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DOCTORAL THESIS ABSTRACT

ENSURING PSYCHOSOCIAL SUPPORT IN EMERGENCY SITUATIONS: A HOLISTIC APPROACH FROM THE PERSPECTIVE OF CLINICAL SOCIOLOGY

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INTRODUCTION

In recent decades, contemporary societies have faced an intensification of emergency situations generated by natural disasters, global health crises, mass-casualty accidents, or social conflicts. These events do not involve only technical and medical interventions, but also entail a profound human dimension, marked by stress, vulnerability, and significant psychosocial impact on emergency response personnel.

The COVID-19 pandemic constituted an emblematic example of an emergency situation with systemic impact, highlighting the limitations of approaches focused exclusively on medical and administrative dimensions. Although the crisis had major psychosocial effects, a limited integration of specialists in sociology and psychosociology into crisis management teams was observed, generating institutional vulnerabilities in the holistic management of emergency situations.

The extensive use of concepts such as “social isolation” or “social distancing”, in the absence of an adequate sociological analysis of their meanings and effects, contributed to the intensification of relational vulnerabilities, the weakening of support networks, and the increase of psychosocial risks. In this context, the research approaches emergency situations as multidimensional social phenomena, in which institutional, organisational, and subjective factors interact.

The study focuses on the identification and analysis of psychosocial risk factors specific to personnel within the emergency medical system, through an integrative approach that combines quantitative and qualitative methods, from the perspective of clinical sociology. The provision of psychosocial support in emergency situations is examined from a holistic perspective, structured across three levels: social, institutional, and epistemological.

The selection of the Ambulance Service as the unit of analysis is justified by its frontline role in managing critical situations, as well as by the constant exposure of personnel to intense emotional demands, decision-making pressure, and professional wear. Through this approach, the research brings to the forefront a dimension of emergency intervention that is often invisible: the cumulative psychosocial impact on those who ensure the saving of lives.

Motivation and Relevance of the Research

The experience of personnel within the emergency medical system during the COVID-19 pandemic highlighted the fact that exposure to extreme stress was not accompanied by institutionalised debriefing procedures or psychosocial support. The recurrent discourse of frontline professionals signalled the existence of a profound vulnerability that goes beyond the framework of a punctual organisational dysfunction and points to a structural and human issue.

In this context, the research addresses a normative and organisational gap regarding the recognition and institutionalisation of psychosocial support for personnel in direct contact with human suffering, a gap further amplified by recent contexts of health, geopolitical, and migratory crises. The doctoral research is oriented towards the valorisation of an applied sociological perspective, grounded in clinical sociology, capable of articulating the institutional, relational, and subjective dimensions of work in emergency situations.

The research is distinguished by its adoption of the conceptual framework formulated by Michel Gollac, which differentiates psychosocial risks from their effects, directing the analysis towards risks to physical, psychological, and social health generated by working conditions, the organisation of work, and professional relationships, rather than towards individual symptoms. This positioning allows the analytical focus to shift from the level of individual reactions to the domain of prevention and structural intervention, being particularly relevant in the context of emergency situations characterised by operational pressure, institutional constraints, and high relational intensity. These theoretical reference points are developed in the first part of the thesis, where the conceptual framework of the research is constructed.

Research Aim and Objectives

The aim of the research is to develop a conceptual and applied framework for the integration of psychosocial support within the National Emergency Management System, through the identification of the psychosocial needs of operational personnel and the formulation of intervention directions oriented towards strengthening individual and organisational resilience.

The objectives of the research are to:

- identify and analyse the psychosocial risk factors affecting personnel within the emergency medical system and qualified first aid services;
- explore professionals' perceptions regarding the need for psychosocial support;
- construct a sociological model of psychosocial support grounded in the principles of clinical sociology;
- conduct a comparative analysis of international models of psychosocial intervention and assess the possibilities for their adaptation to the Romanian context;
- formulate recommendations and a public policy proposal for the integration of psychosocial support into the national emergency system.

The research questions are grounded in the observation of the absence of an institutionalised psychosocial support structure within the emergency system in Romania and aim to clarify the impact of this absence on the effectiveness of interventions, the typology of psychosocial risk factors, professionals' perceptions, as well as the elements necessary for constructing a sociological model of psychosocial support applicable at the institutional level.

The research hypotheses assert that integrating psychosocial support as a component of the National Emergency Management System contributes to enhancing the psychological resilience of personnel, and that a high level of psychosocial protection is associated with improved stress management, increased quality of professional life, and enhanced quality of the medical services provided.

