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Firefighters' Views Associated with Mental Health Counseling

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
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Abstract

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Abstract

Decades of research show that firefighters' trauma-filled tasks and work environments are associated with decreases in the quality of their everyday lives. Firefighters experience trauma on a regular basis which is leading to mental health issues contributing to work and non-work-related issues. Since stigma is present toward mental health counseling, firefighters are not always seeking the help they need. Through qualitative research, the purpose of the study was to explore thoughts and views of experienced, male firefighters to establish ways of improving their life quality. Semi structured interviews were used to gather data from nine participants regarding their views on stigma related to seeking mental health therapy. To generate trustworthy results, thematic analysis was used to identify codes and search for themes. Results revealed a unanimous thought process that counseling is needed for firefighters who are struggling, to increase their mental wellness and decrease the rising numbers of suicides. The most controversial topic was having counseling as a mandatory part of the job. This study showed that younger generations are experiencing an openness to receiving help with their mental health, although they recognized stigma still exists. It is possible to use these findings, along with further research, to create wellness programs that are effective and continue decreasing the stigma of counseling to result in firefighters having an overall better quality of life.

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Dedication

This study is dedicated to all firefighters, police officers, EMTs, and other first responders that show up for people who are having their worst days.

Acknowledgments

I would like to acknowledge and show appreciation to my husband, Fredo Zayas; my parents, Joseph and Diane Ridgway; my siblings, Bill Ridgway and Gretchen Bakhshai, my friends; Officer Christopher Dubler, Captain Gregory Askensteadt, and Fire Chief, Mark Rigberg; and finally, to all the faculty at Walden University who helped me through this process; Dr. Leslie Barnes-Young, Dr. Valerie Worthington, and Greg Murphy.

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Chapter 1: Introduction to the Study

Firefighters have been known to experience higher levels of stress in their work environments compared to other professionals (Isaac et al., 2021), yet it is not a requirement that they seek mental health counseling. Stress firefighters have been faced with are associated with significant physical and mental health concerns, as well as disruptions to their personal lives and relationships (Patterson et al., 2018; Sawhney et al., 2018). For example, among firefighters, statistics show high rates of divorce, suicide, risk of substance and alcohol abuse, disrupted sleep schedules associated with more ailments, and the development of mental illnesses such as depression, post-traumatic stress disorder, and anxiety (Torres et al., 2016). This is a population consisting of people who care for others by showing up at traumatic times to keep them alive and get them to safety.

Most firefighters do not seek assistance when it comes to their mental health (Isaac et al., 2021). One of the reasons firefighters may not seek assistance is because of a workplace culture that has historically been a macho one, celebrating heroism, risk-taking, courage, fearlessness, physicality, and bodily and emotional strength, which is falsely equated with hiding emotions (Baignent, 2016; Yang et al., 2007). Baigent (2016) talked about his own experience as a firefighter when it was a male only industry, admitting that even he had to get used to the masculine culture. Some examples he gave of overwhelming expectations regarding masculinity included relentless teasing about nothing in particular, the belief that one had to be "tough enough," brushing off talk

about emotions, perpetuating beliefs that women were incapable of the job because they lacked physical strength, and male bonding, which was viewed as necessary to the job (Baigent 2016, p. 176). Firefighters have reported that they believe emotional strength is simply continuing to move forward without any reflection or processing of emotions, as if showing emotions is a sign of weakness (Baigent, 2016). If firefighters are not at their best, they risk not being able to perform their job which could lead to damaging, if not fatal incidents, not to mention the personal toll on the firefighters themselves.

The purpose of this study was to explore how firefighters view the stigma associated with seeking mental health services and how to reduce it. Results revealed thoughts and beliefs of firefighters that are helpful to their mental health and that could be utilized in future wellness programs. Changes need to be made for firefighters to live better quality lives. The study collected and presented data which provided hope to motivate and inspire change within the profession.

This chapter provides an overview of the study. It will begin with the background of the study, problem statement, and purpose of this research. Next, the research questions will be stated as well as the study methodology. A model of stigmatization will be described in detail to provide a framework for this research. The nature of the study will include a rationale for the study design, define key concepts, and summarize the methodology, including from whom and how data are collected and analyzed. Next, definitions, assumptions, and the scope of the study will be addressed. Finally, the limitations, significance, and a summary of the study will conclude the chapter.

Background

Historically, stigma toward mental health counseling has prevented firefighters from seeking emotional help, despite the fact that research shows they can benefit from it, especially via early intervention and prevention (Deppa, 2015). Firefighter culture is unique among professions due to the anticipated stress and stigma, yet minimal efforts are made to prevent the impact of that stress (Johnson et al., 2020). For instance, workers anticipated stigma with seeking therapy even though certain therapeutic approaches such as mindfulness, work-recovery strategies, critical incident stress strategies, and peer support were shown to be effective in helping firefighters handle the inevitable stress (Deppa, 2015). Today, many approaches to mental health and wellness focus on treatment once impairment has already occurred, instead of wellness focused on prevention (Deppa, 2015). Foa (2010) Psychological debriefing and cognitive behavioral therapy are two examples of effective prevention methods (Foa, 2010)

Mental health awareness continues to grow throughout the world, especially since social media has increasingly become a part of people's everyday lives (Patterson et al., 2017). With the increase in open discussion of mental health in the last 10 years, in general, it seemed necessary and helpful to learn firefighters' views of mental health counseling now in order to provide support that is more desirable and effective. Even though there is much existing literature about firefighters and their work-related issues, what seemed to be overlooked was the stigma associated with mental health treatment today (McKenna, 2018). Halpern et al. (2009) and Isaac et al. (2021) explained there

have not been many studies that effectively described and proposed ways to meet the needs of firefighters, leaving a gap in the literature, and that listening to the firefighters themselves should be a valuable starting point to conduct studies to help understand why it is common for firefighters to "suffer in silence" (p. 349). There is a need for continued research into the interventions of mental health counseling for firefighters since there continues to be a gap in help-seeking behaviors due to stigma (Isaac et al., 2021; Jang et al., 2020).

Problem Statement

Researchers have spent decades studying how firefighters cope with professional and personal problems all stemming from their place of work (McKenna, 2017); O'Halloran, 2015). These problems included the development of mental disorders, risk for suicide, and falling into the stigma that they need to be "tough" which likely deters them from seeking support. Without support, firefighters are put at higher risk for functioning less effectively at their job, which can put people in crisis at even more risk (McKenna, 2017).

The job of firefighting is inseparable from stress. Current research demonstrated that firefighters are prone to extreme trauma such as injury, exposure to hazardous materials, death of victims or coworkers, related to a plethora of other issues including lack of sleep, relationship issues, fear, and PTSD, all of which have an impact on physical and emotional health (Isaac et al., 2021; Sawhney et al.,2020). Wellness strategies that firefighters deemed helpful to their mental health included vacations,

weekends, relaxation, psychological detachment, and self-compassion (Kaurin et al., 2018; Sawhney et al., 2020). Still, counseling is not mandatory (Kaurin et al., 2018). This study will provide more information from firefighters regarding what they believe is helpful to their own mental health, which contributes to filling the gap in literature on the stigma toward receiving mental health counseling among firefighters.

Purpose of the Study

The purpose of this qualitative study is twofold. First, the study explored experienced male firefighters' views of stigma associated with seeking therapy. Second, the study explored firefighters' views on mandatory counseling as a form of prevention and early intervention. If prevention and early intervention were mandatory, there is a chance there could be a decrease in the stigma associated with counseling. The exploration informed methods for improving the quality of firefighters' lives by working toward counseling being a requirement for this occupation.

Research Questions

The research addressed the following research questions:

RQ 1: What are firefighters' views of the stigma associated with seeking mental health therapy?

RQ 2: What are firefighters' views of mandatory mental health therapy for firefighters?

Conceptual Framework

The lens through which to view this research is Link and Phelan's (2015) model

of stigmatization. Rüsch et al. (2005) discussed how Link and Phelan's stigmatization model encompasses a sociological point of view, integrating particular components that are interconnected. Specific components involved are stigma and its relationship to gender, social interaction, and a variety of different populations (Phelan et al., 2015), all of which can be found in this study. Although there is no universal definition of stigma, there are common, interrelated components that result in the development of stigma such as labeling, stereotyping, separation, status loss, and discrimination (Yang et al., 2007). This model parallels that of Corrigan et al. (2017), whose work also focused on the social aspect of stigma, especially the role of power in particular groups (Yang et al., 2007).

Link and Phelan's model extended further than Corrigan's model by integrating two key social cognitive models; self- and public stigma (1997; as cited in Rüsch et al., 2005). Self-stigma refers to "the reactions of individuals who belong to a stigmatized group and turn the stigmatizing attitudes against themselves" (Rüsch et al., 2005, p. 530). As an example, a firefighter could have thoughts and feelings about seeking therapy but then end up having a prejudgment toward himself such as telling himself he is weak for having those thoughts and feelings. Public stigma refers to "comprised reactions of the general public towards a group based on stigma about that group" (Rüsch et al., 2005, p. 530). For example, the firefighter who is having thoughts and feelings about seeking therapy could hesitate to follow through because he does not want others viewing him as weak or possibly mentally ill. Looking at this research study through an integrated model such as Link and Phelan's allowed a better understanding of the stigma firefighters

experience regarding mental health counseling. Further, the introduction of mandatory wellness programs for firefighters has the potential to positively impact firefighters by assisting with the feeling that therapy can be sought while maintaining social acceptance, a phenomenon that is both relevant to the self, and to the public eye.

Nature of the Study

The nature of this study is qualitative. Qualitative research is the use of a systematic manner of inquiring about something and learning more about it than was previously known (Merriam & Tisdell, 2015). By taking a general qualitative approach, the research questions were addressed in a way that provided insight into the problems of personal and professional issues stemming from the workplace among firefighters. Using a qualitative approach helped to gain a deeper understanding of the phenomenon because I was able to use open-ended questions, allowing for unprompted answers.

I used interview questions, observations during interviews, and documentation written during the interviews, followed by necessary follow-up questions for clarification. Extant literature was used to help formulate the interview questions. Ravitch and Carl (2016) described interviews as a mainstay of qualitative data collection for research because they provide "deep, rich, individualized, and contextualized data" (p.146). The gathered data were analyzed by identifying patterns and themes to gain a better understanding of the expressed thoughts (Merriam & Tisdell, 2015).

Definitions

Definitions of key terms used throughout the study are provided in this section to

clarify their context.

Firefighters: For the purpose of this study, firefighters are men who have been employed to extinguish fires as a full-time job for at least 3 years.

Mandatory mental health counseling: Mandatory mental health counseling refers to firefighters who are required to receive counseling services while serving under any fire department.

Prevention: Prevention refers to receiving mandatory counseling that is a requirement for all firefighters beginning employment to allow for immediate intervention for inevitable trauma.

Stigma: Phelan et al. (2015) defined stigma as an extremely discrediting attribute that results in the loss of status and social rejection.

Assumptions

Assumptions as comments thought to be factual in order to construct a theory in which statistical results are needed to deem such comments accurate (Vogt, 2005). For this study, one assumption was that the participants provided thorough, honest answers to the interview questions (Minson et al., 2018). This was addressed by the way questions were phrased. The content of a reply can be affected by the most subtle changes in how questions are worded (Minson et al., 2018). This led to a second assumption that answers would reflect personal prejudices, values, and biases since the answers were subjective (Varpio et al., 2021). Another assumption was that the participants were representative samples of fire departments across the country. A fourth assumption was that participants

would have had negative and positive views to share regarding their thoughts on mental health counseling. A fifth assumption is that that this study's findings would contribute to positive social change. The reason these assumptions were necessary for this study is for the process of identifying reoccurring themes and patterns.

Scope and Delimitations

The research problem addressed in this study is that firefighters experience a lower quality of life than that of the average worker. It is important to look into what firefighters think about seeking therapy since it is not mandatory, regardless of the evidence suggesting therapy leads to mental health improvement. This study also addressed the existing stigma that acts as a barrier to seeking mental health assistance. This study in only included only male firefighters who were actively employed and had been full-time for at least 6 years. It did not include female, part-time, or volunteer firefighters. The reason for focus on the male gender is because mental health stigma lies more heavily with this gender (Rochlen et al., 2005). Due to the focus of the study, the results showed to be useful to those who play authoritative roles in fire departments or play a role in creating wellness plans for those departments.

Limitations

There were several potential limitations and challenges associated with this research. First, interviews can be considered similar to questionnaires in that they are self-reporting and therefore subjective. Participants' answers could be exaggerated or altered if they happen to be embarrassed, lack self-awareness, or desire to say what they

think the interviewer wants to hear. These alterations in answers would compromise the trustworthiness of the responses (Lucas, 2018). Another limitation, often seen in qualitative research, is generalizability, which refers to taking results of a small sample and applying the same outcome to wider populations (Polit et al., 2010). The results of this study are not generalizable but may represent a starting point for further research on mental health treatment among firefighters. Another limitation is that this study did not address how female firefighters view stigma or the possibility of mandatory counseling. Another barrier to this study is that it was being conducted during a global pandemic where a highly contagious, deadly virus has caused a more isolated way of living. For this reason, it could have been more difficult to find participants willing to talk in person and prefer video conferences for the interviews. Measures to address such limitations included preparing appropriate interview questions while allowing flexibility if follow-up questions to answers are needed, avoiding generalization, and abiding by Covid-19 regulations as dictated by the state to maintain participants safety and comfortability.

Significance

This study contributed to the identified gap in research through the exploration of male firefighters' thoughts and beliefs of the perceived stigma associated with seeking therapy, as well as their thoughts about mandatory counseling. The results could influence the development of successful, mandatory wellness programs that provide counseling tactics from which firefighters benefit. As previously mentioned, few wellness programs to assist firefighters have been effective in helping them succeed in combatting

the development of mental health problems to enjoy a better quality of life (O'Halloran, 2015). Mandatory counseling could decrease stigma associated with counseling because it would eliminate the need for people to admit to a problem. In addition, the findings revealed could help support whether mandatory counseling and/or wellness programs could help reduce the stigma even further. Development of new and creative initiatives to implement counseling have demonstrated progress in getting firefighters involved in self-care, including therapy (Rochlen and Hoyer, 2005). Lastly, the results revealed that there could be value in mandatory counseling on a broader social scale. For example, it may impact the benefits of mandatory counseling in other related jobs such as emergency medical technicians, police officers, or correctional officers. Overall, the results from this study could contribute to positive social change by helping to reduce the development and improve the management of mental disorders among firefighters while they cope with inevitable traumatic events, as well as gaining insight to different ways of approaching therapy for firefighters to have them gain a better quality of life. Secondly, results from this study could contribute by shedding light on how best to get firefighters the mental health care they need to help improve their professional performance and quality of life, in a way that takes their beliefs and expectations about masculinity into account.

Summary

This general qualitative study was conducted to understand firefighters' views on stigma associated with mental health therapy and mandatory therapy in the same

geographical location. The introduction described the problem statement, research questions, nature, purpose, significance, and limitations of the study. Chapter 2 will provide an in-depth analysis of current literature focused on the mental health of firefighters, what causes this population to have a lower quality of life, and gaps in research.

