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Male role norms and development of PTSD among Polish male paramedics

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We use this protocol and it's working

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Abstract

The aim of the study is to assess a potential relationship between PTSD symptoms, trauma-related data, social relations/support, compliance with masculinity norms and sociodemographic data. Potential predictors of PTSD symptoms (social/relations/support, trauma-related and sociodemographic data, the level of compliance with masculinity norms) intensity will also be investigated, and intergroup differences will be analyzed between male paramedics who meet the criteria for PTSD and those who do not in the level of perceived social support and compliance with traditional masculinity norms.

Design Plan

- 1 The current study is a part of the larger project which will be realized as a cross-sectional study. The study will not use any experimental manipulations or any form of blinding.

Aims of the study/Hypothesis

- 2 The aim of the study is to assess a potential relationship between PTSD symptoms, trauma-related data, social relations/support, compliance with masculinity norms and sociodemographic data. Potential predictors of PTSD symptoms (social/relations/support, trauma-related and sociodemographic data, the level of compliance with masculinity norms) intensity will also be investigated, and intergroup differences will be analyzed between male paramedics who meet the criteria for PTSD and those who do not in the level of perceived social support and compliance with traditional masculinity norms. The following research hypotheses were formulated:
 - there are significant relations between compliance with traditional masculinity norms, the level of perceived social support and the intensity of PTSD symptoms in male paramedics;
 - there are significant intergroup differences between male paramedics who meet the criteria for PTSD and those who do not in the level of perceived social support and compliance with traditional masculinity norms;
 - the level of compliance with traditional masculinity norms, sociodemographic data, the level of perceived social support, the frequency of potentially traumatic events and the number of types of potentially traumatic events are the predictors of PTSD symptomatology.

Sampling procedures

- 3 The Academic Ethics Committee in the University of Silesia in Katowice granted the authors the permissions to conduct the study (no. KEUS.68/01.2021) and carry out the field research. The participants will be recruited by means of the snowball method. To obtain a representative sample, the researchers with students (who acted as assistants) will invite paramedics to participate in the study by sending invitations to selected hospitals or posting them on forums for paramedics. Participation in the study will not be associated with any (financial) gratification either for the subjects or for research assistants. Male paramedics who will have given an informed consent to participate in the study will be asked to complete three questionnaires and sociodemographic characteristics. The minimum sample size is 100 participants, while maximum –

200. First, the analysis of the data has been conducted; then, the registration of the plan has been done.

Measures and variables

- 4 The current study will consist of 5 measures – sociodemographic data (age, gender, education, length of service, relationship status, relationship length), traumatogenic events list (adapted from Dudek, 2003) and frequency of those events, PTSD symptoms as measured by *the Impact Event Scale-Revised* (IES-R) (Weiss & Marmar, 1997; in the Polish adaptation by Juczyński & Ogińska-Bulik, 2009), traditional male role norms as measured by *the Male Role Norms Scale* (Thompson & Pleck, 1986; in the Polish translation by Jakubowski & Sitko-Dominik) and social relations/support as measured by *the Relations/Social Support Scale* (Skarżyńska, 2002).

Statistical analysis

- 5 First, descriptive statistics (mean, standard deviation, skewness, kurtosis) will be calculated for the variables included in the study, and tests of normality will be conducted.
Second, to test the aforementioned hypotheses, an analysis of associations will be conducted, between IES-R total score (and its subscales of intrusions, hyperarousal and avoidance), traditional masculine norms (subscales of toughness, social status and anti-femininity), age, length of service, length of relationship, number of types of potentially traumatic events as well as their frequency.
Third, potential intergroup differences will be examined (with either one-way ANOVA or the Mann-Whitney U test), in the social relations/support and the levels of compliance with traditional male role norms between male paramedics who meet the criteria for PTSD and those who do not.
Fourth, a series of univariate regressions will be conducted to explore potential predictors of the development of PTSD symptoms. The analyses will include the IES-R total score as a dependent variable, and social relations/ support, social status, toughness and anti-femininity norms, age, education, relationship length, length of service, number of types of events, frequency of events as independent variables.
Fifth, a series of logistic regressions will be conducted for probable PTSD as a dichotomized dependent variable and for no PTSD and age, education, length of service, length of the relationship, number of types of potentially traumatic events, frequency of potentially traumatic events, social support, social status norms, toughness norms and anti-femininity norms as independent variables.