From a sociological perspective, the institutionalisation of psychosocial support is interpreted as a mechanism of social solidarity and public responsibility towards the professional suffering of frontline personnel. The absence of an institutionalised psychosocial support component within the emergency system generates systemic vulnerability, with an impact on professional resilience and the quality of intervention.

In the context of emergency situations, decision-making pressure, temporal constraints, and limited resources generate significant moral and emotional tensions that exceed the framework of individual ethics and call for an institutional and relational approach to intervention. These considerations underpin the choice of a methodological approach capable of capturing both the structural dimensions and the subjective experiences of work in emergency situations.

Research Methodology

The research was designed as an applied endeavour, oriented towards articulating the theoretical grounding of psychosocial risks with the empirical analysis of professional realities within the emergency medical system. The methodological design is of a mixed type, combining a quantitative approach with a qualitative one, in order to capture both the measurable dimensions of psychosocial risks and the subjective and symbolic experiences of emergency response personnel.

The quantitative component consisted of the development and administration of a multidimensional questionnaire aimed at identifying psychosocial risk factors, adapted from the Gollac and Bodier (2011) model and contextually adjusted to the specificities of emergency activities in Romania. The instrument enabled the analysis of sociodemographic distributions and of the relationships among organisational, professional, and relational variables.

The qualitative component was conducted through narrative interviews of the *récit de vie* type, from the perspective of clinical sociology, with the aim of exploring professional suffering, coping mechanisms, and the relationship between the individual and the institution. This approach facilitated the identification of latent psychosocial risks and emotional dynamics that cannot be captured exclusively through quantitative methods.

The primary research instrument was a questionnaire comprising 100 items, structured into subscales assessing decision latitude, psychological demands, social support, professional recognition, the meaning of work, quality of professional life, as well as respondents' sociodemographic characteristics, thus enabling an integrated assessment of risk factors and psychosocial resources within the professional environment of emergency medical services.

The questionnaire was pre-tested on a pilot sample and subsequently administered electronically at national level within ambulance services, covering all eight economic regions of Romania. The final sample included 1,001 respondents -medical and auxiliary personnel from the emergency medical system and qualified first aid services - selected using the snowball sampling method, which is appropriate for researching hard-to-reach professional groups. Data collection was conducted in compliance with the ethical principles of scientific research, through the obtaining of participants' informed consent and the necessary institutional approval.

As a distinct element of originality, the methodological approach was complemented by the use of the socioclinical *récit de vie* method, which enabled the exploration of the subjective dimension of professional experiences and psychosocial suffering. The integration of the narrative method into a national mixed-methods design facilitated the understanding of psychosocial risks as expressions of the structural, symbolic, and institutional tensions of work in emergency situations, thereby reinforcing the positioning of clinical sociology as a sociology in action.

Data analysis was conducted through an integrated quantitative–qualitative approach, which allowed for the delineation of differentiated profiles of psychosocial vulnerability and the capture of the relationship between institutional demands, working conditions, and the psychosocial resources of emergency response personnel. At the same time, the research acknowledges its methodological and contextual limitations, related to institutional access and respondents’ availability, without affecting the overall validity of the research endeavour.

Data Analysis and the Explanatory Framework

In addition to the 100 items, the questionnaire included an open-ended section designed to collect respondents’ opinions and suggestions, which proved relevant for understanding the psychosocial climate within the emergency medical system. The responses highlighted experiences, tensions, and needs that could not be fully captured through standardised items, functioning both as a complementary instrument to the quantitative analysis and as a space for expression and emotional release. The thematic analysis of these opinions indicated the presence of latent professional suffering and recurrent institutional dysfunctions, thereby justifying a more in-depth qualitative exploration of the research through the socioclinical *récit de vie* method.

The quantitative analysis began with a descriptive stage, conducted on the national sample of 1,001 respondents, allowing for the delineation of the sociodemographic and professional profile of personnel within emergency services. Subsequently, the relationships between the main psychosocial factors and quality of professional life were examined through an explanatory model based on structural equation modelling (PLS-SEM).

The model included four central variables—job satisfaction, organisational context, social support, and anxiety—and demonstrated high explanatory power ($R^2 = 0.626$), indicating that these variables account for over 60% of the variance in quality of professional life. The

results show that job satisfaction represents the strongest positive predictor of professional well-being, while a deficient organisational context and anxiety exert significant negative influences. Social support plays a protective role, contributing to the mitigation of the impact of occupational stress.

