include comments related to learning under 'preceptorships' (i.e. mandatory mentoring shifts for new paramedics) or through continuing competency education (Ministry of Health, n.d.). Dispositions about learning opportunities in relation to education *for licence advancement* were considered to fall within the 'advancement' construct. Dispositions regarding learning through peers in an 'unofficial' capacity (for example, improving one's practice by observing competent partners) were considered to fall within the 'Interpersonal Relations and Working with Others' construct.

Methodology

Research Design and Data Collection

This study was undertaken using an exploratory interview-based research design intended to acquire detailed, qualitative data related to the subjective workplace experiences of ambulance paramedics in B.C. Specifically, the study employed a semi-structured, one-on-one interview format. The interview questions were designed to elicit responses which outlined the attractants of work in the paramedic profession, as well as the job-related factors which influenced retention both positively and negatively. A qualitative research design was appropriate for this type of inquiry, as the variables of the specific study context were not well known, and qualitative data would best illustrate the factors of relevance, provide a description of *how* those factors affected retention, and explain *why* they influenced attraction/retention (Giacomini et al., 2000). The semi-structured, one-on-one interview design was valuable for exploring personal experience and perspectives in relation to targeted topics or concepts of interest (Giacomini et al., 2000). An analysis of this kind will likely be a useful contribution to the field, as most of the existing studies on paramedic workforce issues utilize a quantitative (survey) research design, and therefore do not explore the subjective dispositions behind reported satisfaction or attractant responses (Blau et al., 2011; Blau & Chapman, 2016; Cash et al., 2018; Chapman et al., 2009, 2016; Crowe et al., 2018; Levine, 2016).

Sample

The study sample was a convenience sample composed of individuals currently working within the B.C. ambulance service holding a (B.C.-issued) PCP-level licence or higher (e.g. Advanced Care Paramedics/ACPs or Critical Care Paramedics/CCPs). In B.C., Emergency Medical Responder (EMR)-level licences (a lower licence level roughly equivalent to an American EMT licence), require significantly less training than PCP-level licences and above; approximately 5-15 days total versus a minimum of 50 to 117 in-class days (not including pre-reading, practicums or preceptorships) for a PCP (E. L. B. Government of British Columbia, n.d.; M. of H. Government of

British Columbia, 2022; National Registry of EMTs, 2021). As such, the roles and responsibilities of EMRs in the provincial ambulance service tend to be comparatively limited, with PCPs and above acting as the primary care providers on ambulances in B.C. (BCEHS, n.d.-f). To capture data related to the primary ‘operators’ of the provincial ambulance service, only PCP-level licences and above were eligible for participation in this study. Participants with more advanced licence levels (e.g. ACPs and CCPs) were eligible to incorporate their experiences working under a PCP licence level; as well as to potentially incorporate differences in workplace perspectives associated with more advanced licence levels. As employment within the provincial ambulance service represented a fundamental premise of this study, no other employment context was considered for inclusion in the sample.

Study respondents were recruited through a convenience sample facilitated by a partnership with the provincial ambulance union, ‘Ambulance Paramedics of BC – CUPE local 873’ (APBC). A convenience sample was utilized due to the limited in-industry connections available to the primary researcher. Paramedics were contacted via an email advertisement sent out through APBC contact lists. Interested applicants were directed to contact an email address utilized by the primary researcher for this study. None of the participants in the study were known to the researcher prior to engaging in interviews.

Twelve respondents in total participated in the study. 11 out of 12 participants were actively employed under a PCP licence at time of interview; with one participant actively employed under a CCP licence. 2 participants were actively pursuing education for ACP licensure (while still being employed within the provincial ambulance service at a PCP level). 1 participant was fully licenced as an ACP, but was still employed as a PCP at time of interview. For clarity, all participants, regardless of licence category, will be referred to generally as ‘Paramedics’ when discussed as a collective within the study. The average time participants worked in the provincial ambulance service was 8.9 years; and individual service periods ranged from 4 years to 20 years. Collectively, the Paramedics interviewed had work experience (within the provincial ambulance service) across a wide geographic range of the province. However, half of the participants interviewed (6/12) were actively based in Greater Vancouver at time of interview. Other

participants were actively based in the greater Victoria area, a municipality in Northern B.C., a municipality in the Squamish-Lillooet regional district, in the Kootenay Region, and the Okanagan. One participant was not attached to a particular station.

As only one participant was actively employed under a 'higher' licence level at time of interview (i.e. ACP or above), it was not possible to draw conclusions as to whether or not 'licence category' could be associated with distinct attraction or retention dispositions. Consequently, the information obtained from interviews with that participant was included within the aggregate results information of the sample set.

Study interviews took place over a 4-month period, from July to October 2023. The interviews were all conducted electronically via 'Zoom' meetings. The interviews were recorded using Zoom's innate recording functionality. To enhance confidentiality, participants were instructed not to sign into the Zoom meetings using their real name, and were asked not to turn on their camera, use their real name, or the use the names of other individuals during the recorded portion of the discussion. Demographic information concerning an individual's gender, race, sexuality or other personal characteristics were not collected. Each interview was conducted over an approximately 90–120-minute period.

Many qualitative studies attempt to utilize a broad set of samples to achieve a state of theoretical saturation; which Giacomini et al. (2000) describe as a state in which "further observations yield minimal or no new information to further challenge or elaborate on the framework" (p.361). As the researcher had limited resources available to facilitate a broad sample base, it was likely not possible to attain a state of theoretical saturation within this study. However, as this study is exploratory, the researcher recognizes that any findings it produces may require verification by further research. The researcher remained mindful of the possibility of theoretical saturation and attempted to achieve theoretical saturation to the extent permitted by the availability of sample participants.

Instruments

The interview methodology for this study borrowed from a technique adapted and modified by Herzberg in his 1958 study 'The Motivation to Work'. This technique was first articulated and utilized by Flanagan in 1954; and was originally designed to utilize attestations of specific incidents (events) to outline the critical skills required of prospective pilots (Flanagan, 1954; Herzberg et al., 1958). Flanagan referred to his technique as the 'Critical Incident' technique (1954). Herzberg adapted this methodology for use in his study of workforce motivation by reframing the critical incidents to encompass observations of a respondent's own internal states related to a workplace incident (event) (Herzberg et al., 1958). Herzberg asked respondents for events that they would describe as both exceptionally positive and exceptionally negative; so as to pinpoint specific events which led to a "change-in-state" attitude (Herzberg, 1974, p. 19; Herzberg et al., 1958, p. xiii). This is useful for "obtaining first-hand information on activities that involved the respondent, rather than the rationalizations that are often given in response to attitude scales" (Herzberg, 1979, p. 19).

This study on ambulance paramedic motivation utilized Herzberg's technique to acquire data on critical incidents (or events) related to paramedic attraction and retention. The format of the interview questions were also based broadly on Herzberg's methodology (Herzberg et al., 1958). A full interview guide is available as an appendix (see Appendix A). However, in brief, the interview questions were comprised of four question sets. The first set of questions asked recipients for preliminary information related to their approximate region(s) of operation, where they have worked in the past, their number of years in service, their views on the primary 'mission' of the provincial ambulance service, and a confirmation of their licence level. Data acquired through this set of questions was intended to act as a primer for the later interview questions, and provided limited work-history information on participants. The second set of questions was intended to elicit dispositions related to a respondent's reasons for entering the ambulance service, as well as whether or not the job matched their expectations. The third set of questions were open-ended (critical-incident) questions, which asked recipients to discuss motivating and de-motivating events they experienced in their working life. These questions were intentionally open-ended to allow for the identification of concept categories or themes not previously considered in the study's conceptual framework. Follow-up probes were utilized

to attempt to acquire additional information on the specifics of the events; for example, to clarify why the event resulted in this change in state or how it affected their working life. The fourth and final set of questions directly operationalized the conceptual framework described in the preceding section. This question set asked respondents to provide both positive and negative examples in relation to the specific concept categories of the conceptual framework, as well as the effects of those experiences. Respondents were also asked if they had suggestions or recommendations for how these occupational features could be improved.

To improve the validity of the interviews, the interview questions were pilot-tested after receiving ethics approval. The pilot tests involved interviews with working ambulance-paramedics known to the researcher, who provided their feedback on the concepts, questions, and interview delivery to help refine the process.

Analysis

Interview data was recorded and then transcribed electronically. After transcription, the interview data was read multiple times and dispositional statements were highlighted. The statements were first sorted by 'question grouping' into four broad sets: attractants, retention, ideas to improve the profession, and work-history (basic occupational demographic) information. Data in the 'attractant' set was further grouped by question intent: 'what attracted you to work in the ambulance service', 'what matched your expectations', and 'what surprised you'. Data in the 'retention' and 'improvement' sets were further organized into groups aligning with the conceptual constructs used in the study (hereafter referred to as 'concept-categories'). During this process, an additional concept-category was included for emergent concepts and/or themes which arose outside of existing concept-categories (though ultimately none arose). Work-history data was only sorted by responses to each question, unless the information fit into another category.

From there, data within the attractant groups as well as the retention and improvement concept-categories were analysed; and the dispositional data was then organized into themes. Comments within these groupings were then counted, with N-counts representing the number

of paramedic interviewees who expressed at least one dispositional comment related to the theme. In some cases, a number of smaller, interrelated 'sub-themes' arose, which were then combined into larger 'themes' of conceptual similarity (if conceptually appropriate). For clarity, this process resulted in a group of themes within each concept-category, with smaller sub-themes occasionally present within each theme. If at any point in the process a highlighted comment was found to better fit another concept-category, theme, or sub-theme, the comment was combined with the more appropriate group. Ultimately no themes arose which did not fit into the concept-categories established within the conceptual framework. These results were then tabled and subjected to comparative analysis with the existing literature. The recommendations of this paper were compiled following this analysis, and were drawn from a synthesis of the explicit recommendations of Paramedics and the content of the emergent themes within each concept-category.

Results

Data from the interviews conducted under this study resulted in 3-7 themes within the ‘attractant’ question grouping (organized by question intent) and 3-5 themes related to each concept-category within the ‘retention’ question grouping. Within the ‘attractant’ question group, 7 themes arose under the ‘what attracted Paramedics to work in the ambulance service’ question, 3 under the ‘what matched your expectations’ question, and 3 under the ‘what surprised you about the profession’ question. For the ‘retention’ question group, 5 themes each arose under the ‘Serving Patients and the Community’, ‘Desire to Work in a Respected Profession’, and Interpersonal Relations and Working with Others’ concept-categories. 3 themes arose under the ‘Pay and Benefits’ concept-category, while 4 themes arose under the ‘Advancement’ concept-category. The themes corresponding to major results are discussed below, while ‘minor’ results (i.e. lower N-count results within each concept-category) are discussed within the appendices (see Appendix B).

Attraction - What Attracted Paramedics to Work in the Ambulance Service?

When asked “what initially attracted you to work in paramedicine?,” the paramedics interviewed provided a number of different responses, with no single attractant theme emerging as the most impactful. In some cases, individual paramedics provided multiple reasons for their initial interest in the profession. Table 1 outlines the 7 themes which emerged within this question-group after analysis.

Table 1

Responses To ‘What Attracted You to Work in the Ambulance Service?’

N=	Theme	Examples
N=5	The Prospect of Autonomy	<ul style="list-style-type: none"> – “I’d say for me, it was the autonomy.” – “You had this incredible autonomy to [...] provide care and to do all these things.” – “I felt that on the ambulance, I had more autonomy to be my own practitioner as opposed to the more regimented team-like approach.”

N=5	An Interest in Medicine	<ul style="list-style-type: none"> - “Personally, I’ve always had a little bit of an interest in medicine, or at least biology.” - “I wanted to become a more well-rounded practitioner and see the chest pains, the shortness of breath [...] the more medical calls.” - “The work itself, the clinical work itself, is very rewarding.”
N=5	The Prospect of Making a Difference/Helping Others	<ul style="list-style-type: none"> - “You get to see people at the most vulnerable states [...] and hopefully be able to provide some sort of safety and be the kind person that you would want to see.” - “I think I always wanted to do something to help.” - “I really wanted to make a meaningful difference on a small scale.”
N=5	The Unpredictability	<ul style="list-style-type: none"> - “What really attracted me to [Paramedicine] is I think the uncertainty of your day.” - “It’s a very dynamic job.” - “that challenge that you have no idea what you’re walking into[...]”
N=4	Discovered the Job by Accident	<ul style="list-style-type: none"> - “Being a paramedic wasn’t even in my purview. It was always more like, ‘oh, I could be a doctor or nurse’ kind of thing.” - “Paramedicine wasn’t even on my radar, it was supposed to be a blip in my life until I found my next career.” - “I don’t think the ambulance service was something I had thought about.”
N=4	Positive Encouragement from Family/Peers	<ul style="list-style-type: none"> - “I think it was the encouragement and the mentorship of my peers that sort of fostered this desire to want to keep doing it.” - “I came from a family where healthcare was paramount and people were involved in it.” - “I had several friends who were paramedics and who then brought me for ride-alongs and those were very fulfilling.”
N=3	It Was Easy to Get Into	<ul style="list-style-type: none"> - “The training was shorter here than it would be in most places, either in Canada or the world. So it was more attractive.” - “It was easy to get hired. I had the qualifications.” - “It honestly looked like a pretty easy avenue to get into the medical side of things.”

The most-commonly expressed reasons for entering the profession: ‘the prospect of autonomy,’ ‘an interest in medicine,’ ‘the prospect of making a difference’ and ‘the

unpredictability' (N=5). 'The prospect of autonomy was strongly united as a theme, with many respondents specifically using the word 'autonomy' in describing their interest in the profession. 'An interest in medicine' incorporated comments related to prior interest in the medical field generally, or in some cases, a desire to pursue paramedical licensure to expand on a growing interest in first-aid or other prior medical knowledge. The 'prospect of making a difference' incorporated comments like 'wanting to make a difference' or wanting to 'do something to help others.'

'The unpredictability,' unlike the other three most-frequently-cited attractants, was not strongly united as a theme, and incorporated interrelated sub-themes of the uncertainty inherent in the work, the task variety, the excitement of the work, and the prospective challenge offered by the job. The major through-line uniting this theme was the general connotation from respondents that Paramedicine had a very attractive element of dynamism or excitement which accompanied the work's inherent unpredictability. One respondent encapsulated the idea as: "you never really know what the call is going to be ... there's the excitement factor that no day is the same and you just see what happens."

Two themes emerged as the next-most commonly expressed reasons for entering the profession: 'discovering the job by accident' (N=4) and 'encouragement from family/peers' (N=4). While the former is not necessarily an 'attractant' per se, it was nonetheless included as a theme due to the relative frequency of comments related to paramedicine being something they 'fell into.' 'Encouragement from family/peers' incorporated comments related to paramedics being positively influenced into either entering or continuing the profession by either family or friends in the medical/first response field who encouraged them to apply.

Attraction - What Matched your Expectations of the Ambulance Service?

In general, few strong themes emerged when paramedics were asked about the ways in which working in paramedicine matched their initial expectations. The 3 minor themes which did arise are detailed in Table 2, below.

Table 2

Responses To ‘What Matched Your Expectations About the Profession?’

N=	Theme	Examples
N=3	Dealing with Bad Situations	<ul style="list-style-type: none"> - “having a patient pass away on you is exactly what I thought it was going to be.” - “I knew that it was going to be hard. That I was opening myself up to potential mental health injuries.” - “I knew I was going to have to deal with some pretty bad situations.”
N=3	The Heavy Workload	<ul style="list-style-type: none"> - “Yeah, I was busy. I loved it.” - “Going to downtown Vancouver and working there. My expectation was that it was going to be insane and it was completely insane.” - “I guess also the pace of the job.”
N=3	The Teamwork Dynamic	<ul style="list-style-type: none"> - “Working a shift with a friend or someone that you really work well with.” - “the teamwork, the camaraderie, the grip with the crews. Yeah, we’re kind of in the trenches together.” - “it really felt like I was part of a team again.”

The 3 minor themes detailed in Table 2 were expressed by respondents with equal, though low, frequency: ‘dealing with bad situations,’ ‘the heavy workload,’ and ‘the team dynamic’ (N=3). ‘Dealing with bad situations’ reflected comments from some paramedics who expressed that they knew the job would entail subjecting themselves to difficult and potentially traumatizing experiences. ‘The heavy workload’ similarly reflected an understanding from some paramedics that paramedicine would entail working a very high frequency of calls; with one interviewee describing the workload as “insane.” Finally, ‘the team dynamic’ reflected comments from some paramedics that the comradery and the teamwork-orientation of the job met their prior expectations.

Attraction - What Was Surprising About the Ambulance Service?

Table 3 details the 3 broad themes which emerged from paramedic’s responses to the question: ‘what surprised you about the profession?’

Table 3

Responses to 'What Surprised You About the Profession?'

N=	Theme	Examples
N=8	The Nature of the Work	<ul style="list-style-type: none"> - "Interfacility transfers, I didn't realize I'd be doing that. I thought they had somebody else for that." - "You become better with your emotions or more emotionally intelligent, which I didn't think was part of the job." - "95% of your block is, I'd say, very low acuity."
N=7	The Lack of Support from the Organization	<ul style="list-style-type: none"> - "The perceived autonomy surprised me. Nobody is checking up on you and they should be." - "Things like professionalism from the employer. Things like actual pay being correct, different challenges in that way." - "[The ambulance service] seems kind of like 'our policy is there to cover our ass. I know it doesn't make sense but this way if you [mess] up, its on you." - "Honestly, the lack of preparation for the interpersonal skills required."
N=4	The (Previous) Compensation	<ul style="list-style-type: none"> - "Pay was very marginal at the time. You know, with the \$2.00 an hour. And very poor pay systems." - "Its not the same anymore, but the whole scheduling and pay model of 7 years ago was pretty abhorrent." - "The pay. I knew the pay wasn't great at that point, it's changed now, but [...] the pay at that point was hard."

