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# The Lived Experience of Family Stress in Partners of Firefighters During the COVID-19 Pandemic

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# Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Kimberley A. Giannini

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Walden University  
2024

Abstract

The Lived Experience of Family Stress in Partners of Firefighters During the COVID-19

Pandemic

by

Kimberley A. Giannini

MA, Adler University, 2016

BA, Dominican University, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

May 2024

## Abstract

U.S. firefighters played a pivotal role during the COVID-19 pandemic as emergency responders, which exposed them to various stressors and traumatic experiences. Their partners may have experienced secondary stress and trauma associated with their loved one's occupation. The purpose of this phenomenological study was to explore the lived experiences of family stressors among partners of firefighters during the COVID-19 pandemic, a topic that has received little scholarly attention. A transcendental phenomenological approach provided the framework and design for this study. Data analysis yielded four main themes associated with the experience of the COVID-19 pandemic: mandatory changes, impacts on mental health, support, and coping skills. Within each of these larger themes, subthemes emerged. Four subthemes emerged under mandatory changes due to COVID: routine to decrease exposure risk, childcare and own career, time spent with family, and the firefighter community. There were three subthemes under COVID impacts on mental health: firefighters' mental health, partners mental health, and access to resources during COVID. One subtheme emerged under support provided through COVID, which was pride. The results from this study may provide counselors insight into the lived experiences of partners of firefighters during COVID-19. Counselor educators and supervisors may be able to use the information from this study to better train students and novice counselors on the best ways to support the partners and families of firefighters.

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## Dedication

To my beloved parents, Kathleen and Patrick Giannini, who have provided me with unconditional love and support throughout my doctoral journey. When doubt settled in, you always reminded me that I could do it. Your constant support and encouragement helped me get to where I am today. I cannot thank you enough for your love, support, and encouragement. Thank you for constantly pushing me to succeed and being there through every accomplishment.

I also dedicate this work to my husband Adam. The work you do every day as a firefighter is what inspired this project. Your sacrifices and hard work are beyond appreciated. Thank you for always being by my side to encourage me on the difficult days. I would not have been able to do this without your love and support.

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## Chapter 1: Introduction to the Study

Firefighters take an oath to serve their community in a multitude of ways. They are not only required to respond to fires but also assist with medical emergencies and natural disasters. While engaging in their roles and responsibilities, firefighters will often be exposed to high-risk situations like the global COVID-19 pandemic (Graham et al., 2021). However, firefighters are not the only ones affected by the roles of the occupation. For example, firefighters' spouses and family members can also be impacted (Hill et al., 2020). Family impacts include time away from family, missing important events, concern of injury and impact on partner's career (Hill et al., 2020). While researchers have documented the experiences of spouses of firefighters concerning their perceived impact of the occupation (Porter & Henriksen, 2016), there remains a dearth of literature on the impact of the COVID-19 pandemic on the families of firefighters.

Throughout the pandemic, firefighters experienced their own sets of challenges. Carajal and Ponder (2021) compared data from first responders seeking treatment before COVID-19 and found increases in depression, generalized anxiety, and posttraumatic stress disorder (PTSD) during the pandemic. Researchers studying COVID-19 have also found that first responders reported feeling isolated, experienced lack of support from family members, sadness, and anxiety (Zolnikov & Furio, 2020). They also expressed fears of infecting family members and challenges maintaining social distance from family. Although researchers are gaining insight on the first responders' experience with COVID-19, little is known about the partners' experiences throughout the pandemic.

In general, during times of crisis firefighters and their families rely on each other and their firefighting community for support rather than seeking professional help (Kim et al., 2018). An argument for not seeking professional help by first responders includes feeling that the counselor does not understand them and the challenges they face (Kim et al., 2018). As stressors have evolved and shifted during the COVID-19 pandemic little is known about the occupational effects have had on the partners of firefighters. Therefore, counselors could be ill-equipped to support this population as restrictions are lifted and the population emerges from the pandemic and become cognizant of its effects on firefighter families.

In this study, I explored this phenomenon to assist counselors in best supporting this population. In this chapter, I will provide a brief overview of the topic and problems related to the families and spouses of firefighters. In addition, I will state the purpose and problem of the study, discuss the theoretical framework, and describe the nature of the study. This chapter will also include an overview of the assumptions, scope of delimitations, limitations, and significance of this study for future research.

### **Background**

Firefighters respond to local fires and assist with medical emergencies, forest fires, rescue operations, natural disasters, and domestic attacks (Kruger & Beilin, 2014). Additionally, firefighters are tasked with a series of responsibilities that exceed their typical roles including community outreach, volunteering, and providing training to civilians (Haski-Leventhal & McLeigh, 2009). Engaging in this multifaceted occupation places a firefighter in a position to be exposed to potentially traumatic events (Katsavouni

et al., 2016). Vargas de Barros et al. (2013) highlighted the notion that police officers and firefighters are often pushed to their psychological limits. Therefore, extensive research has been conducted on the psychological effects of the firefighting occupation.

Current literature indicates that firefighters have high rates of sleep disturbances linked to the physical and psychological stress of the occupation (Vargas de Barros et al., 2013). Several researchers have identified links between firefighters and the development of depression (Gulliver et al., 2021; Hom et al., 2016; Jo et al., 2013); PTSD and substance use disorder (Boffa et al., 2017; Harvey et al., 2016; Kyoung-Sun & Kyoung-Ah, 2017); and other mental health issues including burnout, compassion fatigue, and suicidality (Henderson et al., 2016; Stanley et al., 2017; Wolkow et al., 2019). Despite these challenges, firefighters have a low probability rate for seeking mental health services (Johnson et al., 2020). Impediments for not seeking treatment include stigma and perceived treatment accessibility (Kim et al., 2018).

In the firefighter occupation, the camaraderie culture can also place implications on seeking mental health. Hom et al. (2016) identified concerns about reputation, embarrassment, being treated differently by colleagues, appearing weak, cost, getting time off, and scheduling concerns as additional barriers to seeking mental health services. Additionally, there are concerns that therapists do not truly understand the firefighter work culture (Gulliver et al., 2019).

The risk of the occupation places several stressors not only on the firefighters themselves but also on their families. Researchers have identified several sacrifices and perceptions of risks by the families of firefighters (Hill et al., 2020; Regher et al., 2005).



For example, families have adopted an "expect the unexpected" mentality to manage the occupation's uncertainty (Hill et al., 2020). In 2020, additional uncertainties began to evolve as COVID-19 became more widespread in the United States, forcing firefighters to interact directly with potential COVID-19 patients. Interacting with these patients increased their exposure and potential risks of developing COVID-19 (Graham et al., 2021). This increase in risk may have placed additional stressors on firefighters' families. Graham et al. (2021) found that firefighters have higher risks of developing severe forms of COVID-19 because of their inherent risk of pulmonary function decrements from their occupation. Gaining a comprehensive understanding of the lived experiences of family stress in the spouse of firefighters during the COVID-19 pandemic could provide critical insight for counselors working with families of firefighters.

### **Problem Statement**

In 2020, the coronavirus pandemic broke out in the United States. Since the first case emerged in early January 2020, there have been 6,866,673 hospitalizations and 1,183,143 deaths”, as of March 8, 2024,” (Centers for Disease Control and Prevention, 2022). Due to the nature of the role, firefighters among other first responders were heavily impacted by the COVID-19 pandemic. In fact, Graham et al. (2021) found that firefighters were more likely to be infected with COVID-19 and more susceptible than the general population to developing severe forms as decrements in respiratory function were two-to-four-times greater in firefighters. Throughout the pandemic, firefighters were tasked with working additional hours to compensate when coworkers were in quarantine, which pulled them away from their families. Feelings of isolation, lack of

understanding from family members, increases in alcohol consumption, and feelings of anxiety and depression are among the consequences that firefighters have faced throughout the COVID-19 pandemic (McAlearney et al., 2022; Zolnikov & Furio, 2020, 2021; Vujanovic et al., 2020). Although the stressors directly impact the firefighter themselves, family members may experience spillover stressors related to their family member's occupation (Stanley et al., 2017).