Chapter 2: Literature Review

Research has shown that too many firefighters hold a stigma toward the idea of mental health counseling (Carpenter et al., 2020). In addition, although there are resources for firefighters to use, counseling is not mandatory (Sawhney et al., 2018). However, there continues to be a gap in literature on understanding help-seeking behaviors for firefighters due to stigma (Isaac et al., 2021; Jang et al., 2020). A continuation of research could help with providing mental health resources that may decrease stigmatization (Carpenter et al., 2020). Chapter 2 is organized according to the following sections: literature search strategy, themes found within the literature, and analyses of current literature that focus on the mental wellness of firefighters. The chapter ends with a summary.

Literature Search Strategy

There were several strategies used to research the literature. Such strategies included databases with dissertations and peer-reviewed articles using Google Scholar, Psych INFO, and EBSCO Host. The most common keywords used to search the databases included *firefighters, emergency medical technicians (EMTs), mental health disorders, suicide, posttraumatic-stress disorder (PTSD), depression, stigma, social media, masculinity, firefighter culture, quality of life, and counseling.* Sources used to attain the necessary information included Walden University's library, Google Scholar, Research Gate, and the Journal of Educational and Behavioral Statistics. The keywords used in combination included *firefighters and mental health, firefighters and seeking*

counseling, quality of life and firefighters, EMT and mental illnesses, firefighters and gender or masculine culture, and *firefighters and social media or stigma.* Articles were mainly published within the last 5 years, aside from those on theory and male firefighting culture which tend to have earlier dates.

Conceptual Framework

Link and Phelan's (1997) model of stigmatization is the lens from which I view this study. Rüsch et al. (2005) discussed how Link and Phelan's stigmatization model encompasses a sociological point of view, integrating particular components that are interconnected. Such components involved are stigma and its relationship to gender, social interaction, and a variety of different populations, all of which can be found in this study (Phelan et al., 2015). As a reminder, Link and Phelan's model of stigmatization described that stigma occurs when the combination of labeling, status loss, separation from "us" and "them," and associating people's differences in a negative way all happen at the same time.

Although Yang et al. (2007) emphasized that there is no universal definition of stigma, there are consistent components that result in the development of stigma. These components were described in Link and Phelan's model as labeling, stereotyping, separation, status loss, and discrimination (Yang et al., 2007). Link and Phelan's model of stigma parallels Corrigan et al.'s (2017) because their work also focused on the social aspect of stigma, especially the role of power in particular groups (Yang et al., 2007).

However, Link and Phelan's model provided more information than Corrigan's

model by integrating two key social cognitive models; self and public stigma (Rüsch et al., 2005). Self-stigma referred to people's responses to stigmatized individuals who turn their bias thoughts and beliefs inward (Rüsch et al., 2005). For example, a male firefighter could have thoughts and feelings about seeking therapy but then have a prejudgment toward himself such as telling himself he is weak for having those thoughts and feelings. Public stigma referred to responses of community toward a stigmatized group (Rüsch et al., 2005). For example, a male firefighter having thoughts and feelings about seeking therapy could hesitate to follow through because he does not want others viewing him as weak or possibly mentally ill. Looking at this research study through an integrated model such as Link and Phelan's (2015) will allow for a better understanding of the stigma firefighters experience, specific to mental health counseling. This will be accomplished by hearing their thoughts and feelings as a professional licensed counselor while understanding the theories' different views of stigmatization as part of the interview process.

Similar models further, Smith (2010, as cited in Meisenbach & Hutchins, 2020) defined stigmatization as images of people with disgrace who were discredited in the eyes of the public and named it stigma communication theory (SCT). Meisenbach and Hutchins (2020) paralleled Smith's concept of stigma in that a main component was judgment from those in the community. Link and Phelan's stigmatization theory, SCT, and Corrigan's model of stigmatization all focused on the negative views and perceptions of others. Although there are strong similarities between the three theories, there are

noted differences. For example, Link and Phelan's (1997) model claimed stigmatization is something one may have against themselves. Another difference is that Meisenbach and Hutchins (2020) claimed that the negative images the public may have toward others are highly dependent upon the context of people's perceptions, including stigma against oneself. Taken together, these concepts of stigma support the current framework.

Previous studies using the model research have been conducted that demonstrates the usefulness of Link and Phelan's (1997) model of stigmatization. For example, Zolnikov et al. (2021) examined first responders' experiences with the Covid-19 pandemic and found that stigma resulted in social withdrawal from friends and family, which increased first responders' feelings of isolation, anxiety, and sadness, as well as a lack of motivation to seek treatment.

Zolnikov et al. (2021) utilized Link and Phelan's (1997) stigmatization model theory in their own study with the rationale that stigmatization included several problematic components and negative outcomes for each individual that impact mental health at work and at home. In other words, stigma often prevents many people from seeking the help they need. Zolnikov et al. (2021) were thorough with their research. It was an original study that focused on the impact of stigma on any pandemic. Although the findings were not generalizable, the themes identified did align with similar effects of what is known about stigma. In addition, the study aligned with this study as it suggested future research should aim to learn more about stigma from individuals who experience it firsthand. The alignment signifies that Link and Phelan's theory was useful.

Link and Phelan's (1997) model on stigma theory was used in the aforementioned studies, as well as this study, in several ways. One similarity is that all three focused on a population of first responders who encounter crises most days during work, with a result of having an increased risk of stigmatization. Another similarity was the aim of identifying participants' experiences. Zolnikov et al.'s (2021) study and this study demonstrated a similarity in that significant harm can develop from experiencing stigma because it is stopping workers from seeking help for their mental health, hindering a better quality of life. Understanding firefighters' views of stigma will allow possible proposals on how to alter such negative perceptions on seeking mental health counseling as new knowledge informs them.

Bracke et al. (2019) also conducted a study that utilized Link and Phelan's theory of stigmatization while focusing on stigma when using counseling services, with a distinction between beliefs of stigma on an individual and cultural level (Bracke et al., 2019). Based on Link and Phelan's (1997) idea that there was fear of judgement from others, Bracke et al. (2019) hypothesized that individual and cultural beliefs of stigma would affect the process of seeking mental health treatment. The methodology included the collection of data from public surveys across 28 countries in Europe ($n = 24,881$), followed by an unspecified number of phone interviews (Bracke et al., 2019). Results supported the hypothesis that people, whether individually or culturally, were reluctant to see mental health counseling because of a perceived stigma (Bracke et al., 2019).

Bracke et al. (2019) intended to assess people's core beliefs about stigma toward a

culture and toward individuals as opposed to other studies that focused on just one or the other, such as Link and Phelan's model (1997; as cited in Rüsch et al., 2005). This is important to assess because people and cultures who carry a stigma can be viewed as difficult to communicate with, deeply flawed, and even dangerous. As Bracke et al. (2019) explained, when a person or culture is looked upon in such negative ways, isolation tends to occur naturally and comes with detrimental impacts. A rationale for this assumption is that the lack of communication with others and fear of what people may think if one were to seek counseling, directly impacts the increase of negative mental health symptoms, therefore, decreasing the quality of life. Isolation from society because of stigma is relevant to how it relates to this study.

Bracke et al. (2019) applied Link and Phelan's (1997; as cited in Rüsch et al., 2005) stigmatization model theory to their research with the rationale that seeking help through counseling was hindered by cultural and personal fear of being looked upon as devalued. In the current study, the theory of stigmatization would suggest that firefighters do not seek help to avoid being seen as weak or less than. Similarities were seen in how the lack of seeking therapy can lead to symptoms of depression, a decrease in self-esteem, and an increase in perceived self and cultural stigma. Zolnikov et al.'s (2021) and Bracke et al.'s (2019) studies paralleled the assumption of this study that stigma continues to be a barrier for firefighters.

Literature Review Related to Key Variables and Concepts

Discussed is resin the following sections is research related to the variables and

concepts addressed in this study. Researchers have suggested there is not enough research regarding thoughts and feelings of firefighters based on the same reasons for the research, which is breaking through a male-dominated, "tough" culture (Isaac et al. 2021; Perrott et al., 2019; Reid et al, 2018). Researchers also revealed why life as a firefighter is of lesser quality than the general population, along with the dynamics of stigmatization and seeking mental health therapy (Duran et al., 2018; Jang et al., 2020; Nazari et al., 2020).

Life as a Firefighter

Firefighters engage in high-stress tasks in the workforce that have lasting effects that intrude into their personal lives, lessening their quality of life. Jang et al. (2020) explained that firefighters' responsibilities expanded into more than one area including first aid, rescue, life safety, fire prevention, and being present for vehicle accidents, all of which could be a contributor to higher levels of stress and mental health disorders. High stress and additional responsibilities can lead to difficulty in compartmentalizing or coping with large-scale incidents so non-work life is impacted by those memories, experiences, and lack of sleep.

Jang et al. (2020) conducted a survey through a questionnaire with 206 firefighters investigating the effect of mental health on the quality of life in two different socioeconomic classes: poor living environments, referred to in the study as promotional growth areas, and working areas. It was hypothesized that there would be a significant correlation between the quality of life and mental health factors based on the two different areas. They administered the Beck Depression Inventory (BDI), Psychosocial

Well-being Index (PWI-SF), Korean Occupational Stress Scale (KOSS), and World

Health Organization Quality of Life Scale (WHOQO-BREF) to determine depression,

sociopsychological health stress, occupational stress, and quality of life. Results showed

significant differences ($p < 0.05$, $p = .003$) in mental health domains among the working

and promotional growth areas. The tests showed higher rates of negative symptoms in

firefighters employed in the working areas than the promotion areas. This showed a need

to provide mental health services based on region. Research also showed that 90% of the

206 participants expressed their awareness of working under high levels of stress.

Amongst all domains, quality of life and working area were positively correlated with

each other, especially between occupational stress and quality of life. Jang et al. (2020)

concluded that it could be considered necessary to manage services for those with

sociopsychological health stress to improve the quality of firefighters' lives.

Jang et al. (2020) assessed how mental health was affected among firefighters

from poor and working-class areas. The research was significant as it related and

contributed to existing literature regarding the low quality of life that firefighters

experience. The low quality of life firefighters has reported, reflect higher rates of

developing mental illnesses, suicide risk, divorce rates, mood fluctuation, and lack of

sleep along with the ailments that come along with lack of sleep. The sample size was

sufficient with 206 participants in total from two different areas. It would be beneficial

for future research to expand these methods to additional geographical areas, which

would be possible considering the study is replicable. A limitation to the study was that

circumstances in participants' personal lives were not taken into consideration in the questionnaire. Future research could be beneficial by asking firefighters additional questions to find out more about their experiences, such as whether they had personal trauma or other areas of their life negatively impacting them, unrelated to work. Jang et al. (2020) were thorough as they depicted how life quality of firefighters was impacted by where they live. Researchers (Duran et al., 2018) from a second article looked into the experiences of firefighters at work contributing to the quality of their lives.

Duran et al. (2018) conducted a study to assess life as a firefighter through exploring their experiences and beliefs about psychological contracts between themselves and their employers. Psychological contracts are expectations of what a job provides and what employers expect. Some examples of what employees expect their jobs to provide could be safe equipment, recognition for efforts, growth potential, timely paychecks, and safety protocols. Some examples of what employers expect from workers could be employees who are team players, protect core values of the department, perform duties, keep workstations clean, and to remain loyal. It was hypothesized that psychological contracts, if not met, negatively impacted firefighters' attitudes toward the workplace. The social exchange theory was used to conceptualize psychological contracts, which explained a balance between mutual understandings of performance by each party with consequences to follow when there is failure to meet such expectations (Duran et al., 2018). The aim of this qualitative research was to explore how the psychological contract impacted firefighters' stress and wellbeing.

The methodology included individual, semi structured interviews with nine full-time firefighters (Duran et al., 2018). A framework analysis was used as a systematic approach to code the transcribed interviews for the development of themes. Motives, mutual obligations, stressors and their effects, moderators, and retention factors were the five themes identified. Stressors and their effects revealed the pressure firefighters felt. They expressed that time pressure, lack of sleep, high-risk tasks, time-sensitive decision-making, excessive workloads, department politics, lack of training and communication, and exposure to trauma lead to feelings of anxiety, depression, depersonalization, post-traumatic stress, burnout, and suicide.

The interviews revealed perceived infringements in firefighters' psychological contracts with their employers, creating further damage to their mental health as added stressors. Interviews also revealed valid complaints of their job negatively impacting their physical and mental health. An example of how this information was used to help firefighters was provided as creating a balanced schedule, having their expectations met, and having a safe place provided to discuss new patterns of wellness to be adopted. This would help them focus on their personal lives and not just living around the confines of the workplace. Based on researchers' findings, Duran et al. (2018) supported the social exchange theory claiming action should be taken to allow firefighters to feel there is less breaching of their psychological contracts.

Duran et al. (2018) discussed that the gap identified in literature was that psychological contracts being analyzed in many occupations but not in emergency

services. The aim of their study was to explore the well-being of firefighters, related to their beliefs about psychological contracts with their employers. The theoretical framework was appropriate and adequate in the study. One limitation was that the sample size was small so the study they did not reach saturation. Another limitation was that the researchers (Duran et al., 2018) looked only at the psychological contract from the employees' sides and not the employers' perspectives. Lastly, the study only focused on departments in the same town, so the findings are not generalizable.

Another article pertaining to life as a firefighter is Nazari et al.'s (2019) study on firefighters' exposure to critical incidents. The purpose was to estimate how often critical incidents occurred and to see if those incidents correlated with age, gender, or years of experience of firefighters. The methodology included the recruitment of 390 firefighters who took a critical incident inventory (CCI) questionnaire to determine their experiences being exposed to crises. Researchers (Nazari et al., 2019) used a multivariate regression analysis to evaluate the data. In addition, they used previous studies and conducted a meta-analysis to gain a better estimate of prevalence on critical incident exposure. Results revealed 90% of firefighters had responded to incidents with at least two deaths and 81% responded to incidents with severe, multiple injuries. Out of four separate studies and 1877 firefighters, there was an estimate of 95% prevalence for exposure to critical incidents. The last of the results showed that age, gender, and years of experience had little to do with critical incident exposure at only 37.4%.

Nazari et al. (2019) defined critical incidents as traumatic events that were abrupt,

overwhelming, and beyond the average person's coping capability that led to serious, negative mental health effects. Authors claimed that their study was consistent with others in that results determined no matter what age, gender, or years of experience, the likelihood of a firefighter not experiencing critical incidents during work is almost non-existent. Researchers suggested future research should focus on the impact of such common exposure to critical incidents in longitudinal studies.

Nazari et al. (2019) conducted a study that focused on the prevalence of exposure to critical incidents that firefighters experience. This is important to learn since understanding the daily life of a firefighter is valuable for gathering information to help minimize the risk of developing mental health illnesses through interventions and prevention. One of the strengths of this study is the large sample size of 390 firefighters who stretched across 150 cities in Canada with results like other studies that were done around the world. This helps support the generalizability of this study.

