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Social workers helping to put out the fire : how do combination fire department employees work through occupational stress?

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ABSTRACT

This project was conducted to explore co-relational patterns between occupational stressors, coping skills, and self care practices among combination fire department employees. This population is defined as being one in which has minimal full-time coverage and relies on on-call groups during the evening and early hours of the day to respond to fire suppression and/or medically related 911 emergency calls. This qualitative study included ten participants from the New England area who all identified as being over the age of eighteen, identified as male, and could speak and read English fluently. Participants were asked to respond to demographic questions, and then responded to several open ended questions about the occupational stressors that they experience, how they cope with the tragedies that they encounter, and how do they take care of themselves both physically and mentally. The findings showed that firefighters had significant stress related to their job as combination firefighters. Self-care and coping mechanisms were also reviewed.

SOCIAL WORKERS HELPING TO PUT OUT THE FIRE: HOW DO COMBINATION

FIRE DEPARTMENT EMPLOYEES WORK THROUGH OCCUPATIONAL

STRESS?

A project based upon an independent investigation,
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CHAPTER I

INTRODUCTION

Firefighters are not only called on for fire suppression, they are amongst the first to respond to medical emergencies as well. Firefighters are specifically trained for a wide variety of fire suppression situations, and must complete specific trainings prior to being allowed to participate in fire suppression routines. Firefighting has higher level of risks than many other professions (Brough, 2005; D'Andrea, Abney, Swinney, & Ganyon, 2004; DeGaglia, 2005; Regehr, Hill, Goldberg, & Hughes, 2003; Tuckey, 2007). A few of the risks include the development of medical issues such as muscle aches and pains and on-the-job injuries including a higher risk of death, exhaustion, and post-traumatic stress. Therefore it is important to examine self care and coping strategies used by this population to further understand how self care and coping strategies assist in maintaining a necessary ability to function on a day to day basis.

There are four basic types of fire departments within New England; full-time, combination, on-call and volunteer. Full-time departments are staffed twenty-four hours a day. Combination departments have a select few full-time employees who cover the station Monday through Friday for certain hours of the day. The remaining hours, including weekends, are covered by on-call groups which usually consist of firefighters and emergency service personnel. On-call employees usually get paid per call that they attend and may only get paid a couple times a year. For those that are strictly on-call departments, they rely solely on on-call groups to respond to all emergency calls during

all hours of the day. For a few very rural areas, the citizens rely on volunteers who have proper training to attend to calls for that specific location. These departments will usually need assistance for almost every emergency call from other departments.

Several researchers have examined risk factors for the development of psychological distress as well as the severity of the psychological distress in regards to mental health disorders such as Post-traumatic Stress Disorder (PTSD) (DeGaglia, 2006; Everly, Boyle, & Lating, 1998; Iwasaki, Mannell, Smale, & Butcher, 2005; Paton, 2005; Regehr, et al, 2003; Vogel, Cohen, Habib, & Massey, 2004; Wagner, 2005). A few examples of symptoms of PTSD include flashbacks, sleep disturbances, avoidance of a particular place/person, and excessive worries/fears (Haslam & Mallon, 2003). However, only a few of the above studies specifically examine or mention self care and/or coping strategies (Brough, 2005, DeGaglia, 2006; Iwasaki, et al., 2005; Tuckey, 2007, Wagner, 2005). With less research being conducted in regards to self care and coping strategies among firefighters, there is an evident need for additional research to better understand the adapted strategies specifically among combination department employees; the focus of this research.

Not only is there a lack of research documented on self care and coping strategies, there also appears to be minimal research specifically on firefighters regarding this topic. The research that has been completed on just the firefighting profession examines city fire departments or those fire departments that rely on full-time staff to cover the station twenty-four hours a day. Several studies group firefighters, paramedics, EMT's (Emergency Medical Technicians), and police officers together in order to assess the level of physical and psychological distress which emergency service personnel

experience (Brough, 2005; Everly, et al., 1998; Everly & Mitchell, 2000; Iwasaki, et al., 2005; Kowalski, 1995; Tuckey, 2007; Vogel, et al., 2004; Wagner, 2005). The limitation to these studies is that these professionals have very diverse backgrounds, trainings and experiences and therefore should be studied independently of each other.

Many firefighters have multiple roles within the fire department including, but not limited to, officer rankings as well as medical professionals. Firefighters who are also medical professionals, have training in at least one of the following areas; Paramedic, Emergency Medical Technician Intermediate (EMT-I), Emergency Medical Technician Basic (EMT-B), First Responder, CPR/AED for the health care provider, and First Aid. Due to the multiple roles a firefighter can engage in, it is apparent that a high level of risk is involved with the firefighting profession; secondary to physical injury is psychological distress. Not only is it important to document adaptable self care and coping strategies, it is also important to note whether there is a correlation between the strategies and the level of psychological distress.

As mentioned above, this study will be examining the combination fire department employee. This population is particularly important to study because there has been minimal research conducted in regards to psychological distress and coping strategies. For the purpose of this study, a combination department has been identified as one which does not have full time coverage twenty-four hours a day, seven days a week, but one which relies on minimal full time employees for daily coverage and volunteer/on call groups for the late evening and early hours of the day (D'Andrea, et al., 2004). These groups are a combination of certified personnel with a range in certification from

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paramedic to firefighter to first responder and usually have at least one officer ranked personnel.

It is important to note that a majority of the combination fire department employees have other professions on which they rely as their main source of income. Because of small town budgets, there is usually not enough money to employ round-the-clock fire and emergency service coverage. Therefore, the towns must rely on people who are committed to helping others and are appropriately trained to cover any emergency calls for the town that come in after hours. I suspect that the job, which requires much dedication and time, provides a self fulfilling prophecy of helping others, because these dedicated people do not get adequate payment for the jobs that they perform on a daily basis.

There is a wide variety of situations which can cause psychological distress amongst firefighters. People who are involved in a car accident, had their house burn down or are relatives of a heart attack victim or a successful suicide attempt are often encouraged to seek mental health services. However, the victims are not the only people involved in the situation who should be seeking services. The emergency personnel, who put their lives on the line to cut the roof off of a car to save the person inside, or climb up three floors in a burning building to save those who are trapped, should also be top priority for receiving mental health services. There are services specific for these professionals such as the Critical Incident Stress Debriefing (CISD) team. These services are much more prevalent for mass incidents or in large cities. Often times, the small, volunteer and on-call departments are left with no debriefing process. Therefore, I will attempt not only to further understand the needs of this population, but to report on the

occupational stressors experienced, and self care and coping strategies among these professionals. This research will not only help to better understand this population, but it will also provide information which will hopefully lead to a more empathetic relationship between the mental health workers/social workers and firefighters.

The following literature review provides evidence to support the psychological needs of this population as a result of occupational stress.

CHAPTER II

LITERATURE REVIEW

Introduction

For the purpose of this literature review, I will examine both empirical and theoretical scholarly articles. The articles provide a brief overview of the occupational stressors that are experienced, adaptive coping skills, and mental health needs of firefighters. Firefighting is a risky profession which may be understudied due to ethical concerns of researching this population as well as a lack of willingness from firefighters to participate.

Occupational Stress

Every professional experiences some form of stress as a result of their career choice. For firefighters, the stressors that they encounte, tend to be much greater than many other professions (Kowalski, 1995). Firefighters tend to experience two types of stressors; the stress of the call itself, and the stress of helping whoever or whatever is involved (Fullerton, McCarroll, Ursano & Wright, 1992; Hytten & Hasle, 1989). There is also the stress of not having control over an outcome and a sense of helplessness (Fullerton, et al., 1992). These are just a few of the beginning branches of what creates the occupational stressors of working for a combination fire department. In order to fully explain the different occupational stressors that are involved with the fire services, I have broken the literature regarding this topic into themes; macro stress, micro stress, safety, and the fear of death.

Stress on a Macro Level

To better understand the definition of macro in which it is applied to this paper, I have adopted a definition used by Jacqueline Specht (2005); stress "at a societal or institutional level" (p. 187). Some of the stressors that can be experienced on a macro level include the stress of budget cuts, layoffs, and lack of funds for equipment and other needs of the department. The current status of the economy has created a need for state wide budget cuts and many of the public service jobs are at risk. Some departments have already had to close multiple stations, whereas other departments have had to eliminate raises and even layoff some of their career or part time employees. The risk that this places on the combination fire departments is that they become short staffed, using older equipment which is putting their safety and the safety of others at risk, and there is less funding for training opportunities for current employees and members of the department (Murphy, Beaton, Cain, & Pike, 1994). The stressors at a macro level not only affect the budget of the fire department and its employees, but it affects the families of the firefighters and the general safety of the public.

Stress on a Micro Level

There is more literature on the stressors experienced at a micro level which is described as the everyday stressors and experiences (Specht, 2005), that is, those stressors experienced on an individual level (Burke & Paton, 2006). There are many stressors of this profession to list. I will focus on only the stressors which are reported to have correlations between the professional and the profession.

Firefighting is not a single person job. It requires other professionals to ensure that the job at hand is completed appropriately and in a timely fashion. Therefore, one of

the stressors mentioned in the literature is the stress of relational difficulties between employees (Murphy, et al., 1994). When there is animosity between employees, not only is it a disturbance to the work environment, but it also can cause dangerous situations to occur while on duty. Because the fire services tend to be a close-knit profession, meaning your friends are your co-workers (Fritz & Sonnentag 2005; Murphy, Bond, Beaton, Murphy, & Johnson, 2002), problems can arise far more easily. This is not only true for the fire services profession, but any profession in which a person's profession dominates their social life.

Whether there is animosity between employees or not, another major stressor is the lack there of training or attendance to trainings and confidence in making the right choices. In a study conducted on firefighters stress and coping techniques, one of the outcomes was that the firefighters would feel much more confident about their work and about their decisions if they were able to participate in more trainings (Hytten & Hasle, 1989; Murphy, et al., 2002). Even if a town's records show that they have very few diabetic emergencies, or working with autistic children and adults, these skills still need to be practiced so appropriate patient care is executed. If proper training is not offered, then these types of calls can be very stressful and anxiety provoking for all involved. Therefore, it is extremely important that firefighters and other EMS professionals receive as much training on as many diverse populations as possible so firefighters will not second guess themselves or apologize to a patient for not being culturally competent during their conversation to prevent insulting the patient. The question of being able to provide accurate care and a sensitive bedside manner, can be generalized to the fear of having inadequate skills to perform a task, being concerned about making mistakes, and

the fear of not remembering what one is supposed to do for a particular patient, similar to that mentioned above (Murphy, et al., 1994).

In order for those in superior positions to be made aware of what is needed by the members of their department, accurate and consistent communication between leaders and staff is essential. One of the stressors mentioned in the literature is the lack of communication between the levels of the hierarchy within the department (Aasa, Brulin, Angquist, & Barnekow-Bergkvist, 2005). A study conducted in Sweden examined the stressors of ambulance personal and reported that lack of communication are associated with employees' burnout, experiencing more psychological signs and symptoms that are consistent with a diagnosable condition such as PTSD and struggling with constant fatigue (Aasa, et al., 2005). In a study regarding occupational stressors, the authors noted that in order to have and maintain successful responses to calls, communication between all is necessary (Murphy, Beaton, Pike, & Johnson, 1999).

The most stressful part of the job is being repeatedly exposed to trauma on a daily basis for career firefighters, and on an occasional basis for call and part-time firefighters (Fullerton, et al., 1992; Tuckey, 2007). Also noted as secondary stress (Figley, 1995; as cited in Dean, Gow, & Shakespear-Finch, 2003), repeated exposure to disasters, gruesome accidents, and dying patients can cause the emergency personnel present at the time of the scene to develop psychological disturbances, and become victims of pain and suffering as a result of trying to help or the inability to help a person in need (Dean, et al., 2003). This could then possibly result in a diagnosable condition such as PTSD and may require time away from the profession (Murphy, et al., 1999). This will be further discussed later in the chapter.