Descriptive data confirm a very high level of psychological demands: the majority of respondents report working under emergency pressure, time pressure and overload, intense emotional demands, and frequent exposure to verbal and physical violence. These findings support the structural nature of psychosocial risks and substantiate the need for institutional interventions aimed at improving the work context, preventing anxiety, and strengthening social support, in line with the directions promoted by occupational health and safety standards (ISO 45003).

Qualitative Analysis (*récit de vie* Method)

The qualitative analysis was conducted using the socioclinical *récit de vie* method, with the aim of exploring in depth the subjective experiences of personnel within the emergency medical system and the institutional mechanisms generating psychosocial risks. Employed as a complementary approach to the quantitative analysis, this method enabled the capture of the symbolic, relational, and identity-related dimensions of professional suffering, which cannot be accessed through standardised instruments.

The approach included four life stories belonging to distinct professional categories - ambulance crew member, emergency physician, nurse, and 112 call operator-dispatcher - relevant to the diversity of roles and psychosocial exposures within the emergency system. The method facilitated the articulation of individual experience with institutional logic, highlighting the tensions between organisational demands, professional values, and the subjective experiences of the actors involved.

Beyond its analytical value, the approach also fulfils a reflexive function, offering participants a space for expression and for the reconstruction of meaning in relation to their professional experiences. Thus, the qualitative analysis reinforces the interpretation of quantitative findings and underpins the formulation of conclusions and recommendations with empirical and ethical relevance.

Ambulance Crew Member – Psychosocial Risk Factors

Within the ambulance crew member's narrative, a cumulative set of psychosocial risk factors with high impact is highlighted, generated by intense operational demands, working conditions, and institutional coordination dysfunctions. The activity is characterised by a rapid pace of interventions, the pressure of responsibility for patients' lives, and limited real-time access to essential medical information, which contributes to chronic stress and professional burnout.

A major vulnerability factor is represented by insufficient personal safety during interventions involving aggressive patients, correlated with deficient collaboration with public order institutions. The absence of a formal psychosocial support system and of preventive programmes further exacerbates the risk of long-term deterioration of both mental and physical health.

The analysis enabled the identification of factors that can be addressed through organisational and technical interventions, such as improving inter-institutional coordination, increasing personnel safety, modernising equipment, and optimising working conditions, thereby confirming the need for structural preventive measures and dedicated psychosocial support for personnel within ambulance services.

A specific element highlighted in the ambulance crew member's narrative is the frequent and prolonged use of the siren as a major psychosocial risk factor. Repeated exposure to intense noise, sometimes over a considerable duration of a shift, generates cumulative effects such as auditory fatigue, irritability, excessive sensory adaptation, and a diminished alert response, with consequences for both personnel health and the safety of interventions. International literature confirms the association between exposure to extreme auditory stimuli and chronic stress, sleep disturbances, and concentration difficulties, supporting the need for measures aimed at limiting and adapting the use of acoustic warning signals.

Another critical factor is excessive workload beyond scheduled working hours. The narrative describes working periods that significantly exceed legal limits, with effects on concentration capacity, recovery, and psychological health. The narrator's statement that "the best psychologist is rest" acquires analytical value, underscoring the essential role of recovery, regular leave, and the reduction of overtime as fundamental measures for the prevention of psychosocial risks within the emergency medical system.

Emergency Physician – Psychosocial Risk Factors

The qualitative analysis highlights the existence of a high psychosocial risk profile in the activity of emergency physicians, determined by constant exposure to critical situations, high time pressure, and the vital responsibility associated with medical decision-making. The narrative reveals intense emotional demands, fuelled by repeated contact with suffering, patients' death, and clinical uncertainty, as well as by exposure to verbal and physical aggression and the fear of medical error under conditions of limited resources.

High workload, the lack of genuine recovery intervals between cases, and prolonged overstrain contribute to the accumulation of occupational stress and reduce the capacity for emotional regulation. A distinct risk factor is repeated exposure to auditory stimuli associated with emergency situations (the siren), which keeps the body in a prolonged state of alert and contributes to hypervigilance, irritability, and sleep disturbances.

Overall, the combination of intense emotional demands, decision-making pressure, a constraining organisational context, and insufficient psychological recovery outlines an increased risk of emotional exhaustion and burnout among emergency medicine doctors.