Nazari et al. (2019) aimed to estimate the prevalence of critical incidents to which firefighters are exposed. Even though there are limited studies, existing literature has shown that the life of a firefighter is filled with trauma, stress, and uncertainty of what they will endure each shift. The authors did not identify a theoretical framework and only identified one limitation which was that they were unable to incorporate the original number of participants, which was 464, because some were off duty the days of the study, which they guessed would have caused an even higher number of exposures to critical incidents Nazari et al. (2019). Another limitation, which was not mentioned, is that the

questionnaire was self-administered. Self-administered tests often hold bias and inaccurate perceptions, likely to have been part of the firefighters' answers. The study was written in detail with scientifically backed questionnaires, which suggests the study is replicable. Upon further research, a life in the day of a firefighter is consistent with critical incidents on a regular basis.

Overall, life as a firefighter comes with many stressors that decrease the quality of daily living and continue to worsen. Daily tasks have gone from putting out fires, fire prevention, and safety to responsibilities of all emergency services, vehicle accidents, and first aid, all of which come with a sense of urgency with little to no notice (Jang et al., 2020). Additional daily responsibilities included shift work, excessive workloads that disrupt sleep, fast decision-making for life and death situations, observation of death or injury to victims or coworkers, politics in the workplace, and exposure to hazardous material (Duran et al., 2018). Feeling the effects of stigmatization had negative impacts on firefighters' well-being that complicated their lives Nazari et al., 2019). All studies revealed numerous and vast tasks in the work field that impact their daily life in negative ways (Duran et al., 2018; Jang et al., 2020; Nazari et al., 2019). The following studies continued with the same ideas of life as a firefighter but focus more on the physical and mental stress such daily work tasks can produce, which are indicative of relative quality of life (Jang et al., 2017; Ranney et al., 2020; Rodrigues et al., 2018; Stanley et al., 2018).

Physical and Mental Wellness

Evidence has confirmed that physical ailments lead to mental ailments, and vice

versa (Ranney et al., 2020). For instance, Cardiovascular issues can act as a mediator between mental health risk factors, specifically anxiety sensitivity (AS) and distress tolerance (DT), and psychiatric symptoms, specifically PTSD and depression (Ranney et al., 2020). It was hypothesized that firefighters with a high risk of cardiovascular issues would exhibit a stronger correlation between AS and DT with depression symptoms, and AS and DT with PTSD symptoms. A second purpose was to investigate whether the relationships between AS and DT with PTSD and depression would be mediated by cardiovascular issues. The methodology of the study included providing questionnaires to 836 firefighters, with a mean age of 38 years, who have been exposed to trauma and considered high risk in cardiovascular issues within the last two years. The questionnaires measured for PTSD and depression using the DSM-5 checklist, AS using the ASI-3, and DT using the DTS. The data was analyzed using a two-step structural equation model. Results demonstrated that higher levels of AS and lower levels of DT were connected to those with higher symptoms of PTSD and depression. Regarding the researcher's second aim, cardiovascular issues did act as a moderator but only with AS and PTSD demonstrating that higher AS was associated with more severe PTSD symptoms.

Ranney's et al. (2020) study contributed to existing research showing high cause and effect between physical and mental health, but it is the first to evaluate the role of cardiovascular risk within the AS and DT on depression and PTSD. It was suggested that future work should focus on further clarification of why cardiovascular treatment may be necessary for the improvement of firefighters' mental health. It was also suggested that

future research target cardiovascular disease instead of just risk factors. Practice implications could focus on physical health factors of heart issues such as discomfort, lower levels of activity, or avoidance, which could be increasing levels of anxiety and depression.

Ranney et al. (2020) conducted a thorough, comprehensive study that aimed to increase awareness of the importance physical health has on mental health. This is relevant because firefighters are already at high risk for developing mental health issues and it could be helpful to know that job related physical ailments contribute to mental health. The study used a two-step structural equation model to assess the relationships between cardiovascular risk within the AS and DT on depression and PTSD. The two-step structural equation model was appropriate for it assessed and analyzed relationships between several variables. The study had a clearly focused research question which was whether cardiovascular risk would act as a moderator between AS and DT and PTSD and depression. Although the study was thorough with an effective analysis method and a clear focus, it was not without limitations. A limitation of this study was that questionnaires for self-reported making it subjective in nature. Another limitation was that the researchers did not use diverse group of participants since the majority were white, male firefighters.

Ranney et al. (2020) constructed a two-step structural equation model which assessed the relationships between cardiovascular risk within the AS and DT on depression and PTSD. It is an ethically sound study considering the vulnerable

population and is focused on a supported outcome on physical health contributing to negative mental health. Despite the strength of the study, it was not without limitations. However, the study acknowledged the limitations and made recommendations for future studies.

Continuing with the theme of focusing on mental wellness of firefighters, Stanley et al. (2018) utilized the depression-distress amplification model of suicidal behavior as their theoretical framework to research mental illness and suicide. The researchers used this model to test their hypothesis of suicide risk having the ability to be predicted with certain interactions between symptoms of depression and anxiety sensitivity (AS). The methodology of the study involved an online survey measuring stress and mental health. The questionnaire was answered by 831 firefighters, using the ASI-3 for sensitivities of anxiety, the CES-D for depression symptoms, and the SBQ-R for suicidal behavior and/or ideation. The data was analyzed by screening, adjusting for outliers, and using a linear regression model to test different interactions between symptoms of depression and AS. In conclusion, results significantly determined those measured with high suicide risk, also showed high symptoms of depression and AS.

Stanley et al. (2018) suggested that a future study should be similar but have a more nuanced measurement of depression. In addition, it was suggested that future research should be continued under scrutiny in this area since firefighters are more at risk in their specific field than others. Implications for future practice could be assessing for depression and AS with an understanding that if both are high, suicide risk is a possibility

and should be addressed. There were limitations within the study. First, researchers admitted that data was slow to come in and they are still expected to have more surveys in. Second, since the firefighters were active in duty, the self-reported questionnaires may not have been answered completely truthfully due to a fear that certain answers may jeopardize their jobs.

Stanley et al. (2018) tested the hypothesis that symptoms of depression interacting with anxiety sensitivity (AS) would predict risk of suicide. It was prevalent because suicide is the 10th leading cause of death among firefighters which is three times higher than the average population and continues to grow each year (Henderson, 2020). This rate could be considered alarming and poses a risk to the firefighting population. Researchers used a linear regression interaction model to test information gathered from questionnaires. This was an appropriate model utilized for assessment to show when an interaction occurred dependent upon an outcome of a variable, in this case, suicide risk based on levels of depression symptoms and AS. The hypothesis was stated clearly which was the prediction that symptoms of depression and AS, at higher levels, would interact with each other to foretell suicide risk. Information from the study added to the existing body of literature by supporting the outcome, which revealed effects of depressive symptoms on suicide risk were amplified by AS.

Although Stanley et al. (2018) had a large sample, appropriate participants, and outcomes that supported the hypothesis, there were limitations. Even though there was a large sample size, all 831 participants were recruited from one fire department, so results

are not generalizable. Also, data collection was self-administered. Self-administration of tests by firefighters on active duty could have affected their responses due to fear of stigma or job consequences. Despite limitations, this study was significant. The study could contribute to effective interventions that decrease AS to help provide interventions that successfully impact AS concerns and in turn, lessen the risk of suicide among firefighters.

A third study focused on how stress can also turn into physical ailments (Jang, 2017). Jang et al. (2017) conducted a study that examined how psychological characteristics of stress are related to irritable bowel syndrome (IBS) and the effects on their quality of life (QOL). Data from a sample of 1,217 firefighters were collected through 6 questionnaires and showed that several psychological factors increased the risk of IBS. Questionnaires included Patient Health Questionnaire-9, Generalized Anxiety Disorder Questionnaire-7, Korean Occupational Stress Scale, Ways of Coping Checklist, Rosenber's Self-Esteem Scale, and World Health Organization Quality of Life-BREF. A logistic multiple linear regression was used to measure the stress and IBS scales. A stepwise regression analysis was used to find correlations between psychological characteristics and QOL which were analyzed using independent t-tests. Results demonstrated that several psychological factors increased the risk of IBS. Significant differences were revealed between the two groups of firefighters who were IBS positive and IBS negative in all but the ways of coping checklist (PHQ-9 (t=-7.809, p<0.001), GAD-7 (t=-6.204, p<0.001), KOSS (t=-4.828, p<0.001), RSES (t=2.292, p=0.022), and

WHOQOL-BREF (t=6.898, p<0.001). This meant that there were positive correlations with each test of psychological factors which determined an increase in IBS and a decrease in QOL.

Jang et al.'s (2017) study contributed to existing literature by adding to our understanding of how psychological stress turns into physical ailments. Although the sample size was sufficient, it is still not generalizable due to some limitations. One limitation was that it was a cross-sectional study so it was not done over a period of time, which could potentially affect results since symptoms of both psychological and IBS symptoms can fluctuate. A second limitation was that all six questionnaires were self-administered which could lead to subjective bias and an inaccurate self-diagnosis of different symptoms. Researchers suggested that future research should be conducted on psychological factors of IBS to continue expanding existing knowledge.

Jang et al. (2017) conducted a study on physical ailments that can be brought on by mental stress for firefighters. Researchers intended to assess how psychological factors are related to IBS and QOL. It has been reported that QOL for firefighters decreased over the past several years (Duran, 2018). The authors used scientifically backed questionnaires to gather data for analytical assessment. The study had a clear research question regarding how psychological factors were related to IBS and QOL. Despite the strength of the study, it is not without limitations. However, the authors (Duran, 2018; Jang et al., 2017) did address the limitations and made suggestions on how to decrease them in future research.

Rodrigues et al. (2018) continued to focus on firefighters' physical and mental wellness. Researchers assessed stressful events, perceptions of daily work activities, and symptoms of daily tasks as firefighters. They did this by administering novel multi-method ambulatory stress approaches and open-ended survey items about their own sense of health to 17 firefighters. Out of 17, only two were female. For the self-report portion, 18% reported having average health, 47% reported having good health, and 35% reported having excellent health. A VitalJacket was vest firefighters wore which were specifically developed for this study that monitored their heart without interfering in their work duties. The VitalJacket read heart activity and sent different ambulatory measures to an application which was also specifically designed for this study. Paired t-tests were used which looked at the differences between symptoms of stress at the beginning, during, and at the end of work shifts. For four months, there were approximately 450 hours of data collected with 42 different events, or work tasks. Events included, but were not limited to, road accidents, pre-hospital assistance, forest fires, house fires, and aftermaths. Stress symptoms included stiffness in neck, lack of concentration, anxiety, impulsivity when reacting, and more. Results indicated 82% of participants reported having increased cardiovascular activity in the presence of stress. In addition, it was reported that vehicle accidents were reported to be the most stressful out of all events.

Rodrigues et al. (2018) brought an original contribution to existing literature. They used a novel multi-method ambulatory stress approach which they developed based on recommendations of current literature for future research. The methodology included

the use of a wearable electrocardiogram (ECG) which sent data to an application, both of which were specifically designed for the study. Since heart rate can cover things such as blood pressure, cortisol, and more, it is a valuable indicator of psychological stress that often follows physical stress. It is also why the authors claimed it is crucial for understanding human functioning during stressful events. Future implication of such tests could lead to effective interventions. Limitations existed within the study. First the sample size was small leaving no room for generalizability. Secondly, researchers believed four months was not a long enough stretch for reliability. Also, it was reported that there were some technical limitations. For example, twice sweat displaced the gel needed for proper data reading under the ECG pad. However, researchers are currently working on solutions to many of the technical limitations.

Rodrigues et al.'s (2018) original contribution investigated the occupational health of firefighters. Researchers conducted the study by monitoring stress levels in different events, perception of stress, and symptoms in real-time. Since firefighters have been acknowledged worldwide as having a high stress job, it was important for researchers to add to the existing body of knowledge in hopes more effective interventions and strategies can be applied to improve stress levels. The authors were clear and thorough throughout the article as they explained the aim, population, intervention, and outcome. In addition, they discovered that there were times during firefighters' routines when they were unaware of how bad their stress levels actually showed, which adds an additional reason for not seeking help when needed.

Overall, firefighters' physical and mental wellness are at risk (Ranney et al., 2020; Stanley et al., 2018). Stress has the ability not only to create psychological issues, but physical as well by causing a physiological imbalance of the nervous system (Rodrigues, 2018). Strong correlations exist between job related tasks and high levels of stress that indicated depression and a lack of well-being (Jang et al., 2020). In addition, Duran et al. (2018) argued that there is a psychological agreement between firefighters and their employers that does not seem to be being met, such as accessible or effective intervention and therefore, allowing stress to continue and worsen. Thus, stress is a part of firefighters' daily lives and turns into issues such as depression, anxiety, PTSD, and suicidal behavior, all while damaging personal relationships. Ranney et al. (2020) added that the mental anguish from tasks required of firefighters is leading to physical ailments, thereby, increasing the risk of living low quality lives. Stanley et al. (2018) supported the notion of additional risks from this lifestyle being suicidal thoughts and behaviors. Firefighting continues to be an increasingly risky job, not only for mental and physical health, but for life in general.

A Male Dominated Culture

Physical and mental wellness is only a portion of what contributes to the low quality of life that firefighters face. Rodrigues et al.'s (2018) findings were a reminder that despite their job title, firefighters also respond to natural disasters, terrorist attacks, critical vehicular accidents, and other crises such as suicides or societal safety issues. Another contributor is the male culture that dominates this field.

A male-dominated culture is one where a large majority of members are male. The field of firefighting is considered male-dominated as most employees are male. Perrott et al. (2019) conducted a qualitative study on masculinity and how it relates to aging, physicality, and stigmatization. They did this by utilizing Skegg's social exchange theory, Douglas' theory of risk and pollution, and gender theory. Researchers (Perrott et al., 2019) explored how 33 male firefighters, with an average age of 50, interacted in the workspace at four different workstation units knows as busy bee, the youth squad, the outstation, and the retirement station. Each station was known for specified tasks that were conducted. To collect data, researchers conducted interviews and observed basic interactions. Observation within the workspace was usually between two to seven hours a day, during which time the researchers collected data to log into an ethnographic chart. A computer assisted qualitative data analysis software program was used to assist in the manual process of revealing connections and themes from the collected data. Perrott et al. (2019) discussed that masculinity was often perceived as having to do with one's activity level such as training participation, regular gym attendance, station-cleaning, preparing meals, or conducting equipment. Such physicality represented power and respect. In regard to age, older firefighters placed at the outstation and retirement stations were sometimes viewed as "lazy," which carried a stigmatization of less masculine, from which workers tried to distance themselves. There is pressure to age successfully. Another aspect of masculinity was looking "good" and heroic when it came to public interaction. Tasks such as driving trucks, wearing a uniform, equipment use, and acting

as a united front in the public eye were seen as noble and a favorite aspect of the job. This research provided unique insight into the daily lives and interactions of firefighters since insider access is often denied (Perrott et al., 2019). Future research is needed on aging firefighters to show the dynamics of respectability and stigmatization.