Shift Work

The public service profession tends to have a shift work-like schedule. Shift work is described in the literature as having extended shifts such as a twenty-four hour shift (Murphy, et al., 1999). Shift work in any profession can be stressful; however, firefighters can experience a short period of shift work or a long period of shift work (Haslam & Mallon, 2003). Working twenty-four straight hours means sleep deprivation, poor eating habits, and either a heightened amount of stress, or an extreme amount of boredom and sometimes, both (Murphy, et al., 1994).

The literature mentions two groups of firefighters; those who are career firefighters, and those who are call firefighters (Dean, et al., 2003). Both however, can be part of a combination fire department. In a comparison study between career and call firefighters, the results showed that career firefighters tend to have more symptoms of being burnt out or in psychological distress than the call firefighters (Dean, et al., 2003). However, it was also noted that call firefighters have more of an immediate psychological reaction to a traumatic even than career firefighters, because call firefighters do not experience trauma on a day to day basis where as those working fulltime have become almost emotionless or numb to tragic calls (Dean, et al., 2003).

Even though call firefighters do not have to deal with the twenty-four hour shift or the repeated witnessing of traumatic events, the call firefighters have to deal with having a primary job by day, and then being on call for the fire department at night. They have to get out of bed during the night, get dressed in appropriate attire depending upon the call, drive either to the scene or to the fire station, engage in life saving techniques including fire suppression, return home, go back to bed, then wake up just a few hours later to go to

their full time job. Therefore, both career firefighters and on-call firefighters encounter sleep deprivation, and in some cases, do not get to sleep at all during the night. Not sleeping in itself could cause extreme stress on the professional as well as being able to perform high quality work (Murphy, et al., 2002).

One final difference between career and on-call firefighters, is that those departments who rely on fulltime staff twenty four hours a day, seven days a week, and have no on-call firefighters, tend to be in urban areas. Fire departments who have both career and on-call firefighters, tend to reside in smaller, more rural areas. Therefore, the rural departments tend to know their patients on either a personal or a distant level because the area in which the department covers is much smaller than those in urban areas (D'Andrea, et al., 2004; Dean, et al., 2003). Knowing the person in which you are bringing to the hospital or the child in which you are pulling out of a burning house, can cause much more stress, particularly psychological distress, than if the patient was not know by their rescue worker(s).

Safety

Firefighting is a very dangerous job, as mentioned above. Not only are their many psychological stressors, but there are also stressors involved that relate to personal safety. An example of the dangers of the job lies in a study that examined the stress and coping among firefighters which discovered that fifty-two percent of participants (n=58), "reported that they were exposed from moderate to very great personal risk" (Hytten & Hasle, 1989, p. 52).

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Relational Difficulties

Due to the high levels of occupational stress that can be experienced by firefighters, it is possible that the stress will continue to be experienced once the firefighter returns home after a long, hard, possibly traumatizing call. If the stress becomes chronic, the firefighter then risks experiencing relational difficulties with family and friends. Divorce rates for firefighters and emergency personnel are correlated with the inability to separate work and home lives (DeGaglia, 2006; Wagner, 2005). Brough (2005) studied the psychological well-being of emergency services personnel and found that occupational difficulties were directly correlated with low job satisfaction and high levels of family conflict. This study demonstrates that occupational stress can have a negative impact on family relations.

<p style="text-align:center">*Mental Health*</p>

Debriefing

There have been a few studies and articles written in regards to how to provide mental health services for such an intense and unpredictable profession. The Critical Incident Stress Management model (CISM) "refers to an integrated, multi-component crisis intervention system" (Everly & Mitchell, 2000, p. 211). The CISM system utilizes a three phase intervention system. The first phase occurs prior to major incidents and encompasses psycho-education on information such as stress management and coping skills. The second phase occurs during a critical incident. The third phase occurs after an incident in which a debriefing is facilitated and usually occurs in a group setting (Everly & Mitchell, 2000). The CISM model is now being utilized by several other professions including the military (Everly & Mitchell, 2000). The CISM model is a version of an

original debriefing model known as the Critical Incident Stress Debriefing (CISD), one of the oldest debriefing models which was originally created by a firefighter, for use with firefighters. The main purpose of the CISD model is to help prevent workers from developing PTSD. This is a seven stage program in which the conversations are controlled and structured by a trained CISD facilitator (D'Andrea, et al., 2004; Everly & Mitchell, 2000; Tuckey, 2007; Wagner, 2005).

These models of debriefing usually takes place in a group setting where the emergency workers who are involved with the incident are given space to discuss their experience and emotional process. During this time, the trained emergency service worker, co-facilitating with a mental health professional, provide psycho-education for these professionals when needed. The facilitators of these debriefings had to have gone through a Critical Incident Stress Debriefing (CISD) training prior to being able to conduct such groups. Also, if the emergency worker has been involved in some way with the relief or recovery efforts of an incident, then they are not permitted to co-facilitate a debriefing on the incident experienced. There are several communities who have already created their own CISD teams for cities and large urban areas. Due to lack of funding and even fewer critical incidents, the rural areas tend to not have a CISD team. They must use one of the surrounding community's team if a major incident occurs (D'Andrea et al., 2004); that is if the team is available at that time and is not busy assisting another department.

Historically, there have been questions raised around the effectiveness of the CISM/CISD model (Everly, et al., 1999; Everly & Mitchell, 2000; Tuckey, 2007; Wagner, 2005). However, in terms of being specifically effective with the emergency

service population, the sessions have been deemed effective because more people are agreeing to attend or began to attend more group debriefings (DeGaglia, 2006; Vogel, et al., 2004). These services are not always readily available in small, rural areas. In major cities, there are trained Critical Incident Stress Debriefing teams who are available to provide immediate mental health services for emergency professionals working with mass casualty incidents; incidents with many victims such as the 9/11 attacks or Hurricane Katrina. Therefore, the effectiveness of the CISD teams in a rural fire department has yet to be demonstrated.

Overall, it appears that for those studies which examine the effectiveness of the CISD process, the meta-analyses examined for this paper utilize research studies with a wide range of professions including police, military, victims of critical incidents, paramedics, EMT's and firefighters. It is important again to mention that even though a few of the mentioned professions may encounter similar experiences, there is a greater chance for the personal experiences to vary depending upon the situation. Therefore, to specifically understand the debriefing process and its effectiveness among rural firefighters, this population should be studied independently from other professions (Brough, 2005; Everly, et al., 1999). Debriefings may be helpful in assisting firefighters to deal with stress, but it does not eliminate all emotional responses that firefighters may encounter.

Post-traumatic Stress Disorder

Those who are involved in the firefighting profession not only help victims, but can become victims as well. The phenomenon of firefighters as victims is referred to as psychological distress. There are several examples in which there is a greater risk for the

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development of psychological distress. Those firefighters and emergency service personnel who work with young or school aged victims and/or any situation that can have personal reminders of past personal or occupational experiences for the firefighter are at risk for developing PTSD (D'Andrea, et al., 2004; Everly & Mitchell, 2000; Wagner, 2005). The internalized emotional process which can be the result of witnessing such traumatic events may result in the development of PTSD (D'Andrea, et al., 2004; DeGaglia, 2006; Everly, et al., 1999; Everly & Mitchell, 2000; Kowalski, 1995; Tuckey, 2007; Vogel, et al., 2004; Wagner, 2005). If these traumatic experiences go untreated, then these professionals are at a higher risk for developing trauma related psychological distress.

Emergency service personnel can exhibit clear signs and symptoms when affected by depression, anxiety, and PTSD. Some may develop minor obsessive compulsive traits as a way to mentally distract the mind from working through the experiences (Wagner, 2005). If these traumatic experiences go untreated, then these professionals are at a higher risk for developing trauma related psychological distress. Other symptoms that might arise include flashbacks, difficulty sleeping, avoidance of people/places which were involved in the incident, survivors guilt, denial, numbness, shock, mood swings, and difficulty concentrating after a critical incident (Kowalski, 1995; Tuckey, 2007; Vogel, et al., 2004). According to Kowalski (2005), a critical incident "is one experienced by personnel that produces an emotional reaction with the potential for inhibiting a worker's ability to function at the scene or at a later time" (p. 119). If firefighters are not willing to attend a debriefing session, it is essential that they find another way of working through the stressors that they experience on a day to day basis.

Individual Adaptive Coping Skills

Everybody deals with stress in different ways. The literature explains two ways of coping; problem-focused and emotion-focused coping (Specht, 2005). Problem-focused coping is defined as a technique that has a definite ending or a goal. Specht (2005) describes this type of coping as being much like problem solving. Emotion-focused coping is not dealing with stress at all, or being in denial or avoiding the stress (Specht, 2005).

Problem-focused Coping

An example of problem-focused coping would be participating in leisure activities. Leisure is not only a way to provide self pleasure, but it is a stress reliever and is known to improve people's health and decrease the risks of early death (Specht, 2005). With these health risks known to the public, it should be a duty for members of the mental health profession to help firefighters work their way through instances of instant or vicarious traumatization, and teaching a firefighter that leisure is extremely important for both the mental and physical well-being of firefighters.

Leisurely activities may include anything which represents relaxation and the ability to let go of mental disturbances of the day's experiences. One interesting finding from a quantitative study in which examined health, stressors, general coping, and leisure participation, is that for this high stress profession, physical fitness is not seen as a positive coping skill or stress reliever. Several protocols require their firefighter's, paramedics, EMT's and police officers to be physically fit, so these employees are exercising because they have to, not because they may want to. Physical fitness is seen as another part of the job, not a leisurely activity (Iwasaki, et. al., 2005). Therefore, even

though exercising is ideal, it is not one of the primary leisurely activities among firefighters. Other leisurely activities include engaging in a hobby, participating in social events, traveling, outdoor activities, and spending time with family and friends (Iwasaki, et. al., 2005).

Anyone who has a five day a week job without a rotating schedule, can enjoy at least two days off per week to recharge themselves. Firefighters who have a rotating schedule or are on-call during the weekends, do not get the forty-eight hours to recover. Therefore, the risks of developing occupational stress and being burnt out quicker are much higher for this profession (Fritz & Sonnentag, 2005). So when firefighters do have a day off, they must put their all into de-stressing so they can be recharged for their next work day. There are many ways in which firefighters do this. As stated above they may engage in leisure activities, or for some, just having informal conversations with family and friends is extremely helpful in the recharging process (Fritz & Sonnentag, 2005).

Emotion-focused Coping

There are many ways in which people avoid dealing with stress. It seems as if it may take more energy for one to avoid dealing with it than to actually work through the issues. Many firefighters have second jobs, whether it be for financial support because firefighting is not a well paying profession (Beaton & Murphy, 1993; Mitchell & Bray, 1990 as cited in Murphy, et al., 1999), or it is used, or to keep oneself busy to avoid feeling the stressors of the job. There are many other ways of keeping oneself busy to aid in the avoidance process.

Self-Medicating

Coexisting with the trauma experience and the lack of psychological support is the development of PTSD and stress induced unhealthy coping skills. An example of the unhealthy coping skills would include self medicating to ease the stress of the day's work and relationship difficulties. This may include but is not limited to substance use and abuse which may eventually lead to an unrecognized addiction (Brough, 2005; DeGaglia, 2006; Wagner, 2005). "National household surveys estimate that 65% of all firefighters consume alcohol…"(Parker & Hartford, 1992, as cited in Murphy, et al., 1999, p. 180). This may be a mixture of alcohol being used as a stress reliever and socially drinking (Murphy, et al., 1999).

Whether firefighters are dependent on alcohol or just trying really hard to cover their feels about a particular call, many firefighters will utilize other coping skills such as humor while on duty because drinking or using substances while on duty is just not allowed. It may be impossible to determine if substances are being used on the job because I do not think participants would offer this information.

Humor

Another way in which firefighters deal with stress is by using humor. By using "dark humor and crass joking" (Miller, 1995, p. 594) about the calls in which firefighters have been on, the result from this humor is a bond or a sense of closeness between each other. No one else would understand the jokes or even laugh at them, which provide again a sense of belonging within the firefighting community (Fullerton, et al., 1992). This process of using such dark and perhaps disturbing humor is a way of desensitizing from the trauma that the firefighter just witnessed or was involved in some way (Miller,

1995). Humor is used especially for calls that were extremely gruesome or in which death was involved in some way. The next section of this chapter will further explain death and how firefighters deal with death.