Before the COVID-19 pandemic, researchers had investigated the impact of the firefighting occupation on the spouses of firefighters. In 2020, Hill et al. found that spouses identified various challenges and concerns such as sacrificing their careers, lost family time, managing the unexpected fears of their spouse's health, and taking on the role of the primary parent. Porter and Henriksen (2016) also explored the lived experiences of first responders' spouses and found similar themes regarding concerns for safety, increased family stress, difficulties with communication, and financial hardship. Firefighters also rely heavily on their spouses and families for support, which can increase secondary trauma and stress (Hammock et al., 2019). Although firefighters and spouses experience several occupational stressors, the culture of the firehouse can hinder a firefighter's willingness and ability to seek mental health services.

The firefighting population experiences extreme stress and trauma that affects their spouses and partners. Evidence suggests that the pandemic exacerbated the levels of stress and burnout among first responders and those who have already experienced trauma (McAlearney et al., 2022). However, the approach to treatment is not one size fits all. Partners of firefighters experience secondary stress and trauma through vicarious

exposure with their first responder. Partners can experience intrusion, arousal, and avoidance symptoms from trauma experienced by their firefighter (Alrutz et al., 2020). However, there is little support and engagement from firefighter organizations for partners to navigate through their experiences with secondary stress and trauma (Alrutz et al., 2020). Therefore, understanding the unique experiences of this population will illuminate best practices for clinicians and educators regarding how to offer treatment to support them. Insight learned from this study can extend beyond the COVID-19 pandemic. Firefighters will continue to experience climate changes, natural disasters, chemical spills or potentially another pandemic. Thus, information gathering can extend far beyond COVID-19 and allow counselors to stay informed and insightful into working with this population.

### **Purpose Statement**

The purpose of this qualitative phenomenological study was to explore the lived experiences of family stressors in partners of firefighters during the COVID-19 pandemic. Using a qualitative phenomenological approach, I conducted in-depth interviews to understand the lived experiences of the partners of firefighters concerning family stress during the COVID-19 pandemic. It is critical to study the perceptions and experiences of the partners of firefighters to understand the impact of environmental stressors and additional unforeseen stressors that may have emerged. Through this increased knowledge, counselor educators and supervisors may be better able to assist counselors in training to meet the needs of this population.

## **Research Question**

What are the lived experiences of family stress in partners of firefighters during the COVID-19 pandemic?

## **Theoretical Framework**

Phenomenology was the framework for this research study. For the design, I employed a Husserlian approach. Edmund Husserl first developed the philosophy of phenomenology in 1913 (Giorgi, 2009). This philosophical approach seeks to understand anything that can be experienced through the consciousness one has of whatever is “given” (Giorgi, 2009). Phenomenology is not centered on objectivistic analysis of the given but on the person’s experience of the given that stems from the viewpoint of their consciousness (Giorgi, 2009). Thus, a transcendental phenomenological approach involves exploration of an individual's lived experiences with an identified phenomenon as they perceive it within their consciousness (Husserl, 2004; Moustakas, 1994).

The use of a transcendental phenomenological approach can help decrease misunderstandings by focusing directly on individuals' experiences and perceptions of the phenomenon (Burkholder et al., 2020). Moustakas (1994) argued that researchers who use this approach can look at a phenomenon with a fresh eye and an open mind. Through this unclouded lens, the true meaning of the phenomenon can naturally emerge within the participant's identity. Because my focus was participants' lived experiences, I used bracketing (or epoché) to suspend my own judgments and focus on the analysis of the experience (Peoples, 2021). Epoché means that the knowledge coming from an attitude

other than the phenomenological one is put aside (Giorgi et al. 2017). By bracketing, I was able to remove my personal biases from the study results.

Giorgi was the research expert for this study as he expanded the phenomenological philosophy into a research design (Giorgi et al., 2017). The phenomenological framework involves exploring the phenomenon through participants' lived experiences so that there can be a reflection on one's own experiences, which opens new dimensions that otherwise would be inaccessible. In-depth interviews were used to allow participants the opportunity to explore the phenomenon from their own conscious awareness.

### **Nature of the Study**

Based on the problem, purpose, and research question, I determined that a qualitative study featuring a descriptive phenomenological design was the most appropriate for this study. The use of a descriptive design allowed participants to identify their individual experiences and perceptions of the study phenomenon. Biases and judgments were reduced through the use of bracketing to ensure trustworthiness (see Shelton & Bridges, 2021). Using this descriptive design, I illuminated the lived experiences of partners of firefighters and their perceptions of family stress during the COVID-19 pandemic.

I conducted in-depth, semistructured qualitative interviews to explore the lived experiences and perceptions of the participants. Giorgi's (2009) data analysis plan was used to identify emerging themes. Bracketing removes judgments and identifies the participants' experiences. Understanding the lived experiences of the partners of

firefighters during the COVID-19 pandemic provides insight for counselors to support this population.

### **Definitions**

The following terms are defined to assist readers in understanding their meaning within the context of this study:

*Bracketing* (or *epoché*): A technique that involves the researcher suspending their judgments to focus on analyzing the participant's experience (Peoples, 2021).

*Coronavirus disease* (COVID-19): An infectious disease caused by the SARS-CoV-2 virus (World Health Organization, 2023).

*Family stress*: Any stressor that concerns one or more family members. The stressor can impact the emotional connection between family members, their mood, overall well-being, and connection within the family (Randall & Bodenmann, 2013).

*Firefighter*: An individual whose occupation is to extinguish fires (International Association of Fire Fighters, 2023)

*First responder*: An individual who responds immediately to an accident or emergency. First responders can include police officers, paramedics, EMTs, and firefighters (Cambridge University Press, 2013).

*Pandemic*: A widespread infectious disease that affects an entire country or the world simultaneously (Benziman, 2020).

*Paramedic*: An individual who specializes in emergency treatment. They provide lifesaving treatment for someone until the individual can reach a doctor (Carter & Thompson, 2015).

*Partner:* Anyone in a committed partnership with an active-duty firefighter.

Partners include girlfriends, boyfriends, wives, husbands, committed partners, widows, or ex-spouses (Pasca & Wagner, 2023).

### **Assumptions**

Several assumptions underpinned this study. First, I assumed that the participants would be interested and engaged in the study as they would recognize the valuable knowledge that could be attained from learning about their lived experiences. I also assumed that the participants would encourage other friends and family members to engage in the research because they might also find the topic to be meaningful and relevant. However, I surmised that I might encounter with reluctance from partners to engage in my study because of the close-knit culture of fire departments. They might also decline because of the sensitivity of the topic. Therefore, I assumed that I would need to build rapport and trust with participants to create optimal conditions for interviewing. I also assumed that the responses to interview questions would be honest and factual.

I acknowledged that I have a personal connection to this research topic as I am a firefighter's spouse. As a spouse of a firefighter during the COVID-19 pandemic, I have endured heightened stress as a result of my spouse's profession. Therefore, I assumed that other partners of firefighters would also acknowledge and identify additional stressors. I also assumed that, although I have a close connection to this topic, I would be able to mitigate potential biases and approach the study with an unclouded lens by engaging in reflexive journaling throughout the study.

Regarding the methodology of descriptive phenomenology, I assumed that I, as the researcher, could suspend my own judgments and focus on the analysis (see Peoples, 2021). In descriptive phenomenology, biases are irrelevant (Peoples, 2021). Therefore, using bracketing helps a researcher to suspend their personal beliefs so that they can understand the study phenomena through the lens of the participants (Giorgi, 2009). I also assumed that the phenomenon could be explored in a descriptive manner that was open and derived from the participant's personal experiences.

### **Scope and Delimitations**

Firefighters experience numerous occupational stressors that often lead to various mental health challenges and challenges within their family structure (Hill et al., 2020). However, this population expresses concerns about seeking help due to fears of being judged and spoken to critically (Porter & Henriksen, 2016). COVID-19 added an additional layer of stress for this population and their families. Data collection and analysis involved in-depth, semistructured interviews exploring the participant's lived experiences. I followed Giorgi's (2009) data analysis plan to interpret the data and increase transferability.