Perrott et al.'s (2019) study revealed how power and gender-related topics are conveyed and exchanged within a workplace filled with masculinity. There are limited studies on this aspect, yet it is important to explore this area because revealing how men treat each other and relate to one another based on masculinity could provide healthier ways for firefighters to form their occupational identities. Although the study brought value to existing literature, limitations did exist. The study did not inform readers of many of the firefighters' answers provided to many unknown questions. This lack of information also made the research nonreplicable. Another major limitation could be seen in the methodology. The research was first turned down by the department chiefs due to too many risk factors until she was recognized by a firefighter who she had met years earlier. That prior relationship helped her gain access to conduct interviews which she claimed, "resulted in an unintentional snowball sampling" (Perrott et al., 2019, p 1403). An additional limitation was that the researcher is a woman sitting in their territory, which could provoke male firefighters to heighten their masculinity.

A second study, conducted by Reid et al. (2018), focused on male-dominant cultures and compared three male dominated occupations including firefighters, business executives, and consulting using masculinity contest as the framework. Showing no

weakness, strength and stamina, putting work first, and cut-throat competition were four dynamics of the masculinity contests. The study examined how occupations encouraged masculinity in different work settings. Interviews and fieldnotes during observations, with the help of expert researchers, were the methods used for collecting data. Analysis of the data consisted of coding interviews and fieldnotes, extracting themes, and an in-depth process to find patterns for easy comparison. Firefighters, as compared to consultants and executives, expressed that strength and stamina were a contributing factor of masculinity in their field and workers often looked down at coworkers who were not equipped with physical strength. Similarly, showing no weakness was a determining factor for masculinity in firefighters more than the other two professions. Interview answers revealed a need to remain even keel, and if one were to fail in doing so, one could be stigmatized for being emotional, making him equivalent to a civilian at a scene. Teamwork was seen as a contributing factor to increase masculinity across all three occupations.

Reid et al. (2018) suggested that future research could be done with more than just three types of occupations. Also, it was suggested that future research could focus on the increase or decrease of masculinity based on demographic information and not just occupational features. A proposed implication for practice was taking the gathered information and deliberately altering workplace policies to minimize masculinity contests, therefore, decreasing consequences of negative behavior.

Reid et al. (2018) conducted a study that aimed to compare three male-dominated

occupations to expose which features shape masculinity contests. Higher levels of masculinity have been shown to be an aspect increasing stigma on seeking mental health assistance. Understanding how work environments are structured could help decrease masculinity contents through restructure. Although the study revealed valuable information to be used in the future, there were limitations. First, not all work features were measured for manifesting masculinity, which also left room to be added in future research. Next, the study was conducted using participants of only one fire department. Lastly, the majority of participants were privileged white males lacking ethnic diversity that could be valuable to the study.

For centuries, the culture of firefighters has been known to be one of masculinity and strength. Perrott et al.'s (2019) study revealed firefighters viewed masculinity as having high energy levels, showing heroism, physical strength, and emotional silence. This meant that if a firefighter was lazy, spoke of feeling down, or even just being older, a stigma was attached as being weak. Reid et al. (2018) added that effective teamwork was an additional aspect of masculinity. Research demonstrated there were specific characteristics that account for being considered masculine and if those are not met, stigmatization starts to appear. When stigmatization appears, thoughts and emotions change people's behaviors, especially with seeking mental health therapy.

Stigma Toward Seeking Mental Health Therapy

Isaac et al. (2021) performed a study that aimed at investigating firefighters' work-related stressors, support from peers, and attitudes toward help-seeking behaviors.

To do this, 254 firefighters were given questionnaires related to the above-named variables and asked to respond to one open-ended question to gather data on their attitudes and encounters of work-related stress. Researchers (Isaac et al., 2021) used coding to identify themes from the open-ended question. For the qualitative data collected, researchers used reflexive thematic analysis. Results revealed the five most common stressors were sleep disturbance, isolation from loved ones, memories of disturbing incidents at work, seeing other coworkers stressed, seeing other coworkers using unhealthy coping skills, and working alongside colleagues who are not at their best because of the work stressors. Regarding seeking support, over 80% of participants preferred a colleague or peer-support as opposed to a professional for several different work-related incidents. However, about 50% agreed to a professional counselor if addiction or PTSD symptoms from death or injury were present. For the qualitative response, three of the six themes were discussed, identified as trouble with effective wellness programs and accessibility, the importance of help fully understanding the culture of firefighting, and stigma that labels them as weak and interfering with their pride.

Isaac et al. (2021) suggested that future research should focus on continuing to gather firefighters' thoughts and feelings about seeking professional help since most studies focus on existing interventions and development of mental health issues. Understanding the culture from firefighters themselves will allow professionals and fire departments to set up wellness programs that are effective by listening to what the needs

are and putting them into place. As an example of this, and for future implementation, researchers of this study found sleep disturbances to be one of the main issues. Since science has already shown how critical sleep is, schedule changes and ways to maximize firefighter's sleep hygiene could mitigate some of the devastating impacts firefighters experience.

Isaac et al.'s (2021) study aimed to investigate firefighters' work-related stressors, support from peers, and attitudes toward help-seeking behaviors. Authors contributed to the existing body of research in addition to collecting original information. The research method was appropriate, and the study could be easily replicated. Although this study offered much needed information, it was not without limitations. First, the theoretical framework was unclear. Secondly, the participants had recently answered a lot of surveys and questionnaires within the department which could have led some firefighters to believe they had already completed this questionnaire, leaving out valuable opinions. Lastly, participants were from one fire department, leaving the need for this study to be replicated in different areas.

Stigma exists within the firefighting culture that seeking help is a sign of weakness (Carpenter et al., 2020). Carpenter et al. (2020) investigated the interactions between self-forgiveness, help-seeking stigma, and mental health among firefighters. Hypotheses were that self-forgiveness would predict less internalized and self-stigma, that self-forgiveness would not predict less public stigma, and an estimation of how much self-forgiveness would predict negative symptoms of mental health. The methodology of

the study included the recruitment of 72 participants who answered questionnaires after a non-related, 90-minute workshop on stigma. Appropriate, self-reported scales were used to measure self-forgiveness, internalized stigma, self-stigma, public stigma, suicide behavior, then symptoms of depression and PTSD.

The first three hypotheses were analyzed via Pearson correlations and the last three were analyzed via regression (Carpenter et al., 2020). Results for the first three hypotheses determined a moderate correlation between internalized stigma and self-forgiveness ($p = .001$), self-forgiveness was correlated with less self-stigma ($p = .001$), and as predicted, no significance was found between self-forgiveness and public stigma ($p = .11$). For the latter hypothesis, all were statistically significant as self-forgiveness predicted PTSD, depression, and suicide behavior ($p < .001$; $p < .001$; $p < .004$). Briefly, data supported the predictions of the hypotheses with the exception of one.

Carpenter et al. (2020) suggested future research be longitudinal so that it can detect any changes or developments with the participants. More specifically, to build upon this study by focusing on the mediators of the relationships and not just the relationships themselves. Another suggestion, since studies have revealed means of reducing stigma through self-forgiveness interventions, to study individuals who have succeeded in reducing stigma through self-forgiveness could be explored. Learning there is a relationship between stigma, self-forgiveness, and symptoms of mental illness can be implemented in future practice. Increasing self-forgiveness to help decrease symptoms of mental illness could be integrated into future treatment.

Carpenter et al.'s (2020) research was well framed and statistically significant. It added to existing literature and provided data that can be researched further to contribute to healthier workers in the firefighting field. Although conclusions were justified by the results, the sample size was insufficient and not generalizable. Limitations, aside from the small sample size, included that there were just relationships explored between variables and did not demonstrate causation. Another limitation was that the firefighters were already attending a stigma-reducing workshop which means it is likely they were not as "clinically impaired" as those who may be recruited from a different facility so that could have opened the possibility that they already were experience a lesser degree of stigmatization (Carpenter et al., 2020, p 34). The following study also focused on the topic of stigma but in an attempt to generalize national results since most studies that have been done deal with minimal departments from specific areas.

Kim et al. (2018) conducted a countrywide study to collect data pertaining to PTSD and barriers to treatment among firefighters in South Korea. Researchers of this study examined whether firefighters with PTSD were receiving mental health treatment, along with barriers that could impede treatment. Also examined were the relationships between the severity of PTSD symptoms and perceived functional impairment with barriers for receiving treatment. One of those barriers was stigma. The methodology included 37,093 employed firefighters from the South Korean national registry. Questionnaires were sent to different departments, then the appointed person at the head of each department sent it to each participant. The surveys consisted of the PTSD

Checklist (PCL) to indicate probability and severity of PTSD symptoms with scores that could range from 17 to 45, 45 being the most probable and severe. Next, questionnaires called Too Good and Suspect Questionnaires were used as subscales to evaluate validity from participants' responses. Lastly, a fourth questionnaire was modified from its original Hoge and Colleagues, which assessed mental health treatment and barriers to treatment that had been experienced with the last year. Researchers used independent t-tests and Pearson chi-squares to analyze main variables such as relationships between mental health seeking behavior for those with and without PTSD. A logistic regression was used to analyze severity of PTSD symptoms and perceived functional impairment. Results determined that among all firefighters, 3.3 % had received mental health treatment. Among firefighters who did not seek mental health treatment, 29.3 % claimed it was because of perceived obstacles and 33.8 % claimed it was because of worries about stigmatization on looking weak or vulnerable. It was also revealed that there was a more significant association with stigma and more severe PTSD symptoms.

Kim et al.'s (2018) research contributed to existing research showing the prevalence of stigma as a leading factor in firefighters not seeking treatment. There were parallels with a positive correlation between severity of PTSD symptoms and perceived functional impairment with seeking mental health treatment. In addition, this study contributed original data as it was the first study done on this topic that was countrywide. Researchers had claimed they were surprised at the high number of firefighters who had PTSD and attributed it to frequent exposure to trauma during work. Researchers

suggested future implications consider that focus should be on designing treatment that educate all people on the awareness and attitude toward mental health treatment and that decrease stigma and have more confidential assistance, easily available treatment programs for firefighters.

Kim et al. (2018) admitted that even though there were significant results and brought original data there were still limitations to be acknowledged. One limitation is that researchers did not account for the participants' history of receiving treatment which could have caused an underestimation of those who had PTSD symptoms prior. A second limitation was that selection bias could have been present because it focused on firefighters who were employed and left out those who had resigned because of mental illness. A third limitation was that the study worked with volunteers only, which could have created bias within the study and results. A fourth limitation was that the questionnaires were self-reported. For the latter, although it was self-reported, researchers did work to counteract this impact by using tools mentioned above that assessed for response validity.

Kim et al. (2018) conducted a thorough, comprehensive study that aimed to examine whether firefighters with PTSD were receiving mental health treatment, along with barriers that could impede treatment. This is relevant because the growth in evidence-based treatments of PTSD in the last couple of decades has been substantial and fast-paced. Still, research shows that firefighters do not take advantage of this fact and instead, succumb to their fear of being stigmatized. The researchers were clear about the

population, intervention, and outcome. The research was replicable as it was specific in describing the population and overall process, while attaching all survey instruments to the study. Despite the strength of this study, it was not without limitations. Results helped suggest future research is needed to promote better access of mental health to firefighters.

Overall, stigma exists within the firefighting culture as members who seek help are seen as less masculine and weak. Isaac et al. (2021) explained firefighters in their study were hesitant to seek help due to not only the judgement of others, but also by stigma toward themselves. Research from Carpenter et al. (2020) supported this notion explaining there are different types of stigmas, all contributing to preventing firefighters from seeking help. Increasing research to focus on firefighters' thoughts and feelings about stigma can help to understand what steps need to be taken for decreasing stigma. Decreasing stigma could potentially help firefighters realize it is okay and even necessary to seek help by permitting themselves to do so.

Evidence for Effective Mental Health Counseling

Firefighters have high stress jobs that negatively impact their mental health and lead to significant decreases in the quality of their daily lives. As Sawhney et al. (2018) explained, firefighters are prone to risk-taking behavior during work such as being part of or witnessing catastrophic injuries to themselves or colleagues, having to give bad news to loved ones, contact with vulnerable victims, closeness to death, and being exposed to hazardous materials leading to physical and mental health issues. These stressors create additional vulnerabilities from their experiences and lead to insufficient sleep, irritability

with self and in relationships, and anticipated fears that can play a major part in the development of mental illnesses. This research studied the effect of work recovery strategies between stress at work and mental health symptoms. The theoretical frameworks used were the effort-recovery model (ERM) and the conservation of resources theory (COR), which helped the researchers to understand recovery at work.

Three hypotheses were tested by Sawhney et al. (2018). The first was that the experience of work-stress at Time 1 will have a positive correlation relating to mental health symptoms at Time 2. The second predicted that with more participation in work recovery strategies at Time 1, the less mental health symptoms will be reported at Time 2. The third predicted that participation in work recovery strategies at Time 1 will assist in experiencing work stress at Time 1 and mental health symptoms at Time 2 having a positive correlation.

Initially, 20 firefighters were given thirty-minute, semi structured phone interviews to establish work recovery strategies they used throughout each workday (Sawhney et al., 2018). A thematic decomposition approach was used which identified themes. Next, a survey was conducted. At Time 1, 440 participating firefighters were sent an online link where a 5-point Likert scale was used to rate the stressors they thought to be most troublesome. Following these two tasks, a team of six people analyzed the data and discovered seven work strategies as themes; exercise, mastery experiences, coworker interaction, outside-of-work activities, open work discussions, talks about stress, and relaxation. Members of the team also used the cross-cutting symptom measure to

evaluate symptoms of mental health at Time 2, which were related mostly to anger, anxiety, and depression.

The results of Sawhney et al.'s (2018) study showed that hypothesis 1 was supported because there were significant positive correlations between mental health symptoms at Time 1 and 2 ($p < 0.01$, $p = 763.42$). Hypothesis 2 supported that stress-related talks accounted for almost 50% of predicting less stress, followed by relaxation at almost 20%, both of which acted as mental health symptom variances predictor ($p < 0.01$, $p = 163.15$). Hypothesis 3 supported results that work and stress-related talks were significant in mental health symptom prediction. Overall, results are similar to findings of other studies in that the more work recovery strategies were used, the more mental health symptoms decrease. For future research, it is suggested that more information needs to be gathered based on the relationship between mental health symptoms and stressors, even though firefighters' work stressors are shown to be precursors of mental health symptoms. Practice implications maintain that even though there is no way to reduce the external, job-related stressors, there are ways to reduce negative symptoms and improve coping through work recovery strategies that could be provided through wellness programs that provide training.

Sawhney et al.'s (2018) study was significant as the authors related the research questions to the existing body of knowledge by contributing valuable information into an area that is limited with relative data. The aim of the study was to look at the effect of work recovery strategies between stress at work and mental health symptoms. The

amount of mental health illness continues to grow with this population due to the high-risk activity firefighters must participate in during work. The study used ERM and COR as the theoretical framework. ERM and COR were appropriate for assessing the understanding of recovery at work. The hypotheses were clearly stated, along with the population, methodology, and outcome (Sawhney et al., 2018). Although the sample size was sufficient, it is ungeneralizable due to some limitations. One limitation is the volunteers were self-selected, which means the study could have attracted only firefighters who were looking for means to reduce stress. Also, factors that are known to impact stress such as level of education, marital status, or years of experience were not included in this study. The conclusions were justified in that the results aligned with the ERM and COR models which provided further evidence for effective work recovery strategies. This was just one study out of many, such as Kaurin et al. (2018) and Lee et al. (2018) that show a decrease in negative mental health symptoms with the use of counseling. The next study discussed revealed similar results with counseling but focusing additionally on more severe symptoms with a specific technique instead of a common counseling practice.