Fear of Death

Death is a very real and scary thing, and for some people, they may only have to experience death a few times in their life. But for firefighters and other emergency personnel, death is a part of their every day job. As mentioned previously, "firefighting consistently ranks as one of the most dangerous and stressful occupations in the United Stated" (Murphy, et al., 1999, p. 180). Therefore, not only trying to save dying patients is a stressor, but putting oneself at risk for serious injury to help save that person is an even greater risk.

Laurence Miller (1995) stated, "The deaths they witness are not the neat, sedated passings on the hospital bed, but are typically sudden, messy, noisy, agonized, and undignified" (p. 594). In a study conducted of firefighters who assisted in rescuing hotel guests from a fire, the firefighters reported that the most stressful part of that entire procedure was finding a dead victim during their rescue (Hytten & Hasle, 1989). However, as reported among a few of the articles used for this literature review, firefighters state that the most difficult and stressful call that they have ever or will ever have to deal with is a child who is seriously hurt or worst case scenario, a child who has died (Everly & Mitchell, 2000; Wagner, 2005). Firefighters report that the reason why calls involving children who have died are most difficult is because they tend to identify with the child. Identifying with the victim can heighten stress and the emotional response which may occur after the call (Ursano, & Fullerton, 1990; Ursano & McCarroll, 1990;

as cited in Fullerton, et al., 1992). Calls in which death is involved are extremely difficult for any emergency worker and may be the most difficult call to recover from. Therefore, helping firefighters to find a coping skill that works for them and encouraging mental health services may help to drop the early burnout rate of the fire services and emergency workers professions.

Summary of Literature

A majority of the studies that I found and read were all conducted in large, well populated, high risk for incident areas whose emergency workers are full-time paid personnel. I only found two articles whose authors specifically discussed combination department emergency workers (D'Andrea, et al., 2004; Dean, et al., 2003).

However, any firefighter, regardless of their employment with a department, can experience occupational stress. The difference is that fulltime or urban fire department employees get paid, and have regularly scheduled shifts which eliminate the need for on-call employees. Just as occupational stress can be exhibited in any firefighter, so cant symptoms of PTSD such as nightmares, flashbacks and fatigue. The difference again is that urban firefighters can get coverage almost immediately following a difficult situation to allow for the debriefing process. For departments who rely on each and every employee, it is next to impossible to find shift coverage because most of those who could cover the shift, were also at the scene of the situation and they too need some time to process what just happened. But if there is another call, they get up and do it all over again where as city firefighters can take the rest of the day off to process (Haslam & Mallon, 2003).

Coping skills for combination versus fulltime departments can also be very different. It is stated that leisure activity participation is a healthy coping skill for dealing with stress (Iwasaki, et al., 2005). However, for full time departments, they have scheduled time off whereas combination department employees' time off from their full time job consists of answering fire and medical calls. This indicates that they again have less time to be able to process their experiences as compared to full time departments. Full time department employees appear to have a great advantage over combination employees when it comes to being able to maintain adequate self care.

With such risks as a result of occupational stress, employers should be aware of the psychological well-being of their employees to ensure not only a job well done, but to prevent burnout and the development of negative coping skills within their personnel (Brough, 2005). With debriefings known to be available for victims, it is important to understand that the lack of debriefings available to firefighters and other helping professions means that they must learn to adapt individually and develop skills necessary to be able to work professionally.

This population appears to be understudied, a generalization made due to the lack of information available. It is my guess that due to the lengthy list of ethical issues that might arise when working with this population, researchers tend to shy away. Therefore, as I stated previously, I will be conducting a research project with professionals who work for a combination fire department. Through the use of a flexible method design, which will be further explained, I hope to identify the occupational stressors, self care and coping practices among the firefighting profession.

CHAPTER III

METHODOLOGY

Purpose and Research Questions

The purpose of this study was to understand the occupational stressors, self care practices and coping strategies of combination fire department employees. As stated previously, the combination department is that in which employs both full-time and on-call professionals answer both fire and medical calls within their jurisdiction. It is important to mention that the literature does provide generalizations about the public service profession, but appears to not take into account the different experiences these workers may encounter when working for a full-time department or a combination department. Therefore, this research sought to understand how firefighters work through occupational stress and psychological distress. The questions that were the foundation for the research are as follows:

1. What occupational stressors do combination department firefighters experience?

2. What self care practices do combination departments firefighters engage in?

3. What adaptable coping skills have been obtained by members of this profession to help work through difficult experiences?

These questions will help guide the structure for the qualitative flexible design which will be further discussed later in the chapter.

Research Method and Design

This research project utilized a qualitative, flexible design with an attempt to identify co-relational patterns between firefighters' experiences of occupational stress, self care and coping strategies. A flexible design study for empirical research is one in which utilizes qualitative data to understand and explore a phenomenon. The collected data is typically unstructured and the sample usually consists of those who experience the phenomenon personally (Anastas, 1999). The flexible method is described as "being about collecting data, 'people's own words and behaviors,' in order to understand on a personal level the meanings, 'motives and beliefs behind people's actions'" (Taylor & Bogdan, 1984, p. 2 as cited in Anastas, 1999, p. 57). Therefore, I decided that the flexible method was best suited for understanding the occupational stress, self care and coping strategies of this population. I utilized personal interviews and attempted to make sense of and understand patterns between the interviewee's responses to open ended questions (Appendix C).

Type of Data and Sample

Firefighting is a profession that seems to appeal to the male population. While there are a few female firefighters, the majority of those participating in professions such firefighting, emergency medical professionals and police are males (Brough, 2005; DeGaglia, 2006; Iwasaki, et al., 2005). Therefore, the inclusion criteria for this study were as follows: 1) participant must be over the age of eighteen; 2) be able to speak and read English fluently; 3) employed by a combination fire department either as fulltime, part-time, per diem or on call employees and 4) identify as male.

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The reason behind choosing to exclude women from the study was primarily due to women experiencing stressful situations differently from men. Although it would be interesting to be able to compare the similarities and differences of how males and females view and deal with stress from their job, because the profession is primarily male, obtaining an accurate number of female participants in order to make accurate generalizations may be extremely difficult, unless the study was a quantitative study. It is also important to mention that women tend to have different types of occupational stressors than men experience. For example, in a study conducted of gender differences and occupational stress, the findings resulted in females having different stressors than the males with some overlap. Females explained their primary occupational stressors as worrying about discrimination, receiving negative attitudes or harassment from male co-workers, lack of locker room facilities, and having a lack of female role models to be able to follow (Murphy, et al., 1994). Even though some of the occupational stressors that are experienced may be the same for both men and women, the data collected for self care and coping skills may be considerably different from men. For example, from the same study, it was concluded that women are more likely to seek mental health resources for emotional support and therefore may experience their coping strategies differently than from men (Murphy, et al., 1994). Also, because the profession is mostly developed of men, there is the possibility that I may only be able to interview a small selection of women.

I attempted to have a diverse sample in regards to the length of service on the department as well as level of experience. One of the questions that I asked in the demographics portion of the interview, was years of service. Having participants with a

variety of experience assisted in making co-relations between age, years of service, and coping skills. This is further examined in the discussion chapter of this paper. I have decided to not inquire about racial and ethnic backgrounds of the participants because I feel as if I would not be able to make appropriate generalizations on those populations without having read previous studies on firefighting and racial and ethnic backgrounds. I have not found any literature which specifically studies this and therefore there is a need for future studies to be conducted on this topic.

To recruit participants, I obtained the names, email addresses, and phone numbers of area fire department chiefs and emailed or called approximately twelve different departments explaining my research and asking if it would be possible to pitch my project to their employees. I received several email responses back saying that they were interested however, only three departments were able to send me a letter stating that they would comply with Smith College's HSR guidelines. Upon approval of the project, I then went forward and attended a staff meeting of one department and was asked to go to another department by the fire chief on a certain day to interview employees who were previously briefed by the fire chief and all agreed to participation. I was able to obtain ten participants between the two departments.

Data Collection Methods

The research design for this project was approved by Smith College School for Social Work Human Subjects Review Committee. The letter of approval is attached to this document in Appendix A. At the time of recruitment, each potential participant was handed a copy of the informed consent (Appendix B), and the semi-structured outline for the interview (Appendix C). Each potential participant then determined if they wanted to

participate in the study. For the first fire department, the employees were asked to contact this researcher if they were interested in being interviewed. For the second fire department, the employees had previously agreed to participation after their fire chief explained my research and were interviewed while on duty.

The interviews lasted approximately 30-60 minutes and were tape recorded. Participants were informed that the interviewers were going to be tape recorded prior to their interview and therefore only those who were comfortable with the tape recorder were interviewed. Ten men participated in the study. Others were interested but did not contact this researcher or meet selection criteria. The primary interest behind this research was to explore and identify firefighter's experiences of occupational stress, self care and coping strategies of combination fire departments. The interviews took place in-person to allow for this researcher to interpret body language and facial expressions.

The interview guide of this research begins with demographic information and proceeds to an organized outline of questions pertaining to exploring the participants experiences of occupational stress, self care and coping strategies. As needed however, the interview guide was slightly adapted to each interview depending upon the comfort level of the participant. Therefore, not all of the interviews were exactly alike, however, the questions were similar to that of the interview guide (Appendix C).

As previously mention, data from the interviews was tape recorded to be used for transcription. All personal and identifying data was disguised during the transcription process to ensure confidentiality of the participants. Field notes were taken during each interview to help organize the data received.

Method of Data Analysis

Because there was an immense amount of information that was obtained during this research, it was essential to be able to group participants answers into different categories. I then took the categories and created themes from those categories, which can be seen as sub-headings in the results section. This process is known as thematic coding (Anastas, 1999).

Ethical Considerations

Due to the number of traumatic experiences and the occupational stress levels for firefighters, there were strong ethical guidelines that must be followed when studying this population. For example, it would be unethical to expose a group of firefighters to a "staged" traumatic event, the nature of which the firefighters are unaware, in order for researchers to understand how the trauma impacts the life and work of the firefighter (Wagner, 2005). It is also unethical to withhold treatment from a group. This can be seen as providing a debriefing session for one group and not for the other when members of both groups wanted to partake in the exercise (Tuckey, 2007).

While researching a population susceptible to psychological distress and experiencing of traumatic incidents on a daily basis, there are several ethical principles that researchers should be aware of while creating and conducting the interview questions. As Tuckey (2007) mentions, because this population experiences high stress and trauma, it is important to recognize that the questions researchers ask may be painful for the firefighter to answer. Therefore we must as researchers respect and be sensitive to their needs and subjects causing emotional arousal (Tuckey, 2007). For my research, the ethical considerations included, but were not limited to, being cautious not to

retraumatize a participant; similar to the research in the Tuckey (2007) article, and obtaining mental health resources that were accepting new patients in case participants felt the need to seek resources after the interview took place.

When I decided to utilize a personal interview process for this research, I accepted the fact that some areas of research may be important for the study but emotionally disturbing for the participant to discuss. Therefore, I informed all participants that they could end the interview at any time if they were uncomfortable, or they could skip a question if desired. I could mention the body language and the tone of voice of the participant in the result or discussion section if it was appropriate, but the research would not be valuable if I caused further emotional harm to the participants.

CHAPTER IV

FINDINGS

The purpose of this study was to understand the occupational stressors in which combination fire department employees encounter as well as their self care practices and their coping strategies for dealing with difficult calls or situations as a result of their life saving profession. The need for this research is a result of a lack of information written on combination fire departments and how they deal with the stressors they encounter of their profession. This qualitative study attempted to identify themes among different combination fire department employees in regards to the occupational stressors that they encounter, the ways in which the employees manage and maintain self care as well as exploring the different coping strategies used during emotionally charged calls.