In qualitative studies, researchers are not concerned with representing a population but are focused on selecting participants who can provide information to answer the research questions (Burkholder et al., 2020). The typical sample size of a phenomenological study is from five to 12 participants (Burkholder et al., 2020). However, data saturation is another determinant of sample size (Burkholder et al., 2020). Data saturation is achieved once no new data or themes emerge.



This study included six participants who were 31–42 years old and who resided across the United States. All participants met specific criteria for inclusion. All participants reported that they were in a current committed relationship with a firefighter who was on active duty during the COVID-19 pandemic. A relationship was identified as a marriage, common-law relationship, or divorce. Individuals who divorced their firefighter partner during the COVID-19 pandemic were eligible for the study because the experience of divorce could provide additional insight into potential and perceived stressors. Individuals whose partner was not on active-duty as a firefighter during the COVID-19 pandemic were excluded because I sought to understand specific relationship experiences during the pandemic. Although there were restrictions regarding the spouse's active status, there were no restrictions regarding years in the relationship; the participant's age, gender, ability to read or write, or primary language spoken; or whether the participant had children or was expecting. The participant's mental health or history of substance abuse also did not lead to exclusion, as these can be factors that emerge due to family stress (Haddock et al., 2022).

### **Limitations**

In research, various limitations can arise due to the methodology and design of the study. In qualitative research, it can be highly complex to replicate a study because it occurs in a natural setting (Wiersma, 2000). In phenomenological studies, the typical sample size can range from five to 12 participants (Burkholder et al., 2020). The small sample size can create a limitation to the study. It can be a limitation as a phenomenon

may not be able to be truly captured and insight could be missed. However, data saturation ensures redundancy within the small sample size.

Another limitation of this study was my prior assumptions about the phenomena. As the researcher, I needed to consider my positionality and criticality. I acknowledge that I have a personal connection to this research topic as I am a firefighter's spouse. I also have family members and friends who are firefighters or who are a spouse of one. Therefore, it was critical that I acknowledge my biases and potential conflict of interest. Being mindful of these components helped to ensure that I did not place my thoughts and experiences on the participants (Rudestam & Newton, 2015). I needed to remove my own experiences and demonstrate a neutral stance by engaging in reflexive journaling. Removing my experiences helped to ensure that the experiences captured were true to the research participants (Rudestam & Newton, 2015).

### **Significance**

I explored the lived experiences of family stress in partners of firefighters during the COVID-19 pandemic. These experiences could provide much-needed insights for counselors into the unique experiences of firefighters' families as they experience their own sets of circumstances during the COVID-19 pandemic (Porter & Henriksen, 2016). To assist the firefighter family, a counselor must understand their experiences. Exploring this phenomenon through the lived experiences of the population can also provide counselor educators and supervisors with valuable insight. They can use the information learned from this study to provide students and counselors with the best ways to support the spouses and families of firefighters. However, the insights from this study can

potentially extend beyond the COVID-19 pandemic and foster positive social change in the future for the study population. Firefighters will continue to experience many traumas such as natural disasters, chemical spills, or potentially another pandemic or global catastrophe. Counselors may be able to apply the information from this study to firefighter families who experience traumas not related to the pandemic.

### **Summary**

In conducting this descriptive phenomenological research study, I aimed to understand the lived experiences of family stress in partners of firefighters during the COVID-19 pandemic. Through in-depth interviews, the participant's unique experiences were captured and analyzed using Giorgi's (2009) data analysis plan. Though this study has limitations, I took measures such as bracketing and reduction to ensure I captured the true perspective of the participants. Understanding the unique experiences of this population may illuminate best practices for clinicians and educators regarding how to offer treatment. In Chapter 2, I provide a comprehensive review of the literature to support the need and rationale of this study.

## Chapter 2: Literature Review

### Introduction

First responders face many unique experiences standing at the frontlines to protect and serve their community. While protecting their community, firefighters are often exposed to traumatic experiences that lead to various mental health challenges. Jitnarin et al. (2022) found that 87% of the participants in their study on firefighters screened positive for at least one mental health condition. Research has identified links between firefighters and the development of depression and PTSD (Gulliver et al., 2021; Hill et al., 2020; Jo et al., 2013; Tomaka et al., 2017), alcohol abuse (Boffa et al., 2017; Haddock et al., 2015; Haddock et al., 2022; Harvey et al., 2016; Jahnke et al., 2014; Kyoung-Sun & Kyung-Ah, 2017; Lebeaut et al., 2020; Pizza-Gardner et al., 2014), sleep disturbances (Smith et al., 2018), burnout, stress, and suicidal ideation (Boffa et al., 2017; Henderson et al., 2016; Kim et al., 2019; Scott et al., 2017; Stanley et al., 2017; Wolkow et al., 2019). Although firefighters experience several occupational stressors that increase their susceptibility to developing mental health disorders, the stigma surrounding mental health and the culture of the firehouse often hinders a firefighter's willingness and ability to seek mental health services (Clary et al., 2021).

The risk of the fire service occupation places several stressors on the firefighters themselves and their families. A firefighter's family is tasked with the cost and spillover between occupation and family life. Families have identified that the fire service is not just a job but a lifestyle (Hill et al., 2020). While reviewing current literature, several major themes emerged, including partner well-being and mental health, couple

relationships, family support, coping strategies, and positive experiences. However, since COVID-19 emerged in 2020, additional stressors such as feelings of isolation, lack of support and understanding from family members, and increases in depression, anxiety, and alcohol have been identified by firefighters (McAlearney et al., 2022; Vujanovic et al., 2020; Zolnikov & Furio, 2020o, 2021). As stressors have evolved and shifted during the COVID-19 pandemic, little is known about the effects occupational stressors have had on the partners of firefighters during and after the pandemic. Therefore, counselors could be ill-equipped to support this population as restrictions are lifted, and the population emerges from the pandemic and become cognizant of its effects on firefighter families.

The purpose of this qualitative phenomenological study was to explore the lived experiences of family stressors on the partners of firefighters during the COVID-19 pandemic. In this study I took a qualitative phenomenological approach with in-depth interviews to understand the lived experiences of the partners of firefighters concerning family stress during the COVID-19 pandemic. It is critical to study the perceptions and experiences of the partners of firefighters to understand the impact of environmental stressors and additional unforeseen stressors that may have emerged. Through this increased knowledge, counselor educators and supervisors can assist counselors in training to understand ways to meet the needs of this population.

There is limited literature regarding the experiences of firefighters during the COVID-19 pandemic and a dearth of literature that directly addresses the lived experiences of partners of firefighters during the COVID-19 pandemic. In the following

sections, I provide an overview of the literature search strategies used to locate relevant literature, an outline of this study's conceptual framework, and an in-depth review of the literature on my topic.

### **Literature Search Strategy**

In gathering sources for the literature review, I focused on peer-reviewed articles that were published within the last 10 years and were relevant to the major concepts of the project. I used the search engines and databases Google Scholar, APA PsycInfo, and Academic Search Complete. The following search terms were used: *firefighters, fireman, firemen, first responders, fire department, counseling, mental health, spouses, families, lived experiences, stigma, mental health, stressors, community, culture, organizational culture, occupational identity, professional identity, and help seeking.*

### **Theoretical Framework**

Husserlian phenomenology, which seeks to understand human experiences through their intentional and conscious knowledge, is the framework of this study (Husserl, 2002). Edmund Husserl pioneered the philosophy of phenomenology in the early 1900s, which he coined the "science of all sciences" (Giorgi, 2009). Husserl believed that sciences are naïve as they are built of presumptions. However, phenomenology is built on rigorous self-examination of one's thought process (Husserl, 2002).