Kaurin et al. (2018) conducted a study aimed to reveal that relief from effects of trauma could be experienced with an existing therapeutic technique known as self-compassion. The theoretical framework was based on the understanding of self-compassion and self-criticism supported by existing evidence. The study hypothesized that first responders who had been exposed to trauma would show lower levels of

depression when they used self-compassion because it would act as a barrier for negative effects during and after such exposure. From the same fire unit, 123 firefighters were given three questionnaires. The first measured self-criticism and self-compassion using the Self-Compassion Scale. The second measured severity of depression symptoms using the Patient Health Questionnaire (PHQ-9-D). The third assessed for post traumatic events related to work using the Posttraumatic Diagnostic Scale. Data was analyzed using a stepwise regression model to determine two and three-way interactions between self-compassion, self-criticism, and exposure of post trauma events. Results revealed that self-compassion was a significant predictor ($p < 0.01$, $p = .031$) of depressive symptoms. In conclusion, the hypotheses were supported with a strong correlation found between self-criticism and depression symptoms and that those effects could be alleviated with self-compassion.

Kaurin et al. (2018) explained implications for practice could include using interventions that target one's abilities to increase self-compassion and decrease self-criticism. For future research, they suggested researchers explore reasons as to why or how such flexible emotional reactions to trauma are produced, as well as how those effects inspire self-compassion. The study is relevant to this study because it linked effective intervention strategies that could be used if counseling for firefighters were to become more common.

Kaurin et al.'s (2018) research was significant as it provided original contributions to existing literature of trauma management in counseling. The study

intended to assess relieving the effects of trauma using an existing technique of self-compassion. Addressing this issue is important because firefighters develop symptoms of depression, sleeping disorders, and suicide risk four times greater than the general population. The population, research method, and outcome were appropriate and communicated clearly. Although the study revealed helpful data that could be used for future research, there were limitations. First, the sample size was small and from the same unit, eliminating the ability to generalize. Second, the researcher did not consider differing social and cultural contexts. Third, the questionnaires were self-reported which devalues validity of the study. Since the study is replicable, it may be useful to repeat the study but use larger sample sizes, participants from different units, and have more accurately measured questionnaires. Similar to Kaurin et al.'s (2018) study, the next topic focused on the effectiveness of counseling but focused on the specific technique of gratitude instead of compassion.

Lee et al. (2018) conducted a study that examined associations between firefighter's perceived stress and burnout with gratitude. They hypothesized that, after controlling for psychopathy, practicing having gratitude would be an independent factor that protected firefighters from perceived stress and burnout. The quantitative study administered a cross-sectional questionnaire to 464 firefighters to several different fire stations in south Korea within an eleven-month period. The first questionnaire measured participants' disposition of gratitude using the Gratitude Questionnaire-6 (K-GQ-6). The second measured personality using the Big Five Traits Inventory (BFI-10). The third

measured depression and anxiety using the Hospital Anxiety and Depression Scale (HADS). The fourth measured how stress was perceived using the Perceived Stress Scale (PSS). The last survey measured burnout using the Maslach Burnout Inventory-General Survey (MBI-GS). This program compared binomial variables with independent t-tests and multinomial variables with analysis of variance (ANOVA). Next, hierarchical linear regression analyzed associations between predictors and perceived stress and burnout. Results supported the hypothesis as the study demonstrated high levels of gratitude often predicted low levels of perceived stress and burnout.

Lee et al. (2018) explained that the implications for practice included psychoeducation on the positive impact of practicing gratitude. This would be useful because previous studies found that males, more often than females, have the tendency to devalue gratitude and are less likely to put it to use. It was suggested that future studies are needed to investigate which specific aspects of gratitude are most present when predicting and decreasing stress and burnout. In addition, it was suggested that future research is needed for developing a hypothesis on the additional variables that were mentioned in order to identify whether gratitude is directly related to or just a mediator with stress and burn out.

Lee et al.'s (2018) study was significant in that it provided parallel and supportive information to existing literature regarding the effectiveness of gratitude predicting and decreasing stress and burnout. Researchers acknowledged that perceived stress and burnout have been used in the past to be significant indicators of PTSD among

firefighters, yet still lack being available as a resource. Although the study revealed

valuable information that could be used in the future, it did not come without weaknesses.

One limitation was that it did not determine a causal relationship due to the cross-

sectional design. Another limitation was that results were not generalizable because they

focused on occupations in addition to firefighting, as well as female firefighters.

Overall, stigma within the firefighting profession occurred when individual

firefighters sought help for mental health which in turn was associated with an increase of

severity in mental health issues, despite decades of research that has shown benefits of

counseling. It was found that one of the most effective ways of accepting help is when it

originated from peers, or someone who had a complete understanding of the industry

(Isaac et al., 2021). Researchers (Carpenter et al., 2018; Lee et al., 2018; Kaurin et al.,

2018) explained that, along with peer support, effective tools for mental wellness

included self-forgiveness, compassion, and expression of gratitude. Results of these

studies can have a significant impact on future counseling to help reduce firefighters'

reluctance to reach out for help. Furthermore, Sawhney et al. (2018) found the more work

recovery strategies were utilized, the more mental health symptoms diminished.

Understanding the type of support firefighters would feel more comfortable receiving

could dramatically change the way counseling is offered to firefighters.

Summary and Conclusions

The sections above reflect a thorough analysis of different aspects of firefighting.

Included were views into the daily lives of firefighters such as shift, sleep, and life

schedules, daily tasks, risk exposure, and overall quality of life. Other areas went into depth on masculinity in a male-dominated culture.

Major themes in the literature include life as a firefighter, physical and mental health, a male-dominated culture, stigma toward seeking mental health counseling, and evidence for effective mental health counseling. Due to this population being male-dominated and masculine, there are limited studies revealing firefighters' thoughts, feelings, and experiences on the topic of mental health and counseling. Studies reveal a low quality of life that is a result of their high-risk jobs. However, more knowledge from firefighters themselves will help to reveal what they believe is helpful to their well-being (Duran et al., 2018). It could also be helpful to reduce stigma among them to seek counseling if the techniques suggested are coming from their own workforce (Jang et al, 2017). This study attempts to fill the gap in help-seeking behaviors due to stigma by adding to the suggested future research of continuing to gather more information from this vulnerable, self-preserved population. To gather information for providing significance to existing literature, this study will use a qualitative research approach by conducting interviews. The next chapter will provide the research process such as methodology for collected data, as well as steps taken to create this study's foundation.

Chapter 3: Research Method

The purpose of the qualitative study was to explore experienced male firefighters' views of stigma associated with seeking therapy and their views on mandatory counseling as a form of prevention and early intervention. If prevention and early intervention were mandatory, there is a chance there could be a decrease in the stigma associated with counseling. The exploration could inform methods for improving the quality of firefighters' lives by working toward counseling being a requirement for this occupation. If stigma can be reduced for seeking mental health therapy and more firefighters make themselves available for help, they could set themselves up to experience a better quality of life, not to mention improve their capacity to do their jobs effectively. This chapter is organized into the following sections: research design with rationale, role of the researcher, methodology, and issues of trustworthiness. The chapter ends with a summary.

Research Design and Rationale

The first research question asks what firefighters' views are of the stigma associated with seeking mental health therapy. The second research question asks firefighters' what their views are of mandatory mental health therapy for firefighters. Looking at this research study through an integrated model such as Link and Phelan's will allow readers to gain a better understanding of firefighters' experiences about stigma as it relates to mental health counseling. Mandatory counseling and intervention have the potential to influence firefighters by assisting with the feeling that seeking therapy can be

received while maintaining social acceptance, a phenomenon that is both relevant to the self, and to the public eye, which is a major concept within this framework.

Role of the Researcher

I had many roles as the sole researcher in this study. First, my role was to conduct an ethical, honest research study while protecting the identity and mental wellness of each participant. This was accomplished by following strict guidelines of what was allowed during the recruitment and interview process of this population. As an experienced, practicing licensed professional counselor, I was able to conduct interviews with minimal to no harm, read body language if something needed to be addressed, and identify if someone was in crisis needing immediate attention. My second role was to prepare transcripts from the interviews to then identify and create thematic patterns that emerge. Identifying thematic patterns assisted me in accurately translating what firefighters were meaning to portray. It was also my role to identify and expose any limitations that came about during the study. Lastly, I will publish work contributing to existing literature with gathered data in hopes of creating positive social change. I did not have any personal or professional relationships with any participants and had no power over them that could potentially alter their answers. A bias I hold as the researcher is the fact that I am a professional counselor and have a strong belief that counseling should be mandatory for this population. To manage this bias, I asked questions that were not loaded and avoided suggestions with my own tone, inflection, and facial expressions both while asking questions and while listening to their answers. An ethical issue that I

addressed was the participants' privacy. I assured that any firefighter agreeing to meet with me for an interview would have complete privacy through where the study is conducted and changing their names within the content of this research study, so they were completely anonymous. By suggestions from the IRB, a letter of support was provided by the fire department where recruiting occurred.

Methodology

The population for this study was male, career firefighters. Each firefighter was over the age of 18, worked full time, and had at least 6 years of experience. It is the judgment of the researchers to determine which participants would be able to provide the most relevant information relating to and supporting the study (Moser et al., 2018). Since the research questions focused specifically on the views and experiences of active-duty male firefighters, it was clear participants had to match criteria of being male, over the age of 18, work full-time, and have at least three years of experience. A purposive sampling strategy was used to select participants. The rationale for the sampling strategy was that firefighters are most likely to have endured trauma after a year or two of active duty, and likely to have seen their coworkers struggle with trauma. Further, male firefighters are more likely to hesitate or completely avoid seeking mental health assistance. Participants met the criteria by accepting participation with the above requirements as part of the application process. As a general qualitative approach, I planned to have 8 to 10 participants for interviewing. The type of approach often determines the estimated number of participants a study should recruit. For example,

Moser et al. (2018) suggested approximately 30 to 50 participants be used for ethnographic studies while grounded theory studies should have approximately 20 to 30. Since this study is closest to a phenomenological approach in that it aims to examine experiences from the point of view and experience of a subject, it is suggested that fewer than 10 participants are sufficient (Moser et al., 2018). For this research study, 8-10 participants were an adequate sample size to reach data saturation, which occurs when no new information is being revealed from the interviews and gathered data becomes redundant (Moser et al., 2018).

For the recruitment process, I gave a letter to the chief who then distributed it to each firefighter. In addition, I used social media to recruit some participants. I did not exclude volunteers, women, or less experienced firefighters from the letter in case they knew a fellow firefighter who met the inclusion criteria who may had been interested. The letter contained the purpose of the study, emphasis on the importance of privacy, criteria to participate, what to expect such as the interview, 20 dollars as an incentive, and the researcher's my contact information to set up a date, time, and place for the interview.

Instrumentation

Several instruments were used to conduct this study. The first instrument was a semi structured interview. Another was a voice recorder to capture all questions and answers for transcribing and identifying themes. Also included was an observation sheet for additional interviewee comments, potential follow-up questions, and other observations that may be useful for later analysis. Recording participants' answers and

jotting down relevant observations assisted in data analysis for finding answers to the research questions through identifying themes and patterns. The instruments were sufficient to provide meaningful results that were trustworthy (Nowell et al., 2017). Validity was established through conducting a field test with clearly stated questions while making sure participants fully understood what was being asked so they were able to answer to the best of their abilities. The semi structured interviews used information coming directly from individuals of the targeted population and not from hearsay or interpretations from different sources. Sufficiency also existed with identifying themes and patterns. The process of recording, systemizing, and thematic analysis is a credible tool for qualitative research and can result in validity and sufficiency (Nowell et al., 2017).

Procedure

The procedure for recruitment involved reaching out to a fire department in southern New Jersey and utilizing Facebook with an approved recruitment flyer. I met with the chief on an informal basis to introduce myself, revealed the purpose of my study, explained how I believe firefighters could benefit from the study, and let him know I would be reaching back out with a board-approved letter they can hand out to the firefighters in their departments. I provided an e-mail and phone number to which they could call and/or text to apply to be a part of the study.

Once they reached out and were accounted for meeting the requirements, we set up dates and times to conduct the interviews. The place of interviews was held in a

private office and over Zoom. The chief had a private room where there was optimal privacy, but no participant chose to use that option. I planned to designate 5 days to conduct the interviews, so participants had more options of availability, but all were able to be scheduled over one weekend. I also planned for each interview to take no longer than 30 minutes and most interviews took an average of 20 to 25 minutes.

The field test supported a time slot of about 15 minutes, so I added time considering the pilot interviewee was not a full-time firefighter. In addition, the interviewee had less than a year experience with less experience to contribute. The main purpose of the pilot interview was to rehearse questions, detect if and what follow-up questions would be appropriate, and to get an estimated idea of how long the interviews would take to conduct.

Before the interviews took place, each participant read and signed the consent form. During the interviews, an audio recording device was used to capture the entire interaction. I was the only person collecting data. If the recruitment plan results in too few participants, there are additional fire departments in the area with reliable connections for further recruitment. Once each interview is completed, the participant was debriefed with a full explanation of the research questions being asked, how the information they gave is pertinent to future research, the anticipation of positive social change, and a reminder that there is no follow-up interview, but they are welcome to reach out in the future if they have additional questions or want to read any parts of the final research.

Table 1 reviews the research and interview questions. The interview questions were created to answer each research question. The follow-up questions allow for a better understanding of participants answers, as well as create an open-ended question to any closed ended questions.

Table 1

Research and Interview Questions

Research Questions	Interview and Follow-Up Questions
What are firefighters' views of the stigma associated with seeking mental health therapy?	1. How receptive are you to seeking mental health therapy for work-related stress? What is your answer based upon?
	2. What, if any, observations have you made regarding a coworker(s) being discouraged in any way from seeking help? If there have been observations, what are some examples?
	3. Tell me about any stigma that exists in your workplace?
	4. What would stop you from seeing a mental health therapist?
What are firefighters' views of mandatory mental health therapy for their profession?	1. What would your opinion be if you were required (as a condition of employment) to participate in therapy sessions?
	2. What would your opinion be on receiving mandatory, active counseling before a traumatic event (prevention/psychoeducation, as opposed to after a traumatic event (treatment)?
	3. How do you think having mandatory counseling would alter the current stigma?