The most commonly-expressed (N=8) dispositions were related to surprises inherent to the 'nature of the work' in the ambulance service. This theme incorporated comments about the lesser-known aspects of work in paramedicine, including inter-facility transfers, the relatively high frequency of low-acuity calls, the importance of certain skills required within the profession (and specifically, the interpersonal skills necessary for working with patients), and the complexities of practicing paramedicine in the 'real-world' (i.e. outside of the classroom). The second-most referenced (N=7) surprise by interviewees concerned a perceived 'lack of support from the organization.' This theme incorporated general comments from paramedics regarding a

lack of support from the “the employer,” “leadership” (within the organization), and/or the ambulance service as a collective organization. ‘Support’ was loosely conceptualized in comments by paramedics, and included a lack of clear policy direction/coordination, a lack of effective leadership, and a general lack of “professionalism” from the organization (related to things like improper payment). A less commonly-mentioned (N=4) theme emerged regarding ‘compensation’ within the ambulance service. Specifically, paramedics described being surprised by the low wages previously paid to paramedics (until the newest collective agreement signed in 2022, see ‘Discussion of Themes related to Pay and Benefits’), the confusing pay system, and the burden placed on paramedics to correct their own pay issues.

Retention – Serving Patients and the Community

Table 4 captures the 5 themes which emerged from conversations with Paramedics prompted with both the open-ended and concept-specific (i.e. concerning their work serving patients and the community) retention questions.

Table 4

Themes under the ‘Serving Patients and the Community’ Concept-Category

N=	Theme	Examples
N=12	Working with patients and within the community highly impacts motivation (positively and negatively).	<ul style="list-style-type: none"> – “I stay for the patients, I really do.” – “the first time I ever got a return of spontaneous circulation in a patient ... it was amazing to get that immediate feedback that you made a difference.” – “it feels like you’re kind of picking up the pieces from the failure of society as a whole.”
N=5	The challenge is motivating.	<ul style="list-style-type: none"> – “paramedics [...], we’re inherent problem solvers, just throw us into the craziest situation and we will find a solution.” – “it was so motivating, being able to manage this absolutely insane situation that people can’t even dream of, and manage it well.” – “When the job turns into something mundane I don’t perform well. I forget things, I make errors.”

N=5	Pride in working as part of the medical system.	<ul style="list-style-type: none"> - “that call was this moment of like ‘you are a leader in this environment and everybody’s eyes and ears are on you.’ - “it dawned on me like, ‘oh my God, I’m part of this giant team that’s here for this one person’, and that’s really amazing.” - “you get on calls like that and you realize well, no, there’s a lot more at work here. And it’s good to be part of that.”
N=3	The autonomy is motivating.	<ul style="list-style-type: none"> - “being a paramedic, you really have the autonomy to actually run the call the way you want.” - “I like being the able to be the guy who’s just given free reign like that. Its just ‘I don’t care what you do, how you spend it, just fix this’.” - “there’s this autonomy, its just [you and your partner] on a road trip together.”
N=3	The work is exciting and unpredictable.	<ul style="list-style-type: none"> - “you get these collective experiences where you’re just like, I don’t even know how to explain it.” - “Its all very high-impact over a short period of time, and I’d say that cortisol and that adrenaline release and that cascade keeps you going for days on end.” - “You get to go to some pretty cool places and meet some interesting people, and I think it just goes back to the unpredictability of the job, and the variety.”

All (N=12) paramedics interviewed made comments related to the significant impact of patient care on their overall motivation (see Table 4). The majority of paramedics (ten out of twelve) commented on the positive impact patient care can have on their motivation. For most, this positive feeling was derived from the sense of ‘connection’ it provided in relation to their patients and the community they worked in. Many of the comments within this sub-theme emphasized that these moments of connection occurred when paramedics had the opportunity to engage with their patients as individuals; where, through their interactions, they felt they were able to provide their patients with a sense of care or support on a personal level. Others noted the sense of connection was also felt at the community level. These individuals expressed that their service to the broader community was a source of pride, and made them feel as though they were an important part of the community they practiced in. One respondent noted

that this sense of connection improved the confidence they felt in the performance of their work.

Another sub-theme which emerged relating to the positive aspects of Serving Patients and the Community was related to Paramedic's feelings of 'making a difference' through their work in patient care. These comments generally related to the 'big' moments that arose in conducting emergency response; times when their interventions either saved a patient's life or otherwise had an immediate, significant impact on a patient's health. One respondent encapsulated this sub-theme by noting: "there's times that you genuinely can say you saved someone's life. Or that, it's because of you and your partner that this person is alive today. And its those moments that are so big. There's no feeling like it, [and] that makes you motivated."

However, many (seven) paramedics noted that serving patients and the community could, at times, have a negative impact on their motivation. In these instances, it wasn't necessarily the interactions with the patients themselves that paramedics found to be demotivating. Rather, paramedics noted that (in the course of serving patients and the community) they were often placed into situations where they felt that they were required to "pick up the pieces" of the failures of larger societal systems. These comments either directly or tacitly suggested that the respondents felt demotivated by their inability to truly help patients in these situations. The specific focus of these comments varied amongst paramedics, and included failures within the medical system, failures within the justice system, the ongoing opioid/drug crisis (Greer, 2024; Public Health Agency of Canada, n.d.), and mental health crises. One paramedic encapsulated the feeling as follows:

I think it impacts your life as a whole, like your entire perspective of the community, of society, of everything in terms of work. I guess you realize that you're not able to fix a lot of these social issues. You're just kind of dealing with the symptom of them [...] and it can just feel kind of hopeless.

Alternatively, some (N=5) paramedics expressed that the 'challenge' associated with patient care could be a motivating experience. More specifically, paramedics noted that being

able to use their judgement and training to problem-solve difficult medical situations or provide patient care in difficult environments was an enriching aspect of their work. All of the respondents who discussed this theme further implied that their motivation in these situations was associated with doing what they could for their patient in spite of the challenges the situation imposed.

At the same time, an equal number (N=5) of Paramedics expressed that being able to work as part of the broader provincial medical system was a source of pride for them in their working life. Many of the comments within this theme related to situations in which paramedics realized that they provided an important function as part of a broader service or 'team,' all working toward a common goal of helping their patients. Some paramedics noted that their role within the system often afforded them an unofficial position of leadership amongst other first responders or services, which was associated with a sense of pride. Others noted that being part of a large team provided a sense of reassurance or comfort in their role; as well as in the understanding that there was an entire system supporting them in achieving the best outcomes possible for their patients.

A minority (N=3) of Paramedics noted that they found the 'autonomy' inherent to the job to be a significant motivating factor in their work. These comments could be somewhat associated with the 'problem solving' aspects of patient care, but the specific examples provided suggest that the motivating factor was the freedom Paramedics are afforded in providing patient care (rather than the challenge).

A similarly small number (N=3) of Paramedics noted that the exciting and unpredictable nature of the work was a source of motivation for them. One respondent felt that the excitement of the job was almost addictive; suggesting that the adrenaline rush of an exciting call made them excited to return to work over the following few weeks.

Retention - A Desire to Work in a Respected Profession

Table 5 details the themes related to ‘respect’ and the Paramedic profession. These themes emerged when respondents were prompted with both open-ended and concept-specific questions.

Table 5

Themes under ‘A Desire to Work in a Respected Profession’ Concept-Category

N=	Theme	Examples
N=9	Generally, paramedics feel respected by the public.	<ul style="list-style-type: none"> - “I think we are hugely respected, I definitely think in BC you see examples of it with people’s kindness with regards to letting you jump in front of them in line for coffee, for instance.” - “I guess maybe in downtown Vancouver, unfortunately, we do encounter some disrespect, but I think for the most part [...] it’s not the true representation of the public.”
N=8	Respect from the public impacts motivation (positively and negatively).	<ul style="list-style-type: none"> - “People saying like ‘oh, wow, you have such a hard job’, and then just having those little conversations are really meaningful.” - “it definitely started getting to me, to the point where there’s been a couple of times where I was kind of like, ‘why am I even doing this if I’m being treated like this on a daily basis?’”
N=9	Everyone is Judged by the Same Uniform	<ul style="list-style-type: none"> - “When I put on the uniform, I feel very proud to be in the job that I do, and in what I do.” - “Everyone is judged by the same uniform. So if I’m unprofessional, if I’m not kind [...] it only serves as a barrier.”
N=6	Paramedicine is not well understood.	<ul style="list-style-type: none"> - “People still think we’re firefighters when we come into a call, because they get there first.” - “[nurses] don’t understand what you go through to bring them a patient.”
N=3	Disrespect can come from other services and organizations.	<ul style="list-style-type: none"> - “[In that situation] we felt completely unsupported by the police, and then on top of it the hospital was giving us a hard time for, in effect, doing our jobs.” - “There’s a couple of nurses who just treat us terribly.”

When prompted with the specific question ‘do you feel that working in the ambulance service provides you with respect from the public?’, the majority (N=9) of Paramedics responded in the affirmative. Respondents also noted that the public often demonstrates this respect and appreciation in a number of ways, including expressions of gratitude on the provincial ambulance service website, by thanking Paramedics in person, by waving to ambulances as they pass, and by engaging in small acts of kindness (such as offering to buy coffee for paramedics or letting them skip ahead in lineups). While some Paramedics did bring up instances of disrespect from the public, these instances tended to be situational, and respondents felt that they did not reflect a general feeling of disrespect on part of the general public. They elaborated that incidents of disrespect (from the public) tend to occur in situations where a patient is intoxicated or where they had to wait a significant amount of time for an ambulance to arrive. Some Paramedics noted that they felt disrespected by the public when driving or parking their ambulance; usually in relation to ‘road rage’ or other aggressive driving behaviours. Others noted that disrespect was more common from repetitive patient populations, though those respondents were also quick to suggest that, in those cases, the behaviour could be attributed to other explanatory factors; such as a history of heavy substance use or ongoing mental health challenges.

Further to the question of whether or not Paramedics felt respect from the public, respondents (N=8) noted that this respect, or a lack thereof, can significantly impact their motivation at work. More Paramedics discussed the negative impacts of disrespect from the public as opposed to a smaller number of individuals who discussed the positive, motivating effects of respect (six versus five respondents, respectively). When commenting on the specific incidents of disrespect which impacted their motivation, Paramedics frequently cited incidents of abuse or violence they encountered during medical calls. This abuse could be verbal, physical, or sexual in nature, and could come from the patients, the patient’s families, or the third-party bystanders surrounding a call. Respondents suggested that these incidents of disrespect had an immediate and significant impact on the ideation of the value of their work. As one respondent noted: *“[the verbal abuse] definitely started getting to me, to the point where I [started thinking], ‘why am I even doing this if I’m being treated like this on a daily basis?’”*

Some respondents also noted that encountering disrespect made them feel more “hesitant” in providing patient care, especially if they were concerned about the possibility of encountering further incidents of violence or other abuse from patients or other bystanders.

Conversely, respondents noted that positive demonstrations of respect from the public (e.g. expressions of thanks or small acts of kindness) could be extremely validating experiences; which, in turn, could have a positive impact on their motivation. One respondent encapsulated the sentiment by suggesting:

respect [from the public] comes across in so many different ways, and something as simple as a ‘thank you’ or a handshake or a thank you card, those can go so far. I’ve watched them take someone [...] who was having the worst day of their life, [and] immediately watch this light come on, like they’re a different person.

When discussing ‘respect’ and the Paramedic profession, many respondents (N=9) were quick to point out a close relationship between respect from the public and a sense of collective accountability within the ambulance service. Many of the comments reflected a belief that the actions of other paramedics, both positive or negative, reflected strongly on the public perception of the service as a whole. This was often felt at a personal level, through 1-1 interactions with patients or their families. As alluded to above, when approached by members of the public with accolades or expressions of thanks, respondents often took this as a sign that their peers, or the organization more broadly, were acting as valued, professional members of the community. This was noted as being a source of pride for respondents, reinforcing the belief that they were a member of a team that was doing positive, impactful work. Some respondents noted that this, in turn, made them work harder to maintain that level of professionalism and respect.

At the same time, respondents suggested that this level of respect had to be earned and maintained. If their fellow paramedics did not maintain an acceptable level of professionalism, or were otherwise rude or disrespectful to patients, that bad behaviour reflected on the service as a whole. Respondents noted that bad behaviour could also negatively impact patient care, as

patients who had negative experiences with Paramedics in the past were often much more reluctant to cooperate with paramedics in the future.

In discussing the idea of collective accountability and professionalism, Paramedics frequently touched on the idea of their 'uniform' as being intrinsically linked to the collective pride of the service. Consequently, some respondents commented on the importance of maintaining a professional appearance as a means of instilling a sense of confidence in patients; as well as a sense of identity within the service. Unfortunately, at the same time, several respondents commented on their dissatisfaction with the quality of the uniforms provided by the ambulance service. Dissatisfaction in the uniforms was attributed to poor quality and fit, as well as poor design. More specifically, the uniform was noted as being a potential safety issue for some demographics of paramedic (specifically, those who identified as female), as some of the materials were effectively translucent. Some respondents noted that they felt they had to purchase better made, non-regulation articles of clothing themselves to replace the ill-fitting or "inappropriate" elements of their existing uniform. These respondents felt that, in addition to being an inconvenience, these uniform issues impacted patient confidence in the service, and undermined the feelings of pride and professionalism they attempted to cultivate in their work.

As a corollary to their discussions of 'respect' for the profession generally, half of respondents (N=6) commented on the fact that both the ambulance service and 'Paramedicine' as a discipline were not well-understood by the general public. Some respondents suggested that this was influenced by the complexity of the provincial emergency response system, as well as by media portrayals of fictional or foreign (usually American) systems. Some respondents suggested that a similar lack of understanding extended even to other services or individuals within the provincial emergency response framework; such as nurses, emergency physicians, and police departments. While most respondents did not say so outright, an inference could be drawn from their comments that this lack of understanding disinhibited respect from the public and other medical services.

Retention - Interpersonal Relations and Working with Others

Table 6 describes the themes which emerged when Paramedics were prompted with open-ended retention questions as well as targeted questions specifically concerning working with others. Many of the conversations which followed concerned respondent’s opinions on their assigned ambulance partner¹.

Table 6

Themes under ‘Interpersonal Relations and Working with Others’ Concept-Category

N=	Theme	Examples
N=12	Your partner makes or breaks your shift.	<ul style="list-style-type: none"> – “I find when you’re working with [good partners], you can excel. You want to excel and it just brings up the level of care.” – “Its essentially 2 polar opposites, if you have someone supportive of you and you work well together, it doesn’t feel like a job at all ... but on the opposite side of that, [...] all of a sudden every single call is an absolute grind.”
N=11	Strong feelings of camaraderie amongst Paramedics.	<ul style="list-style-type: none"> – “It’s the most meaningful social experience that I’ve had in my life being part of this group of people.” – “The boots on the ground, they’re my heroes, man. They’re awesome.”
N=10	Paramedics feel a lack of support from Leadership.	<ul style="list-style-type: none"> – That relationship [between management and street-level paramedics] is so broken. You have two groups of people who have such distain for each other.” – “I had one manager who liked to tell me ‘this is just the way it’s always been done’. He said this to me so often it got to the point where I just stopped calling him for stuff.”
N=6	‘Good’ supervisors can be highly motivating.	<ul style="list-style-type: none"> – “I’ve had some amazing unit chiefs. Ones that will go above and beyond to make sure that their crews have everything they need.” – “Knowing who the supervisor is that day can at time absolutely motivate me to work harder. Maybe take a shorter break knowing that [...] it can make life easier for [them].”

¹ For context, in B.C. and many other jurisdictions, full-time Paramedics (assigned to a regular position in a station) tend to be assigned a ‘regular’ partner that they can expect to work with during the majority of their shifts (Hughes et al., 2017).

N=4	There's a lack of accountability for bad actors.	<ul style="list-style-type: none"> - I think that's a big reason that we have a recruitment and retention issue, is because we're unable to hold certain individuals to account." - "If I see something unethical or somebody is treating someone else badly, I'm going to put it in writing. And there's just never any consequences."
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All Paramedics interviewed (N=12) discussed the important impact that their direct ambulance (or "car") partner had on their day-to-day workplace satisfaction. Eleven out of twelve Paramedics commented on the many positive aspects that a 'good' partner dynamic can bring to their working experience. Respondents noted that these positive elements could be tied to compatible personalities, but were also likely developed due to the amount of time paramedics can spend with one individual as a regular partner. Some noted that having a positive relationship with their ambulance partner could provide a 'comfortable' or 'consistent' baseline to work from in an otherwise dynamic and, at times, hectic work shift. It was also noted that this interpersonal familiarity had the tendency to improve communication between Paramedics, and allowed some Paramedics to better anticipate what their partners may require of them during call operations. Taken together, this could make running calls a more streamlined experience. Others noted that having a positive partner relationship was beneficial for the development of their skills and practice. Specifically, a good partner dynamic often provided opportunities for paramedics to de-brief after calls and/or discuss ways to improve patient care practices in a safe learning environment. Alternatively, this peer-to-peer mentorship could take on more aspirational qualities; with some suggesting that 'good' partners (or, rather, those who demonstrated 'good' patient care practices) were a source of inspiration for them to improve their own skills along similar lines.