In phenomenology, the focus is on conceived consciousness. It seeks to understand anything that can be experienced through the consciousness one has of whatever is "given" (Giorgi, 2009). Phenomenology is not centered on the objectivistic

analysis of the "given" but on the person's experience of the "given" that stems from the viewpoint of their consciousness (Giorgi, 2009). Husserl introduced the concept of intentionality which is a principal theme in phenomenology. Intentionality is a reflective act where mental phenomena are directed towards objects or situations in the world other than themselves (Giorgi, 2009). It is directed to other than itself on the part of subjectivity. The intentional act always follows the act in which it appears (Giorgi, 2009). There is also an ideal component to every perception. Husserl calls the perceptual act the noema or the thing that is being thought about (Peoples, 2021). The noema is the object as meant and intended. It refers to the object side. The characteristics of the act that correlates with the noema is the noesis. The noesis is the intentional act or the thinking about (Giorgi, 2009). The concept of intentionality is linked with the notion of horizon. Husserl referred to horizon as the individual's present experience. When looking at a phenomenon everything has a horizon. Since nothing can be seen in its entirety, we must get to the pure essence of something which is the horizon (Peoples, 2021). Thus, the horizon is our understanding that we have in relation to a phenomenon.

In this study, I used a Husserlian framework. I used the phenomenological procedure of epoché to bracket my prejudgments, biases, and assumptions to identify the true essence and authentic experiences of participants (Husserl, 2002). Through epoché, I can arrive at a descriptive understanding of the phenomena. Using the Husserlian framework, which focuses on an individual's experience, I specifically explored family stressors in partners of firefighters during the COVID-19 pandemic.

## **Literature Review Related to Key Variables and/or Concepts**

### **First Responders**

The term *first responder* encompasses various individuals and occupations. A first responder can include police officers, paramedics, EMTs, and firefighters (Cambridge University Press, 2013). Based on the premise of this study, firefighters will be the central concentration. A firefighter is trained in techniques and strategies to fight and extinguish fires. Their roles include responding to local fires and assisting with medical emergencies, forest fires, technical rescues, natural disasters, hazardous materials incidents, mass shootings, and domestic attacks (Kruger & Beilin, 2014). Additionally, firefighters are tasked with a series of responsibilities that exceed their typical roles, including community outreach, volunteering, and providing training to civilians (Haski-Leventhal & McLeigh, 2009). A typical full-time firefighter's schedule includes 24 hr on shift and 48 hr off, with intermediate shift days off and vacation time (International Association of Fire Fighters, 2023).

### **Firefighter Culture**

The firefighter occupation has a different work environment in comparison to other professions. A firefighter is typically on duty for at least 24 hr and can stretch up to 48–72 hr, depending on the department. The culture of the firefighter occupation is different from others as they live together for prolonged times. This high group cohesion and sense of camaraderie are central to how firefighters' function (Capaul, 2009). They train together, fight fires together, and often see each other more than they see their families. Crosby (2007) describes the firefighter camaraderie as a social construct and a



fraternal organization. Being accepted into the brotherhood is not immediate. There is often a process of initiation. New firefighters start at the bottom of the hierarchy and are expected to “do their time” which can often feel socially isolating (Firmin et al., 2018). When transitioning to a new station, the hierarchy restarts. However, the sense of brotherhood extends across other first responders including emergency departments and police departments. The brotherhood that is created in the fire department culture often leads to firefighters not having much of a social life outside the fire department (Firmin et al., 2018). As well, since the fire service is a more prominent male-dominated occupation, it leads to more stigma because of its hierarchical systems and hegemonic masculinity (Clary et al., 2021). This stigma has been seen to lead to challenges with seeking mental health care which will be later discussed.

### **Mental Health of Firefighters**

The occupational role of a firefighter predisposes them to scenarios that push them to their psychological limits (Vargas de Barrors et al., 2013). Extensive research has been conducted on the psychological effects of the occupation to understand its impact on the mental health of firefighters (Jitnarin et al., 2022; Tomaka et al., 2017; Kilpatrick et al., 2013; Lebeaut et al., 2020; Haddock et al., 2022; Vargas de Barrors et al., 2013).

Jitnarin et al. (2022) found that 87% of the participants in their study on firefighters screened positive for at least one mental health condition. Depression and PTSD are often examined (Gulliver et al., 2021; Hom et al., 2016; Jo et al., 2013). Tomaka et al. (2017) found that the prevalence rate of PTSD in U.S. firefighters was as high as 32.4% compared to 8.3% of the general population (Kilpatrick et al., 2013).

PTSD in firefighters has also been positively associated with alcohol use (Lebeaut et al., 2020).

Problems with drinking have been a continuing concern within the firefighter occupation. There has been a multitude of studies that have identified high rates of drinking among firefighters (Boffa et al., 2017; Haddock et al., 2015; Harvey et al., 2016; Jahnke et al., 2014; Kyoung-Sun & Kyung-Ah, 2017; & Piazza-Gardner et al., 2014). Haddock et al. (2022) found that firefighters often report drinking more than the public health guidelines and that drinking until intoxicated was normal. Alcohol consumption among firefighters was identified as a coping mechanism for occupational stressors and related to sleep disturbances (Smith et al., 2018).

Firefighters are also affected by burnout, compassion fatigue, sleep disturbances, and suicidality (Henderson et al., 2016; Stanley et al., 2017; Wolkow et al., 2019). In a survey of retired firefighters, Stanley et al. (2015) found high rates of suicide ideation, plans, and attempts. In North America, the average suicidal ideation rate for first responders is 47%, with two times the likelihood of completing suicide in comparison to the general population (Scott et al., 2022). Also, PTSD symptoms and burnout increased the relevance of suicide ideation and plans among firefighters (Boffa et al., 2017; Kim et al., 2019). Due to the inherited risk of the occupation, firefighters are often exposed to traumatic events that increase their susceptibility to developing a mental health disorder (Jitnarin et al., 2022). However, stigma and the firehouse culture often hinder the firefighter's willingness to seek services.

### ***Firefighters' Seeking of Mental Health Services***

Firefighters experience several occupational stressors that increase their susceptibility to developing mental health disorders (Jitnarin et al., 2022). However, the stigma surrounding mental health and the firehouse culture often hinders a firefighter's willingness and ability to seek mental health services. Stigma is a significant barrier to seeking mental health help. Stigma is more prominent in male-dominated occupations such as the fire service because of its hierarchical systems and hegemonic masculinity (Clary et al., 2021). Several identified stigma-related barriers exist for firefighters seeking mental health services. Specifically, concerns about reputation, embarrassment, fears of being treated differently, appearing weak, cost, obtaining time off, and scheduling concerns were all barriers to seeking help (Hom et al., 2016; Stanley et al., 2017; Kim et al., 2018). Henderson et al. (2016) found that mental health problems within the firefighter culture are seen as signs of vulnerability, and telling peers would lead to mistrust and concerns for personal safety. Allowing "outsiders" into the firefighter culture creates isolation and stops help-seeking behaviors (Wilmoth, 2014). Gulliver et al. (2019) also found two critical issues related to firemen's concerns about seeking help. Firefighters in the study identified fears of the clinician not understanding the firefighter work culture and the potential adverse outcomes of seeking help (Gulliver et al., 2019). Firefighters also express concerns about confidentiality and potential negative impacts on their careers as additional barriers to seeking professional services (Haugen et al., 2017). Those who were open to seeking help identified that finding a time and knowing where to seek services was also a barrier (Haugen et al., 2017).

## **The Experiences of Firefighters' Families**

The risk of the occupation places several stressors on the firefighters themselves and their families. A firefighter's family is tasked with the challenges between occupation and family life. Families have identified that the fire service is not just a job but a lifestyle (Hill et al., 2020). While reviewing current literature, several major themes emerged, including partner well-being and mental health, couple relationships, family support, and coping strategies, and positive experiences. In this section, I will highlight significant findings within each theme.