This chapter will examine the data collected from ten interviews with male employees of combination fire departments. The interview guide consisted of six demographic questions, and then three categories of questions; occupational stressors, self care practices and adaptive coping skills. The ten interviews I transcribed myself and changed all identifying information in attempt to disguise all personal information of the interviewees. All names of participants have been changed to ensure confidentiality. The responses from the interviews were coded into ten themes. The interviews began with six demographic questions including age, years of service, level of training, employment status and full-time profession.

The data will be presented through the following themes: 1) Demographics; 2) Why the participant chose to become a firefighter; 3) How friends and family view the participant's profession of being a firefighter; 4) Occupational stressors; 5) Impact of the

profession on the participants day to day life; 6) The dangers of the job; 7) Calls that are enjoyed by the participant; 8) Self care practices; 9)Most stress provoking calls; 10) Calls that participants still have vivid recollections of; 11) Mental Health and 12) Unwritten, Unspoken rules.

Demographic Data

In order to be a participant in this research study, the following inclusion criteria had to be met in full: 1) participant must be over the age of eighteen; 2) able to speak and read English fluently; 3) employed by a combination fire department either as fulltime, part-time, per diem or on call employees; and 4) identify as male. Researching only those employees who identify as being male instead of both males and females was previously explored in chapter three.

Participant Age

There was a thirty-four year age range between participants. The youngest participant was twenty-three and the oldest was fifty-seven. Two participants reported that they were in their twenties at the time of the interview. Four participants reported being in their thirties, two participants reported being in their forties and two participants reported being in their fifties.

Years of Service

The years of service as being a member of a combination fire department varied from two years to thirty-nine years. One participant has been an employee of a combination department for six years, then the years of service continue to thirteen years, two participants have been employees for fifteen years, one employee for sixteen years, another employee for seventeen years, one employee for twenty five years, another for

thirty-one years and of course, one employee reports being in the profession for thirty-nine years of service.

Role on Department

Out of the ten participants interviewed, four of the participants report being employed as a both a firefighter and an EMT-B (Emergency Medical Technician- Basic). Two participants report being a firefighter and first responder, one participant reports that he is a firefighter, first responder and a mechanic for the department, only one participant reports being a firefighter and an EMT-I (Emergency Medical Technician- Intermediate) and one other participant reports being a firefighter and EMT-P (Emergency Medical Technician- Paramedic).

Level of Training Received

In order to be a firefighter on duty, I learned that a participant must complete two courses; firefighter I and firefighter II. These two courses, the participants report lasting approximately twelve weeks with a graduation upon completion. Therefore, all participants of the interview report having received their firefighter I and firefighter II completion certificates. Other participants report having been through hazmat operations training, meaning they are capable of identifying hazardous material and utilizing communal resources to assist in the clean up process. One participant reports that he has received his fire officer I training, another has received his first response operational training and all participants report that they have been to several trainings that the departments have offered.

Full-Time Profession

Being a full-time firefighter is a strenuous job. Despite the risks of the profession, seven out of the ten participants report that they are full time firefighters on a combination department. One participant reports that he is a call employee as well as picking up shifts when full time employees take vacation time. The two final participant's report that they are strictly call employees on the department. Being a call employee is described as having to attend all calls that occur during the week and times that the call group has been designated to.

"…we have families that are struggling, they have other jobs, this job doesn't pay very well…" One of the participants, Sam, made this statement in reference to the need for supplemental income because the salary for firefighters is insufficient for daily survival. The second job that the full-time firefighters mention having, include trade jobs. Two participants report that they are involved in their own plumbing business. Two participants report that they are mechanics. One participant reports that he works many side jobs including working for other firefighters who have their own businesses. One of the older participants reports that he is a gentleman farmer which he describes as owning a lot of land which he rents out to be harvested and his role is to maintain the land.

The three participants, who report being part of a combination department not as full-time employees but as part of the call groups or being part time, reported their primary full-time occupations. One participant stated that he is a bank examiner, another reported that he is an engineer, and the final participant reported that he owns his own company and works from home.

Why did you decide to become a firefighter?

This question was not part of the original demographic information. However, after transcribing the interviews, I learned that the initial participants were offering this information whether the question was directly asked, or if it was throughout the interview. Therefore, I decided this was important information and needed to be part of the final demographic data. The importance of this question will be described later in chapter five.

> Like most people, I was really fascinated but it never really clicked and I had some friends who were on the department and one day they said why don't you come down…it started as a social thing for me but within a couple of months, I had the bug (Jay).

> Just something I wanted to do as a kid… (Luke).

> I've always been the type of person to help someone else, I've always given more than I have taken, ah, I just love helping people… (Bill).

> The reason I got into fire services is because I enjoy helping others…(Tom).

Out of the ten participants, four participants stated that they joined the firefighting profession because they have been fascinated by firefighting since they were children. One participant, Bill, stated that he enjoys helping others and is quoted above. Three participants stated that they joined because they had family members already on the department and encouraged them to join the department as well. One participant stated that he has always wanted to be a firefighter. Six participants reported that they joined not just because they wanted to, but they either had friends on the department all ready or their friends were considering joining.

How Family and Friends View the Participants Being Firefighters

Firefighting can have a large impact on firefighter's friends and family. For example, two of the firefighters mentioned that their family and friends are concerned about their safety while at work. With firefighting being such a dangerous and at times life threatening profession, it can cause family and friends much worry. Ken reports that "my mom is worried by it, she is always nervous." When asked to explain further, Ken mentioned that his mother is worried for his safety as the firefighters are required to be able to perform a few risky procedures. Further on in this chapter, I will discuss the different dangers of the job and how the firefighters' lives have been put at risk to help save the lives of others.

More than half of the participants stated that their families praise and support the idea of them being firefighters. Luke made a reference about how his young children view his firefighting profession; "they think its cool…". Sam comments on how his children have grown up with him being a firefighter and how their perspective of the job has changed; "they know its stressful, the younger they are the more they see it as fun, but they can read the stuff in the paper now, you know, when someone dies…my oldest is about to graduate and she had to write essays for scholarships, and you know you read it and you realize that they appreciate you and what you do."

With firefighting being a very low paying job, the impact on the family can be much harsher than the emotional strain that the job can create. Many of the firefighters that participated, as mentioned previously, have to carry second jobs to be able to have enough financial income to support their families. One firefighter not only is a full-time firefighter, but he also owns his own plumbing business which he reports that he works

full-time hours for as well. When I asked Sam about how his family views him working two full time jobs, he stated that his family thinks that he is "a working fool, but its all about scheduling."

Occupational Stressors

When I asked this question, I received similar responses from the participants. Three participants mentioned that there is the idea of not knowing what to expect when the tones go off. This theme can be partnered with the theme of doing the job well which was also mentioned by three of the participants. There is always the potential of causing more damage to a patient, or making a fire worse. Therefore, making the right decisions is extremely crucial in a life saving career path. When discussing this theme with Roy, he stated, "I would like to think that I would just easily remember what I was supposed to do." But the reality is, that "firefighters are humans too," as Luke stated at the very end of his interview. His reference was to the notion that firefighters, just like everyone else, need to stop and think before acting to ensure that their next action is going to benefit the patient or the structure fire and not cause more damage. In reference to knowing what to do next, Sam stated, "you know you are going to be dealing with life safety, so you need to make sure that the decisions you make are the right decisions." That kind of pressure alone can cause a lot of stress. The stress of not knowing compounds the stress, and makes for a job that not many people can endure. Luke also reports that the public, meaning people who do not work in the fire services field, may not understand what the job of firefighting fully encompasses and therefore, if a minor mistake does occur, as long as it did not cause permanent damage, you can bet that the firefighters involved learned their lesson and will not make the same mistake twice.

This next theme that I am going to discuss, is the theme of man power which was mentioned by three participants. The issue of man power, or adequate assistance to perform the task at hand, however, the idea of not having adequate man power to ensure that the job is done properly and safely can impact two other themes that where mentioned for this question; safety and the budget. "Responding without adequate man power, first concern is safety…"(Sam). Another example is, Tom stated, "with the budget the way that it is and us having to work short all the time, not having proper staffing, having to call on other groups to help…already down man power and talking about layoffs, its tough. We are basically running at four when we are used to running with seven." This idea of the current economic state being the way that it is, states and towns must make budget cuts and for a few of the participants, their jobs are currently in jeopardy or, their hours are at risk of being cut shorter. This also ties into the idea of safety because if firefighters are trained to work with seven men and are then asked to work on a crew of four, being able to change their way of doing things can be extremely stressful, as reported by a couple of the participants.

> One big stressor I have is working with someone who has a different personality, ah, different styles of getting the job done, different work ethic, or ah I'm a very strong believer in getting the job done, you know, everything else waits until the job is done (Bill).

The following stressors where mentioned by at least two of the participants. Gossip among the department employees was mentioned as being a stressor. 'Know it alls', meaning "we have certain people around here that, you know, have a paragon complex you know, 'I can do everything right' attitude" (Bill) was also mentioned by two people. This stressor can also tie into the theme of safety for the participant as well as

others around him. Two participants mentioned safety in regards to people not attending trainings regularly and not keeping up to date with new equipment or changes in protocols.

Many of the other stressors that were mentioned by participants were single answers, meaning not one other participant stated the same issue. Pat made reference to the stress of driving to a call across the town and having the stress of people not pulling to the side, or pulling to the wrong side of the road. One participant made reference to having to use old equipment and drive older fire apparatus and another participant made a similar reference to having the stress of the equipment or vehicles not working properly which can put all firefighters and civilians at risk. In regards to safety again, one participant mentioned the idea of seniority on the department and the idea that a younger employee may get reprimanded for questioning an officer or older firefighter's way of completing a task. One of the younger participants, Roy, stated during his interview, "I think up until that point I had a little more confidence that certain people would know what they are doing and I am learning more and more it's the opposite, but some people go about it the wrong way, you can't just order an officer around." Roy also mentioned the stressor of wanting to maintain self care while participating in a big event, however, if he were to request to be checked to make sure that he is not dehydrated or that his blood pressure is too high, then others may loose confidence in his ability to perform the job.

> You shouldn't be embarrassed about going to get checked out but it is embarrassing because now people think 'oh I don't want to go into a building with him because every time he comes out he's in the back of the ambulance...it almost compromises people's confidence in you and you know you have to deal with people cracking jokes about you all the time (Roy).

One final stressor mentioned in relation to safety was the concern of going home at night as stated by Pat. He mentioned that not only is he worried about hurting himself on the job, but he is worried about contracting an illness or disease from one of the patients in which he has contact with.

There are many other occupational stressors involved with being a firefighter. The following themes may intertwine with the ideas presented in this section of occupational stressors, however, I felt that the responses where so intense that the themes needed to be separate from the theme of stress because they incorporated other areas in which I was interested in when performing this study. All of the following are stress related themes, each having its own components besides causing or adding to occupational stress.

Impact of Profession on Day to Day Life

Many professions impact the day to day lives of those involved. However, firefighting is a unique profession, especially those on combination fire departments because the impact on their life outside of work can be greater than those who have a regular nine to five job.

Four participants mentioned that having to be on call every so many weeks impacts their ability to maintain relationships. "…my hours rotate so its been hectic as far as any stable time period and of course you get a call in the middle of dinner, you get a call when you are supposed to be going out and I gotta go" (Luke). During Ken's interview, he stated;

> Um, I guess it takes a lot of stress on any kind of relationship because like a lot of times we'll have plans and they get ruined for one reason or another because of the fire department. I would say like sleep is probably the over riding thing that I don't tend to, I'd say get enough of because you are on call certain nights and some nights you may go out at two or three in the morning which pretty much

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ruins my day for the rest of the day as far as getting back to bed. So I would say yeah that sleep is the biggest thing, um then yeah the relationship thing (Ken).

Three participants mentioned the impact that being on call can have on their sleeping patterns and or their ability to get a good nights sleep. Two of the participants who mentioned sleep are strictly call employees of the department and discussed the impact that being on call can have on their full time profession. Their comments were similar to that of Ken's in the above quote. One participant mentioned the budget as having an impact because budget cuts lead to pay cuts for the department employees. Another participant mentioned that because he lives in a small town, his job as a full time employee for a call department can directly impact his day to day life because he knows almost everyone in the town. "I live in a small town so the majority of the people I take to the hospital I know in passing, or personally. I have taken many of my friends to the hospital, people I have grown up with, people that I have known since I was little kid."