Nurse within the Ambulance Service – Psychosocial Risk Factors

The qualitative analysis of the interview conducted with the nurse outlines a high psychosocial risk profile, relevant for nurses working in emergency services, determined by repeated exposure to severe trauma, physical violence, and situations involving personal life-threatening risk. The narrative indicates frequent contact with critical cases, including suicide attempts, severely injured victims, and interventions in hazardous environments, generating extreme emotional demands and an increased risk of both direct and secondary traumatisation.

The unpredictable nature of interventions, the lack of control over work schedules, and insufficient resources in certain contexts further amplify occupational stress and feelings of vulnerability. Exposure to urban violence, criminality, and substance abuse, in the absence of adequate institutional protection and formal post-intervention psychological support, contributes to the accumulation of emotional strain and professional exhaustion.

Overall, the combination of intense emotional demands, immediate danger, reduced control over work, and insufficient organisational support outlines a significant risk of

burnout, secondary stress, and PTSD-type disorders among nurses within the emergency system.

Emergency Call Operator–Dispatcher within the 112 Emergency Service – Psychosocial Risk Factors

The qualitative analysis of the data obtained through the narrative interview conducted with the call operator–dispatcher within the 112 Emergency Service highlights a high psychosocial risk profile, dominated by intense cognitive and emotional demands, performed under time pressure and within an organisationally overloaded environment. The narrative describes critical peaks in call volume that require rapid prioritisation, continuous multitasking, and inter-institutional coordination, thereby fostering decision fatigue and a sense of being overwhelmed.

A major risk factor is the noise-related stress of the dispatch centre, generated by multi-agency co-location in a shared space, overlapping conversations, and auditory stimuli associated with the deployment of emergency response teams. Interaction with the public frequently adds verbal aggression, amplified by unavoidable delays and unrealistic expectations, with a significant impact on emotional distress and professional satisfaction.

The most affectively charged dimension is represented by the management of borderline cases, such as telephone-guided resuscitations or calls received from children, in which moral responsibility and exposure to vulnerability may generate vicarious trauma and emotional exhaustion. Although existing resources (collaboration with a consulting physician, periodic training, micro-breaks) play an important role, the structural nature of noise-related stress and cognitive overload supports the need to strengthen organisational support and psychosocial prevention measures.

General Conclusions of the Research

The research demonstrates that psychosocial risks within the emergency medical system have a cumulative and systemic character, being generated by the interaction between extreme operational demands, organisational constraints, and the absence of an institutionalised psychosocial support component. These risks cannot be reduced to

individual vulnerabilities or subjective reactions, but must be understood as effects of the organisation of work and of the institutional architecture of intervention in critical situations.

By employing a mixed-methods methodological design, which integrated quantitative analysis conducted at the national level with socioclinical qualitative exploration using the *récit de vie* method, the research enabled the simultaneous capture of both the measurable dimensions of psychosocial risks and the lived experiences of frontline emergency response professionals. The convergent findings highlight the existence of vulnerabilities common to all the professional categories analysed—ambulance personnel, emergency physicians, nurses, and operator-dispatchers within the 112 Emergency Service—among which work overload, decisional pressure, anxiety, aggressiveness, and noise-related stress emerge as major risk factors.

An essential contribution of the research lies in highlighting the structural nature of these risks, as confirmed both by the analysis of the relationships between psychosocial factors and quality of working life and by the narrative analysis of work experiences. The findings indicate that job satisfaction and social support play a significant protective role, whereas a deficient organisational context and anxiety exert consistent negative influences on professional well-being, thereby supporting the need for interventions primarily oriented towards contextual workplace factors.

The research is distinguished by its use of clinical sociology as a tool for analysis and intervention, moving beyond approaches focused exclusively on the measurement of occupational stress or burnout. The integration of the *récit de vie* method enables a shift in the scientific endeavour from the mere identification of psychosocial risks towards a framework of diagnosis, prevention, and anticipation, in which the lived experience of actors becomes an analytical resource for understanding and institutional transformation.

A distinctive element of novelty in the research consists in highlighting the spiritual dimension of psychosocial support, understood as a resource for meaning, resilience, and emotional balance, which is acknowledged and valued even by medical professionals within the emergency care system. This openness aligns with recent directions and currents in Romanian sociology which, through contemporary empirical research, have revalorised the role of structures of meaning, solidarity, and symbolic resources in managing extreme situations and social vulnerabilities.