### ***Partner Well-Being and Mental Health***

Families of firefighters and paramedics have reported feelings of extreme pressure related to their partner's occupation and its effects on family life (Regehr et al., 2005; Regehr et al., 2005; Roth & Moore, 2009; Porter & Henriksen, 2016; Watkins et al., 2021). In several studies, partners of firefighters expressed feeling like a single parent and that it was their sole responsibility to manage the household and children (Brodie & Eppler, 2012; Karaffa et al., 2015; Roth & Moore, 2009; Watkins et al., 2021). Long work hours, unpredictable shifts, and inequitable family responsibilities were additional negative drawbacks reported by the families of firefighters (Hill et al., 2020; Wheeler & Erasmus, 2017). In the Hill et al. (2020) study, several participants identified various shared sacrifices, such as giving up their own careers, social time, and personal arrangements. They also recognized that they engage in socially isolating hobbies instead of social activities.

The firefighter occupation has also been found to impact the mental health of family members. An Australian study of families and friends of emergency responders (ER) found that they reported higher levels of psychological distress, depression, anxiety, poor quality of life, and poor sleep (McKeon et al., 2020). Landers et al. (2020) explored the impact of law enforcement on spouses. They found that their partner's exposure to trauma transferred to them as they often adopted similar worries and hypervigilant behaviors of their partner (Landers et al., 2020).

### ***Couple Relationships***

Families of first responders identify that the first service is not just a job but a lifestyle (Hills et al., 2021). Many families identify a shared identity and belonging with the fire organization, employees, and their families. The concept of cohesion and "work family" is often noted. However, with the fire service lifestyle, family comes second. Pennington et al. (2022) explored the divorce rates among firefighters. They found that divorce within the firefighter community was higher when compared to the general population. Factors such as gender, marriage at a young age, marriage before entering the fire service, and time within the fire service all contributed to the divorce rates (Pennington et al., 2022).

Research has explored the impact of communication and withdrawal on emergency responder's relationships. Studies have found that emotional withdrawal negatively impacts the partner's well-being and increases marital tension (Brady et al., 2019; Davidson et al., 2006; King & DeLongis, 2014; Watkins et al., 2021). However, contributors to the development of the withdrawal stemmed from different factors.

Regehr (2005) found that partners of firefighters reported that exposure to trauma led to changes in their spouse's personality and closed-off behaviors. In this study, they identified that firefighters' over-reliance on coworkers for support and coping led to avoidance and numbing, which made it more challenging to open up emotionally to their spouses (Regehr, 2005). Bochantin (2016) found that firefighters would become emotionally withdrawn from their spouses to protect them. Menendez et al. (2001) found similar results after interviewing spouses of firefighters who responded to the World Trade Center. They reported their spouses' withdrawal and withholding of information, which impacted their relationships. Watkins et al. (2021) found that the firefighter's shift work negatively impacted their relationship, communication, and emotional availability with their spouses. Partners report needing to carry the weight of relieving family stress (Poter & Henriksen, 2016; Waddell et al., 2020). Additionally, the stress and burnout often experienced by firefighters are positively correlated with low relationship satisfaction, marital tension, and poor behaviors such as blaming, hostility, and withdrawal from their partners (Brady et al., 2019; Sanford et al., 2017).

### ***Family Support and Coping Skills***

Hill et al. (2020) found the perception of risk as another prominent theme among families of firefighters. Families identified that with the firefighter occupation, there are fears of injury. To manage these fears, they try to trust that the firefighters' training procedures, experience, equipment, decision-making ability, and teamwork help keep their firefighter safe and decreases fear (Hill et al., 2020). Another coping skill that emerged was adopting the "expect the unexpected" mindset. In the Hill et al. (2020)

study, families identified that they cope by being conscious of flexibility. To offset the rotating schedule, they create family routines to stay normalized. Humor is another coping mechanism families, and firefighters will use to cope with stressors related to their occupation (Bochantin, 2017). Although they have identified coping skills, families have identified wanting more support mechanisms by the department to support families and spouses of firefighters (Bochantin, 2017). Gulliver et al. (2019) found that firefighters were likelier to seek help from their spouses or family than professional services. Therefore, family support is integral to firefighters' well-being, placing additional stressors on family members.

### ***Positive Experiences With the Fire Service***

Although families experience challenges related to the firefighter occupation, there are also benefits. Sommerfeld et al. (2017) identified job and financial stability, recognition in the community, flexibility with childcare, and a strong support network from fire departments and other firefighter families as benefits of the firefighter occupation. Pasca and Wagner (2023) noted additional benefits such as extra time spent at home. Hill et al. (2020) found that families of firefighters identify a shared identity and belonging with the fire organization, employees, and their families. The concept of cohesion and “work family” was seen as a positive benefit to the occupation.

### **The COVID-19 Pandemic in the United States**

In 2020, the coronavirus pandemic emerged in the United States. Since the first case emerged in early January 2020, there have been 6,152,982 hospitalizations and 1,128,903 deaths in the United States, “as of March 8, 2024” (Centers for Disease

Control and Prevention, 2023). The coronavirus, also called COVID-19, is a highly contagious disease caused by the SARS-CoV-2 virus. COVID-19 affects an individual's respiratory system and lungs. Symptoms of COVID-19 include fever or chills, cough, shortness of breath, fatigue, body aches, headache, loss of smell or taste, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and death (Centers for Disease Control and Prevention, 2023). COVID-19 is highly contagious as it is easily spread through droplets and small particles containing it. An individual can become infected with COVID when droplets or particles enter their body through the eyes, nose, or mouth (Centers for Disease Control and Prevention, 2023). Since COVID-19 first emerged in the United States in 2020, it has continued to mutate and evolve, leading to new strains. Many of the early cases of COVID went unknown or misdiagnosed as the Flu (influenza) or common cold. However, when it was known that COVID had emerged in the United States, there was a widespread panic across the nation. Little information was understood about the virus. Government bodies were mandating shelter in place protocols as the outbreak spread and thousands began to die. However, on May 11, 2023, the federal COVID-19 public health emergency was officially ended. Although the public health emergency ended, COVID-19 remains present in the United States, and individuals continue becoming infected with the virus (Centers for Disease Control and Prevention, 2023).

### **Firefighters' Challenges Related to the COVID-19 Pandemic**

COVID-19 emerged in the United States within the past five years. Therefore, there is limited research available on the impact of COVID-19. Although limited



information exists, a few recent studies have investigated the impact of COVID-19 on firefighters. Zolnikov and Furio (2020) sought to understand the stigma and stressors faced by fire responders during the COVID-19 pandemic. Their study found that first responders identified feelings of isolation, lack of support and understanding from family members, sadness, and anxiety. They also found that firefighters felt fearful of seeking mental health help. Vujanovic et al. (2020) also identified the negative impacts of COVID on the mental health of firefighters. Specifically, they identified increases in alcohol consumption, medical vulnerability, and depression and anxiety. Carbajal and Ponder (2021) compared data from first responders seeking treatment before COVID-19 and found increases in depression, generalized anxiety, and PTSD during the COVID-19 pandemic. Zolnikov and Furio (2021) conducted another study to explore the effects of social distancing on first responders during the COVID-19 pandemic. First responders reported that social distancing was highly challenging as they relied heavily on family, friends, and coworkers for support. First responders reported increases in stress and anxiety. Firefighters have also expressed fears and concerns about infecting their families with COVID-19, which increased overall stress levels (Tang et al., 2023). Although some research exists on the experiences of first responders with COVID-19, limited information exists on the impact COVID-19 has had on the families and partners of firefighters.

### ***The Potential for Crises to Lead to Trauma***

Throughout the years, firefighters have responded to various natural disasters and terrorist attacks that have been monumental and impactful on the mental health of

firefighters. However, each crisis results in different outcomes and a need for additional trauma worth studying. For example, in 2005, Hurricane Katrina struck the U.S. Gulf Coast and created havoc for residents. Firefighters who responded were left dealing with work-related stressors, sleep deprivation, displacement from family, and increased depressive symptoms (Tak et al., 2007). In 2001, firefighters fled to New York to help at the World Trade Center after the 9/11 terrorist attacks. After responding to the World Trade Center there was an increase in PTSD, anxiety, depression, stress, survivor guilt, insomnia, relationship breakdowns, impacts on family support systems, addiction, and risk-taking behaviors in firefighters (Smith et al., 2019). Although there were evident psychological effects from both events, each event was isolated to a specific area. Consequently, COVID-19 was nationwide and affected millions of people. COVID-19 was universal yet distinct and isolated. It can be viewed as the biggest crisis of our lifetime. Thus, it is critical to understand the specific impact COVID-19 has had on first responders and their partners.