Two participants mentioned that there are daily triggers and reminders or the tough calls that they have been to which can severely impact their day to day life. They may avoid a certain intersection or a certain TV show because it triggers an emotional response. "Number 1, death is a real thing. Number two, you need to deal with it because so many things will trigger it. I mean television, there are so many things they show today that weren't on twenty years ago, you know, Rescue Me and other shows can trigger someone, um, you know, screech of the brakes, car hit the tree…"(Jay). Another participant stated, "…there are certain things that will happen during the day and I will remember a certain call. Sometimes I will wake up and certain things will just trigger certain memories and certain emotions; uh I just have to carry on" (Bill). These responses

are potential symptoms of certain mental health disturbances including PTSD which is later discussed in this paper.

One final response to the day to day impact is bad eating habits. Luke states "I wish I could eat three meals a day but ah when I work the twenty-four on, twenty-four off (referring to a twenty-four hour shift), so when we are on the twenty-four's you can't guarantee eating right." Even though Luke mentions that he does work night shifts, he reports that he still relies on the call groups to attend calls during the late night and morning hours.

The Dangers of the Job

As stated previously, firefighting is an extremely dangerous profession. Everyday, these participants put their own lives on the line to save the lives of others. When asked the question about the dangers that they encounter, six participants stated that they have actually been in life threatening situations in which their own lives were compromised. According to the participants, the majority of these dangerous situations were not situations in which they intended to be in, it was either an accident, or one participant mentions a roof caving in while they were fighting a fire. Another participant stated that he went against all of the rules of firefighting that he was taught to save the life of a female trapped inside of a burning car in which he knowingly put himself at risk of being killed. Another participant mentioned an example of having to put himself, as well as everyone else who was at the call, in danger of contracting an illness to save trapped victims in a car that flipped into a swamp. It isn't everyday when you find someone who is willing to take a job knowing that any of these situations can occur at a moments notice and have practically no control over their own life safety.

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There are probably a couple of ones that stick out. One of them, we had a motor vehicle accident on a Massachusetts highway; a lady flipped her car over, hydroplanes into a pond and basically we all had to go into the pond, that was pretty stressful, um yeah, afterwards everyone was pretty much, um yeah…after the call they made us all go to the hospital to get checked out because it was pouring rain outside, it was cold, probably March or April when this happened at night so you know we were soaking wet so um yeah, so everyone had to go to the ER (Ken).

…obviously everything with the swine flu, you are exposed to just about everything…(Pat).

But yeah, we have been in situations where stuff has fallen down on us, uh, small explosions inside of a house where you know, uh, my good friends are in there, uh, you know just getting into situation like ah, having a call when the whole Anthrax scare was out there and ah, we got a call for a suspicious package, and uh, my best friend and I were on duty, and he went into the building…luckily nothing bad came of it but its one of those, you know, that's my best friend in there, and you know I may have potentially exposed him to something that may have killed him… (Bill).

Um, from the fire end, potentially every call could be, um, I've been to some really big fires that um yeah the potential was there. I've gotten hurt a couple of times, um two of us, I was on full-time but at the time I wasn't on duty and it was two o'clock in the morning and it was a house fire and ah, brought a line into the second floor, um, we were crawling around on our hands and knees and one second we opened the doorway and we just started putting water on the fire and the next second, the door just fell apart and this inferno, we were in the doorway of an inferno. We both got first and second degree burns from that call because it got really hot really fast (Luke).

Just as Luke stated in the above statement, every call as the potential of being dangerous or life threatening for those who are fighting the fire, or trying to save lives. Three participants stated that they have been hurt on a call and three participants report having never been hurt on a call. Two participants report seeing their co-workers get hurt and one participant reports that they have never seen any of his co-workers be hurt while at work. Four of the participants were not asked the question regarding being hurt at work because of time restrictions and I felt this question was not as important as a few of the other questions.

However, not every firefighter is lucky enough to not get hurt during their career as a firefighter. Some of the injuries reported by participants include, knee injuries, sprained ankle, burns, smoke inhalation, dehydration, injuries from operating equipment, and the most reported number of injuries by participants are injuries of the back. Two participants stated that they have had to take time off from work in order for their backs to heal properly.

Calls That Are Enjoyable

In order to be able to ask the question about calls that are least enjoyable, I felt that it was important to first ask a question about calls in which the participants do not mind going to. I got an array of answers for this question including two participants who report that they enjoy the motor vehicle accidents. Pat stated that he does not mind the accidents because "…you learn a lot about people from the car they drive, what is in their car, their different personalities, different attitudes, lifestyles." Two participants report that they enjoy going to structure fires because as Ken reports, he enjoys the adrenaline rush he gets while he is at a fire. Dan stated that he no longer enjoys any particular calls as he has been a firefighter for a majority of his life and reports seeing a lot of disturbing scenes. Another participant stated something similar to Dan in saying that there is no specific call that he particularly enjoys going to. Two participants stated that they enjoy all calls that do not include life threatening injuries or situations. Bill stated during his interview, "… the people that are healthy but not seriously sick, those calls I kind of enjoy. Anyone that can sit up and talk to you and aren't screaming, yelling, or crying and ah, puking, or excreting any other bodily fluids." He also stated "I don't mind taking people to the hospital who need to go to the hospital, you know every once in a while we

get a really unusual call that once everything is said and done we sit back and just laugh at the situation, like how, why did that happen, you just throw your hands up and laugh" (Bill). As some of the participants stated that there are particular calls that they do enjoy going to, Sam stated, "I enjoy all calls because boredom is a trouble maker, if you don't have something to do, you are more apt to cause problems." As a firefighter on a combination department, Sam made reference to the job being extremely busy on some days, and other days there is a lot of down time and it is during the down time which trouble begins. He is referring to having more time for personal conflicts to arise, gossip to occur, and other problems than can come out of not having anything to do.

Self Care Practices

In order to be able to perform at the best of your ability while on duty, it is extremely important that firefighters, as well as other professionals, set time aside to spend on themselves. Four participants stated that they go to the gym to help themselves stay in shape to be able to have the physical strength needed in order to do their job well. Three participants stated that they run regularly. One participant stated that he swims a couple times a week, and enjoys mountain biking on his day off. Two participants reported that they like to travel whether it is for a long weekend, or taking vacations with their families. Two participants stated that they enjoy skiing during the winter months. One participant stated that he maintains a healthy diet to the best of his ability. Another participant stated that he enjoys going to flea markets. One participant mentioned that he enjoys singing and playing his guitar. Three participants reported that the best way that they take care of themselves is to spend as much time with their families as possible.

Most Stress Provoking Calls

The most stressful calls in which the participants have been on or have been prepared for are those in which create an emotional response, or calls in which the participants state as being the calls in which they do not enjoy going to for one reason or another. The single answers to this question are those in which only one participant mentioned. The answers include the following; cardiac arrest patients, CPR in progress upon the firefighter's arrival, and working structure fires. One participant stated that he believes no call is stressful for him. Another participant stated that each call has the potential to be stressful and therefore he prepares for each call as if it were the worst.

There were four responses that were shared among the participants. Three participants mentioned that any call in which death is involved is one of their most stressful calls to go on. Three participants also mentioned that they do not particularly care for motor vehicle accidents. Two participants stated that the most stressful calls for them are any call in which their own lives are placed at risk or the life of the person in which they are attempting to save is experiencing life threatening injuries.

Children

Out of the ten participants, seven stated that any call involving children is the most stressful. Two of the participants stated that these calls are the most difficult because the calls remind them of their own children. One participant did not give an answer as to why calls with children are difficult, he just simply stated that these calls are the worst for him. Another participant stated that he does not like these calls because he does not work well with children because of a lack of experience and therefore these calls make him the most nervous. Another participant stated that because he has not been on

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too many calls with children, he is afraid that he would forget what he is supposed to do because treating a child is very different than treating an adult. Two participants made a reference to having the most memories of calls with children. The following are quotes from participants as they discuss calls involving children. "My stress comes from the EMS portion of my job, uh mostly with kids…its stressful, ah it hits close to home" (Luke). Luke made this statement and was referring to having his own children and how any call involving a child reminds him of his own children. "Some of the calls we deal with ah, I have ah, I don't like dealing with kids because I have kids. Ah, I deal with kids well because I have kids but when it's you know a serious call with a child, it ah, it's stressful" (Bill). Ken's statement regarding children: "Honestly, probably any kind of medical that involves small children, and it's not I guess, it's more because I am not very good with small children especially like infants so that would be the type of call I would prefer not to go on."

Many of the participants who mentioned children as being the most stressful call, gave examples of calls that they have been on, calls that for a couple of the participants, they specifically stated that the calls occurred at the beginning of their careers and still have vivid memories of them today.

Calls In which Participants Have Vivid Recollections Of

All of the participants gave examples of calls in which they have been on during their career as a combination department employee. I did not ask for specific examples; the question simply asked if they experienced vivid memories of certain calls. Seven of the ten participants, similar to the results from the previous section, all made reference to or gave specific examples of calls with children. One participant stated that he has the

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most memories of motor vehicle accidents and a few of the fires that he has been to. Two

participants stated that the most difficult call for them was one in which involved the

location of a successful suicide attempt of one of their fellow firefighters. Another

participant remembered a specific call in which an assault victim was so badly injured

that the image has stuck with him since the call occurred approximately four to five years

ago (Dan). Three participants made reference to remembering most calls that they have

been on. Another participant stated that he remembers any call involving death and motor

vehicle accidents. I have compiled a few of the quotes from participants regarding their

vivid memories.

> There was one where it was a fatal fire, actually ah, as I think about it, that's when
> I was on the call force. It was a small child who got left in the fire and um I
> actually searched and found him. So when we go there, and they had already been
> there a while 'cuz the full-time guys showed up and you know when they need
> more help they call the call force and we usually just go right to the scene so you
> know 'm just getting some stuff, a Scott Air Pack, some tools, and I heard the
> chief, deputy chief, asking, everybody is out right? And someone said yeah. So
> they told me to go around back and check on what's going on there and there is a
> guy or a woman sitting on the back porch of another house and said 'my baby is
> still in there, my baby is still in there.' So we go upstairs, kick the door open, she's
> saying on the left but she meant the left from the front, not the back. So we go to
> the right, we break the door in, the other guy I was with, his air pack had a
> problem so I went in by myself, found the kid, got back out and you know the
> ambulance service took him right from there, when I got him outside… (Matt).

It is important to note that even though this particular call occurred when he was on the

call force, he reports that he has been on the department for approximately sixteen years

and he is currently a full-time employee. Therefore, this memory could have been from

several years prior to this interview.

> Had a call not too long ago for a four-day-old who wasn't breathing. Luckily,
> luckily, luckily, it was ah you know he was screaming so much that he just could
> not catch his breath and it wasn't that he wasn't breathing, or he was turning blue
> and ah, everything was fine (Bill).

…there is a gas station over here and um we went to a call for a lock out there, someone's kid was locked in the car and while we were there, another call came in on the other side of town for a child choking, not breathing… (Pat).

…we got a call one night for a victim from an assault and the guy was really cut up with a knife, it was bad (Dan).

Yeah, um I think probably my problem is that I have a pretty good memory, almost photographic memory, so I can think of um, tend to be accidents, gory, or horrific type of scenes (Ken).

…you know, honest to God, you ask that question and scenes just start coming, like a slide show in my head… (Jay).

I remember most of the calls, and most of them are vivid (Luke).

Mental Health

With all the previous information that has been obtained through this research, it is important to now examine the mental health aspect of this field. To my surprise, there was much discussion of mental health benefits that the employees are aware of. However, many employees have their own techniques of maintaining their mental health rather than engaging in formal mental health services. Mental health services is becoming the norm of today's professional combination firefighters, but it is not clear that it is encouraged or used to its fullest potential.