The concept of 'trust' in one's partner or otherwise 'knowing that their partner can be relied upon' underscored many of the comments within this theme. Alongside improved communication and learning, 'trusting' one's partner was said to improve patient care by

allowing Paramedics to better divide responsibilities during calls; as each Paramedic could be reasonably assured that the other would conduct themselves in ways that the other approved of.

At the same time, however, almost as many Paramedics (ten out of twelve) noted that bad partnerships could be extremely damaging to their day-to-day motivation. In particular, Paramedics noted that the absence of a trust relationship between partners made providing patient care much more difficult than it would otherwise be. They attributed this to the increased likelihood of communication issues between incompatible paramedics, but also flagged the possibility of negative communications between their partners and patients or other bystanders. In a bad or 'distrustful' partner dynamics, Paramedics felt that they needed to work twice as hard on calls because they were "constantly watching their [own] back" or were otherwise "constantly putting out fires." Examples included needing to interject in their partner's abusive or insensitive communications with patients (e.g. apologizing on behalf of their 'car' or 'the service') or feeling the need to constantly watch out for potential mistakes in patient care. This latter point was felt very strongly by some respondents, as they noted that their licence (and therefore continued employment) could be put in jeopardy if their partner made a significant enough mistake during a shared call. Outside of the explicit consequences of a lack of trust, 'bad' or incompatible partners were noted as bringing an 'infectious toxicity' to the job; and fostered negative attitudes towards work in general. Some respondents noted that they found it very difficult to come into work when they knew they were assigned to a bad partner. Others noted that some Paramedics would even call in sick to avoid working with certain individuals.

In addition to the strong feelings generated by their immediate ambulance partner, many Paramedics (N=11) expressed a strong, positive disposition towards their paramedic peers in general. Many noted that interacting with their broader peer-group was a source of motivation for them. The specific examples varied, but respondents generally attributed their motivation to the feelings of camaraderie and understanding shared amongst Paramedics as a group. Many respondents suggested that their relationship with their peers afforded them unique socialization opportunities, allowing them to decompress or discuss calls with other individuals who "understood" the role and what it entails. In a similar vein, some respondents felt that other

paramedics in the service were a source of support for them, expressing that other paramedics “had their back” or were otherwise “looking out for [one another].” Some even provided specific examples of their peers going above and beyond to support other members facing hardship. One prominent example involved a respondent whose ambulance station collectively paid for a peer’s international flight home after that individual lost two family members during the COVID-19 pandemic. Another respondent noted that these positive peer relationships can make Paramedics “want to be better” and ‘drew them back in’ to work within the Ambulance service.

Some Paramedics suggested that new employees in particular were a source of motivation for them. These respondents expressed an admiration for the motivation and excitement they felt new entrants brought into the service. One respondent felt that experiencing the excitement of new entrants helped them regain or remember the motivational “spark” they felt earlier in their careers. Others derived value from the opportunity to mentor new employees and provide them with positive early-career experiences.

At the same time, many Paramedics (N=10) expressed significant dissatisfaction in relation to leadership within the ambulance service. Most of the specific examples provided were in relation to immediate or ‘street-level’ managers (e.g. unit chiefs), though some comments were non-specific, and oriented towards ‘management’ generally. These comments likely applied to ‘upper’ management or executives within the broader administrative arm of the ambulance service (BCEHS and its governing organization The Public Health Services Authority). The uniting factor amongst all of these comments was a general connotation that paramedics felt a lack of support from their leadership within the service. The examples provided in relation to immediate supervisors included incidents of overly punitive behaviour, a general disposition of apathy towards the concerns or needs of working-level staff, and, in some cases, incidents of management openly berating or bullying their subordinates. The less-specific comments in relation to ‘management’ more generally related to ‘higher’ leadership being disconnected from working-level staff. One respondent expressed the relationship between unionized staff and management as one of “mutual distain,” where management saw paramedics as being needed to be “disciplined into doing [their job correctly],” whereas Paramedics viewed management as

being an “ivory tower [...] full of people who have no idea what reality is out on the street because they don’t do the job.”

Paramedics further elaborated that this lack of support from (upper) management could include poor or unrealistic policy decisions. Examples included policies which did not reflect the realities of work in the ambulance service (for example, unreasonable safety policies which do not reflect the dangers inherent to pre-hospital patient care) and/or did not demonstrate effective leadership. One respondent felt that many of the organization’s policies were solely in place to protect the organization from liability, and actively undercut the ability of Paramedics to fulfill their mandate. Others noted that many of the policies demonstrated a lack of understanding of working Paramedics and the diversity of the ambulance service. Paramedics expressed that these policy failures could be very demoralizing, and potentially impacted both their trust in leadership and their ability to effectively function within their roles.

Despite the majority opinion regarding a lack of support from leadership, half (N=6) of the cohort also noted that ‘good’ leadership, when present, could be highly motivating in their working lives. Generally, these dispositions related to the work of ‘immediate’ supervisors (e.g. Unit Chiefs), and their willingness to demonstrate their support for the Paramedics working under them. This included actions like staying in touch with Paramedics to ensure they had the equipment or resources they needed, ensuring that ambulance crews had time to take their break or change uniforms, and making themselves available to provide direct support or assistance where they could. Respondents also noted that they were often willing to work harder or longer to support those supervisors who supported them; for example, by taking a shorter break.

Retention - Pay and Benefits

Table 7 describes the themes which emerged from discussions with Paramedics regarding their pay and benefits; prompted by both open-ended and concept-specific questions.

Table 7

Themes Under ‘Pay and Benefits’ Concept Category

N=	Theme	Examples
N=11	Paramedics are generally satisfied with pay and benefits.	<ul style="list-style-type: none"> - "We just ratified our collective agreement with a pretty significant pay increase, which I think the general consensus on is pretty positive." - "The pay has been recognized, I think night shifts have been recognized. I think there's a lot more things that have helped people be able to be paramedics."
N=6	Dissatisfaction in pay comes from work disparity.	<ul style="list-style-type: none"> - "There's lots of people in the city that would definite take [a position in a slower station] and get paid the exact same amount." - "I think that comes as a real shock to a lot of people when they go from a part-time station to full time in the city, just how much the workload increases here and you're making the exact same money."
N=6	The pay <i>system</i> was a source of significant dissatisfaction.	<ul style="list-style-type: none"> - "Honestly, at this point just seeing the climate of things I am never going to put in for any more responsibility because I don't trust them to pay me properly." - "Our payroll is never right. Ever. Getting it corrected can take months." - "There are hundreds of complaints about pay ... so I don't know why this isn't mission #1. We just keep being told it can't be done or we're working on it or we're trying. Take your pick, the excuses are getting old."

Almost all Paramedics interviewed (N=11) spoke positively about the pay and benefits they received from working within the ambulance service. The rate of pay received by paramedics was noted as being highly satisfactory; with some even noting that the pay was a significant reason they reconsidered leaving the ambulance service. Similarly, respondents were satisfied with the benefits they received through their workplace. Two of the most frequently-praised benefits were the sick pay program, also known as STIIP) (Government of British Columbia, n.d.), and the mental health resources made available by the employer. In the case of the latter, specifically, respondents praised the program's coverage and ease-of-use.

While the rate of pay was viewed favourably by most respondents, half of the Paramedics interviewed (N=6) did note some dissatisfaction in relation to what they felt was an unfair disparity of workload. Specifically, these respondents felt that working within a major metropolitan area, such as greater Vancouver, implies a significantly higher workload than other, less metropolitan, stations. They expressed that this higher workload, in turn, resulted in higher rates of injury and burnout. Respondents also felt that the 'back-to-back' nature of the calls also implied fewer 'perks' enjoyed by 'slower' stations, such as access to administrative support and extra time on-shift to sleep or complete other tasks.

Another significant source of dissatisfaction amongst respondents was related to the pay *system* utilized by the Ambulance service. Half of the Paramedics interviewed (N=6) related stories of frequent payroll issues encountered within the ambulance service; which included incidents they experienced directly as well as those attested by their peers. All 6 respondents suggested that the payroll system utilized by the ambulance service is frequently incorrect, leading to Paramedics being under-paid or, less frequently, over-paid by the employer. One respondent noted:

You're rarely if ever overpaid. You're consistently underpaid. There is a mentality of 'well, we'll just underpay you, [and we'll sort it out later through the grievance process].' If they were to overpay you, there is an immediate expectation of repayment, sometimes including garnishment of wages that are unauthorized. But if it's the other way around and they haven't paid you properly, you could wait weeks to have it rectified.

This disposition, that the employer is quick to underpay employees and slow or inconsistent in responding to pay grievances, was reflected in the comments of all 6 respondents who discussed the payroll system. The comments of respondents suggested that payroll issues are frequent and relatively widespread amongst their peers; though no specific metric for how widespread was provided outside of anecdotal accounts. Respondents also felt that the employer's pay stubs were difficult to read and understand, compounding the potential for uncertainty and anxiety involving pay. These payroll issues engendered significant distrust with

the employer, with most respondents explicitly stating that the persistent pay issues had a significant negative impact on morale within the Ambulance service at-large.

Retention - Advancement

When asked about ‘advancement’ opportunities present within the ambulance service, several themes emerged which are detailed in Table 8.

Table 8

Themes Under the ‘Advancement’ Concept Category

N=	Theme	Examples
N=9	Barriers for advancing to the next licence level.	<ul style="list-style-type: none"> - “For the majority of people, [advancing your licence level] sucks. They have to pay \$20,000 for the course and take a bunch of time off work to complete it.” - “It honestly kind of just feels like they’re trying to keep you from [pursuing your ACP licence] rather than encouraging you to do it.”
N=5	Limited alternate advancement opportunities for PCPs.	<ul style="list-style-type: none"> - “The ‘PCP lifer’ is a position a lot of people find themselves in. There’s so few opportunities for leadership positions ... aside from going to the ACP program.” - “At a primary care level, you can only be a straight paramedic. There’s no way to get off the street other than [...] if you need a duty to accommodate. Then you do very mundane tasks that aren’t fulfilling.”
N=5	Nepotism within the service impacts advancement.	<ul style="list-style-type: none"> - “There are roles out there, but there are also hidden roles out there that you suddenly see people have been awarded without any kind of advertisement.” - “Theres a strong ‘old boys club’ that is in the process of being quickly broken down, but it has been there for a long time and has affected a lot of people’s careers.”

N=5	Generally, advancement opportunities have improved over time.	<ul style="list-style-type: none"> - "I think [advancement opportunities] are getting so much better. If I had known that there would be an ACP spot in terrace when I started the ACP program I might have stayed in it." - "The structure for which positions are released for competition is pretty fair now. There was times where it was pretty sneaky."
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A majority (N=9) of Paramedics noted that several barriers exist for PCP's who wish to advance their career via higher education and licencing. These related to both financial disincentives and the workplace implications of attaining a broader scope of practice.

In the former case, Paramedics noted that the education required for ACP licensure (the next 'level' of licensure in B.C.) requires an extensive investment of an individual's time and money. As an example, the Justice Institute of British Columbia (JIBC; one of B.C.'s foremost emergency response institutions) Advanced Care Paramedic Training Program charges approximately \$18,000 for a full-time 20-month program. Paramedics noted that this is a significant amount of money to pay upfront, in addition to the substantial amount of time they would need to take off from work to complete the program. One respondent also speculated that many of the individuals interested in taking on additional medical training would more likely be several years into their Paramedic careers. As such, there is a greater likelihood that prospective ACPs are older, with additional personal responsibilities and additional financial obligations in their personal lives, such as children or a mortgage; making the choice to embark on advanced licensure even more risky.

Other respondents noted that attaining the role of an ACP would result in changes to one's working life, which could be seen as undesirable by some. One respondent noted that "a lot of people find the work-life balance as a PCP a lot better," noting that ACP roles tend to only operate on a fixed two-day into two-night (6am to 6pm and vice versa) shift pattern on a 4-day cycle (Health Employers Association of BC, 2022). Respondents also noted that ACP roles tend to only be available in larger metropolitan areas, which can limit an individual's ability to live in more rural areas of the province. Finally, some Paramedics suggested that work as an ACP can be

seen as undesirable due to the high-acuity calls ACP generally respond to; increasing an individual’s risk of experiencing workplace trauma and minimizing their ability to experience the more ‘social’ calls that Paramedics can find enjoyable.

Outside of advancement via licence level, several (N=5) respondents felt that there were limited options for PCP-level licensees to meaningfully advance within in the ambulance service. One respondent noted that being a “PCP-lifer is a position a lot of people find themselves in.” Some attributed this to the few management-level positions available within the service (in addition to the barriers for licence advancement noted above). Others expressed a dissatisfaction with the prospects offered by a transition into management more generally. Specifically, one respondent noted that management roles “don’t really have a lot of job security [and] you don’t have a union anymore.” Another felt that some of the most accessible management roles (specifically, Unit Chiefs), have “almost no extra power for a lot of extra responsibility and not very much extra pay.” One respondent captured the general disposition within this theme by comparing the in-licence advancement opportunities of ACPs versus PCPs:

Within advanced care you can be a paramedic specialist, or you can become an educator... there’s so many different things that you can do if you don’t want to work on the street anymore or if you need to go on maternity leave or mental health injury ... whereas at the [PCP] level, you can really only be a straight Paramedic.

Retention - Learning on the Job

Three themes emerged from conversations with Paramedics regarding their opportunities for learning on the job; all of which are detailed in Table 9, below.

Table 9

Themes Under ‘Learning on the Job’ Concept-Category

N=	Theme	Examples
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N=11	Dissatisfaction with Current Learning Opportunities.	<ul style="list-style-type: none"> - “The learning opportunities are extremely limited since COVID, most of the training has gone online. Which most people are not super happy with ... when you get talking about specific techniques and hands-on situations, all of that gets lost.” - “A lot of our learning is online and just not good quality, especially for our job. Our job is very hands on, practical, and clinical.”
N=6	Dissatisfaction with Early-Career Training.	<ul style="list-style-type: none"> - “There’s definitely still some [...] preceptor mentors out there who, unfortunately, aren’t very supportive of the younger community.” - “We have broken so many good people because of how dysfunctional our mentorship was for so many years.” - “I think people are put into educational spots [in the ambulance service] who don’t realize what they’re doing in how they communicate with people and the [harmful] effects of their words.”
N=3	Some recent improvements in Education.	<ul style="list-style-type: none"> - “Honestly, if you are self-motivated and you reach out to [BC Ambulance], most of the time I found that they have been very grateful.” - “I think right now is probably the best time to become a paramedic. ... its investing in the workforce essentially, so people aren’t paying to go for training, they’re getting it on the job while they’re literally working.”

Almost all (N=11) of the Paramedics interviewed expressed a strong, negative disposition towards the learning opportunities implemented by the ambulance service following the COVID-19 pandemic. The majority consensus amongst respondents was that the learning programs offered by the ambulance service were limited in general, and tended to be of relatively poor quality. In particular, respondents were dissatisfied with the organization’s relatively recent move away from in-person learning towards predominantly online coursework. Many felt that the online learning modules were an ineffective educational tool for much of a Paramedic’s skillset, as a significant portion of their work involves clinical and/or practical techniques which benefit from hands-on practice and instruction. Many of the respondents suggested that it was

common for Paramedics to simply rush to the end of an online module, retaining little of the material covered. Some respondents felt that the shift to online learning was a symptom of a more general disinterest in Paramedic continuing education on part of the employer. However, at the same time, other respondents felt that the employer sincerely wanted to provide better educational materials, but were limited by prevailing circumstances (e.g. limitations posed by the COVID-19 pandemic) and organizational capacity more generally.

Half (N=6) of the Paramedics interviewed discussed issues centered around early-career training and/or preceptorships (i.e. mandatory early-career learning shifts partnered with an experienced peer mentor). In regards to the former, some respondents felt that the early-career training provided by the organization was insufficient to prepare new Paramedics for the actual work they would be required to do on the job. Specifically, some respondents felt that the preceptorship program was too short to fully prepare individuals for work in the ambulance service. Another noted that there are simply not enough preceptors within the ambulance service to educate new PCPs in an expedient and effective manner. One respondent noted that this lack of early-career education could be particularly problematic for new Paramedics assigned to rural areas, who may be the only PCP working in a station, and would therefore have limited access to further peer-to-peer communication and feedback in the early learning stages of their career. Another respondent made similar comments about the potential for new paramedics to be assigned to stations staffed only by other inexperienced PCPs. The implication from these individuals was that this lack of peer-to-peer education early-on in a Paramedic's career was detrimental to an individual's long-term practice, as well as the efficacy of the ambulance service as a whole.

In regards to the latter point, some respondents felt that the ambulance service has historically allowed ill-suited, unsupportive, or outright abusive Paramedics to act as preceptors for new Paramedics. The unsupportive or abusive treatment by preceptor mentors was noted by these respondents as being particularly damaging to the morale of new entrants to the ambulance service; and was suggested to undermine early-career learning, and contribute to increased burnout and employee turnover.