### **Summary and Conclusions**

Firefighters risk their lives to serve and protect their communities during medical emergencies, fires, natural disasters, chemical spills, and terrorist attacks. While serving their communities in these various capacities, they are susceptible to developing mental health disorders (Jitnarin et al., 2022). Although susceptible, the stigma attached to mental health and the fire service culture often leads to apprehensions about seeking professional mental health care (Hom et al., 2016; Stanley et al., 2017; Kim et al., 2018). Families of firefighters are often tasked with the risks and spillover from the occupation.

Literature has explored the experiences of families of firefighters. Families have identified that the fire service is not just a job but a lifestyle (Hill et al., 2020). Feelings of isolation, lack of shared responsibility, feeling like a single parent, disruption in communication, and marital satisfaction are among the various challenges expressed by families of firefighters (Hill et al., 2020; Watkins et al., 2021). However, since COVID-19 emerged in 2020, additional stressors such as feelings of isolation, lack of support and understanding from family members, and increases in depression, anxiety, and alcohol have been identified by firefighters (McAlearney et al., 2022; Vujanovic et al., 2020; Zolnikov & Furio, 2020, 2021). As stressors have evolved and shifted during the COVID-19 pandemic, little is known about the effects occupational stressors have had on the partners of firefighters during and after the pandemic. Therefore, counselors could be ill-equipped to support this population as restrictions are lifted, and the population emerges from the pandemic and become cognizant of its effects on firefighter families.

The research findings of this study will contribute to the current literature by providing in-depth insights into the experiences of partners of firefighters during COVID-19. These experiences could provide much-needed insights for counselors into the unique experiences of firefighters' families as they experience their own circumstances during the COVID-19 pandemic (Porter & Henriksen, 2016). To assist the firefighter family, a counselor must understand their experiences. Exploring this phenomenon through the lived experiences of the population can also provide counselor educators and supervisors with valuable insight. However, the insight learned from this study can extend beyond the COVID-19 pandemic and create social change in the future

for this population. In Chapter 3, I describe the methods I used to explore the lived experiences of partners of firefighters from a transcendental phenomenological approach. I include a detailed description of the study's design, rationale, and procedures.

## Chapter 3: Research Method

### **Introduction**

The purpose of this qualitative phenomenological study was to explore the lived experiences of family stressors in partners of firefighters during the COVID-19 pandemic. Although studies have explored the experiences of spouses of firefighters, there is a dearth of information regarding their experiences throughout the COVID-19 pandemic. It is critical to study the perceptions and experiences of the partners of firefighters to understand the impact of environmental stressors and additional unforeseen stressors that may have emerged. Through this increased knowledge, counselor educators and supervisors can assist counselors in training in understanding ways to meet the needs of this population.

In qualitative research, it is critical to create an alignment amongst the problem and purpose statement, research question(s), design, and methods. Creating alignment creates a coherent research design and demonstrates scientific rigor (Burkholder et al., 2020). In this chapter, I will explain the research design, rationale, and procedures for my study. I define my role as the researcher and discuss how I managed researcher biases and other ethical issues. Additionally, I describe the methodology for this transcendental phenomenological study, including information on participant selection, sampling procedures, and sample size. I describe the data collection and analysis plan that I used in my study. Last, I will address issues of trustworthiness and ethical procedures in this study.

### **Research Design and Rationale**

The research question of this study was, What are the lived experiences of family stress in partners of firefighters during the COVID-19 pandemic? Previous literature has explored the experiences of families of firefighters (Hill et al., 2020; Porter & Henriksen, 2016; Waddell et al., 2020; Watkins et al., 2021). However, there is a dearth of information regarding the impact of COVID-19 on the partners of firefighters. It is critical to study the perceptions and experiences of the partners of firefighters to understand the impact of environmental stressors and additional unforeseen stressors that may have emerged. Through this increased knowledge, counselor educators and supervisors can assist counselors in training to understand ways to meet the needs of this population.

Since the purpose is to explore lived experiences, the study used a transcendental phenomenological approach. A transcendental approach is appropriate as it seeks to describe an individual's lived experiences to an identified phenomenon (Moustakas, 1994), Therefore it can help decrease misunderstandings by focusing directly on the individual's experiences and perceptions of the phenomenon (Burkholder et al., 2020). Moustakas (1994) argued that the transcendental phenomenological approach allows a phenomenon to be looked at with a fresh eye and an open mind. Through this unclouded lens, the true meaning of the phenomena can naturally emerge within the participants identity.

### **Role of the Researcher**

In qualitative research, the researcher plays a formative role within the research process (Burkholder et al., 2020); the researcher is the instrument. Therefore, a researcher must acknowledge their role and impact on the study. Researchers must engage in reflexivity practices to identify and monitor their role throughout the entire research process. These practices include researcher memos, researcher journals, dialogical engagement, and conducting researcher interviews (Burkholder et al., 2020). In transcendental phenomenology, the researcher can specifically use the epoché technique (Moustakas, 1994). Epoché involves the researcher explaining their own experiences. Explaining their experiences allows them to increase their awareness about their underlying feelings about the research topic, which helps them to look at it with a fresh eye (Moustakas, 1994). Using these methods, the researcher can help mitigate the impact their identity, positionality, biases, assumptions, values, and subjectivities.

### **Positionality**

As a researcher and active participant in this study, I must also consider my positionality and criticality. I acknowledge that I have a personal connection to this research topic as I am a partner to a firefighter. I also have family members and friends who are firefighters or are partners of one. Therefore, it was critical that I acknowledged my biases and potential conflict of interests through various reflexivity practices. Being mindful of these components helped to ensure that I did not place my own thoughts and experiences on that of the participant. I removed my own experiences and demonstrated a

neutral stance. Removing my experiences through the method of epoché, ensured that the experiences capture is true to the research participants.

## **Methodology**

### **Participant Selection Logic**

This study sought to explore the lived experiences of partners of firefighters. Therefore, participant inclusion criteria were wives, husbands, girlfriends, boyfriends, widows, or partners or ex partners of a firefighter. Since the study sought to explore partners' experiences throughout the COVID-19 pandemic, the firefighter must have been on active duty during the COVID-19 pandemic.

In qualitative research, the researchers are not concerned with representing a population but rather are focused on selecting participants relevant to the research questions (Burkholder et al., 2020). Therefore, I used purposive sampling methods to recruit participants. When using purposive sampling, the researcher must identify eligibility criteria. Criteria is derived from looking at the research questions and identifying participant characteristics needed to answer the question(s) (Burkholder et al., 2020). In addition, used snowball sampling, a form of purposive sampling, which allowed participants to provide additional relevant contacts who can provide additional insight to the phenomenon under investigation (Patton, 2015).

Since this study explored the lived experiences with family stress during the COVID-19 pandemic, the participant was either in or recently left a relationship with a firefighter. Therefore, a relationship was a marriage, common-law relationship, partnership, or divorced. A divorced relationship was included as it can provide



additional insight because the occupational challenges faced during the pandemic may have contributed to the ending of the relationship. In addition to relationship status, the participant must be in or recently left a relationship with a firefighter who was on active-duty firefighter during the COVID-19 pandemic. A partner who was not active during the COVID-19 pandemic was excluded as this study sought to understand their experiences during and after the pandemic. Although there were restrictions regarding the partners active status, there were no restrictions regarding years or relationship, participant's age, gender, ability to read or write, primary language spoken, or whether the participant has children or was expecting. The participants' mental health or history of substance abuse did not lead to exclusion as these can be factors that emerge due to family stress.