Informal Mental Health Resources

Besides maintaining self care practices, many of the participants mentioned ways in which they meet their mental health needs as a result of being witness to such a large variety of traumatic incidents. Tom mentioned that for him, being able to talk about his day and the experiences that he encountered with friends and family helps him. Similar to Tom's idea of turning to friends and family, eight of the ten participants mentioned that for them, talking informally after a call, or after work, is helpful for them. All ten of the

participants made reference to feeling comfortable talking about a tough call with co-workers or with family. Seven of the participants specifically stated that having really good friends on the department or involved in the fire services field is extremely helpful. Roy mentioned that if it is a tough call, they will all stick around and talk about it. Pat made a similar statement; "we talk, we usually come back here (to the fire station), sit down and chat about it."

> …if it's a real bad thing, it tends to be accidents, but you know, people hang around and usually it's, we hang around because it takes a while to get the ambulance back in service, so the guys usually stay around to help. We talk about what happened, you know, a lot of the times the real bad ones happen at weird hours of the morning so, and you really can't get back to sleep and the big thing is people just stay at the fire station and just chit-chat for a while. Like you know, I remember a couple instances when it was early in the morning and we got back and you know, just talk. Maybe not about the call, but just in general about the way we handled it (Ken).

> Well all of my friends are firefighters, ah, yes we have a very good support structure before, during, and after a call. You know, we joke around and make light of the situation, you know we bust on each other, some of us do practical jokes with each other, um, you know and when one of us has a bad day, we all kind of have a bad day because it usually isn't just one person, it's two or three of us in the back of the truck who have seen the situation so we are all there for each other… (Bill).

Two of the firefighters mentioned that their departments have a chaplain for their department. Several fire departments have a chaplain who is available for the use of the fire department as a whole or for individual firefighters. In this case, one participant stated that his department is lucky enough to have two chaplains who provide their time for the firefighters if ever needed. Jay explained in his interview that the chaplain's "…assert themselves. Let's say it's a call, and its pretty bad, pretty bloody, as soon as the fire is out he will come up to you, 'how are you doing, if you want to come over here and talk about it, we can talk about it, or do you want to meet me at the station?' and if it's two

for us he'll ask if we want to talk together." This is another informal way in which mental

health services are offered to combination fire departments. But again I probed, are these

services being used to their fullest extent possible? According to Roy, who is a younger

firefighter, he reports that he does not think that he would use the chaplain because his

preference is to talk it out with his friends. This proves a statement that Jay had made in

his interview regarding the younger population of firefighters; "the young people don't

realize what it is, they don't realize how lucky the are, they don't realize what it is, they

um, a couple of them comment about the chaplain being there and they are like what are

they trying to do?"

Two of the firefighters interviewed mentioned that they tend to keep to

themselves when it comes to witnessing traumatic events. One of these participants

mentioned that he felt as if he did not need professional mental health services, that he

got what he needed from his family and friends who all were familiar with the fire

services field if not involved in some way themselves. Another participant referred to

himself as being "emotionless" and not needing professional help and the only way he

would receive mental health services is if he was forced to attend.

Formal Mental Health Resources

When talking to each other informally just isn't enough, something else has to be

done in order to make sure that the firefighters are mentally stable and prepared to

complete their job to the best of their ability. Therefore, the participants mentioned a

couple of different avenues of obtaining formal mental health services. One participant

stated that he obtained counseling services on his own through his own insurance because

he just kept seeing one bad situation after another and needed help to get through it. Pat,

one of the younger participants who was interviewed, stated; "they have always said if you need help, they will help us find it. Our chief now who was the captain when I got hired, we went to a fatal car wreck and he came to me and said if I ever had any problems let me know and I will get you someone to talk to."

When the CISD was created several years ago to be used for firefighters, it was not accepted as one would have hoped. Jay mentioned in his interview that when the CISD was first introduced to his department, some firefighters stated that they didn't need the help and wanted to know why they had to change their ways of coping with stress if their way worked fine for them. Today however, the CISD is being used more and more and among the younger generation of firefighters, it's considered the norm to be a part of some sort of mental health debriefing after a difficult call. All of the participants in this study mentioned the CISD and have either attended one of the debriefings led by a CISD professional, or it has been offered for him to attend one. Three participants stated that attending the CISD was mandatory because of the call. Only one participant stated that the CISD he went to was not mandatory. The remaining six participants did not make reference to the whether or not attending a CISD was mandatory. Examples of calls in which the Fire Chief or other Officers requested the presence of the CISD were given by the participants. Two participants stated that they attended a CISD for a call in which involved a horrific or gory death. Two participants stated that the CISD was available after a call for a car fire in which someone was burnt alive. Two participants made reference to the CISD coming to their station after a call involving a child; one participant stated the call was for a child who died in a house fire.

The CISD has been proven in many studies to be helpful, as cited in the literature review of this paper. However, when I turned to the participants and asked them their opinion about the CISD being helpful, I learned that nine of the participants directly stated that the CISD helped them and only one participant stated that he felt as if it was not helpful.

> …the stress debriefing really works, I found that what you hear from the dispatch and the first arriving police officer and the first EMS that gets there, you have to tell your story and in that case, everybody has to come down and give their version of what they did and what happened and the more stories makes it a lot for easier to understand (Luke).

> …it works because you hear other people's views and you get to work the situation out together, one on one… (Pat).

> …ah, you know, everyone got there and they all talked, ah, yeah, we pretty much all got together and discussed everything that happened. They worked their way through it (Bill).

> …I start talking about the CISD (as a trainer) and my first reaction is, where the hell has it been for so long? (Jay).

Not only is attending the CISD becoming more and more on the rise, each department is figuring out their own way of providing for those staff who need mental health assistance. Two participants stated that their department has set up what is known as relief staff. The relief staff is made up of firefighters who are willing to finish out a shift for another firefighter who just witness a horrific scene and needed to attend an immediate CISD. Therefore, there was still coverage at the station if needed so the employees involved in the rescue we able to address their thoughts and feelings immediately. Matt discussed a call in which he only assisted at the tail end of because he was at another call and he decided to stay on duty in order for a few of the firefighters who were at the call and wanted to attend the CISD were able to. "…say you worked full-

time, I'd call, while you are on the way to the hospital (with a patient), to have a

replacement waiting here for you for when you got back. You are now off duty" (Jay).

Another way in which Jay mentioned that his department ensures the mental health safety

of all of its employees is that for the call groups, if they attend a tough call and have to go

back to work or have to begin their work day immediately after the call, the Chief will

contact your boss and inform them of the need for you to attend the CISD.

Getting mental health services used to be frowned upon, or stereotyped in the fire

services as being weak. Jay, an older firefighter who reports having been in the field for

several years made reference to other older firefighters seeing the CISD and other mental

health resources as, not needing it, because they didn't need it before.

> I have seen a lot of deaths, horrible, horrible things. My first burnt body I will
> never forget. The chief came up to me and said to me, 'do you smell it?' I said
> yeah and the chief said to me, 'if it bothers you, quit because you aren't tough
> enough', and that was in 1983… 25 years of being told to suck it up, you bring it
> home. There was very little help…Today the norm is get the help, that's the norm
> and everyone accepts it. If anyone even knew you were talking to someone 25
> years ago, you were a wimp, and didn't fit...There is still resistance but what I say
> to them is real simple, they say, we don't need it, I didn't need it for 30 years, '
> didn't need it then. A good way to flip that around is to say, ok, your 50 or 60
> years old now, your going to retire soon, if we had had this as a norm to start, then
> the norm would be different and they all agree, yes. I tell them this to shut up,
> buck it up, and do it for the kids (meaning the younger generation of firefighters),
> because this generation, they deserve it… (Jay).

> If you have the avenues to do a debriefing or talk to someone, I strongly
> encourage it. Don't let the older people tell you that you are weak because you
> have to talk to somebody… (Tom).

Coping Skills Used Among Participants

Not only are the CISD and other forms of mental health resources being used

among the ten participants, but the participants also mentioned that they have their own

way of relieving the stress after as tough call, or a tough day at work. As mentioned in the

self care practice section of this chapter, many of the participants use the gym, or physical fitness not only to take care of their body, but as a way to de-stress from their job. Sam discussed his use of running to help him de-stress; "…The running, more or less, when you are out there, you are in tune to what your body is doing. You can still be thinking about some stuff, but you are more concerned about what your body is doing. So you're kind of releasing everything else, but being focused on your body…" One participant stated that he is allowed to use the gym at his fire station while on duty to help him not only stay in shape, but as a stress release as well. Another participant stated that when his group is on duty and they have down time, they will play cards and talk about what happened, similar to an informal debriefing gathering.

Other coping skills mentioned by participants range from being alone of isolating themselves to needed to be in a group with people, or with family. Three participants stated that they get home from work and will either complete housework, fix things around the house, stay busy doing yard work when the weather permits, or anything that involves keeping their hands busy while being by themselves. Another participant stated that he will play his guitar not only for enjoyment but he will pick it up and play when he gets stressed out from work and it's a way in which he can still be with his family, as they listen to him play, but is a release for him.

Six of the participants made reference to the use of humor as their main way of dealing with stress. Two participants mentioned that they play practical jokes with one another as a way to laugh to help get through a tough day. One participant made reference to having to laugh in order to be able to prepare himself to go on the next call; "…you laugh it off and get back to work" (Luke). Sam stated; "…I guess supporting each

other is helpful in getting through it, we laugh about it, you have to." Another example

regarding humor and how it is helpful to these professionals is through an example given

by Jay;

> …very recently I ran into a guy who I have known for a while, also a firefighter, and we were sitting, just chit-chatting and it turned to the dark side, and you know, what was the worst thing you saw, and we sit there and talk about it and compare stories and it's sick, really sick, you know, we go there and the guy's head is 20 feet behind the car and someone picked it up and said, 'did someone lose something?' That would probably not happen at the scene but we add those things in later to create a little humor to it to ah, deal with it.

Self-Medicating

I mentioned in the literature review about the use of alcohol abuse among

firefighters and the use of self medicating as a coping skill. In my research, I learned that

only two out of the ten participants mentioned drinking to help them de-stress. The two

participants did both state that they have only one or two drinks as a way to help them

relax before going home to their families, or before being able to present themselves in a

content mood and not taking their emotions out on their families. One other participant

made reference to going out after a call with other firefighters to have a couple of beers

but he did not view this practice as self medicating. Two firefighters mentioned that

alcohol and drugs are not permitted however, one participant reported that there is no

way of telling if someone is using alcohol or drugs to help them de-stress because it is not

talked about. Another participant stated that some of the younger firefighters tend to

gather socially and have a few beers but he does not think it is because of stress. Sam

mentioned during his interview that people used to drink excessively, but it is no longer

tolerated by the existing Officers and Fire Chief. Jay made reference to drugs as being

the main coping skill among firefighters 25 years ago, and today, it is no longer tolerated by his department.

Unwritten, Unspoken Rules of the Fire Services

Every profession has a list of rules in which every employee must follow, a list of do's and don'ts. For the combination fire department, I learned that there is this list of rules regarding uniform, professionalism, and I also learned that there are many unwritten or unspoken rules in which must be followed in order to be 'accepted' by other members of the fire department. Three participants mentioned that the laws regarding HIPPA are unspoken, they must be followed or it's a breach of confidentiality and the patient's rights. One participant stated that even though HIPPA is out there, he learned about it through training at the fire academy and was never really discussed beyond that once he joined the fire department. Three participants discussed the issue of gossip, or "bad talking" others on the department as an unwritten, unspoken rule of their departments. One participant stated in regards to critiquing someone's actions after a call; "…well we might bring it up when that person is not around well, you know, it's kind of an unspoken thing, some people are idiots and we will bring it up" (Roy). Jay mentioned that gossip is not supposed to occur on his department, but because of the cliques in the department and the age differences, it does happen, but if the chief finds out about it, then the people gossiping will get into trouble. Jay also talked about the negative effects that gossip can have not just on the department, but on individuals, and safety; "you know, I tell the kids that I know this guys is an idiot, but as a member of the fire department, you don't have to be their friend. But if there is animosity going into a fire, what is going to happen?" Ken

stated that gossip about a call will usually occur many weeks after the call occurred, but is still not right to do so.