Data Analysis Plan

During this study, all recordings were transcribed by listening to the recordings and typing them into a document. Numbers were, instead of names, to identify each participant. Next, a thematic analysis process was used for identifying codes and

searching for themes to generate trustworthy results. Due to the goal of learning about firefighters' views and experiences during interviews in this research study, thematic analysis was an appropriate method of choice (Kiger & Varpio, 2020). The rationale for thematic analysis is supported through its flexibility with different conceptual frameworks and being an effective method when looking to explore sets of experiences, thoughts, or actions of others (Terry et al., 2017). There are several software programs that assist with thematic analysis. For this study, I interpreted and analyzed data using a program called Quirkos. Quirkos is an established, worldwide platform utilized by over 450 research firms and universities, allowing researchers to focus on important content as opposed to learning the complexity of new software (PR Newswire, 2019). An additional purpose of thematic analysis is to promote and establish trustworthiness within a study, deeming results as credible.

Issues of Trustworthiness

Trustworthiness is a fundamental component of research. One issue that can arise during qualitative research that can hinder trustworthiness is bias known as social desirability (Bergen et al., 2020). Social desirability bias is the researcher representing data in a way that seems socially acceptable which needs to be minimized through the researcher's awareness and how the data is presented (Bergen et al., 2020). Four criteria to establishing trustworthiness are credibility, transferability, dependability, and confirmability (Nowell et al., 2017). To establish credibility, which looks at whether there is consistency among answers, I collected data by asking interview questions and

using observation, known as triangulation (see Nowell et al., 2017). I also relied on saturation. Saturation, which is when adequate data have been with no new information emerging through research of grounded theory (Hennink et al., 2021). To assist with future researchers in determining transferability, which refers to expanding knowledge from existing information to a different setting or population, I provide a detailed and thorough description of the methodology and findings that others can determine if it relates or not to other experienced, male firefighters' experiences (see Stahl et al., 2020). To establish dependability, referring to accurate interpretation of data with plausible results, it is necessary to make sure the research is "logical, traceable, and clearly documented" (Nowell et al., 2017, p 3). Lastly, I utilized Quirkos to code data for accurate interpretation while accomplishing credibility, transferability, and dependability, all of which establish confirmability (see Nowell et al., 2017). Another aspect of trustworthiness is ethical practice, for ensuring there was fairness toward participants during the research.

Ethical Procedures

Ethics must be considered in all research from beginning to end (APA, 2017). All research should be done with the protection of participants in mind (Pietila et al., 2020). Firefighters can sometimes be considered part of a vulnerable population. Vulnerable populations are those who are susceptible to being harmed either physically, psychologically, or emotionally (Pilbeam et al., 2022). Examples of vulnerable populations include but are not limited to children, elders, people with severe or fatal

illnesses, those who are sensitive to difficult topics, and firefighters (Pilbeam et al., 2022). Participants were provided with an informed consent document to demonstrate what was expected and how they would be protected, such as confidentiality, being allowed to leave at any time, and permission to ask any questions or voice concerns. The interviews took place in a private office and over Zoom calls for those who were unable to meet in person. I was assigned one room firefighters had access to in the event they wanted to have the interview at their department.

I had to consider possible psychological and emotional harm for firefighters. This was accomplished through several practices. First, there were carefully thought-out interview questions which were approved by the institutional review board (IRB). I also spent a short period of time building rapport before the interviews with openness and active listening without judgment (see Pilbeam et al., 2020). With active listening, the researcher allows a safe space for participants to take time out and process any emotions that arose if necessary (Pilbeam et al., 2020). Debriefing was another technique that was used to conduct an ethical, secure study. Debriefing ss a procedure for moment of time after data is collected to assure accuracy, make sure participants have a clear understanding of the material through questions or concerns, and to provide resources for help if the interview had led to unexpected emotions from the interviewee (McMahon & Winch, 2018). Although the process of debriefing has many benefits, those most relevant to this study include gaining insight into data content and strengthening data trustworthiness in real time (McMahon & Winch, 2018). At the end of each interview, I

provided participants the opportunity to share their thoughts and feelings, reminded and assured them about the importance of their privacy, and provided counseling resources.

Another area similar to debriefing, as it relates to security and safety, is the handling of data once it has been collected. The data have remained in a private office in locked filing cabinets. After being transcribed, they will remain on a private, password-protected computer to which no one will have access. Once the writings were complete, the information was destroyed using a shredder and the transcription, although used with different names, deleted. Overall, the participants had full transparency before, during, and after the process to assure safety, emotional well-being, good ethical practice, and trustworthiness.

Summary

In summary, this chapter introduced research design with rationale. It also reviewed the role of the researcher which demonstrated conducting an ethical research study to publish findings that contribute to current literature and promote positive social change. The methodology discussed was semi structured interviews, the recruitment process, and data analysis. The data analysis process used in this study was thematic analysis with the use of software, Quirkos, to assist with accurate coding and themes. Lastly, Chapter 3 discussed how trustworthiness and ethics were addressed throughout the research process.

Chapter 4: Results

The purpose of this study was to explore thoughts and views of experienced male firefighters to establish ways of improving their life quality. This was done by finding answers to what firefighters' views are of stigma associated with seeking mental health therapy, as well as their thoughts on if therapy was mandatory. This chapter introduces results determined from the semi structured interviews of career firefighters. First, it will review the settings in which the interviews took place, the demographics of the participants, and specifics of data collection. Next, the data analysis and evidence of trustworthiness will be addressed. Lastly, results from the overall process will be revealed with a short summary of the findings.

Setting

Nine participants were provided with choices to have interviews at their own workplace, online with a secure Zoom account, over the phone, or in my private office. They were made aware that there were no other workers at the office. Initially, five wanted to do them in person but their schedules hindered this. There were two times where interviews had to be rescheduled due to them getting a call and a change in shift schedule. Out of the 9 participants, 6 chose to have them on Zoom, two chose to have them at a private office, and chose over the phone. Confidentiality was the main concern during this step, so they felt safe to answer openly and honestly. I scheduled the two office sessions on separate days, so they did not cross paths. Over Zoom, I enabled the waiting room option so no one could join while an interview was in progress.

Demographics

Demographics and characteristics relevant to the study included gender, age, and family status. Three that were collected but less relevant to the specific study included race, years of experience, and the area in which their fire departments were located. All participants were male, between the ages of 28 and 43. Out of the nine, four were married, three were divorced, and one was in the process of a divorced. Five had at least one child. All participants were Caucasian with between 11 and 25 years as a career firefighter. There were four different fire departments, all located in southern New Jersey in suburban areas. Table 2 provides a visual display of demographics.

Table 2

Demographics

Firefighters	Age	Race	Years of Experience	Family Status	No. of Children
P1	36	Caucasian	11+	Married with ch	
P2	43	Caucasian	25	Married with ch	
P3	35	Caucasian	20	Married with ch	
P4	28	Caucasian	10+	Married no chilc	0
P5	36	Caucasian	15	Married with ch	
P6	32	Caucasian	10	Married no chilc	0
P7	34	Caucasian	16	Divorced with cl	
P8	33	Caucasian	10	Married	
P9	32	Caucasian	16	Single	

Data Collection

As previously mentioned, there were a total of nine participants. The duration of each interview spanned from 12 minutes and 13 seconds to 42 minutes and 28 seconds. These times exclude the debriefing at the end of each one. The data were recorded with a hand-held, electronic recording device. Once all nine were recorded, two were manually

transcribed, and the remaining were played and listened to as Word dictated through the voice program. In addition, an observation sheet for additional interviewee comments and potential follow-up questions was used for each interview. There was only one variation with data collection that had been presented in Chapter 3, which included using recruitment via social media to ensure enough qualified participants.

Data Analysis

A thematic analysis was conducted once importing the previously described interview transcriptions into Quirkos. After listening to and reading the transcriptions numerous times to have a clear understanding of the data, I began inductive coding. An inductive approach to analyzing data is extracting specific words, sentences, or paragraphs to identify particular concepts that of which relate to the study (Azungah, 2018). I followed Braun and Clarke's six step guide for accurate coding and theming (Braun & Clarke, 2006). After coding all nine transcripts there were numerous codes that revealed themselves. The most common codes that emerged included "barriers of seeking help," "stigma of counseling," "coping skills," "contradictions," "mandatory counseling," "timing of receiving counseling," "symptoms from traumatic incidents," "failures being helped," and "traumatic incidents." Addition codes that came up but less frequently included "family," "expectations," "emotions," differences in fire departments," "second jobs," and "medication." The codes mentioned above were created, managed, and categorized to allow common themes to emerge.

The most common theme that emerged included barriers to seeking help. This

included several sub-themes such as "privacy," "lack of knowledge in what therapy is and how it works," "fears," and "stigma of receiving counseling." The second theme was "management for firefighters," with sub-themes of "current coping skills" and "failures in being helped." The third and fourth themes were "current coping skills" and "seeking emotional support", with the latter having a sub-theme of "contradictions." The last theme named was "mandatory counseling."

There were qualities of discrepancies throughout the data. The discrepancies were similar as firefighters would say they were open to receiving counseling but had never actually gone. A second pattern was firefighters saying they did not need to go but would love it if their coworkers went if they needed help. The third common discrepancy was firefighters saying they did not need emotional help, then later saying things such as they know they would benefit from the help or that they hold things in until they feel like they are going to explode. In addition, they would say they did not need help, then talk about ways they "coped." As mentioned, these discrepancies were dealt with by simply creating a sub-theme under "seeking emotional support" since it came up so often. While coding and theming, the components of trustworthiness were at the forefront.

Evidence of Trustworthiness

Prior to any data collection, the IRB at Walden University supported in the established of trustworthiness by collecting, altering, and approving all documentation and methods regarding the entire data collection process, from recruitment to interview questions. As discussed in Chapter 3, components to establishing trustworthiness include

credibility, transferability, dependability, and confirmability. To establish credibility, I looked for consistency when gathering data through questioning and observation (see Nowell et al., 2017). In addition, I was able to reach saturation by the sixth and seventh candidate, as no new information was revealed (see Hennink et al., 2021). Lastly, since I am a professional licensed counselor, I was able to create questions and present data while being self-aware of my own biases to decrease social desirability (see Bergen et al., 2020).

In providing a detailed description of the methodology and findings, future readers and researchers will be able to determine whether it relates to other male, career firefighters' experiences (Stahl et al., 2020). This lent to the attainment of transferability. In addition, with the detailed information provided, a researcher will be able to duplicate this for another study, which also allows for transferability (Stahl et al., 2020).

Dependability was established through keeping a record of the entire process from recruitment to data analysis. I gathered a true interpretation of the data, which I got to know through follow-up questions, reading the data numerous times, and making sure documentation was accurate (Nowell et al., 2017). This means, if I had a person go back to review my work from the beginning, they would be able to track and follow a clear path of what was done.

I accomplished confirmability through putting all raw data through Quirkos for accurate coding and interpretation. It can be assumed that participants' answers can reflect personal prejudices, values, and biases since the answers will be subjective, so I

maintained awareness of my biases through careful reflection, notetaking, and reminder that their answers are to be used as is (Varpio et al., 2021). Lastly, I was ethical and fair toward all participants throughout the research process. I was able to implement all suggested techniques from Chapter 3, without having to alter the plan in any way. Overall, ethical, meticulous, and proper data analysis is one of the key components necessary for a study to be considered trustworthy (Norwell et al., 2017).

Results

Through qualitative research, I explored the thoughts and views of experienced male firefighters regarding the topic of mental health therapy. Semi structured interviews were used to gather data from nine participants regarding their views on stigma related to seeking mental health therapy. All participants were over the age of 18, were career firefighters, and had over 5 years of experience. Three participants were of higher ranks in different departments. The participants came from seven different fire departments in the south Jersey area, all within a 25-mile radius.

The first research question asked what firefighters' views are of the stigma associated with seeking mental health therapy. The second research question asked firefighters what their views are of mandatory mental health therapy.

Themes

Barriers to Seeking Help

Whether open to professional counseling or not, all nine participants mentioned similar barriers when it came to seeking professional help. One of the most common

emotions participants admitted to about seeking counseling was fear. This included fear of being stigmatized regarding seeming weak, not having privacy, or losing their jobs. The stigma that comes up consistently is self-stigma but not public stigma. Participants also expressed fear of losing their jobs if upper management found out. They spoke as if they did not have stigma toward others, but how others would look at them because of the stigma. They often talked about *having* to be tough and show up to the job ready to go each time, no matter what tragedy they faced. The following are exact quotes that support these specific fears:

- "Everybody has a fear of the department finding out they're getting therapy because they're afraid they're gonna lose their jobs because of their mental health"

- "There is a stigma in the service, so you don't want to seek out help because you don't want to be seen as weak"

- "Nobody wants to have the fire department find out that they might be suffering from some kind of mental issue as far as whether it's PTSD or anything because of fear of losing their jobs"

- "Somebody used the employee help program and the department never got notified with details so once I found that out, I ended up using it"

- "We were trained to be tough and handle it"

- "We are heroes and there is machoism in our field so seeking help takes that away"

Another barrier was the notion that therapy would not work if the therapist could not completely relate to what they may or have gone through. Almost all firefighters

seemed to be under the impression that if a counselor did not see or experience the same exact things, they are unable to help in any way. Here are some examples of exact quotes that support these findings:

- "If I went, they would have to be able to relate"

- "It would be hard for a person to relate to me because they haven't seen someone's brains all over the place"

- "It's hard to find someone who can relate, that's why it's easier just talking to certain people at the firehouse"

- "I don't really tell my wife stuff because she doesn't understand 'cuz you have to be able to relate to understand"

An additional barrier was an overall lack of understanding about the counseling process regarding what it is and how it helps. They seem to have a preset idea of what it is and often stated myths or issues that are usually sacred to therapists, as well as protected by law, such as privacy, for example. The following are exact statements that were said supporting this barrier:

- "A therapist can't help someone if they can't relate"

- "Therapists are expensive"

- "It takes up too much time, that I don't have"

- "People could just get put on medicine, which could get back to other people in the department"

- "Other people could find out"

- "You don't want to know how messed up you are. We are out taking care of people with mental health issues; we don't want to be that"

- "Someone might hear me talk and I don't want them hearing about my issues"

- "Guys in the firehouse are really the only ones who can help"

Current Coping Skills

After collecting and reading through the data, it was clear that the majority of firefighters handle their issues in a similar manner. They often rely on each other to talk through their issues. In addition, they will sometimes utilize Mercury, or some other critical debriefing program exclusive to the fire department after serious incidents. Below are examples of what they currently focus on when dealing with the aftermath of an event. It is important to keep in mind that their critical incidents are not just in the field. One critical incident could be dealing with the death of a fellow firefighter from suicide. Participants expressed the following:

- "I just keep it inside"

- "A good outlet for me was my peers"

- "I try to kind of handle it in-house" (referring to the fire department)

- "I have a good enough ability to handle things on my own"

- "The department does have critical debriefing but the higher-ups ask if anyone needs it so nobody says they want to because it is asked in front of everyone"

- "We all have a dark sense of humor we use"

- "I've been required to go through EAP (emergency action plan)"

Seeking Emotional Support

Eight out of the nine participants were open to themselves or coworkers seeking mental health help. The one who was not supportive of professional help, later stated that if one of his coworkers felt like he needed it, he would encourage him to go because he would rather his friend talk it out to get help than to go home and eat bullets. "Eat bullets" is a term over half the participants used when referring to suicide. Some also talked about watching a loved one go to therapy and witnessed improvements, as well as personal marriage counseling that they felt had helped. The following are some comments from the interviews that are evident of such support:

- "I think as an individual, it wouldn't be bad"

- "I've taken some resiliency programs where we talk about this kind of stuff and I think it's a great thing. It's a huge need in the fire service"

- "There are more of us getting killed by suicide that there are by fires every year and that number keeps going up so I would not be opposed to it"

- "Years ago I would have said no but as I start to go through work, I am now more open and willing to do it"

- "I live with someone who has mental issues and I can see where it helped her"

- "I went to see a more holistic person for help, it wasn't bad as we talked about stuff"

- "Not ten years ago but now I think it's awesome to have that opportunity"

- "The younger I was the more I didn't believe in it but the older I get I see how people being counseled and being able to get things off their chest can be helpful"

- "I am open and receptive"

- "I think we should go, especially if it's your career because you are doing it every day and obviously you can see some really not so nice things so counseling should be a part of it"

Management in Fire Departments

There were three participants that were in leadership roles at their fire departments. All three were either open to their firemen getting help, or in the process of want to make some type of emotional support mandatory. However, there was a large majority of firefighters who have had negative experiences with trying to see help from their departments. What came up a lot was age. Results revealed that many firefighters suggested that the older generations were closed off to counseling and that it showed in their management style. Most of the firemen talked about it being a big problem and some even alluded to when the higher-ups are gone and out of those leadership positions, firefighters will be able to get the help they need. These quotes reveal their thoughts and opinions about this theme:

- "I think it would be more effective to have the chief come though and say people need to see CIFD and to require sessions"

- "If the chief can use his discretion and say it's pretty bad you have to go see someone or talk to someone it would be better"

- "Once firefighters experience the leaders doing it, and know it would not impact their jobs"

- "It's still an issue with the older generation. We are a young department, so I think we are more open, but the senior firemen definitely have an issue with it saying things like they are fine, they'll sleep it off, or go to a bar"

- "The landscape of the job has changed over the last ten years. When I first started, they were just starting to tell us to go see someone if you see something bad"

- "They have programs in place but the leaders will walk through and ask if anyone needs to use them in front of everyone, so nobody wants to be the first to raise their hand and say they need help"

- "I had a lot of support when I got back to the station"

- "The way it's always been explained to me is when any crisis team comes out, for some fire departments it's mandatory…so after a stressful event, you go tell your captain, hey, grab your firefighters, you're coming to this. You take your company out of service and you break. My fire department doesn't do that. They just take to look around the room like, hey, you, OK? OK. OK. Yeah, we're all good. Cool. The captain goes to go to chief and says, hey we are all good"

- "There is a generation gap in our department"

- "Last week they had a pediatric cardiac arrest. Parents found the kids, so the initial reaction was to send everybody home and bring in people in overtime. Everyone decided to stay so obviously everyone on my shift was talking about it. And we all thought that was the wrong thing to send people home because their spouses are at work, their kids at school. Like, you're just alone with your thoughts. And I'm the only one who doesn't have

a gun in my department. So, you know like the phrase that is how people eat bullets was used. I don't know if management asked the question is it safe to send them home to be alone?"

- "Would love to see change in it be normalized"

- "One time I had something really bad, and I requested to the chief that I needed to talk to someone. "That was the extent of the conversation. To me, it was unacceptable"

Mandatory Therapy

Most of the men talked about understanding there is a need for change with counseling as a good place to start and that they would be happy if it was more accepted. However, where other themes demonstrated more unified thoughts and ideas, this theme had the most variation in answers. Most believed that it is a great idea, others believed it would need to be created in a specific way with customized rules, and a select few thought it would not work, even if it was beneficial. The following are some examples of these thought processes:

- "If you had to go see somebody for a quick half hour visit and it could be done via Zoom, and on duty, I think that would be better than making people go on a scheduled basis. It would be received better"

- "that's one of the things, me as a manager, is looking into. I am 100% all for it. Not ten years ago but now I think it would be awesome to have that opportunity. They would have to know it would not impact their job. I think once they experience it and see the leadership is doing it, the way it's presented, and the way it's followed up with, definitely

frequency, where it would be, frequency. It would have to be balanced."

- "It's like going to training to prevent an injury. It's the same thing. Prevention is a great way to put it. We are required to do a physical once a year, why not have a mental check too to make sure there is nothing they are hiding that is bothering them. If it's not something forced by a higher authority or insurance company, it comes down to management again."

- "I think if we can start to the process, and show it's not that bad and have that sustainability that we are trying to help not hurt then it could be something that is possible. We can't just check your issues at the door anymore because it leaks into other things so now we have to talk about it to help things."

- "the CISD, the Mercury team, that kind of is mandatory to an extent. We also make EAP mandatory like if we have somebody who more or less screws up, not acting like themselves, or if they are giving us red flags like we would definitely send them to EAP or at least talk to them and try to see if it's there is something they need. We offer all the time for people, for all kind of things that are going on"

- "If someone made me see a therapist, I'd be pissed off"

- "I've been required to go through EAP for that the team building kind of thing and it was as a requirement, it was like a big thing and I was not very happy I guess if it were structured as once a month would, that would even be a lot. We work seven to eight 24 hour shifts a month. I guess if it were something quarterly or if someone came here and just briefly met then that would be something new. I would not be opposed to the thought

of it but am hesitant because you're still talking about forcing them to do that."

- "if it were structured as once a month would, that would even be a lot. We work seven to eight 24 hour shifts a month. I guess if it were something quarterly or if someone came here and just briefly met then that would be something new. I would not be opposed to the thought of it but am hesitant because you're still talking about forcing them to do that"

- "I think you should go, especially if this is your career and you're doing it every day because obviously you can see some really see some not so nice things. So absolutely, I think it should be part of it"

- "I don't think that you would get people to participate. And if they did participate because they were forced to"

- "You'll get a lot of just one-word answers. People would be very reluctant. I think as a whole the department would really fight it tooth and nail to not have to go sit down and talk to somebody. I feel like it being voluntary would be something that people would want to do it and you know, they'd talk to you and open up a little bit more about it."

- "I feel like you guys were, like, even forced to go on a monthly basis to sit down and talk to somebody, you'd spend more time staring at one another"

- "I wouldn't be upset about that because in therapy they can't drag things out of you, it's just what you share so I don't think it would be the worst thing. I think you know there's a lot of lot of underlying issues in the fire service as a whole would just people in general, and obviously there's mental health crisis"

- "I so horribly think that it would help, especially even if you're required to go maybe once a month. I think would help out greatly, especially with the suicide deaths in the fire industry growing"

- "To have someone say, let's go have a private conversation, knowing you can actually have a way to escape by talking to somebody instead of just sitting there suffering and wallowing is huge and actually does justice. Mandatory I honestly do believe that mandatory sessions should be part of the job"

- "It should be. It should be. Suicide rates are climbing astronomically and it's just because not only is it a predominantly male field,"

Decreasing Stigma

The last theme to emerge was decreasing the stigma of getting counseled if everyone had to participate. Seven participants agreed that it would either eliminate or at least significantly decrease the stigma. One participant thought it would decrease stigma but over a long period of time, and one participant believes it would not change the stigma at all. The following are the exact words regarding these beliefs:

- "It would probably eliminate it, if not make it better because. Everybody's doing it. So it's not just singled out where it's like…Did you hear so and so used a therapist you see, or he's weak. Like I dealt with it, I saw the same thing. It didn't bother me. I don't know what's wrong with him, but if everybody had to do it, I think that the stigma would be nearly eliminated"

- "I think it would reduce it dramatically and people wouldn't think twice about it"

- "Maybe make it more accepting. Everybody has to go through it. Everything would be a lot easier for people to actually open up. There are definitely those comments like, 'Oh man, I don't wanna tell anyone my problems or somebody's gonna hear me talk about it and I don't want people to know about my issues.' But if everybody had to go through with it, I think it would a lot easier to deal with"

- "It would absolutely help decrease the stigma"

- "I think it would decrease the stigma eventually but it would take time. I think it will increase acceptance. In the beginning if you mandate it, there will be pushback until people experience it, it will be able to click and know it's not that bad"

- "If it is carried out and sold properly, maybe- the stigma will always be there until it's felt, like losing someone and the mental health aspects hit you. You don't want it becoming routine and a joke, like the sexual harassment training. It would be difficult"

- "I think overall it would eventually turn the tide and you would see a lot of positive outcomes from that"

Table 3

Results Summary

Themes	Subthemes	Frequency	Examples
Barriers to seeking help	Stigma	27	"Nobody want to have the fire department find out that they might be suffering from some kind of mental issue as far as whether it's PTSD or anything because of fear of losing their jobs"
	Fears	12	"There is a stigma in the service, so you don't want to seek out help because you don't want to be seen as weak"
	Lack of knowledge	12	"It's hard to find someone who can relate"
	Privacy	4	"People don't want to lose their jobs"
	Expectations	4	"That's what the community expects from us. They expect us to be a higher-level professional that takes action, to always be willing and ready to go. That's what we mainly focus on…always being ready to go, always 100% and nothing less. Be heroes, not zeros"
Current coping skills	Internalizing	9	"I just keep it in"
	In-house venting/talking to coworkers	7	it's easier just to talk about it with the guys at the Firehouse
	Humor/Dark humor	4	"We have a dark sense of humor"
	Medication	2	"I don't think I would be on Lexapro if I was, you know, salesman or whatever"
Seeking Emotional Support	Contradictions	13	"I don't need it but when things start to build up, I'll talk to one of my guys about it"
	Isolation with experiences	11	"Nobody understands what we see and deal with"
	Symptoms from critical incidents	9	"I've had the reliving calls, nightmares, zoning out, thinking coulda woulda shoulda'"
	Best time for counseling	8 Prevention for before a critical incident	"It's like our own field, we go in with life-saving prevention such as wires everywhere, the door being blocked-by doing it that way, we have to flip the script. It's like going to training to prevent an injury. It's the same thing. Prevention is a great way to put it. We are required to do a physical once a year, why not have a mental check too to make sure there is nothing they are hiding that is bothering them"
		1 Treatment for after a critical incident	"I think people would understand that and I think it may be more effective because I think the most important time is right after the incident to kind of talk about it and get it out"
Management in Fire Departments	Failure in being helped when asked	9	"Am I proud to be a firefighter? Yes. I'm not proud of where I work. You know, I just kind of lost faith in the establishment, to quote someone else. The instant I talk about like with them asking for crisis intervention and it not happening will always be a big turning point of just like… you never had my back"

Themes	Subthemes	Frequency	Examples
	Older generation less open to counseling	10	"still an issue with the older generation of the firefighters. We are a young department. I say majority of our department is under 40 so I think the newer generation is open, but the old school, more senior fireman definitely has an issue with that saying things like "I'm fine, I'll sleep it off," or "I'll go to the bar"
Mandatory Therapy	In support with specific guidelines	7	"I think if we can start to the process and show it's not that bad and have that sustainability that we are trying to help not hurt then it could be something that is possible. We can't just check your issues at the door anymore because it leaks into other things so now, we have to talk about it to help things."
	Not in support	2	"You'll get a lot of just one-word answers. People would be very reluctant. I think as a whole the department would really fight it tooth and nail to not have to go sit down and talk to somebody. I feel like it being voluntary would be something that people would want to do it and you know, they'd talk to you and open up a little bit more about it."
Decreasing Stigma	Believes would decrease stigma	8	"It would probably eliminate it, if not make it better because. Everybody's doing it. So, it's not just singled out where it's like…Did you hear so and so used a therapist you see, or he's weak. Like I dealt with it, I saw the same thing. It didn't bother me. I don't know what's wrong with him, but if everybody had to do it, I think that the stigma would be nearly eliminated" "I think it would reduce it dramatically and people wouldn't think twice about it"
	Believes would not change it at all	1	"I don't really think it would really change. Unfortunately, a lot of things in the fire service are traditional"

Summary

This study was designed to explore the thoughts and feelings of firefighters on the stigma surrounding mental health counseling in southern New Jersey. To reveal this information, I collected answers from nine career firefighters through individual, semi structured interviews. Once the data was collected, I used software to assist in thematic analysis by coming up with themes and codes to organize the information. Careful steps were taken into consideration for credibility, transferability, dependability, and confirmability. Results showed that most firefighters are aware of the stigma that surrounds seeking mental health services, however, a large majority were in favor of some type of counseling. Results also revealed many barriers to seeking help that went beyond just the stigma. Overall, with certain parameters put into place to rid the barriers, almost all firefighters in this study would be open to receiving counseling. In addition, all participants were accepting of their peers to receive counseling.

In chapter 5, I will reiterate the purpose and nature of the study, as well as why it was conducted. I will then summarize the key findings. I will then provide an interpretation of my findings. Next, I will discuss limitations of the study, followed by recommendations for future research. Lastly, I will describe the potential impact for positive social change as I conclude the study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to explore firefighters' views of stigma associated with seeking therapy, as well as their views on mandatory counseling. The nature of this study takes qualitative approach through open-ended interview questions that helped to provide insight into the problem of issues stemming from the workplace among firefighters. Overall, the study was conducted to begin filling gaps in current literature to provide a better quality of life for firefighters. Findings revealed that even though there is an existing stigma with seeking counseling, all candidates claimed to have become open and understanding of peers who need to seek help. With mandated counseling, there were mixed reviews and those who thought it should be a part of the job still had requests on how they think it needs to be done.

Interpretation of the Findings

Findings and Relationship to Current Literature

Stigma of Seeking Emotional Support

Participants in this study talked about the machoism and the perception of weakness in seeking counseling that exists, especially among the older generations of firefighters. Throughout the interviews, all firefighters recognized that there is a stigma toward counseling. This machoistic culture is supported in the existing literature which emphasized being emotionally weak if someone talked about their feelings (Carpenter, 2020; Isaac et al., 2021). The nine participants in this study revealed that firefighters have seen and experienced a significant decrease in stigma over the last 10 years while still

experiencing the usual teasing, heroism, and macho culture.

The rationale for saying stigma is down included the loss of peers, higher rates of suicide, the increase of traumatic incidents they see due to more job responsibilities, and their own experiences of feeling better after talking things out with peers. Another aspect of the literature that related to this study is self-stigma and public stigma (Yang et al., 2007). Although results of this study show that firefighters are more open to therapy, a little more than half talked more about self-stigma being an issue and much less judgmental or disapproving for their peers. Having learned through this study that firefighters prefer peers as an outlet to talk to, it could be helpful to have some firefighters that are trained in some basics of counseling. This result demonstrated the barriers that came up for seeking therapy.

Barriers

One of the biggest barriers revealed in this study was not having the assurance of full privacy, based on fear of self-stigma and losing their jobs. All the participants stated they would rather have peers seek therapy than suffer in silence and "eat a bullet." All participants talked as if they cared deeply for one another and wanted the best for each other. All participants also agreed that it is the older generation that continues to hinder others from seeking therapy. Often, there was an angry tone when talking about management. One participant revealed he will be looking for a new job and getting out of this field after he asked a superior for someone to talk to after a tragic incident, and the request was ignored. Other supporting factors of this include higher-ups who participated

and are willing to be open about themselves going to therapy to set a good example and work toward therapy being mainstream in the industry. This leads us to the idea of mandatory counseling. Literature revealed that one of the biggest barriers of seeking therapy was that it is a male-dominated culture who feel the need to appear strong and be ready to perform their best in front of and for the public (Perrott et al., 2019).