In phenomenological research, there is no emphasis on sample size. However, a typical sample size of a phenomenological study can range from 6 to 10 participants (Burkholder et al., 2020). Therefore, the ideal sample size for this study was 6 to 10 participants. In research studies, it is critical to meet data saturation. Saturation occurs when two conditions are met. These conditions include when analysis yields no new information and there are no unexplained phenomena (Marshall & Rossman, 2016). It is critical that both conditions are met to ensure saturation has occurred. Therefore, it can be challenging to identify a specific sample size needed to reach saturation. However, I proposed a sample size range of 6-10 to ensure saturation.

### **Procedures for Recruitment, Participation, and Data Collection**

The focus of this study was to explore the experiences of partners of firefighters. Therefore, I recruited adult individuals who were currently in a relationship or recently

divorced with a firefighter who was on active duty during the COVID-19 pandemic. To recruit participants, I obtained permission to post a flyer (see Appendix A) in Facebook groups aimed at partners of firefighters. I also posted a flyer to my LinkedIn profile and encourage members to share the post to reach more individuals. On the flyer, I provided my contact information for participants to reach out to me to determine eligibility.

If participants met criteria eligibility, I sent them the informed consent. Participants either responded via email with “I consent” in lieu of officially signing the document. Once consent was given, I invited them to schedule an interview. I also encouraged the participants to share information regarding the study with other partners of firefighters to gain additional participants.

### **Instrumentation**

The data collection method for the study was a 60-min in-depth, semistructured interview. Therefore, it was critical to create an interview guide that I could follow. An interview guide contains information regarding the research topic and questions to pose. A good interview guide acts as a prompt, providing the interviewer with specific questions to ask and areas to probe (Patton, 2015). Thus, it is a critical component to the interview process.

While developing the questions in my interview guide, there were several factors to consider evoking in-depth information-rich responses from participants. Patton (2015) suggested formulating clear, open-ended, and specific questions. Rubin and Rubin (2012) suggested asking easy questions while showing empathy before moving to tough questions. After discussing the difficult questions, it is suggested to move to an easier

question to help tone down the emotional level that may arise with more complex questions (Rubin & Rubin, 2012). Giorgi (2009) stressed the importance of asking questions that are not leading as this would lead to biasing the data. It is also critical that the questions are not too abstract, too general, or made up of opinions (Giorgi, 2009).

Giorgi (2009) suggested asking questions that invite the interviewee to focus upon a specific situation that they have experienced. Keeping these suggestions in mind, I created an interview guide (see Appendix B).

While creating the interview guide, it was imperative to consider content validity and credibility. Thus, the questions needed to follow criteria and be grounded within the literature. The questions within the interview guide followed the identified criteria and were developed based on the study's goals and the theoretical framework. The purpose was to explore the lived experiences of family stress in partners of firefighters during the COVID-19 pandemic. The theoretical framework was Husserl's phenomenological philosophy. Thus, questions were based on these goals and framework. I also reviewed previous literature exploring spouses and family experiences with the firefighter occupation to ensure validity and credibility of questions (Hill et al., 2020; Porter & Henriksen, 2016; Waddell et al., 2020; Watkins et al., 2021).

Although the interview guide was the primary source of instrumentation, I also used memos to capture additional information during the face-to-face interviews. The memos taken helped to capture nonverbal cues such as appearance, posture, and facial expressions, which can add additional insight and context for data analysis. I also collected demographic information from each participants using a demographic

questionnaire (see Appendix C). The questionnaire was used to understand the similarities and differences of my participants and not for data analysis.

### **Data Analysis Plan**

I followed an interview guide. However, because the interviews were semistructured, probing questions were also used and varied based on the participant's responses. I recorded all interviews and used ATLAS.ti program to transcribe each recording and organize data. This software application has several features, such as visualizations and a digital map to organize and make sense of data (ATLAS.ti, n.d.), which I found helpful during the coding process.

To analyze the transcripts, I followed Giorgi et al.'s (2017) five-step descriptive phenomenological method of data analysis. This method of data analysis added a fifth step to the previous Giorgi and Giorgi (2003) plan. Giorgi et al. (2017) felt that it was important to emphasize scientific reduction by making it its own step. Therefore, they added an additional step. The specific data analysis plan by Giorgi et al. (2017) includes:

1. The researcher reads the entire transcription or description in order to grasp the basic sense of the whole situated description.
2. The researcher assumes the attitude of the scientific phenomenological reduction.
3. The researcher will remain within the scientific phenomenological reduction, then creates parts by delineating psychological meaning units. A meaning unit is determining whenever the researcher, in a psychological perspective and mindful of the phenomenon being researched, experiences a transition in

meaning when they reread the description from the beginning. Slashes are placed in the description at appropriate places.

4. The researcher is still within the scientific phenomenological reduction, then intuitively and transforms participants' Lifeworld expressions into experiences that highlight the psychological meanings lived by the participant. This requires the use of free imaginative variation as well as rendering implicit factors explicit.
5. Based upon the transformed meaning units, and still within the scientific phenomenological reduction, the researcher uses the transformed meaning unit expressions as the basis for describing the psychological structure of the experience.

Through following Giorgi et al.'s (2017) five-step descriptive phenomenology psychology method of data analysis, I described the information gathered rather than inserting my interpretation. Husserl's descriptive approach allows us to explore and describe the essence of each kind of experience without distortion (Husserl, 2002). Looking at the participants' experience helps to decrease misunderstandings by focusing directly on the individuals' experiences and perceptions of the phenomenon (Burkholder et al., 2020). Therefore, following Giorgi et al.'s (2017) data analysis approach allowed me to specifically focus and describe the participants' experience.

### **Issues of Trustworthiness**

In qualitative research, trustworthiness is a critical component of the research process as it focuses on credibility and rigor. Trustworthiness relates to the researcher's

confidence in their study's methodological components and data collection methods (Ravitch & Carl, 2021). There are four main dimensions of trustworthiness. These dimensions include credibility, transferability, dependability, and confirmability (Burkholder et al., 2020). In this section, I discuss all four dimensions.

### **Credibility**

Credibility refers to the degree that the findings align with what the study intended to study (Burkholder et al., 2020). It is concerned with whether the study's findings are believable. There are various strategies researchers can use to increase the credibility of their study. These strategies include prolonged engagement, persistent observation, peer debriefing, negative case analysis, reflexivity, and member checks (Burkholder et al., 2020; Patton, 2015). Prolonged engagement involves the researcher being present and involved in the site for an extended period. The purpose of prolonged engagement is to build rapport and trust and to understand the context and culture of the study environment (Guba & Lincoln, 1989). Persistent observation often accompanies prolonged engagement through providing a depth of understanding. Peer debriefing involves engaging a qualified colleague, who is not involved in the study, in a discussion of study progress, data analysis, and tentative findings (Burkholder et al., 2020). The goal of peer debriefing is to pose questions for deeper thinking and excising researcher bias. Negative case analysis involved recording data collection that are divergent from the main themes and patterns. Reflexivity involves the researcher documenting in field notes, memos, or journals of their biases, role in the research process, and any adjustments made (Burkholder et al., 2020). Last, member checks involve the researcher having the

participant review and confirm their interview transcript to ensure their interpretation was captured accurately. In my study, I used the strategies of reflexivity, debriefing with my dissertation committee members, and member checks to increase the credibility of my study.

### **Transferability**

In qualitative research, transferability refers to the ability of the study to have meaning beyond the immediate instance of the study (Burkholder et al., 2020). Since it is not the researcher's responsibility to apply the research to other situations, they must provide a sufficient description of the study's setting and assumptions so others can apply its findings. Researchers will use thick descriptions and maximum variation (Merriam & Tisdell, 2016). The strategy of thick descriptions requires the researcher to provide a detailed description of the study's setting, participants, and findings. The findings require adequate evidence for support such as quotes from the participants, interview notes, and field notes (Merriam & Tisdell, 2016). Maximum variation is a type of sampling strategy that intentionally diversifies the study participants (Burkholder et al., 2020). The goal of diversifying participants to create a greater application of the study. In my study, I used the strategy of thick description to ensure transferability of my study.