Two participants discussed that for their departments, there is an unwritten, unspoken rule about staying around after a call to help get the trucks back into service, because many hands make light work. "…if someone takes off or goes and takes a shower and stuff isn't done yet, then they are hurting the rest of the shift…" (Sam). One participant stated that one major unwritten or unspoken rule that he is aware of is to not talk to the media about any call or situation involving the fire department. Another participant stated that if you are drinking, you do not respond to a call. Two participants mentioned the idea of not questioning seniority's decisions."…there are certain officers that you wouldn't even dare making a suggestion to even if they were doing something wrong just because it isn't worth dealing with later, you know, I guess that would be an unspoken one" (Matt). Two participants stated that the ways in which their departments have been changing, that today, there is no rule that is not written down, or enforced. They stated that maybe prior to the changes that have occurred there may have been several unwritten or unspoken rules.

Limitations to the Study

The first limitation is that I did not include women in this study. It may have been interesting to understand the ten themes listed previously and their co-relations between men and women. Another limitation was the time allotted for the interview. Some of the participants wanted to be interviewed while at work because it was the best time for both myself as the researcher and the participant to engage in a conversation. However, this was difficult because I felt as if the interview was rushed, not all the questions where

answered in depth and most importantly, the confidentiality of the study among participants may have been breached.

My original intention was to keep the entire study confidential, however this did not happen the way I planned. I did not want participants to know who else I was interviewing or even what other departments I was going to in order to obtain as much information as I could. This was not exactly possible. Because I interviewed people at their work place either while on or off duty, per their request, others that were either working that day or visiting were aware that that person was being interviewed for my study. Even though I contacted the participants separately, others may have questioned why I was there and the participants may or may not have informed them of the reasoning behind my presence. Therefore, my original intention of keeping the entire study confidential between participants was not possible although confidentiality was maintained within each interview as stated in the informed consent. Other limitations to the study include the issue of diversity among the participants. Coincidentally, all of the participants were Caucasian. Therefore, the study was not as rich in diversity as it could have been.

CHAPTER V

DISCUSSION

Introduction

This qualitative study was an attempt to find correlations between occupational stressors, coping skills, and self care practices among combination fire department employees. Combination fire departments are those in which rely on fulltime firefighters by day, and on-call groups by night to respond to both medical and fire suppression calls. The literature on this population is slim, and therefore I had to utilize articles regarding occupational stressors, coping skills, and self care practices among the entire fire services, including the emergency medical field because a majority of the calls that combination fire departments receive are medically related. Ten firefighters were interviewed from two Massachusetts departments. The findings of this study were categorized into twelve themes; 1) Demographics; 2) Why the participant chose to become a firefighter; 3) How friends and family view the participant's profession of being a firefighter; 4) Occupational stressors; 5) Impact of the profession on the participants day to day life; 6) The dangers of the job; 7) Calls that are enjoyed by the participant; 8) Self care practices; 9)Most stress provoking calls; 10) Calls in which participants still have vivid recollections of; 11) Mental Health; and 12) Unwritten, Unspoken rules.

Three of the themes listed above were created as a result of information that was offered during the interview, not asked about. Those themes included, why the participant chose to be a firefighter, most stress provoking calls, and mental health. The other nine themes listed above were created as a direct result of the interview questions that were

asked. I feel as if it is important to mention that the three themes came about during the interviews because the pattern of multiple participants referring to the same nondirective question emphasizes the importance to them and they want to share the information to someone who would listen.

For the question of why the participant chose to become a fire fighter, I think that this topic is important to the participants because their reason behind their career choice can have a lot of meaning. For example, for those participants who stated that they joined because they had family already on the department, it is my assumption that the participants saw their family members in an honorable way and wanted to partake in that honor. This may also have occurred because the participants strongly believe in family tradition and want to follow their footsteps. For those who stated that they have friends on the department which may mean that the participant is strongly invested in relationships because those relationships are what will help the participant get through the good and bad aspects of their job. The participants of this study appeared to me to have entered the fire services career either because of the importance of relationships, tradition, or personal satisfaction; the honor, not the glory. These men don't care about why something happened, they just care about the ending, and helping others. Happy endings are what they live for, even though they may be few and far between, those calls make the stress of the job worth it.

The theme of most stress provoking calls was also developed by the participants. This theme is important because in some way, the questions that I asked triggered some sort of emotional response. When one's emotions are heightened, they tend to look at situations in extremes. Therefore when the participants mentioned "most" it meant that it

was something that is still fresh in their minds today, and they still have an emotional connection to that particular situation. It also seemed important for the participants to tell their stories whether they be happy, sad, gory or clean. They wanted someone to listen and validate their feelings. This is where the social work piece comes into play which is discussed later in this chapter.

The final theme that was created by the participants was the theme of mental health. I asked many questions about coping skills and how they work through occupational stress however, it was the participants who mentioned the CISD, informal debriefings, and other ways in which they as a group help to keep their mental health healthy. A few of the participants also mentioned that they have a little bit of PTSD symptoms such as not being able to sleep after certain types of calls, flashbacks, and triggers of emotion. I did not suggest any of these symptoms, I simply asked for further explanation and all of the participants where able to discuss why mental health is important or how they maintain their mental health. Therefore, I felt that because the three themes where present in almost all of the interviews without direct questioning, there was some significance to these details that I wanted to include in my data.

The following discussion will be categorized by, 1) Correlations Between Findings and Literature Review, 2) Summary, 3) Implications for Social Work Practice, and 4) Recommendations for Future Research.

Correlations between Findings and Literature Review

The results of this study concluded that there are many correlations between the occupational stressors, coping skills and self care practices among this population. The findings of this study were consistent with the literature review and even though many of

the articles discussed full time fire departments, or EMS professionals only, the literature was still consistent with the combination department employees' responses. Therefore, many of the generalizations that have been made about fulltime and career firefighters can be generalized to on-call and part time firefighters as well with only a few exceptions.

Occupational Stressors

Consistent with the literature review, six participants discussed the stress of the call whether it be the aspect of not knowing, doing the job well, or making the right decisions while performing patient care. This is understandable because just like doctors and nurses and other professionals in the medical field, making decisions can influence whether a person lives or dies. Being responsible for causing someone's death because a procedure was not performed correctly, or for the firefighters who are EMTs and Paramedics, if they choose the wrong medication, then they are solely responsible for the outcome of that patient's life.

A couple of the participants mentioned issues such as the budget and how the budget can greatly impact their ability to perform their job accurately. The literature on this topic was almost exactly consistent with the responses from the firefighters. This means even though the literature on this topic has only be available for a couple of years, that it has been an on-going issue and will be as the economic recession continues. Budget cuts are not supposed to put people's lives in more danger or harm. So why are the budgets being cut from the emergency services profession? As a citizen of this country, I am more fearful that if something were to happen to anyone in my family,

friends or even myself, I am concerned that I/they will not be cared for in a timely manner.

Another stressor of the job is related to teamwork. Because this profession requires excellent people skills and communication skills, if someone does not know how to compromise or listen to others opinions, then he or she should not be in a profession that requires those two components in order to perform their job well. Gossip, cliques and rumors are all bound to happen when your friends and sometimes your second family are your co-workers. Therefore, it was not a surprise to me after reading the literature about animosity between co-workers and how it can impact their ability to do the job that the same topic appeared in the answers to my questions about stressors of the job. I do not think it is even possible to be able to eliminate gossip or rumors from any profession, or circle of friends.

Along with teamwork, it is important to be able to communicate effectively. Even though only one article mentioned the importance of communication (Aasa, et al., 2005), one participant mentioned the lack of communication on his department.

> I guess you know, stuff that is happening as far as the department is it's the budget or staffing or stuff like that you know there is always those types of issues whether it's getting new equipment, or applying for certain grants. I mean the new chief that we have now has done a better job… (Ken).

The budget is something that people want to know about, as Ken mentioned above. Maybe some of the employees have ideas that can help increase the department funds, or maybe someone on the department is a terrific writer and can help with writing grants. But these types of conversations can not take place unless there is communication between all employees.

Communication, teamwork and gossip are all occupational stressors that do have the ability to be improved or fixed. However, witnessing trauma on a daily basis, is not a stressor that can be fixed. Consistent with the literature, participants discussed many examples of traumatic events in which they still remember today what occurred years ago. Potential for a PTSD diagnosis (appendix D) is possible. Therefore, becoming aware of secondary stress (Figley, 1995; as cited in Dean, et al., 2003), should be part and as reported by one of the participants, is part of the training that all beginner firefighters receive when they attend the firefighter's academy.

Relational difficulties

The literature discussed how the firefighting profession can impact the firefighters ability to maintain healthy relationships. A study conducted in 1995 by Paula Brough determined that low job satisfaction can lead to high rates of family conflicts. As mentioned in the findings chapter, many of the participants discussed their struggles either with significant others or with friends because plans get interrupted if the participant was on-call and therefore is required to go and assist in the procedure whether it be medically related or fire related. Not only do plans get ruined, but there is a saying that states, 'we take our anger and stress out on those closest to us.' Therefore, the many occupational stressors of this job can cause a lot of turmoil in a relationship if the stressors are not properly taken care of either through coping skills or self care practices that include seeking mental health services.

Why is mental health important?

> I think that uh, as far as mental health goes, they don't do enough. Day to day, week to week, there is not enough emphasis on mental health support…We have

department drills four times a month but no one mentions mental health services in the community (Ken).

Anyone who witnesses trauma has the potential of developing PTSD. With firefighting being a psychologically demanding profession, it is crucial that mental health needs are accurately met. With the development of the CISD as mentioned in the literature, the potential of long lasting PTSD has subsided. However, the CISD is still not used to its fullest extent. A result of psychological stress is being burnt out quicker, struggling with fatigue, and battling many of the symptoms listed under the DSM IV TR criteria for PTSD (Appendix D); (Aasa, et al., 2005). Therefore, to further enhance our firefighters ability to perform their jobs well and help them cope with their mental health needs, addressing mental health and options to get mental health services need to be discussed not just once, but on a regular occasion within the fire department. The literature states that "every year, over 650 are forced to retire due to occupational illness-including psychological stress" (Hilderbrand, 1984b; as cited in Fullerton, et al., 1992). To help decrease the retirement rate because of psychological distress, or those taking disability leave because of PTSD, it is essential that mental health become a normal conversation within the fire department. I realize that mentioning the ability for a professional to be able to take occupational leave because of mental health issues including PTSD may cause come controversy. However, it is my hope that this statistic will raise eyebrows and cause quicker progression in the wave of making therapy and attending the CISD the norm. It may be more cost effective in the long run if mental health services where encouraged, than to have employees claiming workman's compensation for psychological distress.

Adaptive Coping Skills

The participants listed several coping skills that they use in order to relax or come down from a difficult or traumatizing call. The literature discusses the importance of participating in leisure activities and having a break from the job to be able to revive one's self. A few of the participants confirmed this portion of the literature by saying that they enjoy traveling and one participant stated that he purposefully will leave his computer at home and not check email while on vacation or long weekends to be able to have that full break needed in order to be 100% at work during his next scheduled shift. Others mentioned exercising as a way to relieve stress and as a way of maintaining self care. This is also consistent with most of the literature and if people who are involved with stressful professions, it is important that they take proper care of themselves in order to reduce their risks of major health conditions in including heart attacks. One of the articles stated that exercising is not enjoyed by all because it is a requirement of their job and no longer becomes a personal coping skill (Iwasaki, et al., 2005). Exercising and eating right, both mentioned by participants, is the exact way in which the literature mentions a firefighter should go about reducing the health risks.

<div align="center">

Summary

</div>

Overall, the literature was very consistent with the results from the personal interviews. Many of the themes in the literature such as occupational stressors, mental health and the importance of leisure, were mentioned throughout the interview process. However, I believe that the most important aspect of this whole study is to understand the importance of mental health needs among this profession. These firefighters see some horrible and gruesome things. Therefore, it is the duty of fire chiefs, deputy chiefs, CISD

trainers, and mental health providers whose specialty is PTSD to be aware of the

experiences, the challenges, and the stressors that are incorporated with this profession in

order for firefighters to be able to live longer and happier lives.