Discussion:

This exploratory study attempted to determine the self-reported factors which influence the attraction and retention of Paramedics within the B.C. ambulance service. Utilizing semi-structured interviews, Paramedics provided qualitative data on their rationales for entering the ambulance service, their (accurate) expectations of work in the service, and what elements of the job surprised them. These questions outlined the important elements which initially drew Paramedics into the profession, what was expected, as well as the unanticipated elements which ran counter to their expectations. Study questions also elicited 'retention' data on what elements of their work within the ambulance service they found to be both motivating and demotivating; and in so doing provided some suggestions towards improvement. The major findings of this study are considered within the wider academic and provincial context, below. A discussion of 'minor' findings can be found in the appendices (see Appendix B).

Discussion of What Attracted Paramedics to Work in the Ambulance Service

An interesting finding concerning the initial attractants to the Paramedic profession was that the foremost-reported reasons for entering the profession ('the prospect of autonomy,' 'an interest in medicine,' 'the prospect of making a difference' and 'the unpredictability') were discussed with equal frequency by the Paramedics interviewed (N=5). The two next-most commonly reported dispositions ('discovering the job by accident' and 'encouragement from family/peers') were discussed only slightly less-frequently (N=4). Paramedic respondents were not asked to rate the importance of attractants. However, the relative consistency of these dispositional comments (across both the 'attractant' and 'retention' question groups used within this study, see Retention – Serving Patients and the Community), in addition to the fact that some Paramedics discussed multiple influences on their entrance to the profession, suggest that the key attractants to the ambulance profession are multifaceted; though weighted towards the aspects of the job associated with patient care. This is a somewhat distinct finding compared to the results of Chapman et al.'s (2016) paper utilizing LEADS survey data; which found that two

dispositions, 'wanting to care for others' and 'wanting an exciting job', stood out year over year as the most important attractants to working in emergency medical services (as opposed to 3 or more relatively equally-weighted dispositions). Ross et al.'s (2016) Likert-scale survey of students within the Australian Paramedic program produced results which were more similar in distribution to the results of the present study. Specifically, they found that 'wanting to help people,' wanting an 'exciting career,' and 'saving lives' were all equally-rated as the most important reasons for enrollment in the program; with 'attending emergencies,' '[an] interest in medicine,' 'giving back to the community,' an 'admired and trusted profession,' and the 'working environment' representing the next-most important reasons for enrollment (Ross et al., 2016).

Distribution of comments aside, respondents within this study collectively expressed several dispositions that were similar in theme to those discussed within previous literature on Paramedic attraction. In particular, 'the prospect of making a difference' (or another, similarly altruistic intention related to helping patients or the community) was cited by respondents as one of the predominant reasons for entering the profession; which is consistent with the findings of other researchers looking into Paramedic attraction (Chapman et al., 2016; Lineros, 2020; Patterson et al., 2005; Ross et al., 2016). Ross et al. further notes that this finding is consistent across many different health care professions, such as nursing; suggesting that a desire to 'help others' is one of the key motivators for entry into the health field, generally (Newton et al., 2009; Ross et al., 2016).

'An interest in medicine' is also an attractant disposition which frequently arises in the literature on Paramedic attraction, though it remains a somewhat open question as to what specific aspects of work in medicine are most attractive to Paramedics. The disposition is potentially interrelated with many other attractant dispositions, but is noted as a distinct attractant within much of the literature. For example, 'working in medicine' could be associated with respect or prestige as was expressed by Patterson's (2009) focus group interview participants. In a somewhat similar vein, Lineros (2020) found that the respondents within his study were attracted to the potential increase in social status that accompanied work in Paramedicine; though this was attributed to the wearing of a uniform specifically and not the

association with the medical field. Alternatively, the appeal of working in medicine could be more closely associated with providing care to patients, or even to the complexity of the education and clinical work necessitated by the role. Within this study, however, comments by respondents tended to suggest that the understanding of medicine itself was an intrinsically interesting and attractive aspect of the work. For example, respondents within this theme commented on having an inherent interest in “biology,” or otherwise finding the ‘medical’ knowledge required for calls to be engaging and desirable to pursue. It would be a useful subject for future research to comprehensively explore what specific aspects of work in (emergency) medicine are most interesting to prospective students, as it may prove useful for marketing/recruitment campaigns run by Paramedic licencing and/or degree programs.

A unique finding of this study was that the Paramedics interviewed described prospective autonomy as being an *attractant* to the profession. The ‘autonomy’ inherent to Paramedicine was touched on as an important element in other studies within the field, though generally it was noted as being an important element of Paramedic retention, not attraction (Blau & Chapman, 2016; Chapman et al., 2009, 2016; Patterson et al., 2009). No other study reviewed found ‘the autonomy’ to be an element considered by prospective paramedics in entering the profession; though it is important to note that most of the quantitative studies did not include ‘autonomy’ as an element of their attractant data-collection instruments, which limits comparability (Chapman et al., 2016; Lineros, 2020; Patterson et al., 2005; Ross et al., 2016). This suggests that the role of autonomy as an attractant to the Paramedic profession may be a potential subject of future research, or otherwise could be incorporated into future survey instruments measuring attractants to the profession.

Regarding the lesser-reported attractants to the profession: other studies within the field also noted that ‘Encouragement from family/peers’ was a more or less significant influence on an individual’s decision to enter the Paramedic profession (Chapman et al., 2016; Lineros, 2020; Patterson et al., 2005; Ross et al., 2016). Both Chapman et al. (2016) and Ross et al. (2016), tracked a similar construct in their survey instruments (“family member in EMS” and “Influence or advice from friend or family member working in a health profession,” respectively) and found

it to be a moderate to less-reported reason for entering the profession. The qualitative studies within the field implied that the influence of external encouragement was somewhat stronger, though it was conceptualized in slightly different ways within each study. Respondents within the present study tended to reference the mentorship or other positive encouragement from those already within the broader medical profession; either peers at various (higher) levels of emergency medicine licensure, or family members within the medical field. Patterson (2005) found that “a majority of respondents across focus groups identified the influence of important others who were working or had worked as EMTs and who functioned as role models for them,” which was implied to include family members or Paramedics who positively impacted a respondent’s life (e.g. by intervening in a medical situation affecting them) (pp. 157-158). Patterson noted that these individuals provided a demonstration of a career which could garner respect while allowing them to give back to their communities (2005). Lineros (2020) discusses the importance of ‘mentors,’ specifically, and notes the importance of both medical, and non-medical mentors in fostering an interest in Paramedicine as a career.

Discussion of What was Surprising About the Ambulance Service and What was Expected

Unfortunately, due to the low frequency of responses within each of the emergent themes, it is difficult to assess whether or not the attractant themes concerning ‘met-expectations’ upon entering the ambulance service are reflective of B.C. paramedics at-large. Speculatively, the low respondent frequency within this question-category could be attributable to a number of factors. It is possible that the question prompt was too open-ended, and Paramedics did not have a sufficient frame of reference to focus their responses to the questions. Alternatively, it is possible that the Paramedics interviewed had been in their roles long enough (the average time spent on the job in this interview sample was >8 years) that it was difficult for them to recall some of the (true) presumptions they had formed before entering the ambulance service.

That said, some tentative considerations can be drawn from the data. As discussed in preceding sections, a minority of respondents indicated that, as prospective Paramedics, they

knew they would be 'dealing with bad situations,' they would be burdened by a 'heavy workload,' and they would be operating within a 'team dynamic.' The comments from respondents also suggest that respondents experience a high incidence of traumatic and/or stressful situations on the job. This may serve to reinforce the veracity of both anecdotal assumptions about the challenges of working within the ambulance service, as well as the findings of other researchers writing on the subject (Bigham et al., 2014; Kukowski et al., 2016; McFarlane et al., 2009); though additional research specifically focused on this issue within the B.C. context would be required to increase the validity of these findings.

Unlike the former set of questions, two major themes emerged when Paramedics were asked what surprised them about the job following their entry into the profession. The highest frequency of comments (N=8) related to surprises inherent to the work they would be conducting within the ambulance service. In particular, respondents noted that it was not as exciting (or perhaps 'intense') as they imagined it would be; and/or that the day-to-day work was not as they expected it would be from classroom training. Both of these sub-themes touch on some of the lesser-known aspects of work in Paramedicine, including the patience and social-acuity required for assisting patients, as well as the low-acuity work Paramedics are often tasked with responding to; such as inter-hospital patient transfers (BCEHS, n.d.-i). Unfortunately, similarly to Patterson's (2005) findings, a relatively high number of respondents in this study also indicated that the presumptive dynamism or excitement of the job was what sparked their interest in Paramedicine as a vocation. This dichotomy was also noted by Chapman et al. in their 2016 study on the recruitment and retention of new EMT-basics and Paramedics. Specifically, they caution that "[new-entrant's] expectations that EMS is always a fast paced, 'adrenaline-laced' profession are overblown and often cause disappointment in new recruits" (Chapman et al., 2016, p. 74). As a result, they imply that it would be of value for emergency service recruiters to "[design] recruitment campaigns that portray a realistic and balanced view of the profession" (Chapman et al., 2016, p. 74). In light of the comment from respondents within this study, this advice is also likely relevant for the B.C. context. It is possible that recruitment campaigns could be enhanced by a (more accurate) portrayal of the Paramedical work as multifaceted, and improved by the inclusion of more socially-oriented individuals.

Finally, the second major surprise reported by Paramedics concerns the ‘lack of support’ many respondents reportedly felt after entering the service. This finding was likely tied very closely to some of the dissatisfying elements discussed within the ‘retention’ themes, including issues with the employer’s pay system, a lack of trust between Paramedics and ‘management,’ and a lack of accountability for ‘bad actors.’ These considerations are discussed below in the ‘Discussion of Themes Related to Interpersonal Relations and Working with Others’ section.

Discussion of Themes Related to Serving Patients and the Community

This study found strong consistency in many of the themes which emerged regarding serving patients and the community. In particular, every Paramedic interviewed for the study (N=12) discussed the significant impact of working with patients on their overall motivation. While their work serving patients and the community contained both motivating and demotivating elements, the other themes within this concept-category (‘the challenge is motivating,’ ‘pride in working as part of the medical system,’ ‘the autonomy can be motivating,’ and ‘exciting and unpredictable work’) reflected solely positive, motivating dispositions. These themes were also commonly discussed in the findings of other literature on Paramedic retention. Specifically, the ‘challenge’ of the job, the ‘autonomy’ inherent to the work, the ‘task variety’, and/or the ‘ability to help others’ were frequently discussed as either important workplace motivators or were otherwise highly scored items in surveys of Paramedic job satisfaction (Chapman et al., 2016; Lineros, 2020; Patterson et al., 2005, 2009).

A unique finding of this study was the consistency of respondent comments suggesting that ‘work as part of the medical system’ is a *motivating* aspect of their professional lives. Within this study, this theme was more commonly discussed than both ‘the autonomy’ and ‘the excitement/unpredictability of the work’; which were highly-rated motivators in other Paramedic literature concerning retention (Chapman et al., 2016; Patterson et al., 2005, 2009). Speculatively, this could be explained by the relatively interconnected structure of the ambulance service in B.C.: a ground ambulance service run directly by provincial health authorities, tied more or less directly into the rest of the provincial emergency medical system. Comments from respondents within this study suggest that Paramedics viewed themselves as

being part of the same 'team' as the rest of the province's extensive emergency medical apparatus; and took pride in being part of operations which utilized multiple branches of the provincial emergency response system. Alternatively, in line with some respondent comments, the comparatively advanced training of PCPs compared to police or fire services could result in Paramedics taking on leadership roles within many emergency situations. This would likely serve to further emphasize the importance of their roles within the provincial first response framework.

Another interesting finding of this study was the overlap between the 'initial attractant' themes and the patient-care-oriented themes which Paramedics found to be motivating in their working lives. Specifically, there is significant conceptual similarity between the prospect and the actuality of helping others, the prospect and the actual jobsite autonomy, and the interest in (and the reality of) work within the medical system. While 'the unpredictability' of the job as an attractant was less united as a theme, it did incorporate comments which cohered to the motivational themes of 'the challenge [of the job is motivating]' and 'the excitement and unpredictability' of the work (is motivating). This suggests that the aspirational elements which attracted Paramedics to the job initially are more or less present within their working experience.

The strong consistency in comments expressing the retentive and attractive qualities of patient care, despite the apparent knowledge that it would entail career hardships (i.e. heavy workloads and dealing with bad situations; see 'Discussion of what was Surprising About the Ambulance Service and What was Expected') suggests a strong coherence with three out of the four common facets of PSM (i.e. commitment to the public interest, compassion, and self-sacrifice). Given the relative frequency of these findings in other literature in the field (Chapman et al., 2016; Lineros, 2020; Patterson et al., 2005, 2009), it is surprising that very few studies have explored PSM theory utilizing Paramedics as participants (Stefurak et al., 2020). Interestingly, the sole study which examined Paramedic job satisfaction through a PSM lens found that the 'self-sacrifice' and 'public interest' dimensions were best considered as a single 'public service' factor; which was also found to be the strongest predictor of self-reported job

satisfaction and performance within their study (Stefurak et al., 2020, pp. 607–609). The authors took this finding to suggest that their respondents were motivated more by their service to “an abstract good greater than themselves” rather than the (compassion-oriented) motivation of caring for patients on a personal level (Stefurak et al., 2020, pp. 607–609). The specific nature of the dispositions expressed by Paramedics within the present study, however, seem to suggest the opposite of this finding: namely, that one of the most fulfilling aspects of work in the ambulance service is the ability to connect and support patients at a personal level. Further research, more specifically focused on PSM theory and utilizing Paramedic participants, would be valuable to assess the applicability of the common ‘4-factor’ model of PSM to work in Paramedicine.

The only aspect of patient care which Paramedics found demotivating was related to workplace situations where respondents felt they were unable to provide meaningful assistance to their patients; often in relation to the impacts of greater societal issues. Two of the most prominent issues discussed by respondents were related to mental health calls and/or the ongoing opioid epidemic in B.C. (Public Health Agency of Canada, n.d.). Paramedics felt that it was disheartening and demotivating to be repeatedly called to see patients with addiction and/or ongoing mental health issues, knowing that in many cases their skillset and resources would be of little help. Paramedics felt that they were often only able to provide patients with a “ride to the emergency room,” regardless of whether or not their patients were likely to receive assistance there.

This assessment is similarly reflected in the literature on ambulance services in other jurisdictions, which suggests that Paramedics respond to a significant and increasing number of mental health calls, often without adequate training in the associated mental-health conditions or crises (Every-Palmer et al., 2023; Ferguson et al., 2019; Keefe et al., 2020; Kuehl et al., 2023). Consequently, in discussing the demotivating aspects of this theme, respondents collectively suggested two major ways in which the ambulance service could improve the patient care experience for Paramedics. The first was to ‘expand patient transport options outside of the hospital’ (N=8). This suggestion was made by Paramedics in recognition of the fact that the

emergency room is often not the ideal location for many of the problems they are called to respond to. While in many cases this was in relation to ongoing issues associated with addiction and/or mental health crises (which did not also present an immediate medical need for emergency care), this suggestion was also made in relation to the low-acuity calls Paramedics are often tasked with responding to. Low acuity cases were implied to be better addressed in alternative settings by some respondents (such as urgent care centres or even treated at the patient's location). Alternatives to emergency room transport discussed by paramedics included transport to urgent care centres (Healthlink BC, n.d.), drop-off at community support organizations and/or shelters, transport to facilities with specialized mental health programs or services (Island Health, n.d.; Vancouver Coastal Health, n.d.), simply treating low-acuity patients on-site, or even granting Paramedics the ability to refuse transport services.

At the same time, some respondents acknowledged that BCEHS had already begun to transition towards the adoption of these treatment alternatives. Specifically, BCEHS has been piloting 'low acuity' response units (Link and Referral Units or LARUs) and alternate care protocols ('Assess, See, Treat, and Refer' Pathways, or 'ASTaR' Pathways) since approximately 2020 (see Appendix C for more information). Though the Paramedics who discussed these resources felt that they were a positive step towards mitigating some of the less-fulfilling aspects of patient care, some also cautioned that there was still room for improvement. Specifically, some noted that the ASTaR program resources could be impractical to use, as the medical scenarios eligible for the alternate treatment pathways were often too narrow or specific to apply to most 'real-world' cases. Others noted that the protocols to access these scenarios could be cumbersome. Some specific examples provided by respondents included the need to contact a Paramedic Specialist by phone to access certain pathway options, and the fact that many of the resources are only available during daytime hours. Respondents wanted to see these program resources expanded, or alternatively, some suggested providing Paramedics with the additional training and autonomy necessary to access alternate treatment/transport options within their standard scope of practice (i.e. outside of the ASTaR pathway framework).

The second recommendation to improve the patient care experience for Paramedics was to ‘provide additional training to better address the modern realities of the patient care’ in B.C. (N=9). The additional training recommended by respondents within this study generally related to the need generated by responding to mental health and/or addiction-related calls. Specific topics of interest for respondents included: additional training on mental health crises and responses, early intervention training, training on illnesses prevalent in unhoused populations, training on illnesses more common in those with addiction issues, training on better communication techniques, de-escalation training, and specialized local knowledge training (e.g. related to local mental health and/or addiction resources within a given Paramedic’s community). Some Paramedics also discussed the potential value of instituting peer-support and self-reflection resources. Specifically, providing additional resources to allow Paramedics to debrief particularly high-acuity or challenging calls with either peers or subject matter experts. It was felt by some respondents that this would not only improve Paramedic medical knowledge and patient care, but had the potential to enrich the learning culture and patient-care experience within the ambulance service.