Another barrier this study revealed was discovered through answers to the questions which determined there are misconceptions and a lack of knowledge about what therapy is and how it works. Most participants often talked about not talking to professionals for emotional help because the professional had not been what they had been though so they could not relate. Licensed counselors are trained and experienced to provide emotional support and healing based on empirical and scientific evidence. They do not need to relate to or have experienced what a patient had experienced in order to help. In addition, privacy was a barrier, but confidentiality is the law between counselors and their patients. Another misconception is that counseling is expensive. This is not always the case, and some counselors provide a sliding scaled payment, or even offer discounts to first responders who are patients. In addition, a firefighter could go at their own frequency and does not always have to be every or every other week. Providing clarity to some of these misconceptions about counseling should be beneficial to firefighters so they have a full understanding of what counseling is and how it helps.

Mandatory Counseling

Participants' views and thoughts on receiving mandatory counseling did vary.

Although over half stated that they were open to mandatory counseling, the agreement did not come without specified conditions. The conditions they would need if counseling were mandatory included being able to choose their own therapist, being able to schedule it on their own time, having it less frequent than traditional weekly/every other week sessions, full privacy, and a person who is able to relate. The latter request sparked further consideration that created two circumstances since I am looking at this study through a lens as a licensed professional counselor.

The first issue with their rules on mandatory counseling is a professional counselor does need to relate to every situation a patient has been in to help them through the healing process. This could be a misunderstanding of what therapy is and how it works, which was previously discussed in detail. A second example is their wish to do therapy too infrequently, which could disrupt the effective process of counseling. This leads to considering how professional counselors allow patients to set parameters on what is best for them if they are uneducated in the counseling process. On the opposite spectrum, since all participants suggested this, it could be helpful to create a platform for help that they feel comfortable with and will help them be more willing to participate, especially if counselors knew firefighters' regulations would not cause more harm to themselves or their peers.

Current Coping Skills and Contradictions

Out of the nine participants, five said they are open to counseling and have or would participate in therapy as a coping skill. The remaining four said they do not need

counseling, then contradicted themselves with the rest of their answers. For example, three said they do not need counseling, but when they did, they talked to peers about their issues. One said he was not open to counseling but then said he goes to a counselor for family issues, which is helpful. He also said he will sometimes use the therapist for "work-stuff" if it is "there." All nine claimed they were okay with peers going if they needed it. Again, this demonstrated that self-stigma was stronger than public stigma. All participants expressed the helpfulness of talking to other peers as a coping skill, but not in a group setting. Often, they faced negative experiences where management has asked publicly who needs help, which leads to the last theme of management.

Management

Participants in this study often talked about not having their needs met by upper management and often felt ignored. According to literature, perceived infringements in psychological contracts between firefighters and employers has resulted in added levels of mental stress (Duran et al., 2018).

Participants revealed their beliefs that decreasing stigma starts with upper management. Often, traditions of machoism are held more strongly by older generations, who, most of the time, are in upper management positions. During the interviews, there were two stories from separate participants who continued to be upset since they had asked for help after a tragic incident and revealed they were completely ignored, and it was never brought up by management again. All three participants in upper management expressed they want to make changes and even partake in counseling themselves to show

their crews there is nothing wrong with seeking help. It seemed evident that younger generations moving up in rank show promise in helping their crews accept that therapy can be added as a positive coping skill.

Potential Support for Firefighters

The participants in this study were all located in working class geographical areas. Research has shown that rates of negative mental health symptoms in firefighters were higher in working class geographical areas as opposed to poorer areas (Jang et al.'s, 2020). This is relevant because it could inform such departments of a potential increased need for additional mental health opportunities if they are in working areas.

Although the questions in this study did not specifically address exposure to critical incidents as they relate to gender, experience, or age, each participant shared stories about their experiences with critical incidents. A study on 1,877 firefighters revealed that 90% had experienced exposure to critical incidents (Nazari et al., 2019). Although the above categories may have significance in other areas, it appeared that the common trigger of stress was responding to critical incidents. It could be inferred that because most, if not all, firefighters experience critical incidents, then firefighters would benefit from counseling. As reviewed in the literature, numerous counseling techniques are effective for decreasing symptoms from trauma (Kaurin et al., 2018; Sawhney et al., 2018).

Participants in this study often talked about experiencing negative physical symptoms stemming from their work, such as pain or lack of sleep. According to

literature, several studies discussed the importance of how physical ailments lead to mental ailments, and vice versa. Some examples of such ailments included IBS, heart issues, PTSD, stress, headaches, lack of concentration, anxiety, and depression (Jang et al., 2017; Ranney et al., 2020; Rodrigues et al., 2018). In addition, when such ailments are left untreated, whether mental or physical, can worsen and ultimately result in suicide. Every participant in this study talked about losing a colleague to suicide and the fear of losing more. Suicide rates are rapidly increasing and have been over the last several years (Patterson et al., 2018; Sawhney et al., 2018). These results are important because they lead to the premise that addressing mental health can improve physical wellness, leading to effective job performance, satisfaction, and safety.

Interpretation of Findings

Stigmatization

The reason stigma is so important to understand is because its presence negatively impacts virtually every firefighter. This is true because every firefighter experiences trauma. Trauma almost always results in significantly negative mental and physical health issues that require professional treatment. Stigma substantially reduces the likelihood of firefighters seeking necessary and effective counseling. The failure to successfully address stigma is harmful both to firefighters and the public.

Barriers to Seeking Counseling

The overall and encompassing barrier to seeking mental health counseling was stigma itself. All individual barriers stemmed from specific fears. Some firefighters

hesitated to seek counseling because they feared lack of privacy in the process, presenting the appearance of weakness to colleagues and the public, losing their job, and/or raising their own self-doubt. It was evident that some of these fears arose from misconceptions.

One misconception regarding seeking mental health counseling involved the lack of understanding about the entire counseling process. For example, many comments during the interviews reflected a concern in seeking help from counselors who have not personally experienced the trauma that the firefighters had faced. In reality, counselors are trained professionals who do not need to share the same experiences as their patients in order to help them. Another obstacle is the mistaken belief that if they attend counseling, people could find out. This is a misconception because counselors are bound by confidentiality requirements. A third misbelief is that counseling would not work or create change. Firefighters may not understand that counseling is science-based and rises above the level of mere discussion. The above misconceptions wrongfully steer firefighters away from helpful counseling.

A third barrier was the pressure firefighters felt in living up to the publics' assumed expectations of being heroic. Counseling may provide an understanding and resolution of their invisible dividing line between their real-life performances and Superman's. Ultimately, counseling in this regard would go a long way in alleviating unnecessary stress.

One of the most influential barriers that arose during the interviews was the older generation's complete disregard for the younger firefighters' requests for help after

traumatic incidents. My unstated prediction of positive increased acceptance of counseling was confirmed by participants in this study. However, the progress of acceptance is being hindered by both passive and active behavior of older firefighters.

Stigma Exists but is Decreasing

The power of stigma revealed itself through each theme which seemed to be the driving force and barrier throughout the entire history of firefighters seeking emotional support. However, this study revealed that the impacts of experienced trauma and losing colleagues by suicide have seemed to become more powerful than the stigma itself. For example, through the words of these participants, they are caring less about what others may think and want their colleagues, and themselves, to live happier lives by dealing with issues they are faced with, through any means necessary, even if that means counseling. Even though stigma still exists, participants have noticed a decrease over the last several years. The understanding and belief of stigma decreasing was reflected in the majority of participants' responses during the interviews. The remaining stigma still leaves the danger of firefighters using unhealthy coping skills.

Mandatory Counseling

Definitional Issues. The word "mandatory" is a commanding term that can often have a negative connotation. It is most likely a reason as to why mandatory counseling was one of the topics, aside from generational gaps, in this study that held true to existing literature in that firefighters did not want to be forced to do anything at all, even as it related to non- work instances. All participants said it was important to seek help if

needed, but once they heard the term "mandatory" they started suggesting there needed to be different parameters. Being forced to participate in traditional parameters of therapy coupled with the fear of public or self-stigma could lead to more harm if not done correctly. The latter is also another reason as to why firefighters said colleagues were a preferred choice to whom they vented their issues.

If firefighters had mandatory counseling as part of the job requirement, it would be beneficial to use information this study provided in a new wellness program, or at certain departments depending upon location. Participants of this study briefly talked about some resolve with this topic, such as using a different descriptive term that is more acceptable and less threatening. Using the information provided in this study, firefighters could choose their own frequency as to when they participated in counseling, such as weekly, every other week, monthly, or quarterly. For counseling to remain effective and still maintain parameters preferred by firefighters, regularity would have to be a part of the plan. A lot of the parameters suggested by firefighters in order to accept mandatory counseling seemed to have a lot to do with the misconceptions about what counseling is and how it works, which we recently discussed.

Positives of Mandatory Counseling. Voluntary counseling only reaches some firefighters, a lot of whom have already been negatively impacted by their jobs. If counseling was mandatory, it would reach every firefighter. To reiterate, the term "mandatory" used in the context of this study and its findings, refers to counseling being customized to the needs of each firefighter such as frequency, maintenance or treatment

type, length of session, place of session, group versus individual, etc. With that being said, firefighters would not have to worry being asked in a roomful of other firefighters if they would like to speak to someone regarding issues from an incident they had experienced. Most participants talked about how nobody ever wants to raise his hand and say he needs help in front of everyone, even if he wanted to or knew it was needed. Not only would this help firefighters, but it could also help upper management with not having to ask their crew if they need help in a way which may defeat their purposes.

Another positive impact would be the prevention of negative mental and physical health issues. Prevention is a powerful tool, especially in the world of physical health, yet with mental health, people tend to wait until there is a need. Since mandatory counseling would be customized, according to future recommendations from this study, firefighters would learn that much of counseling is educational, not just sitting and talking about feelings or digging deep into their pasts. This leads to another benefit resulting in uncovering more truths about counseling, therefore, ridding many misconceptions. Since misconceptions are such a large part of the barriers of preventing firefighters from seeking help, any restrictions would seem to lead to positive results.

Decreasing Stigma

One unstated prediction was that mandatory counseling has great potential to be one of the best weapons against negative stigma toward receiving help. Mandatory counseling would alleviate the stigma of having to seek help. This notion can and has applied to other phenomena. For example, the National Football League had been playing

football since the late 1800s, but the use of helmets for safety did not become mandatory until the 1940s. Before helmets were mandatory, players did not want to wear them for fear of seeming weak, but once everyone had to wear them, it is just part of the game.

The mandatory aspect of counseling, as it relates to stigma, removes the choice to seek help from those who would normally be impacted by the stigma and places it within the underlying structure of effective firefighting training. This impacts not only the healing of counseling, but also the prevention of harm in the first place. The mandatory counseling requirement would alleviate any negative feelings and/or thoughts about seeking help as it would apply to every firefighter.

Limitations

As with all studies, limitations exist. There are several limitations and challenges associated with the research. First, interviews can be like questionnaires in that they are self-reporting and therefore subjective. Participants' answers could be exaggerated or altered if they happen to be embarrassed, lack self-awareness, or desire to say what they think the interviewer wants to hear, which could then compromise the trustworthiness (Lucas, 2018).

Another limitation is generalizability. The results of this study are not able to allow for generalizability because of the small sample size, a similar age range, and all participants working within a 20-mile radius.

Another limitation is that all participants were in their 30s. This ended up being a limitation because a lot of the beliefs regarding counseling are generational. As the

participants often stated, although anecdotal, there is a generational gap in that older

firefighters are more resistant to mental health counseling than their younger

counterparts. If there were older participants, results may have indicated less support of

counseling. In addition, this study does not explore or speak to potential stigmatic views

of female firefighters.

Recommendations

Looking at the findings and limitations of this study helped to identify

recommendations for future research. One recommendation that stood out is the

opportunity of interviewing firefighters who are older. A study could benefit with a larger

age span since so many participants in this study expressed that the older generation have

more issues with counseling. Perhaps answers from an older generation would provide

more feedback as to what guidelines could be put into place to make counseling more

acceptable and wellness programs more effective.

A further recommendation would include a larger sample size and participants

from different geographical areas. This could be beneficial in adding to the current

literature to reach generalizability. A third recommendation to fill the gap in literature

would be to explore firefighters' ideas on how to create wellness programs that are more

acceptable and effective.

In southern New Jersey, there ais a program called Cop to Cop. This program is a

hotline for police officers, who deal with similar phenomenon as firefighters, to call up

and talk to someone about their issues. What is different and useful about this program is

the people answering the phones must be retired police officers. This notion they have is similar to what participants of this study were stating, in that they would rather talk to peers who can relate. We have learned that wellness programs have not been effective in the past and there were no specific answers as to why. As a prediction of being able to create better quality lives for firefighters, having retired firefighters at a program could be one aspect used to set up new and improved wellness programs.

A final recommendation, based on the results, is spreading the word to correct many misconceptions of therapy. The misconceptions are leading to barriers which are preventing help-seeking behaviors. Although there is movement of stigma in the right direction, firefighters would benefit from having better knowledge of what counseling truly is and how it works to benefit their lives.

Implications

There are several potential implications arising from this study. One is the improvement of the mental attitude and psychological health of the individual firefighter. A further result would be a corresponding improvement in the firefighters' familial relationships and ultimately, society at large. Another implication would be the resulting improvement in the act of firefighting itself. This would result in minimizing the loss of life and the occurrence of injuries to both firefighters and the public.

Another implication would be the reduction of symptoms from mental disorders that develop due to inevitable traumatic events from their job. Since there are few wellness programs found to be effective in helping firefighters succeed, this study may

aid and assist in developing new and progressive wellness programs which have a greater potential for success than existing programs (O'Halloran, 2015).

Mandatory counseling may decrease stigma associated with counseling because it would eliminate the need for people to choose. Learning new ways to decrease the stigma of seeking counseling has several benefits. Those benefits include encouraging more firefighters to recognize negative emotional issues, resolving issues, and decreasing the risk of physical ailments. These benefits lead to an overall improved quality of life and may encourage a larger participation in the firefighting field.

Conclusion

Firefighters are known to have a lower quality of life than the average career with statistics showing high rates of depression, PTSD, anxiety, divorce, suicide, and sleep disturbances. These facts negatively impact not only individual firefighters, but their families and society in general. The purposes of the study were to examine the thoughts and views that firefighters have on the existence of stigma against seeking emotional help and mandatory counseling. This study revealed that within its sample of firefighters, although there is a recognition of stigma, most are in support of seeking mental health counseling. The results concerning mandatory counseling were mixed. In general, there is a majority agreement in favor of mandatory counseling. However, this agreement was strongly limited by individualized parameters and conditions which differed from firefighter to firefighter. This presents the future challenge of designing a mandatory program that would meet their concerns.

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