Implications for Social Work Practice

Social workers have a clientele of many different professions. However, for those

who work with PTSD victims, or in the case of this study, firefighters, police officers,

ambulance workers, or any other emergency medical personnel, it is crucial for the social

worker to step into the shoes of that person to really begin to understand their day to day

life. This will then help the social worker to work well with their client and be able to aid

them in conquering the psychological stressors of their job.

One significant way in which social workers can help these professionals is to ask

for their story as to why they became a firefighter. This will give significant information

about the values and beliefs of that person. The answer to this question will also lead the

social worker to which coping skills would be most useful for that firefighter. For

example, if a firefighter stated that he got into the fire services because of friends, then

successful coping skills for that person would be anything involving others; relationships

are important to this person. If a firefighter entered the field because of family, then it is

anything that involves family members will be the successful coping skills for that

person. Whatever reason why they entered the fire services, will be the key to what

coping skills could work for them.

One of the articles that I read for this study, discussed directly how mental health

workers can help firefighters and other emergency service workers. I am going to

reference this article because I feel as if the suggestions made on how to work with this

population are important and necessary for any mental health worker to read and utilize. Laurence Miller, 1995, discussed that some form of mental health services connection needs to be made with all departments, in this case, fire departments; whether it be a department clinical social worker, or an outsider, some sort of connection needs to be made for the sake of the employees. A department clinical worker Miller (1995) describes as being someone who is part of the department who is dually trained in mental health and fire suppression, or a mental health worker who is employed full time by the department (Blau, 1994; Silva 1991; as cited in Miller, 1995). The advantage of a department social worker is that he or she is thrown right into the mix of the firefighters, witnesses their immediate reactions, and can perform crisis work right then and there. An outside clinical social worker is one in who has a private practice and department heads refer their workers to that one particular social worker. The advantage to this is that the social worker is separate from the department which can eliminate any type of bias. However, either way, this is going to cost the fire department, or the emergency services budget a lot of money. It would be ideal to have some kind of connection but it may be way out of reach for many departments, especially those who can only employ a few full-time firefighters who only work days.

So what is the solution? The solution is that any mental health or social worker should be up to date with how to work with firefighters. Miller (1995) discusses the importance of humor, which was reported to be the number one used coping skill by the firefighters interviewed for this study. The therapeutic connection with a firefighter can be enhanced by engaging in the humor, because if a firefighter is able to use humor in the session, then the therapist knows that a connection has been made and therefore it may be

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time to really work with the trauma. Miller also mentioned that at the beginning of treatment, a therapist should address his or her client by their appropriate title, whether it be Chief, Deputy Chief, Officer, Captain, Lieutenant or Private, this provides a sense of respect for not only their client, but the profession in which has caused them to seek mental health services (1995). In terms of treatment for firefighters, Miller mentions the importance of have a goal-oriented treatment plan that can be followed and has a solution that can be reached within a timely manner (1995). Because firefighting is a cut and dry profession, meaning that there will always be an end to a call, there is always some sort of solution, even if the right decisions are not made and therefore, abiding by this theme of problem-solution, a firefighter may be able to get more out of the treatment.

Laurence Miller (1995) had some great ideas on how to work with emergency personnel that could easily be applied to social workers and firefighters. But in order for Miller's suggestions to be helpful, a social worker must be up to date on current events whether it be globally, nationally, or locally, because many firefighters are sent to respond to disasters in other areas of the country, such as Hurricane Katrina. Therefore, social workers may not just be working with the firefighter who helped save a mother and a child out of a burning house which can be read about in the local paper, but they may also be experiencing significant disasters that kill hundreds of people. Social workers must not get caught up in the theoretical frameworks and limit themselves to reading just about theory, but part of their responsibilities of working with emergency services personnel and firefighters, is that they must be up to date with all current events. If a firefighter were to walk into a social worker's office and say "wow that was a tough call last night with the little girl" and you have no idea what he or she is talking about, the

client may feel as if you are isolated from the outside world. Their belief that you can help them lessens and lessens.

It may also be helpful for a social worker who works in the area of a combination or a full time department, to contact the fire chief or police chief and offer his or her services with special incentives. This could include things such as reducing the hourly rate, offering a group rate, or offering to work out a deal with co-pays. This will better your chances of getting a firefighter into your office initially and help them understand that taking care of their mental health needs is part of self care.

There are many ways in which social workers can help firefighters. However, in order to successfully help a firefighter, the above suggestions should be taken into great consideration before taking on a client who is a member of the emergency services profession.

Recommendations for Future Research

This study only looked at male firefighters of a combination fire department. Future studies could include women or perform an isolated study just on women in the fire services to be able to compare occupational stressors, coping skills, and self care practices among the two populations.

I interviewed both full-time and on-call firefighters who were employed by a combination fire department. Future studies may want to look at only career or only on-call firefighters to be able to deepen our understanding about the difference between their job stressors, and how they work through their stress.

It would also be interesting to learn more about each department's progress towards the mental health utilization in their line of work, and the age of the fire chief's

on that department as well as how long they have been in the services. This will help us

to learn more about how a department views mental health in comparison to the age and

training of its leader. This recommendation for research was modified based upon one of

the participant's inquiries.

> …it would be interesting to know from a report side, lets say we were department x an you found out that we are very different from department y and z. I would be interested in the age range of department y and z compared to the age of the chief officer, how long he has been fire chief, is he someone we talked about before, is he set in his ways or is he more from this generation and I think what you will find is the ones who don't have new leadership, no new blood, no new progress of going forward… (Jay).

There is an endless list of recommendations for research for combination

department firefighters, rural firefighters, and how they are different from urban or city

firefighters. However, with the differences between combination and city fire

departments that have been noted previously in this paper, it may be more useful at this

time to look further at combination fire departments because there were only two studies

that were previously done on this population. More research is needed in order to

determine further generalizations of this population.

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Appendix A

HSR APPROVAL LETTER

March 10, 2009

Lisa Rudge

Dear Lisa,

Your revised materials have been reviewed. There are two small changes needed in your Consent. Please don't say "in partial fulfillment", say for your Thesis. Also, in the thank you, not "consider to be", say "consider being" or "consider participating in."

We would also suggest that you break the recruitment letter into paragraphs. A big chunk of writing like that is hard to take in.

Your materials are otherwise fine and we are glad to give final approval to your study. Please send a copy of your corrected Consent to Laurie Wyman for your permanent file.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.
Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Lee Whitman-Raymond, Research Advisor

APPENDIX B

INFORMED CONSENT

Dear Potential Research Participant

My name is Lisa Rudge and I am seeking participants for a confidential interview for my research study. I am looking for employees/members of a combination/rural fire department to learn more about occupational stress, self care, and coping strategies amongst this population. The study is being conducted for my thesis for the Master of Social Work degree at Smith College School for Social Work. The data collected may possibly be used for future presentations and publications.

You are being asked to participate in this study if (a) you identify as a male; (b) you are over the age of eighteen; (c) you can speak and read English fluently; (d) you are employed by a combination/rural fire department either as fulltime, part-time, per diem and/or on-call firefighter. As a subject in this study you will be asked to participate in an interview. The interview will last approximately 60-90 minutes. The interview will be audio recorded with your consent which I will be using to assist in ensuring accuracy of your statements. The interview will not be audio recorded if you do not wish it to be however, I will then be taking notes during the interview. You will be asked a few questions regarding demographic information and then you will be asked to answer questions pertaining to instances in which you have experienced stress as a firefighter, how you have dealt with stressful situations as a firefighter and ways in which you care for both your physical and mental needs both prior to and after experiencing a stressful situation as a firefighter.

Risks of participation in this study include possibly experiencing difficult or painful emotions when discussing stressful situations as part of the interview. In case you feel the need to seek services after engaging in the interview, I will provide you with a list of mental health resources.

You will receive no financial or material benefit from participating in this study. You will however benefit from knowing that the information that you provide during the interview will help future mental health providers better understand your profession and the situations that you experience so they can provide better services to their clients who may also be members of your profession.

Confidentiality will be maintained throughout the entire interview and reporting process. The guidelines used for confidentiality are consistent with both Federal and social work professional regulations. The materials used for this study will be kept for a maximum of a three year period unless I continue to use the research for future publication and/or presentation. The materials including the transcribed interviews will be kept in a locked file. After the three year mark, the materials will be destroyed in accordance with Federal and social work professional regulations. The audio tapes used for the transcription will be appropriately destroyed after the interviews have been transcribed. My advisor will be the only other person besides myself to have access to the transcribed interviews in which all names and locations will be disguised during the transcription. Your name and the department in which you are affiliated with will never be revealed during publication and/or presentation of the information. Any indentifying information will be disguised.

The study is completely voluntary. You have the right to request to end the interview at any time as well as refuse to answer any questions that you do not feel comfortable answering. If you decide to withdraw from the study, all the information and data collected will be kept secure until the three year mark at which time the data will be destroyed. You have until May 1, 2009 to withdraw your interview from the study. After that time, the information you provide will be used. If at any time after the interview you have questions or with to withdraw your interview, I may be contacted via email. If you have any concerns or questions regarding your rights as a participant, you may contact either myself at the above email address or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

Thank you for considering to be a participant in my research study. If you wish to participate in the study, please keep a copy of this consent form for your personal records.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

_____   _____
  SIGNATURE OF PARTICIPANT   SIGNATURE OF RESEARCHER

APPENDIC C

INTERVIEW GUIDE

Demographic Information
1. Participant age
2. Years of service to the department
3. Current ranking within the department (Department structure)
4. Employment Status
   a. Tell me about your role on the department
5. Level of Training
   a. What made you decide to become a part of the department and what steps did you have to take in order to become a member/employee?
6. Full Time Profession
   a. How do your family/friends and community view your decision to be a part of the department?
   b. How does your role on the department impact your day to day life?

Interview Questions
Occupational Stressors
1. Tell me about the stressors involved with your department.
2. What type of call do you particularly not enjoy being involved in?
3. What situations have you been involved in that you have vivid memories of to this day?
4. Are there any calls that you have been on that may have put yourself or your co-workers at serious danger?
5. Have you even been physically hurt on a call?
   a. If so, how did you and your department deal with the injury?
Self Care Practices
1. Tell me about the type of support system that you have and how you use the people involved in your support system? In what ways is the support system either useful or not useful?
2. What do you do after a stressful call? Does it help? How?
3. Is there a particular way that you de-stress from a call? Is it helpful? How?
4. Is there anything that you are not allowed to do after a call either an unspoken rule amongst the fire fighters themselves, or as a protocol of the department? What would happen if you engaged in the activity?
Adaptable Coping Skills
1. How do you de-stress from a tough call?
2. In what ways do your colleagues de-stress? Would their de-stressing techniques be effective for you?
3. If you could change the way in which you recover from stress? What would you replace it with and why?

APPENDIX D

DSM IV TR CRITERIA FOR PTSD DIAGNOSIS

A. A person has to be exposed to a traumatic event in which both of the following were present:

    a. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

    b. the person's response involved intense fear, helplessness, or horror.

B. The traumatic event is persistently experienced in one or more of the following:

    a. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.

    b. Recurrent distressing dreams of the event.

    c. Acting or feeling as if the traumatic event were recurring (includes the sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).

    d. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

    e. Psychological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following

    a. Efforts to avoid thoughts, feelings, or conversations associated with the trauma

    b. Efforts to avoid activities, places, or people that arouse recollections of the trauma

    c. Inability to recall a certain aspect of the trauma

    d. Markedly diminished interest or participation in significant activities

    e. Feeling of detachment or estrangement from others

    f.   Restricted range of affect (e.g., unable to have loving feelings)

    g.   Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:

    a.   Difficulty falling or staying asleep

    b.   Irritability or outbursts of anger

    c.   Difficulty concentrating

    d.   Hypervigilance

    e.   Exaggerated startle response

E. Duration of the disturbance (symptoms B, C, and D) is more than 1 month

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.