Discussion of Themes Related to Working in a Respected Profession

In general, the Paramedics interviewed within this study felt respected by the general public; and demonstrations or acknowledgement of this respect was a motivating experience in their working lives. This is consistent with other research suggesting that Paramedicine as a career is generally associated with an element of prestige or respect in the eyes of the public (Linerós, 2020; Majchrowska et al., 2021). Further, some respondents noted that the employer does a good job of ensuring that messages of appreciation or positive affirmations are passed along to the responsible Paramedic; which suggests that the organization is cognisant of the benefits of this positive reinforcement on employee morale.

At the same time, however, respondents did acknowledge that there are situations in which they feel disrespect from the public, and that this disrespect was often abusive or violent in nature. These comments are consistent with the literature suggesting that Paramedics frequently experience verbal abuse, as well as physical and/or sexual violence at the workplace

(Bigham et al., 2014; Drew et al., 2024; Lawn et al., 2020; Maguire et al., 2018; Mausz et al., 2023, 2024). Further, in line with comments made by Paramedics within this study, other researchers have similarly found that intoxication and/or mental health concerns are significant contributing factors to incidents of violence at the workplace (Mausz et al., 2023).

Addressing the negative impacts of this disrespect (both the serious health and safety risk as well as the potential impacts to workplace motivation) would likely have many beneficial impacts on work in the ambulance service, both in terms of occupational health and safety, as well as Paramedic motivation. However, this is likely to be a challenging problem for the employer and/or policy makers to address. Healthcare providers across the board are exposed to a significant degree of violence and/or harassment in their occupational settings, the latter of which has increased following the COVID-19 pandemic (Mausz et al., 2024). Work in Paramedicine further complicates the issue in relation to the unique situational realities of pre-hospital care (Drew et al., 2024).

While Paramedics within this study did not recommend any solutions to the issues of disrespect or abuse they encountered on the job, other authors writing on this topic have explored some potential mitigation strategies which would potentially be of value (Drew et al., 2021). Some authors have noted the utility of strategies wherein Paramedics maintain careful control over “the stimuli, messages, and cues” they present during calls to mitigate patient and/or bystander aggression (Drew et al., 2024, p. 255; Müller & van der Giessen, 2015). These authors often discuss these techniques as incorporating both ideations of professionalism and effective communication to defuse tense situations (Drew et al., 2024; Müller & van der Giessen, 2015). Though it was likely not discussed specifically as a means to counter the aggression they encountered on the job, this technique coheres with some of the comments from Paramedics within this study in discussing the theme ‘everyone is judged by the same uniform’. Specifically, Paramedics made comments concerning the impacts a professional appearance and/or disposition can have as a means of calming patients and inspiring trust in their abilities. Other studies point to the potential utility of EMS-specific de-escalation training in mitigating potentially violent situations (Garner et al., 2022).

Taken together, the literature on this topic speaks to the potential value of additional training resources (concerning both communication and de-escalation) towards addressing some of the demotivating aspects of both patient care and a lack of respect for ambulance personnel (see 'Discussion of Themes Related to Serving Patients and the Community' for further information). More detailed studies on the specific impacts of violence and disrespect within the pre-hospital setting in B.C., as well as contextually-relevant means of addressing those issues, would be a valuable subject of future research (Mausz et al., 2024).

Outside of explicitly disrespectful or violent actions, comments from Paramedics pointed towards an interesting tension underlying two themes within the 'respect' concept-category. Specifically, the tension between the disposition that Paramedics are respected as a profession (N=9), alongside comments suggesting that Paramedicine is not well understood by members of both the public and other medical professions. Similar comments were captured Patterson (2005), who noted that his study participants were frustrated by the general lack of understanding concerning the skills and time required to become a paramedic (Patterson et al., 2005, p. 159).

In addition to providing examples of why they felt Paramedicine wasn't well-understood by the public, a minority (N=4) of respondents within this study recommended that the ambulance service undertake additional public information campaigns to educate the public on the profession. In many cases, respondents felt that these public outreach scenarios could mirror the public outreach events undertaken by municipal firefighting organizations. Examples included bringing an ambulance staffed with experienced Paramedics to major events and/or festivals to educate the public on lesser-known aspects of work in Paramedicine. Some respondents noted that this public outreach could also be used to better inform the community about appropriate use of the ambulance service, as well as the medical resources available in their communities.

Finally, in discussing respect and its association with collective accountability ('everyone is judged by the same uniform'), many Paramedics made comments which linked their uniform to a sense of collective pride and professionalism. At the same time, respondents discussed a

dissatisfaction with the current state of their uniforms, suggesting they were poorly designed and manufactured. As discussed previously, a Paramedic's uniform may also have an important roll to play in both reinforcing the social prestige or respect associated with the profession (Linerros, 2020) as well as (according to respondents in this study) instilling a sense of confidence in patients when providing care. Given this link, it would likely be valuable for the ambulance service to better invest in the design and utility of the uniforms they provide to their service members. That being said, comments from Paramedics within this study suggest that, at time of interviews, the ambulance service had already established a 'uniform committee' to address some of these issues. It is possible that many of the issues noted by Paramedics in their interviews were short-term, and were resolved in the months following the completion of the interview phase of this research project.

Discussion of Themes Related to Interpersonal Relations and Working with Others

A significant majority (N=11) of Paramedics within this study expressed strong, positive dispositions towards their (Paramedic) colleagues within the ambulance service as a whole. Much of the literature on Paramedic retention is in agreement with this finding, as Paramedics tend to rate 'satisfaction with their peers' highly in surveys concerning job satisfaction (Chapman et al., 2016; Eiche et al., 2021; Patterson et al., 2009). In particular, the findings of Patterson et al. mirror comments made by respondents within this study; namely, that being part of an EMS station or ambulance service fostered strong feelings of camaraderie and support amongst Paramedics interviewed (2005). Paramedics within both studies described their peers in the ambulance service as "having their back," as well as enjoying a unique appreciation for the pressures and realities of work in emergency care (Patterson et al., 2005, pp. 158–159).

When discussing their direct partner, however, Paramedics expressed that relationship could be both a profound source of motivation (N=11) or demotivation (N=12) in their working lives. Many respondents felt that this was a natural conclusion, as, depending on their assigned shift rotation, Paramedics could expect to spend 7-12 hours with their assigned partner every working day (Health Employers Association of BC, 2022). In addition to the interpersonal issues a bad partnership can create, poor teamwork and communication between team members has

been shown to correlate to patient safety incidents in other health sector research (Rabøl et al., 2011). This finding was reflected in comments within this study, suggesting that bad partnerships can be a source of additional stress and distraction when running calls. On the other hand, respondents also noted that a good team dynamic could have positive effects for both Paramedic motivation and patient care. Respondents expressed that a good partner social-dynamic could not only improve call operations (by leveraging better communication and familiarity), it could also provide an opportunity for peer-to-peer learning by better enabling post-call discussion and reflection. Though not explicitly mentioned by respondents, it is also possible that this post-call debriefing could serve as a 'buffer' for some of the negative motivational elements associated with workplace violence and disrespect. Some studies within the field have found that peer support can be especially effective at mitigating some of the negative psychological consequences of workplace violence experienced by Paramedics (Brais et al., 2023); as well as potentially reducing the incidence of burnout (Crowe et al., 2020). Given these strong dispositions, some (N=4) respondents within this theme recommended that the ambulance service further improve the process by which ambulance partnerships are assigned. No specific examples were given as to how this could be facilitated, but these respondents wanted the ambulance service to design a partner assignment system which better keeps compatible individuals together, keeps incompatible individuals apart, and avoids scheduling new employees as direct partners on the same ambulance shift (to better facilitate their peer-to-peer learning).

On a related note: an interesting finding of this study from an academic perspective concerns the way in which Paramedics described working with others in the ambulance service. Specifically, respondents described the positive aspects of working with others as being a significant source of workplace *motivation* in their occupational lives. This has significant implications for the conceptual framework utilized within this study, insofar as it draws from Herzberg's 'two-factor' theory of motivation (Herzberg, 1974; Herzberg et al., 1958). To Herzberg, 'interpersonal relationships' are considered a hygiene factor, and therefore are only generally associated with *dissatisfaction* in the workplace; in that its absence only causes dissatisfaction in a workplace, and does not serve to motivate employees (Herzberg, 1974;

Herzberg et al., 1958). Contrary to this, however, many of the comments from respondents within this concept category strongly implied that Paramedics are inspired to grow and improve their occupational performance as a result of positive interactions with their peers. Some critics of Herzberg reject his distinction of 'satisfiers' and 'hygiene' factors on similar grounds, and instead suggest that some or all of the factors can take on qualities of both, depending on the specific workplace context (Bassett-Jones & Lloyd, 2005; Burke, 1966). While the theoretical value of Herzberg's theory is well established in occupational-motivation literature (Bassett-Jones & Lloyd, 2005), and has been successfully applied to work within the medical field (Hudays et al., 2024), this finding does suggest that Herzberg's theory may not be uniformly applicable to all occupational contexts in pre-hospital medicine. Additional research investigating the applicability of Herzberg's theory in medical first-response would be an interesting subject of future research.

Paramedics within this study generally expressed more complicated feelings towards leadership within the ambulance service. While half of this study's respondents (N=6) discussed positive examples of support from their immediate supervisors, more respondents (N=10) described feeling unsupported by leadership, generally, within the ambulance service. While similar findings are not uncommon in the literature on Paramedic retention (Blau et al., 2011; Blau & Chapman, 2011, 2016; Eiche et al., 2021; Patterson et al., 2005), two major public incidents occurred in B.C. prior to this study's interview timeframe which likely influenced many of the comments within these themes. The first was an extreme weather event in 2021 (the 2021 'Heat Dome') and the second was the release of a 2022 report highly critical of the organizational culture within BCEHS (the 'Gaskell Report'; see Appendix D for further discussion of both incidents). Consequently, some of the findings within this concept-category may reflect issues unique to the B.C. organizational context. While this likely does not undermine the validity of the findings within the entire concept-category, the influence of these localized incidents may limit the generalizability of the themes related to a 'lack of support from leadership' and a 'lack of accountability for bad actors' (see Appendix B for further information on the latter theme).

The Gaskell report included many recommendations of relevance to the themes within this concept-category. These include providing additional training in 'soft skills' to leadership, additional diversity and inclusivity measures, and a recommendation to "seek additional opportunities to recognise staff achievements" (Gaskell, 2022, p. 27). Though they were made in response to questions concerning a lack of 'respect' in the ambulance profession (from within the organization), a minority of Paramedics (N=3) in this study similarly recommended that management begin recognizing and tangibly expressing appreciation for the achievements of Paramedics within the ambulance service. In addition to improving satisfaction within the Ambulance service, improved performance feedback from supervisors has been suggested to also generate ancillary workforce benefits, such as improved safety outcomes and a reduction in Paramedic burnout (Crowe et al., 2020).

Following the release of the report, leadership in the ambulance service committed to making changes in line with some of the reports recommendations (Kulkarni, 2023), so it is possible some aspects of this recommendation have already been addressed.

Discussion of Themes Related to Pay and Benefits

In contrast to many of the studies within Paramedic literature (Blau & Chapman, 2016; Cash et al., 2018; Chapman et al., 2009, 2016; Freeman et al., 2009; Patterson et al., 2005, 2009), respondents within this study were generally very satisfied with the pay and benefits they received. This finding was likely influenced by the signing of the 2022-2025 Collective Agreement by the employer and the B.C. Paramedic's Union (Ambulance Paramedics of B.C. – CUPE 873) a few months before this study's interview process began (Health Employers Association of BC, 2022). Amongst other benefits, this new collective agreement resulted in a general wage increase for Paramedics by approximately 10% over the agreement's 3-year period (Health Employers Association of BC, 2022; Health Employers Association of B.C., 2023). Respondents often explicitly acknowledged the positive impacts of the new agreement within this study.

Paramedics interviewed within this study did note two potential areas for improvement within this concept-category, however. The first concerns strong dissatisfaction in relation to

longstanding issues with the pay *system* employed by the BC Ambulance service. Respondents suggested that issues with improper payment are widespread within the ambulance service, and that the employer is overly punitive in seeking cost-recovery for overpayment while being slow to redress underpayments. The Gaskell report similarly acknowledged these longstanding pay issues, and noted the (negative) impacts they were having on staff morale and trust in the employer (Gaskell, 2022, p. 18). In relation to these issues, a minority of respondents within this theme (N=3) recommended that the employer prioritize a remediation of the payroll system. A similar recommendation was also included within the Gaskell report (Gaskell, 2022). To address the significant dissatisfaction, the remediation would likely, at minimum, need to include a review of the root cause of the administrative errors and establish an expedited grievance process for underpayment claims.

Other improvements suggested by respondents include improving the transparency of pay stubs and granting staff additional on-shift time to remedy pay errors. While it is notable that a comparatively low number of Paramedics explicitly recommended these improvements, it is possible that some of the other respondents within this category had been dealing with these issues for a considerable length of time (>11 years according to one comment); and had simply given up on seeing improvements.

The second source of dissatisfaction concerning pay and benefits was a proposed disparity in work load across Paramedic stations (for the same amount of pay) N=6. Specifically, some Paramedics within this study felt that working in urban or metropolitan settings entailed a work shift with a significantly higher call volume and significantly less 'downtime' compared to their peers stationed in other areas of the province. Many (N=5) of the respondents within this theme recommended that the ambulance service offer an additional stipend or subsidy to financially redress this disparity and incentivise experienced Paramedics to stay in high-demand stations. However, it is worth noting that the comparative strength of this recommendation could be an example of sampling bias, as approximately half of the Paramedics interviewed for this study (N=6) were stationed in major urban centres (specifically, all within the Greater Vancouver area).

Potential bias aside, respondent comments are supported by both provincial data and some of the academic literature concerning ambulance resource utilization. Specifically, data from BCEHS suggests that urban centers tend to have higher aggregate call volumes (BCEHS, n.d.-b), though more urbanized areas also tend to have multiple ambulance stations and other resources in closer proximity when compared to many areas of greater rurality (Ambulance Paramedics of British Columbia, n.d.). Studies from other jurisdictions similarly note that urban areas tend to experience higher ambulance resource utilization than rural areas (Li et al., 2023; Sariyer et al., 2017; Veser et al., 2015). At the same time however, other research has suggested that EMS personnel in rural areas experience a unique set of challenges in service delivery; including longer average travel times (to-scene and to other medical resources) and a higher incidence of severe trauma incidents (Alanazy et al., 2019). Regardless, offering an additional stipend for high-volume stations may prove to be a useful tool for maintaining experienced personnel in high-demand areas, and may be seen as a tangible demonstration of appreciation for the work required of those positions. Further, given that province-wide data on call volume is already maintained by BCEHS, it would be a valuable area of future study to explore the utilization differentials between the urban and rural B.C., as well as the potential differences in the nature of the medical incidents.

Discussion of Themes Related to Advancement Within the Profession

Consistent with other studies in the field, respondent comments within this study reflected a state of general dissatisfaction with advancement opportunities in the Paramedic profession (Chapman et al., 2016; Fischer & MacPhee, 2017; Patterson et al., 2009). Many respondents flagged that barriers to attaining ACP licensure prevented many individuals from pursuing additional education (N=9). Other comments suggested that alternative advancement opportunities for Paramedics with a PCP-level licence were limited (N=5). In discussing these themes, Paramedics recommended two major means of addressing these concerns:

To address the barriers inherent to ACP licensure (specifically, the cost associated with the program), some respondents (N=6) recommended that the ambulance service subsidize the education of Paramedics interested in taking the ACP program. However, it is important to note

that the employer already does make some funding available to subsidize the education of prospective ACPs. Specifically, the funding is offered through a bursary program entitled the 'Emergency Medical Assistants Education Fund,' which is administered by the JI. It provides approximately 30 awards of \$22,000 annually for students in an ACP program offered by the JI, and approximately 50 awards of \$9,000 annually for students in a PCP program offered by the JI (Justice Institute of British Columbia, n.d.).

The existence of this funding program was alluded to by some respondents, but none elaborated on the program or its merits in any detail. Further, funding for the program has been in place since 2007 (BCEHS, n.d.-a), and so some of the comments from PCP respondents suggesting a lack of ACP education funding suggests that there may be some fundamental issues with the program structure and its perceived value in the eyes of Paramedics. It is possible that many of the respondents were simply not aware of the program's existence, which would speak to a need for greater messaging surrounding the program's availability. However, given that many of the respondents specifically noted that one of the barriers to undertaking ACP training is the *up-front* cost associated with the program, the issue may be associated with the structure of the funding being provided as a bursary. Specifically, eligibility for the funding currently requires that applicants are "enrolled in a full or part-time Emergency Medical Assistant (EMA) program in British Columbia that is approved by the BC EMA Licensing Board" (Justice Institute of British Columbia, n.d.). This requires a student to have already had the capital to invest in licence advancement, with no guarantee that they will have access to supportive funding once they begin the program. Offering the funding on a presumptive basis (e.g. pre-authorizing students for the funding pending their acceptance into a program), may reduce the financial risk to prospective applicants, and may therefore see an increase in interest to the ACP program, generally.