Based on the results obtained, the research provides a foundation for the formulation of intervention directions and public policy proposals aimed at the institutionalisation of psychosocial support within the National Emergency Management System. These proposals

seek to protect emergency response personnel, reduce psychosocial risks, and strengthen organisational resilience by correlating the operational, technological, psychosocial, and spiritual dimensions of emergency intervention.

At the applied level, an element of originality is represented by the public policy proposals and the outlining of an integrated model for the reduction of operational and psychosocial risks, which includes the development of the National Integrated System for Rapid Access to Critical Medical Data (SNI-ADM). These potential smart mobility solutions aimed at reducing response times, together with the differentiated regulation of the use of acoustic signals through adapted protocols and technologies, constitute directions that shape a coherent and integrated approach to emergency intervention, in which operational efficiency is explicitly correlated with the psychosocial protection of professionals within the emergency medical system - the Ambulance Service.

Applied implications and public policy directions

Based on the results obtained, the research highlights the need to translate the analysis of psychosocial risks into concrete directions for institutional intervention. The empirical data indicate that psychosocial risk factors generating physical and psychological aggression against personnel, noise-related stress, traffic pressure, and the lack of rapid access to medical information do not represent isolated events, but rather expressions of structural dysfunctions in the organisation of emergency medical interventions.

In this context, the research advocates a paradigm shift from the reactive management of consequences towards the primary prevention of psychosocial risks, through the explicit integration of institutional staff protection into public policies in the field of occupational health. The safety of ambulance crews constitutes a central component of the quality of medical intervention and of the sustainability of human resources within the emergency system. The formulated public policy directions aim, inter alia, at strengthening inter-institutional cooperation in high-risk interventions, redefining the role of law enforcement as an organisational protective factor, as well as correlating technical and operational measures with the psychosocial protection of personnel. The technical and legislative detailing of these proposals is presented in the annexes to the thesis.

The Personal Contribution

The research makes an original contribution by introducing and applying clinical sociology to the analysis of work and psychosocial risks within the emergency medical system in Romania, a field in which this theoretical and methodological framework has not previously been employed. Through this approach, the thesis moves beyond the classical analysis of occupational stress and work-related disorders, and proposes continuous monitoring and a socioclinical analytical reading of workplace suffering, understood as a subjective and relational experience produced at the intersection of the individual, organisation, institution, and society.

Another element of novelty lies in the use of a complex quantitative–qualitative methodological design, which integrates standardised methods for the analysis of psychosocial risks with an instrument specific to clinical sociology—the *récit de vie* method. In the absence of national studies dedicated to the analysis of psychosocial risks in ambulance services in Romania, the present research proposes the first systematic approach to this issue. This analysis enables an in-depth exploration of professional experiences, emotional dimensions, and subjective mechanisms of adaptation to work-related constraints in emergency situations, thereby offering an integrated perspective on psychosocial suffering in this field.

Based on an integrated mixed quantitative and qualitative methodology, the research demonstrates that the psychosocial risks to which emergency medical service personnel are exposed are not generated exclusively by exceptional situations or isolated individual behaviours, but are deeply embedded in the organisation of work and in the institutional framework of emergency medical interventions. The identified risks are cumulative, recurrent, and predictable, indicating the existence of structural vulnerabilities that call for interventions at organisational and institutional levels.

The dimension of addressability identified within the research confers applied relevance on the findings, demonstrating that the identified psychosocial risks can be addressed through institutional interventions and managed and prevented through public policies and organisational measures.

The present thesis makes a distinct contribution by developing an applied ethical perspective on emergency medical and psychosocial interventions, which conceptualises the moral tensions experienced by professionals as expressions of organisational and

institutional constraints. The research highlights the limitations of an exclusively procedural ethics in emergency situations and proposes a reflexive ethics of intervention, capable of integrating theoretical frameworks, recognising the subjectivity of the actors involved, and preventing forms of symbolic or institutional violence.

Within this framework, ethical behaviour is approached as a pillar of the legitimacy of professional decision-making and of community resilience. By articulating methodological, ethical, and public policy dimensions, the research establishes an intervention framework oriented towards prevention, institutional protection, and intervention, aimed at ensuring the quality of professional life of employees in emergency medical services. This framework is grounded in empirical data, the analysis of workplace suffering, and the critical adaptation of international good practices, thereby providing both theoretical and operational reference points for the development of effective institutional psychosocial support for personnel within the emergency medical and qualified first aid system, who operate on the frontline of critical interventions.

Keywords: psychosocial support, emergency medical services, psychosocial risk factors, organisational vulnerability, emergency situations, institutional intervention.

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