To address dissatisfaction with meaningful advancement opportunities within the Paramedic profession, some respondents (N=4) also suggested that the organization could explore additional career advancement paths for PCP's (outside of the traditional licensure/management dichotomy). One respondent suggested that these alternate

advancement opportunities could take the form of an expanded 'Paramedic specialty program' (BCEHS, n.d.-g) wherein additional roles or designations are made available for Paramedics to attain certain specialty certificates and work towards corresponding specialized roles (such as a Hazmat designation). Other respondents suggested that experienced Paramedics could move into more educationally-focused roles depending on experience or specialty. Others did not provide a specific example of these roles, but instead implied that these advancement opportunities would need to present meaningful avenues of "growth" in a Paramedic's career.

The academic literature concerning Paramedicine has also considered the concept of alternate advancement opportunities for Paramedics as a means of enhancing workplace motivation. In particular, 'community paramedicine' is a practice model of growing interest, and is often seen as a promising means of addressing access-to-care issues within underserved communities (Calderone et al., 2017; Lunn et al., 2024; McManamny et al., 2022). 'Community Paramedicine can incorporate a wide range of practice objectives and educational requirements, but generally refers to a Paramedic who "provides person-centred care in a diverse range of settings that address the needs of the community [whose] practice may include the provision of primary health care, health promotion, disease management, clinical assessment and needs-based intervention" (Bowles et al., 2017; Lunn et al., 2024; Shannon et al., 2023, p. 4). It is also often taken to include a healthcare education component (Bowles et al., 2017; Calderone et al., 2017; McManamny et al., 2022). These service models have recently been implemented by the B.C. ambulance service, and are seeing increased utilization within the province; though as yet, primarily in rural communities (BCEHS, n.d.-d).

Speculatively, alongside the expanding use of LARUs in the province (see, Retention – Serving Patients and the Community), expanded implementation of community care models could serve the dual purpose of providing meaningful alternate career pathways for Paramedics while potentially improving health care access in lesser-served provincial communities (Lunn et al., 2024). Alternatively, other researchers have suggested that the skills and experiences of Paramedics would be readily transferrable to work in emergency medical policy (Bolster & Batt, 2025). This could be encouraged by the establishment of a dedicated 'policy' career structure

within the ambulance service, and potentially facilitated through a specialized educational pathway available to PCPs (Bolster & Batt, 2025). Further research is required to assess the utility of these programs to meet the needs of Paramedics, the ambulance service, and the B.C. public.

Discussion of Themes Related to Learning on the Job

The Paramedics within this study were nearly unanimous (N=11) in their dissatisfaction with the on-the-job learning opportunities offered by the Ambulance service. A strong through-line in many of the comments concerned the organization's shift away from in-person education into solely online training courses. Consequently, many (N=9) respondents strongly recommended that the ambulance service rethink their approach to education. One of the most common recommendations was a shift back into high quality, in-person learning. As a corollary, many Paramedics noted that it would be valuable for the ambulance service to bring in subject matter experts from other medical disciplines (e.g. cardiologists or emergency physicians) to teach clinical techniques; to benefit from their experience and facilitate in-depth dialogues on the subjects. One respondent suggested instituting a system of regular 'learning shifts' between experienced Paramedic educators and ambulance personnel. These could be conducted on an annual basis, with the Paramedic educator following the individual for set amount of time during a standard ambulance shift and then highlighting some ways to improve that individual's practice in a non-punitive manner.

In the course of these discussions, some (N=5) respondents suggested that the ambulance service should provide Paramedics with dedicated time on-shift to complete their required training modules. Many noted that, at present, the high call volumes they experienced prohibited them from completing their training within standard working hours, and many had to complete the training during their time off. These respondents felt that this was an inconvenience which served to disincentivize learning (as forcing them to work on their day off presented a perverse incentive for them to finish their training as quickly as possible). As noted above (see 'Discussion of Themes Related to Serving Patients and the Community' section), additional, in-person training could be leveraged to incorporate valuable additional skill sets like de-escalation training or local knowledge-building.

Though a strong majority of study participants expressed dissatisfaction with the learning opportunities present within the ambulance service, it is worth noting that a minority (N=3) did mention some recent improvements in the organization's learning program (see Appendix B). This, alongside the general movement away from the gathering restrictions imposed by COVID-19, make it possible that some of the issues surrounding inadequate occupational education have been resolved in the time since the interviews took place. Future research could assess the continuing improvement of the ambulance service in line with Paramedic recommendations within this study.

However, respondents (N=6) also flagged issues in Paramedic education related to both the early-career training itself and a history of abusive/bullying preceptors assigned to educate new Paramedics. Both of these issues likely tie in to other unique-to-B.C. systemic factors. In the former case, comments from Paramedics regarding early-career training generally suggest that the preceptor program is both too short and too difficult to schedule due to a presumed shortage of educators in the service. While the potential cause of this is difficult to assess in the absence of (likely internal) workforce data from BCEHS, it is possible that the lack of available preceptors is correlated with the ongoing staffing challenges experienced within the B.C. ambulance service (Daflos, 2025a; Little & Garcha, 2021).

The issue flagged by respondents concerning abusive and/or bullying preceptors likely corresponds to the greater culture of abuse which was endemic within the BC Ambulance Service at the time the interviews took place (Gaskell, 2022). This is especially likely given the similarity between the comments within this sub-theme (i.e. 'Dissatisfaction with Early Career Training') and the descriptions of bullying dialogue contained within the Gaskell Report (2022).

Unfortunately, respondents within these themes did not offer recommendations as to how either of these issues could be mitigated. In the case of the inadequate number of preceptors, it is possible that this could be addressed through the stabilization of hiring and retention within the ambulance service more broadly. However, due to the lack of respondent or institutional data, a specific recommendation is out of scope for this study. This is similarly true for the latter issue concerning abusive preceptors. Although, it is worth noting that the Gaskell

Report contains several recommendations which, if implemented fully, could reduce the incidence of abuse by preceptors (Gaskell, 2022, p. 30).

Conclusion:

This study utilized semi-structured interview questions to prompt responses related to B.C. Ambulance Paramedic's self-reported reasons for entering the profession, as well as the workplace experiences they found to be both motivating and de-motivating. Analysis of these responses provided valuable insight into the workplace features which Paramedics felt most influenced initial and sustained employment motivation in the province; and provided an initial test of the validity of the unique conceptual framework utilized in this study.

In addition to other findings, this study found that Paramedics tend to enter the profession for a number of reasons, though many gravitate towards the aspects of the job associated with patient care. Further, many of the factors which initially attracted Paramedics to work in the ambulance service remained present within their working lives. Consistent with other studies in the field, working with patients and within the community was found to strongly impact motivation along several dimensions. This was generally in a positive sense, but could take on a negative dimension when Paramedics felt they were unable to meaningfully help their patients. In general, Paramedics felt respected, though not well-understood, by the public. Instances of disrespect tended to be situational, and respect from the public (or a lack thereof) was found to impact workplace motivation. At the same time, respondents within this study expressed strong, positive dispositions towards their Paramedic colleagues within the ambulance service. Their immediate ambulance partner, in particular, could be a profound source of motivation or demotivation in their working lives. Unlike many other studies within the field, Paramedics within this study were generally satisfied with their pay and benefits, but expressed dissatisfaction related to the pay system and some potential work disparities within the ambulance service. Paramedics were also generally dissatisfied with the learning and advancement opportunities present within the ambulance service.

Though a number of valuable insights can be drawn from the data within this study, the research design of this study is exploratory in nature. As such, future studies will be required to

further validate the study's conceptual framework and reinforce the specific findings of this research.

Areas of Future Research:

Several other areas of potential study were identified within the 'discussion' section of this paper (see Appendix B for minor results and discussion and Appendix E for a full table of potential areas of future research), any of which could generate valuable data for both academia and health policy makers. An exploration of the specific attractant qualities of work in the (emergency) medical field, as well as the role of autonomy as an attractant to the Paramedic profession, would be valuable for enhancing organizational recruitment. More detailed studies on the specific impacts of violence within the pre-hospital setting in B.C. would be valuable for finding contextually-relevant ways to address these issues in the province. From an academic perspective, two interesting fields of study would be further research focused on PSM theory utilizing Paramedic participants, as well as additional research investigating the adaption of Herzberg's theory within the prehospital medical field. To improve workforce utilization, the B.C. ambulance service may find research on the utilization differentials between the urban and rural ambulance services in B.C. valuable. To improve the efficacy of learning programs within the ambulance service, a study assessing the continuous improvement of the learning structure within BCEHS would be valuable to measure the performance of the educational program within the ambulance service as a whole. Finally, additional studies utilizing the conceptual framework of this study would also be valuable for establishing the validity of the study concepts. This is discussed further below within the 'recommendations' section of the paper.

Recommendations

Given the need for further research, the 'discussion' section of this paper also outlined 12 recommendations which may have the potential to improve retention within the B.C. ambulance service. These recommendations are collected on table 10, and include the direct recommendations provided by study respondents, a synthesis of interrelated recommendations

provided by respondents, and recommendations which logically follow from the analysis of some of the major themes raised by Paramedics.

Table 10

Recommendations to Improve Retention within the B.C. Ambulance Service

#	Associated Concept Categories	Recommendation
1	Serving Patients and the Community	Continue to expand the options available to Paramedics in relation to transport destinations and treatment alternatives.
2	Serving Patients and the Community, A Desire to Work in a Respected Profession	Provide additional training to address the modern realities of patient care; in particular, mental health crisis and response training, de-escalation strategies, communication training, and local knowledge-building. Also consider peer-support and self-reflection resources.
3	A Desire to Work in a Respected Profession	Engage in outreach campaigns to educate the public and other services on the role of Paramedics and the ambulance service within the broader emergency response framework.
4	Interpersonal Relations and Working with Others	Explore options to improve the process by which ambulance partners are assigned; with an emphasis on keeping compatible teams together, keeping incompatible teams apart, and one which avoids scheduling new employees as partners on the same ambulance shift.
5	Interpersonal Relations and Working with Others	In line with the recommendations of the Gaskell Report (2022): begin recognizing and tangibly expressing appreciation for the work and achievements of Paramedics within the ambulance service.
6	Interpersonal Relations and Working with Others, Pay and Benefits, Advancement, Learning	Continue to implement the recommendations of the Gaskell Report (2022).
7	Pay and Benefits	Prioritize a remediation of the BCEHS pay system and establish an expedited grievance process for underpayment claims.

8	Pay and Benefits	Consider offering a stipend or additional subsidy to incentivise retention in high-call-volume stations/regions.
9	Advancement	Consider altering the structure of the Emergency Medical Assistants Education Fund to offer funding on a presumptive basis.
10	Advancement	Explore additional career advancement paths for Paramedics outside of the traditional licensure/management dichotomy.
11	Learning	Integrate more in-person clinical skills training and utilize subject matter experts in educational curriculum where possible.
12	N/A	Initiate similar studies utilizing this conceptual framework to establish the validity of the concepts for use at-scale in B.C.

Recommendations 1 and 2 arose directly from respondents as means of addressing some of the demotivating aspects associated with patient care. Recommendation 2 could also be taken to incorporate additional training in some of the (de-escalation) techniques noted in the ‘Discussion of Themes Related to Working in a Respected Profession’ section. Recommendation 3 similarly targets some of the demotivating aspects of a lack of professional respect, and arises directly from the recommendation of respondents related to providing public education on the ambulance service. Recommendation 4 is intended to facilitate productive ambulance-partner dynamics while recommendation 5 is intended to improve interpersonal relations between ambulance personnel and leadership. Recommendation 6 follows from a number of discussions which touched on the recommendations or findings of the Gaskell report, and represents a means of addressing some of the demotivation associated with interpersonal relations, payment, advancement, and learning issues expressed by respondents to this study (see Appendix B for further information on the latter two points). Recommendations 7 and 8 are both recommendations intended to address some of the remaining sources of demotivation associated with pay and benefits. Recommendation 7 follows from respondent comments while recommendation 8 was explicitly recommended by most respondents within the theme. Recommendation 9 follows from an analysis of respondent comments subsidizing ACP training,

while recommendations 10 and 11 capture paramedic comments related to advancement opportunities and learning, respectively.

Recommendation 12 is not associated with a specific concept category, and instead follows logically from the results of the study as a whole. Specifically, recommendation 12 is a suggestion to enhance the validity of this study's concepts and reinforce the accuracy of its findings by sponsoring similar research which utilizes this paper's conceptual framework. Following this research (assuming the study's concepts are then validated), the framework would be appropriate for utilization at-scale in the province to assess the workforce factors which affect Paramedic attraction and retention across B.C.

Limitations

There are a number of limitations inherent to this study which impact the generalizability of its findings. The most prominent limitation concerns the exploratory nature of the work, and the unique conceptual framework utilized as the foundation of the study. Specifically, the conceptual framework used within this study has not been validated, and further research is required to establish the concepts as accurate descriptors of the occupational dispositions they are intended to measure.

Several key limitations concern the sample and sampling methodology. First and foremost, the small size of the interview sample (N=12), which was unlikely to attain a state of theoretical saturation. Another limitation concerns the sampling methodology, which relied on a convenience sample facilitated by the APBC internal union email list. As a consequence, the researcher was not be able to ensure that the sample was representative of the ambulance paramedic population as a whole. It was possible that participation in the study appealed to only a particular subset of B.C. paramedics; for example, to union members of a particular demographic. The lack of demographic information collected under this study, while intended to eliminate variables, may have also inadvertently reduced the ability of the researcher to note if the sample biased towards a particular demographic (e.g. male, female, race, etc.).

However, the descriptive information which was collected during interviews suggested that half of the Paramedics interviewed (N=6) were operating within the same metropolitan area; and many even within the same station. It is acknowledged that this could have biased their answers towards particular positions or recommendations; most notably concerning paid stipends for high-volume stations (see the sections above concerning the concept category 'Pay and Benefits').

Outside of sampling concerns, the nature of qualitative thematic analysis was such that the data inherently relied on the subjective opinion of the researcher. While the researcher attempted to remain neutral in their assessment of the data, some bias is likely unavoidable.

Finally (as discussed in the relevant sections above) some of the data collected under the study is highly localized to the B.C. context due to the (likely) influence of specific events in recent provincial history. While this was not an unexpected finding, it does further limit the generalizability of some findings within the study.

Concluding Statements:

Ambulance Paramedics are a cornerstone of the emergency medical health system in B.C. Enriching the workplace experiences of this important occupational demographic stands to benefit not only the Paramedics themselves, but also the stability of the broader provincial health system. The results of this research provide a potentially important cross-sectional view of recruitment and retention in B.C.; though additional research is required to establish the validity of the concepts used within the study's conceptual framework. This need notwithstanding, the recommendations of this study may prove to be valuable subjects for the B.C. Ambulance Service to consider into the future. While there are still many unexplored research topics concerning ambulance personnel in Canada, this study represents a small, but important step towards addressing these gaps.

Appendix A – Interview Guide

Preamble:

Thank you for agreeing to participate in my study. As I may have mentioned before, this interview will contribute to a body of research I am compiling for my Master's thesis; the purpose of which is to explore the factors which influence the recruitment and retention of BCEHS paramedics in British Columbia.

Over the next few months, we will be interviewing a number of ambulance paramedics in active service within the province. Interviewees such as yourself will be asked to provide working-level perspectives on the occupational characteristics of the BC ambulance service. Our goal is to isolate the aspects of the job which are most attractive to prospective personnel; as well as the factors which best influence those employees into staying once hired.

The interview will proceed as follows: After confirming some demographic information, I will ask you some questions related to occupational attraction and workplace motivators. From there, we will attempt to brainstorm some ways in which an organization could design its systems to better enhance the interesting and fulfilling aspects of work in the ambulance service. Through your answers, we also hope to gain some insights on aspects of the job that ambulance paramedics find dissatisfying.

On that note, I will take this opportunity to reassure you that this interview and the answers you provide will remain anonymous. Your name will never be associated with any of the comments you make, and your participation (or refusal to participate) will be strictly confidential. Your participation is voluntary, and you are free to abstain from answering any question I pose. Further, you are free to leave or otherwise discontinue this interview at any time. Only myself and my academic supervisor will have access to the raw data acquired through these discussions.

Do you have any questions about myself or the project? If not, lets begin:

Preliminary Questions:

1. Broadly, what region of British Columbia you operate in?
2. What level of EMS licence level do you practice under? and
3. Approximately how long have you been working for BC Ambulance?
4. In your view, what is the mission of the BC Ambulance service?
 - a. Can you tell me a little about your view of how your organization's mission is achieved?
 - b. In your view, what are the main challenges which your organization faces presently in fulfilling its mission?

Attraction-oriented Questions:

Let's move on to some questions about your initial entry into the ambulance service:

5. What was it about the job that attracted you to working in the ambulance service?
 - a. Prompts:
 - i. What about the job got you interested in pursuing a career in emergency response? And the ambulance service specifically?
 - b. Where there any other aspects of the job which were key attractants for you?
 - i. [Attempt to acquire 3-4 examples]
6. Related to your previous answers, can you provide some examples of ways in which the job matched your expectations?
 - a. Are there any other examples you can think of?
7. Related to your previous answers, can you provide some examples of ways in which the job did not match your expectations?
 - a. Are there any other examples you can think of?

Retention-oriented Questions: This next set of questions will ask about experiences you've had while working within the ambulance service. These questions will be very open-ended, and will ask you to reflect on both the positive and not-so-positive experiences you've encountered.

1. In thinking of things that attract you to the ambulance service can you describe to me an example of when you felt exceptionally motivated by something in your organization? This would be an experience that made you feel that this is a great place to work; one that you would never want to leave.
 - a. Probes:
 - i. Could you walk me through what happened?
 - ii. What was the impact on you or your work? How long did that last?
 - b. Do any other examples stand out for you as being exceptionally motivating or positive for you?
2. Without naming any specific colleagues, can you describe to me examples of when you felt exceptionally DE-motivated by something in your organization. This is an experience that made you want to leave and find another job or career.
 - a. Probes:
 - i. Could you walk me through what happened?
 - ii. What was the impact on you or your work? How long did that last?
 - b. Do any other examples stand out as being an exceptionally de-motivating or negative emotional experience for you?

Brainstorming Best Practices for Enhancing Motivation/Retention: We're almost done. In this last set of questions, I want to ask for your perspective on some specific areas of your working life. Essentially, we want to focus in on some of the concepts that we've discussed, as well as some that we've taken from the academic literature. Our goal in this section will ultimately be to brainstorm some ideas into how we can improve your job experience along some specific lines.

Serving the Patients and Community:

1. In thinking of your work helping others, can you describe some examples of a time in which you felt a sense of pride in responding to patients or other members of the public. This could be a time in which you felt that your job in this regard was especially well done.
 - a. Probes:
 - i. Can you think of the ways in which serving the client and the community is helpful and motivational?
 - ii. What was the effect?
 - iii. Other examples?
2. Are there examples of when helping others or serving the community was a not-so-positive experience? This could be due to the interaction with the patients/public or it could be a time in which you felt that the job was not done well.
 - a. Probes:
 - i. What about this was not helpful or motivational for you?
 - ii. What was the effect?
 - iii. Other examples?
3. Do you have any ideas for how your job could be restructured to improve how ambulance personnel can serve patients or the community?

Desire to work in a respected profession:

1. Do you feel that working in the ambulance service provides you with respect from the public; and, can you provide some examples of how the respect that comes from working in the ambulance service has been helpful and motivating?
 - a. Probes:
 - i. Can you walk me through what happened? (Or: what is it about the respect that is helpful to you and your colleagues?)
 - ii. What was the effect?
 - iii. Other examples?
2. Have there been any examples of ways in which that respect or a lack of it has been demotivating?
 - a. Probes:
 - i. Can you walk me through what happened?
 - ii. What was the effect?
 - iii. Other examples?
3. Can you describe examples of ways in which your organization could improve the opportunities for ambulance personnel to feel as though they are respected members of the community?

Interpersonal relations and working with others

1. Can you provide some positive examples of your working relationships or working experiences with your colleagues?
 - a. Probes:
 - i. What was it about the interaction that was helpful or motivational?
 - ii. What was the effect?
 - iii. Other examples?
2. Without naming anyone specifically, can you provide some not-so-positive examples of your working relationships or working experiences with your colleagues?
 - a. Probes:
 - i. What was it about the interaction that was de-motivational for you?
 - ii. What was the effect?
 - iii. Other examples?
3. Are there ways in which your organization could improve the ways in which you work with others within your organization?

Pay and benefits

1. Can you provide some examples of the positive aspects of your pay and benefits?
 - a. Probes:
 - i. What do you like about it?
 - ii. What is the effect on the organization/workers?
 - iii. Other examples?
2. What are some not so positive aspects of your pay and benefits?
 - a. Probes:
 - i. What don't you like about it?
 - ii. What is the effect on the organization/workers?
 - iii. Other examples?
3. What are some ways in which your organization could realistically improve your pay and benefits?

Advancement

1. Can you provide some examples of the positive aspects of the advancement opportunities within the ambulance service?
 - a. Probes:
 - i. What was the effect of this on the organization/workers?
 - ii. Other examples?
2. Can you provide some examples of the not-so-positive aspects of the advancement opportunities within the ambulance service?
 - a. Probes:
 - i. What was the effect of this on the organization/workers?
 - ii. Other examples?

3. Are there ways in which the organization could be restructured to provide more impactful advancement opportunities for ambulance personnel?

Learning

1. Can you provide some positive examples of the learning opportunities present within the ambulance service? These could be related to either your continuing competence requirements or on-the-job learning.
 - a. Probes:
 - i. What did you like about it?
 - ii. What was the effect on your job?
 - iii. Other examples?
2. Can you provide some not-so-positive examples of the learning opportunities present within the ambulance service? Again, this could be related to either your continuing competence requirements or on-the-job learning.
 - a. Probes:
 - i. What did you like about it?
 - ii. What was the effect on your job?
 - iii. Other examples?
3. Do you have any thoughts on how the opportunities for learning on the job could be improved?

Appendix B – Minor Results and Discussion

What Attracted Paramedics to Work in the Ambulance Service? (Minor Results and Discussion)

When asked, 'what attracted you to work in the ambulance service', the least-frequently mentioned reason for entering the profession was that 'it was easy to get into' (N=3). This theme incorporated concepts related to the comparatively short and/or accessible education requirements for licensure in B.C.; as well as comments related to paramedicine being a comparatively 'easy' way to enter the medical field.

It is perhaps not surprising that a significant number of Paramedics within this study noted that they 'fell into' or otherwise 'discovered the job by accident'. Chapman et al. (2016) similarly found that 'falling into' the Paramedic profession was a lesser-reported, but nonetheless statistically significant reason for entering the profession (i.e. reported as a reason for entering the field by anywhere from 13.3-38.4% of respondents, dependent on survey year and licence level) (pp. 83-84). Patterson (2005) centered his first qualitative theme around the finding that Paramedicine was not an individual's first choice in career. For many of his respondents, it was their 'second choice' career after either leaving another career or the training program of a different, "more attractive" career; most commonly either the military or nursing (Patterson et al., 2005, p. 157). A notable exception to this pattern in the literature is Ross et al (2016). In their study, 'not [being] sure what else to do' was the least-reported reason for interest in the profession. This is likely attributable to the difference in educational requirements for entering the Paramedic profession in Melbourne (where the study was based) compared to many jurisdictions in North America (including B.C.). Namely, Paramedic training in Melbourne entails a three-year (full-time) or six-year (part-time) university education (University of Monash, n.d.), whereas in B.C., most Paramedic programs only take ~50-117 days class time (not including preceptorships, etc.) (E. L. B. Government of British Columbia, n.d.). Ross et al. note this within their paper, suggesting that their findings entail that Paramedicine is likely not seen as an easy or "generic" career option by prospective students within their jurisdiction (Ross

et al., 2016, p. 06). The relatively high number of participants within this study who said that they either 'discovered the job by accident' (N=4) or otherwise joined the ambulance service because 'it was easy to get into' (n=3) suggest that B.C. training programs enforce the opposite perception in prospective students.

Retention- A Desire to Work in a Respected Profession (Minor Results)

A minority (N=3) of respondents within this concept-category suggested that a notable source of disrespect within their working lives originated from other emergency response services, or from within the Ambulance service itself. In the former case, the specific examples of disrespect related to instances of verbal abuse or bullying from nurses or other hospital staff; as well as incidents describing a lack of appropriate on-scene support from police services. Other respondents suggested that the historic lack of funding and support resources for paramedics implied a lack of respect for Paramedics originating from the ambulance service as an organization.

This topic was touched on by some of the Paramedics who recommended pursuing outreach campaigns to better educate the public on the Paramedic profession. They noted that these campaigns could also be targeted to other services that frequently interact with ambulance personnel. They felt that this would better outline what interventions or actions were within or outside of Paramedic scope of practice. The implication was that this outreach could foster a greater understanding and respect for the work of Paramedics.

Retention – Interpersonal Relations and Working Others (Minor Results)

A minority of (N=4) Paramedics noted that an ongoing issue negatively impacting motivation within the ambulance service is a general lack of accountability for known 'bad actors' within their working lives. Comments within this theme related to incidents of consistent harassment, bullying, or other verbal abuse from managers (specifically supervisors or unit chiefs), as well as other paramedics and even hospital staff; all of whom were able to continue in these patterns of behaviour without threat of meaningful consequences. Some respondents noted that they and individuals they knew had submitted formal complaints regarding certain individuals on multiple occasions, which resulted in no changes. Respondents felt demotivated

by the difficulties inherent in the complaints process (specifically that it was time-consuming and often difficult or impossible to do during work hours), as well as the futility of the effort. One respondent felt that the inability to hold individuals to account was a significant contributor to the overall recruitment and retentions issues within the ambulance service.

Similar instances are noted and discussed within the Gaskell Report (2022), and a full implementation of the report's recommendations would likely support greater accountability within the ambulance service overall. The publishing of the Gaskell Report likely accelerated the organization's efforts to redress these issues, and it would be valuable for other researchers to reassess the organization's workplace culture and accountability frameworks in future studies.

Retention – Advancement (Minor Results and Discussion)

Slightly less than half (N=5) of Paramedics interviewed felt that nepotism within the service was an ongoing issue affecting advancement. Specifically, some respondents discussed the existence of a historic “old boy's club” mentality that was still, according to one respondent, “in the process of being broken down”. This mentality was suggested as leading to a culture where advancement within the service was historically based on politics and ‘who you know’. According to one respondent, this has led to situations where roles have allegedly been made available without much public advertisement, to better ensure that certain individuals are elected to specific positions. Another respondent noted that this historic culture of nepotism has led to an overrepresentation of Caucasian, male representatives in management. In turn, this has impacted equity and/or diversity considerations in program creation within the organization. A specific example offered was the lack of consideration given for those who identify as female in uniform creation (see the ‘Everyone is Judged by the Same Uniform’ section above).

However, in spite of the concerns described in the themes above, just under half (N=5) of respondents also noted that the opportunities for advancement within the ambulance service had seen some improvement within the last few years. Comments from respondents incorporated examples related to the employer providing funding for individuals to take the PCP program, additional ACP positions being opened up, and increased fairness within the

competition process for new roles. While many of the respondents noted that the negative aspects of advancement were still present within the ambulance service, the comments captured within this theme suggest that, over time, the organization has started moving in a positive direction. One respondent noted that this included the concerns regarding the 'old boys club' present within the organization; praising the increasing number of female paramedics and leaders within the ambulance service.

The issue of nepotism impacting advancement was similarly noted in the Gaskell Report, and a series of recommendations were offered to improve the diversity of leadership candidates and the fairness of the process (Gaskell, 2022). These included recommendations like incorporating "evidence of ongoing professional development as part of the criterion for promotion" and ensuring that "teams who lead on recruitment for services are diverse in makeup and include staff from different backgrounds/ ages/genders" (Gaskell, 2022, p. 28). While comments from some respondents within the latter theme ('advancement opportunities have improved over time') acknowledge this history of unfair process and favouritism; they do seem to suggest some cautious optimism that the organization is slowly moving in the right direction. As noted above (in the 'Retention - Advancement (Minor Results and Discussion)' section), the publishing of the Gaskell Report likely accelerated the organization's efforts to redress these issues, and it would be similarly valuable for other researchers to reassess the organization's workplace culture and employee's attitudes toward management in future studies.

Retention – Learning on the Job (Minor Results and Discussion)

Despite the issues noted in the 'Retention – Learning on the Job' section, a minority (N=3) of Paramedics felt that the opportunities for learning within the ambulance service had seen some recent improvements. These respondents praised the funding made available for individuals to pursue PCP training, as well as the efforts of the employer to expand the availability and awareness of educational resources within the ambulance service. One respondent felt that if an individual was proactive and reached out to the ambulance service with a request for education, the employer would facilitate. To support this opinion, they

provided an example of a time in which they requested additional IV initiation training from the employer. In response the employer facilitated an additional educational shift with an ACP, where the respondent was able to practice this skill in real-world situations alongside an experienced peer.

As noted in the section 'Discussion of Themes Related to Learning on the Job' the fact that a minority of respondents noted some recent improvements in the organization's learning opportunities, alongside a general societal shift away from COVID-19 restrictions, make it possible that some of the issues surrounding inadequate occupational education have been addressed or mitigated by the ambulance service.

Appendix C – Summary of Low Acuity Units and ASTaR Pathways

Summary of ‘Low Acuity’ Response Units and Alternate Protocols

Low Acuity Response Units are staffed by Paramedics and secondary-triage clinicians, and are tasked with responding to non-emergency medical events in urban areas of the province (BCEHS, 2025). Supported by secondary-triage clinicians (and other personnel) within a remote ‘Clinical Hub’, Paramedics within specialized ‘Link and Referral Units’ (LARUs) assess patients on-scene and are given the authority to opt for alternate treatment options. Depending on the situation, these include (but are not limited to) providing medical education, treatment on-scene, or transport to an urgent-care centre (BCEHS, 2025).

Within the same timeframe, BCEHS also began developing a number of ‘Assess, See, Treat, and Refer’ (ASTaR) pathways; protocols under which Paramedics (both standard ambulance and LARUs) are able to divert patients to alternate care routes (so long as those patients meet the conditions established within the respective ASTaR pathway) (BCEHS, 2025). Through ASTaR pathway protocols, both (standard) ambulance Paramedics and LARUs are able to divert patients away from the emergency room to alternate treatment centres (e.g. some Urgent Primary Care Centres), to mental health and substance use resources, or to treatment at home (BCEHS, n.d.-h, 2025).

Since its initial rollout in 2020, the program has steadily expanded. The Clinical Hub was established in 2022 and ALRU roles were made a permanent option within the BCEHS career hierarchy in 2023 (BCEHS, 2025). As of March 2025, there were 18 LARU’s total operating within the province, and 15 ASTaR pathways available for Paramedics (BCEHS, 2025).

Appendix D – Summary of the Heat Dome and the Gaskell Report

The 2021 ‘Heat Dome’ Event

The 2021 ‘Heat Dome’ refers to an extreme heat event which occurred from June 25 to July 1, 2021. The Heat Dome caused record-high temperatures across the province of B.C., which resulted in a spike in heat-related medical emergencies which, in turn, significantly strained provincial emergency medical resources (B.C. Heat Dome Death Review Panel, 2022). Ultimately, 619 individuals lost their lives as a result of the weather event (B.C. Heat Dome Death Review Panel, 2022).

While the impacts of the Heat Dome were not explicitly mentioned with sufficient frequency to be captured as a distinct theme within this study, Paramedic views concerning poor policy and leaderships decisions by upper management (specifically captured within the theme concerning ‘a lack of support from leadership’ N=10) were likely influenced by their experiences during the incident. At least one respondent explicitly commented on the organization’s lack of preparation during the event; an opinion which has also been expressed by some members of the public and media outlets (Daflos, 2025b). The Gaskell report similarly noted the impacts of this event on ambulance personnel in B.C.:

The Heat Dome in 2021 was reported as having majorly impacted on staff morale, leaving some staff experiencing shame and anger about how the situation unfolded and a sense of moral injury in terms of the number of deaths in the community. Staff expressed it further amplified existing perceptions, that staff at the top of the organisation did not recognise or respond to frustrations in the operational ranks of the organisation. (Gaskell, 2022, p. 17)

The 2022 Gaskell Report

The ‘Gaskell Report’ refers to a July 2022 report on the organizational culture of BCEHS, which was made public by the organization in July 2023, shortly after interviews for this study were initiated. (Kulkarni, 2023). The report painted an extremely bleak picture of the workplace

culture in the B.C. ambulance service. Amongst other issues, the Gaskell report identified widespread bullying and sexual harassment within the ambulance service, as well as a lack of consideration given to diversity and inclusion. Many of the comments made by respondents within the 'Interpersonal Relations and Working with Others' concept-category (related to both 'a lack of support from management' and a 'lack of accountability for bad actors') reflect the findings of the report, especially those concerning incidents of bullying, harassment, and complaints of an 'old boys club' which shielded perpetrators from disciplinary action (Gaskell, 2022). The report also corroborated respondent comments these incidents had not, historically, been taken seriously by management.

Appendix E – Table of Potential Areas of Future Research

Table 10

Potential Areas of Future Research Outlined in the Findings of this Study.

•	An exploration of the specific aspects of the (emergency) medical field most interesting to prospective students.
•	The role of the prospect of autonomy as an attractant to the Paramedic profession.
•	More detailed studies on the specific impacts of violence and disrespect within the pre-hospital setting in B.C., as well as contextually-relevant means of addressing those issues.
•	Further research focused on PSM theory and utilizing Paramedic assessing the applicability of the common '4-factor' model of PSM to work in Paramedicine
•	Additional research investigating the applicability of Herzberg's theory in the prehospital medical field
•	An exploration of the utilization differentials between the urban and rural ambulance services in B.C.
•	A reassessment of the BCEHS workplace culture and accountability frameworks.
•	A reassessment of the BCEHS workplace culture and employee's attitudes toward management following the Gaskell Report.
•	An assessment of the continuing improvement of BCEHS on-the-job learning.
•	Additional studies utilizing the conceptual framework of this paper to establish the validity of the constructs.

Appendix F – Example Tables of Paramedic Responses

‘What Attracted You to the Profession’ Response Example Table

Theme	Number of Respondents	Examples
The Prospect of Autonomy	N=5	<ul style="list-style-type: none"> - “I’d say for me, it was the autonomy.” - “You had this incredible autonomy to [...] provide care and to do all these things.” - “You have lots of job autonomy.” - “I felt that on the ambulance, I had more autonomy to be my own practitioner as opposed to the more regimented team-like approach.”
An Interest in Medicine	N=5	<ul style="list-style-type: none"> - “Personally, I’ve always had a little bit of an interest in medicine, or at least biology.” - “I wanted to become a more well-rounded practitioner and see the chest pains, the shortness of breath [...] the more medical calls.” - “The work itself, the clinical work itself, is very rewarding.” - “The medicine and systems operational side of things drew me in.”
The Prospect of Making a Difference/Helping Others	N=5	<ul style="list-style-type: none"> - “You get to see people at the most vulnerable states [...] and hopefully be able to provide some sort of safety and be the kind person that you would want to see.” - “I think I always wanted to do something to help.” - “I really wanted to make a meaningful difference on a small scale”. - “I’m always very interested in helping people”
The Unpredictability	N=5	<ul style="list-style-type: none"> - “What really attracted me to [Paramedicine] is I think the uncertainty of your day.” - “It’s a very dynamic job.” - “that challenge that you have no idea what you’re walking into[.]” - “It’s so, so different day to day.”

Discovered the Job by Accident	N=4	<ul style="list-style-type: none"> - "Being a paramedic wasn't even in my purview. It was always more like, 'oh, I could be a doctor or nurse' kind of thing." - "Paramedicine wasn't even on my radar, it was supposed to be a blip in my life until I found my next career." - "I don't think the ambulance service was something I had thought about." - "It was an accident."
Positive Encouragement from Family/Peers	N=4	<ul style="list-style-type: none"> - "I think it was the encouragement and the mentorship of my peers that sort of fostered this desire to want to keep doing it." - "I came from a family where healthcare was paramount and people were involved in it." - "I had several friends who were paramedics and who then brought me for ride-alongs and those were very fulfilling." - "I was kind of exposed to the whole emergency services thing at an early age and I was really drawn in by the people."
It Was Easy to Get Into	N=3	<ul style="list-style-type: none"> - "The training was shorter here than it would be in most places, either in Canada or the world. So it was more attractive." - "It was easy to get hired. I had the qualifications." - "It honestly looked like a pretty easy avenue to get into the medical side of things."

'What Was Expected' Response Example Table

Theme	Number of Respondents	Examples
Dealing with Bad Situations	N=3	<ul style="list-style-type: none"> - "having a patient pass away on you is exactly what I thought it was going to be." - "I knew that it was going to be hard. That I was opening myself up to potential mental health injuries."

		<ul style="list-style-type: none"> - "I knew I was going to have to deal with some pretty bad situations."
The Heavy Workload	N=3	<ul style="list-style-type: none"> - "Yeah, I was busy. I loved it." - "Going to downtown Vancouver and working there. My expectation was that it was going to be insane and it was completely insane." - "I guess also the pace of the job."
The Teamwork Dynamic	N=3	<ul style="list-style-type: none"> - "Working a shift with a friend or someone that you really work well with." - "the teamwork, the camaraderie, the grip with the crews. Yeah, we're kind of in the trenches together." - "it really felt like I was part of a team again."

'What Surprised You' Response Example Table

Theme	Number of Respondents	Examples
The Nature of the Work	N=8	<ul style="list-style-type: none"> - "Interfacility transfers, I didn't realize I'd be doing that. I thought they had somebody else for that." - "You become better with your emotions or more emotionally intelligent, which I didn't think was part of the job." - "95% of your block is, I'd say, very low acuity." - "I thought every [call] was going to be 'big', but no, sometimes they're downright very simple." - "I didn't know what it was like to work at a transfer station until I went to [one]."

The Lack of Support from the Organization	N=7	<ul style="list-style-type: none"> - "The perceived autonomy surprised me. Nobody is checking up on you and they should be." - "Things like professionalism from the employer. Things like actual pay being correct, different challenges in that way." - "[The ambulance service] seems kind of like 'our policy is there to cover our ass. I know it doesn't make sense but this way if you [mess] up, it's on you." - "Honestly, the lack of preparation for the interpersonal skills required."
The (Previous) Compensation	N=4	<ul style="list-style-type: none"> - "Pay was very marginal at the time. You know, with the \$2.00 an hour. And very poor pay systems." - "Its not the same anymore, but the whole scheduling and pay model of 7 years ago was pretty abhorrent." - "The pay. I knew the pay wasn't great at that point, it's changed now, but [...] the pay at that point was hard."

'Serving Patients and the Community' Response Example Table

Theme	Number of Respondents	Examples
Working with patients and within the community highly impacts motivation (positively and negatively).	N=12	<ul style="list-style-type: none"> - "...I feel like a lot of those proud moments come from talking [to patients]." - "I stay for the patients, I really do." - "The privilege of working in your community and being able to service people ... that is such a meaningful experience." - "the first time I ever got a return of spontaneous circulation in a patient ... it was amazing to get that immediate feedback that you made a difference." - "it feels like you're kind of picking up the pieces from the failure of society as a whole." - "You realize that you're not able to fix a lot of these social issues."

<p>The challenge is motivating.</p>	<p>N=5</p>	<ul style="list-style-type: none"> - “paramedics [...], we’re inherent problem solvers, just throw us into the craziest situation and we will find a solution.” - “working a shift with a good partner and doing a challenging but positive call [is a motivating experience].” - “it was so motivating, being able to manage this absolutely insane situation that people can’t even dream of, and manage it well.” - “When the job turns into something mundane I don’t perform well. I forget things, I make errors.”
<p>Pride in working as part of the medical system.</p>	<p>N=5</p>	<ul style="list-style-type: none"> - “that call was this moment of like ‘you are a leader in this environment and everybody’s eyes and ears are on you.’ - “it dawned on me like, ‘oh my God, I’m part of this giant team that’s here for this one person’, and that’s really amazing.” - “you get on calls like that and you realize well, no, there’s a lot more at work here. And it’s good to be part of that.” - “I didn’t feel helpless at all because I knew ... what my role in it was and I know what the CCP’s role in it was.”
<p>The autonomy is motivating.</p>	<p>N=3</p>	<ul style="list-style-type: none"> - “being a paramedic, you really have the autonomy to actually run the call the way you want” - “I like being the able to be the guy who’s just given free reign like that. Its just ‘I don’t care what you do, how you spend it, just fix this.’” - “there’s this autonomy, its just [you and your partner] on a road trip together.”
<p>The work is exciting and unpredictable.</p>	<p>N=3</p>	<ul style="list-style-type: none"> - “you get these collective experiences where you’re just like, I don’t even know how to explain it.” - “Its all very high-impact over a short period of time, and I’d say that cortisol and that adrenaline release and that cascade keeps you going for days on end.” - “You get to go to some pretty cool places and meet some interesting people, and I think it just goes back to the unpredictability of the job, and the variety.”

‘Working in a Respected Profession’ Response Example Table

Theme	Number of Respondents	Examples
Generally, paramedics feel respected by the public.	N=9	<ul style="list-style-type: none"> - “Generally, we are a respected organization. [...] I know in my personal life when I say what job I do people say ‘thank you’.” - “yeah, we’re respected by the public.” - “I think we are hugely respected, I definitely think in BC you see examples of it with people’s kindness with regards to letting you jump in front of them in line for coffee, for instance.” - “I guess maybe in downtown Vancouver, unfortunately, we do encounter some disrespect, but I think for the most part [...] it’s not the true representation of the public.” - “Once in a while, especially when driving, you feel disrespected by the public.”
Respect from the public impacts motivation (positively and negatively).	N=8	<ul style="list-style-type: none"> - “The respect comes across in so many different ways and something as simple as a ‘thank you’ or a handshake or a thank you card goes so far.” - “People saying like ‘oh, wow, you have such a hard job’, and then just having those little conversations are really meaningful.” - “you have that sense of purpose and meaning, And if you don’t feel respected, if you don’t feel like you’re needed... it’s simply demoralizing.” - “it definitely started getting to me, to the point where there’s been a couple of times where I was kind of like, ‘why am I even doing this if I’m being treated like this on a daily basis?’” - “Sometimes you just say ‘you know what? I’ve been told to F off too many times today and I want to go home’.”

Everyone is Judged by the Same Uniform	N=9	<ul style="list-style-type: none"> - "When I put on the uniform, I feel very proud to be in the job that I do, and in what I do." - "Everyone is judged by the same uniform. So if I'm unprofessional, if I'm not kind [...] it only serves as a barrier." - "We should really try to maintain that respect and ideally make it even better, and show the public and our patients and their family members that we are professionals." - "I think a big reason why we wear the uniform is to inspire some confidence in what we're doing and why we're here."
Paramedicine is not well understood.	N=6	<ul style="list-style-type: none"> - "People still think we're firefighters when we come into a call, because they get there first." - "[nurses] don't understand what you go through to bring them a patient." - "It's a weird one, people just have no idea what we do ... I mean, there's so many different variations of levels, of regions, and what people see on T.V." - "sometimes people are respectful, but they don't truly understand the work."
Disrespect can come from other services and organizations.	N=3	<ul style="list-style-type: none"> - "it doesn't feel like our resources are valuable to the employer because it doesn't feel like the system is valuable." - "[In that situation] we felt completely unsupported by the police, and then on top of it the hospital was giving us a hard time for, in effect, doing our jobs." - "There's a couple of nurses who just treat us terribly."

'Interpersonal Relations and Working with Others' Response Example Table

Theme	Number of Respondents	Examples
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<p>Your partner makes or breaks your shift.</p>	<p>N=12</p>	<ul style="list-style-type: none"> - "I find when you're working with [good partners], you can excel. You want to excel and it just brings up the level of care." - "A positive environment is usually dictated by your partner." - "It feels great to work with somebody you really like." - "Its essentially 2 polar opposites, if you have someone supportive of you and you work well together, it doesn't feel like a job at all ... but on the opposite side of that, [...] all of a sudden every single call is an absolute grind." - "I always refer to [a bad partner dynamic] like you're putting out fires. The second-hand embarrassment for the way that the person you're working with is acting."
<p>Strong feelings of camaraderie amongst Paramedics.</p>	<p>N=11</p>	<ul style="list-style-type: none"> - "It's the most meaningful social experience that I've had in my life being part of this group of people." - "A big part of what makes me come back is the quality of some of the people you work with." - "we understand what we're all doing together. We have each other's backs." - "For the most part, your coworkers absolutely have your back, which is a very nice sentiment to have." - "The boots on the ground, they're my heroes, man. They're awesome."
<p>Paramedics feel a lack of support from Leadership.</p>	<p>N=10</p>	<ul style="list-style-type: none"> - "Its one of the most dangerous places you could possibly work in terms of violence in general ... and there's not a whole lot of support or instruction or training on how to deal with those things." - That relationship [between management and street-level paramedics] is so broken. You have two groups of people who have such distain for each other." - "I had one manager who liked to tell me 'this is just the way it's always been done'. He said this to me so often it got to the point where I just stopped calling him for stuff."

		<ul style="list-style-type: none"> - “A big challenge was during the heat dome and the lack of response to it [from leadership].”
‘Good’ supervisors can be highly motivating.	N=6	<ul style="list-style-type: none"> - “I’ve had some amazing unit chiefs. Ones that will go above and beyond to make sure that their crews have everything they need.” - “On a small level, supervisors, managers, off-car unit chiefs, I’ve actually felt extremely supported throughout the crises we’ve had over the last two years.” - “Knowing who the supervisor is that day can at time absolutely motivate me to work harder. Maybe take a shorter break knowing that [...] it can make life easier for [them].” - “I have a supervisor now, he’s young, but he’s actually willing to listen to you.”
There’s a lack of accountability for bad actors.	N=4	<ul style="list-style-type: none"> - I think that’s a big reason that we have a recruitment and retention issue, is because we’re unable to hold certain individuals to account.” - “If I see something unethical or somebody is treating someone else badly, I’m going to put it in writing. And there’s just never any consequences.” - “I can see the [employee] numbers drop ... And its all because of crappy frontline leadership and absolutely no accountability for poor decision-making or the treatment of other employees.”

‘Pay and Benefits’ Response Example Table

Theme	Number of Respondents	Examples
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<p>Paramedics are generally satisfied with pay and benefits.</p>	<p>N=11</p>	<ul style="list-style-type: none"> - "We just ratified our collective agreement with a pretty significant pay increase, which I think the general consensus on is pretty positive." - "The pay has been recognized, I think night shifts have been recognized. I think there's a lot more things that have helped people be able to be paramedics." - "We have great massage and chiropractic and physio plans. Its basically unlimited. Those are the best parts." - "The only thing that motivates me to stay is the pension. Good pension." - "People don't have to pick up overtime to make a living wage [any more]."
<p>Dissatisfaction in pay comes from work disparity.</p>	<p>N=6</p>	<ul style="list-style-type: none"> - "There's lots of people in the city that would definite take [a position in a slower station] and get paid the exact same amount." - "My only real complaint is that me and all of us working in the city get paid the same as the people working in Pemberton or Tofino." - "I think that comes as a real shock to a lot of people when they go from a part-time station to full time in the city, just how much the workload increases here and you're making the exact same money." - "The toll that work at a metro station takes on your body and mind isn't worth the pay."
<p>The pay <i>system</i> was a source of significant dissatisfaction.</p>	<p>N=6</p>	<ul style="list-style-type: none"> - "Honestly, at this point just seeing the climate of things I am never going to put in for any more responsibility because I don't trust them to pay me properly." - "Our payroll is never right. Ever. Getting it corrected can take months." - "There are hundreds of complaints about pay ... so I don't know why this isn't mission #1. We just keep being told it can't be done or we're working on it or we're trying. Take your pick, the excuses are getting old." - "Oh morale is sh**. Every time payroll comes around there's more posts [about how its wrong]."

Advancement Response Example Table

<p>Barriers for advancing to the next licence level.</p>	<p>N=9</p>	<ul style="list-style-type: none"> - “For the majority of people, [advancing your licence level] sucks. They have to pay \$20,000 for the course and take a bunch of time off work to complete it.” - “It honestly kind of just feels like they’re trying to keep you from [pursuing your ACP licence] rather than encouraging you to do it.” - “A lot of people find the work-life balance as a PCP a lot better [compared to ACP] ... So yes, that extra responsibility and advancement may be available, however it’s going to limit your life choices for where you live.” - “[Leadership goes] on and on about how there’s no ACPs, like, pay us! Pay us and we’ll do it.” - “I have no intention of going [ACP] because I don’t want to see that all day, every day.”
<p>Limited alternate advancement opportunities for PCPs.</p>	<p>N=5</p>	<ul style="list-style-type: none"> - “The ‘PCP lifer’ is a position a lot of people find themselves in. There’s so few opportunities for leadership positions ... aside from going to the ACP program.” - “There is no advancement ... the only advancement is going to school and doing your ACP and then doing your critical care program. But the service picks you for that and for the ACP [training] its like, can I afford it?” - “At a primary care level, you can only be a straight paramedic. There’s no way to get off the street other than [...] if you need a duty to accommodate. Then you do very mundane tasks that aren’t fulfilling.” - Once you’re in a manager role, you also don’t really have a lot of job security. You don’t have a union anymore.”

<p>Nepotism within the service impacts advancement.</p>	<p>N=5</p>	<ul style="list-style-type: none"> - "To go to education, you need to know somebody." - "There are roles out there, but there are also hidden roles out there that you suddenly see people have been awarded without any kind of advertisement." - "Theres a strong 'old boys club' that is in the process of being quickly broken down, but it has been there for a long time and has affected a lot of people's careers."
<p>Generally, advancement opportunities have improved over time.</p>	<p>N=5</p>	<ul style="list-style-type: none"> - "I think [advancement opportunities] are getting so much better. If I had known that there would be an ACP spot in terrace when I started the ACP program I might have stayed in it." - "The structure for which positions are released for competition is pretty fair now. There was times where it was pretty sneaky." - "We're also now starting to see some strong female leaders and strong female mentors who are advancing and leading this profession."

Learning Response Example Table

<p>Theme</p>	<p>Number of Respondents</p>	<p>Examples</p>
<p>Dissatisfaction with Current Learning Opportunities.</p>	<p>N=11</p>	<ul style="list-style-type: none"> - "The learning opportunities are extremely limited since COVID, most of the training has gone online. Which most people are not super happy with ... when you get talking about specific techniques and hands-on situations, all of that gets lost." - "A lot of our learning is online and just not good quality, especially for our job. Our job is very hands on, practical, and clinical." - "We get into our cars at the beginning of shift and get out at the end of it. You know? We

		<p>don't go back to the station between calls, so there's no training that goes on."</p> <ul style="list-style-type: none"> - "Our education is not amazing and we rely on a lot on each other's own experience." - "Our learning department is a dumpster fire."
Dissatisfaction with Early-Career Training.	N=6	<ul style="list-style-type: none"> - "There's definitely still some [...] preceptor mentors out there who, unfortunately, aren't very supportive of the younger community." - "We have broken so many good people because of how dysfunctional our mentorship was for so many years. I distinctly remember talking to some of my colleagues who were going through similar experiences." - "I think people are put into educational spots [in the ambulance service] who don't realize what they're doing in how they communicate with people and the [harmful] effects of their words." - "We don't have mentorship anymore because we're so young and inexperienced. We've got babies teaching babies."
Some recent improvements in Education.	N=3	<ul style="list-style-type: none"> - "Honestly, if you are self-motivated and you reach out to [BC Ambulance], most of the time I found that they have been very grateful." - "I think right now is probably the best time to become a paramedic. ... its investing in the workforce essentially, so people aren't paying to go for training, they're getting it on the job while they're literally working." - "They're really trying to promote research opportunities and encourage people so they'll publish employees that have done any kind of research."

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