### **Dependability**

Dependability is a dimension of trustworthiness that is focused on whether there is evidence of consistency. For the study to be dependable, there must be consistency across the data collection, analysis, and reporting (Burkholder et al., 2020). Triangulation and inquiry audits are the two most common methods in qualitative research (Merriam &

Tisdell, 2016). Triangulation involves using more than one source to examine a conclusion. This strategy is established using either multiple investigators, multiple theoretical perspectives, or multiple methods (Burkholder et al., 2020). Inquiry audits can also be referred to as audit trails. This strategy involves describing in detail the data collection methods, how categories were identified, and how decisions were made (Merriam & Tisdell, 2016). Inquiry audits typically derive from field notes, journals, and memos kept throughout the research process. In my study, I used an inquiry audit to ensure the dependability of my study.

### **Confirmability**

Confirmability is the last dimension of trustworthiness. Researcher subjectivity is a known issue in qualitative research. Therefore, this dimension focuses on whether the study captures the participants' experiences rather than the researchers' biases (Burkholder et al., 2020). Therefore, a study has confirmability if another researcher arrives at the same conclusions when examining the study's data. An audit trail is a strategy to help insure a study's confirmability.

### **Ethical Procedures**

Researchers have an ethical responsibility to ensure beneficence which means they keep the participant's welfare in mind and do not cause harm. To better adhere to ethical and compliance standards, I completed the Collaborative Institutional Training Initiative's web-based training course. Institutional review boards are federally regulated boards that oversee the administration of research studies in the United States (Rudestam & Newton, 2015). They ensure that participants are protected and that researchers are



engaging in ethical procedures. The Walden University Institutional Review Board approved my study (approval no. 10-27-23-1050385).

### ***Ethical Concerns in Recruitment***

While recruiting participants for the study, it was critical to ensure that participants were not excluded for any other reason other than not meeting the criteria. I selected participants based on meeting criteria and their willingness to engage. In this study, I used purposive sampling and snowball sampling to recruit participants. While using this method it was critical to ensure that the sample is not underrepresented by gathering participants from a single group. Oversampling from a particular group can lead to biases. Also, an ethical concern I considered was participants willingness to share names of peers. Asking them to provide this information can raise ethical concerns. Therefore, I had to ensure not to pressure participants and ensure that I did not oversample from a particular group.

Informed consent is a critical component of any research study. The informed consent allows the researcher to provide the participants information about the purpose of this study, the risks, and the benefits of participating in the study, and it outlines the participant's expectations. When a participant signs a consent, they agree to the research and state they understand what is expected of them. During this process, it is critical for the researcher to be transparent and honest to help maintain ethical and valid research. In my study, I provided each participant with a written informed consent to review prior to their participation in the study. I sent them one copy to review before agreeing to set up an interview to ensure they understood the nature of the study. The participant either

responded to the email with the words, “I consent” or emailed the signed consent form back. I then set up a day and time to conduct the interview.

### ***Treatment of Data and Safeguards for Privacy***

Researchers must protect the participant’s privacy and confidentiality throughout the entire research process. Researchers may protect a participant’s confidentiality by using pseudonyms or altering identifying facts. Researchers can also use anonymity which means that there would be no way to identify a participant as data and results are aggregated and not individualized (Ravitch & Carl, 2021). To maintain privacy, researchers must strategically plan how they intend to maintain their participants identities and personal information. This plan should be identified initially and used throughout the study (Sanjari et al., 2014). It is also critical for researchers to consider data management and security. Cloud data usage, transcription services, laptops, smartphones, and electronic storage devices create additional ethical concerns regarding privacy, consent, and transparency (Ravitch & Carl, 2021).

In this study, I use pseudonyms to protect the privacy and confidentiality of my participants. Power relationships were managed by revealing some aspects of my own identity in the firefighter community to help increase reciprocal experience. Data were collected and kept on a password-encrypted laptop that only I had access to. In accordance with Walden University Institutional Review Board guidelines, all data will be kept for 5 years.

## Summary

In qualitative research, it is critical to create an alignment amongst the problem and purpose statement, research question(s), design, and methods. Creating alignment creates a coherent research design and demonstrates scientific rigor (Burkholder et al., 2020). In research, the researcher must identify and evaluate their role within the research process and identify strategies to mitigate the impact of their role on the research. In this chapter, I identified various strategies and techniques to manage my own biases and connections to the topic. In this chapter, I also identified my methodology including the identification of my population, inclusion criteria, sampling procedures, instruments I used for my study, and identified my data analysis plan. As well, I discussed the dimensions of trustworthiness and ways to manage each dimension. Last, I explored ethical procedures I took to ensure the safety and well-being of the participants.

## Chapter 4: Results

### **Introduction**

The purpose of this qualitative phenomenological study was to explore the lived experiences of family stress in partners of firefighters during the COVID-19 pandemic. The research question was, What are the lived experiences of family stress in partners of firefighters during the COVID-19 pandemic? The study findings may benefit the counseling professionals serving this population in understanding the unique experiences of partners of firefighters during COVID-19. Exploring this phenomenon through the lived experiences can also provide counselor educators and supervisors with valuable insight. Counselor educators and supervisors can take the information learned from this study and provide students and counselors with the best ways to support the partners and families of firefighters. In addition, firefighters and their families will continue to experience other traumas such as natural disasters, chemical spills, or potentially another pandemic or global catastrophe. Thus, this information gathered in this study can extend beyond the COVID-19 pandemic and allow counselors to stay informed and apply best practices working with this population.

In this chapter, I provide a detailed description of the process and procedures used in this study, including the setting, demographics of the participants in the study, and my data collection and analysis process. I provide evidence of trustworthiness by discussing the study's credibility, transferability, dependability, and confirmability. Last, I discuss the themes that results from this research.

### Setting

Participants could engage in the interview either in person or via videoconferencing, based on their preference. All six participants chose to conduct the interview via videoconferencing through the Zoom platform. I conducted the interviews from my counseling office, which is in a private room in an office building. I used sound machines outside the office door to assist with privacy. Prior to beginning each interview, I verified that the participant was in a private location that was appropriate for the personal nature of the interview. I posed semistructured interview questions to all six participants. During data collection, I was unaware of any conditions that influenced the participants.

### Demographics

Participants provided self-reports of their demographic information. I asked participants to provide me with basic identifying information about themselves including age, gender, race, pronouns, sexual orientation, relationship status, number of years with partner, number of children, if any, and occupation. I assigned a code to each participant, using “A” with a sequential number of their interview. Participant demographic information is provided in Table 1. Participant A6 declined to fill out the demographic form. The five participants who did complete the form indicated their race to be White. They reported using “she/her” pronouns.

**Table 1**

*Participant Demographic Information*

Participant	Age	Gender	Sexual orientation	Relationship status	No. of years with partner	No. of children	Occupation
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A1	31	Female	Straight	Married	5	0	Counselor and music therapist
A2	33	Female	Straight	Married	18	3	Social media specialist
A3	42	Female	—	Married	14	4	Coordinator
A4	40	Female	Straight	Married	11	1	Teacher
A5	31	Female	Pansexual	Married	9	1	Copywriter
A6	—	—	—	—	—	—	—

*Note.* Participant A3 did not answer the question about sexual orientation. Participant A6 did not complete the demographic questionnaire.

During their interviews, participants also shared the number of years their partner had been a firefighter and their partner's ranking within the fire department (see Table 2).

**Table 2**

*Partner's Number of Years in the Field and Position in the Fire Department*

Participant	Partner's no. of years in the fire service	Partner's ranking in the fire department
A1	10–12	Firefighter
A2	16	Firefighter
A3	36	Firefighter
A4	4	Lieutenant
A5	8	Firefighter
A6	15	Captain

### Data Collection

I posted the research flyer (see Appendix A) on two social media platforms. The flyer was posted on support groups aimed at partners of firefighters. I received email responses from several potential participants, all of whom met the full criteria for inclusion in the study. The criteria outlined that all participants needed to be partners to a firefighter who was on active duty during COVID-19. After being contacted by the participant, I emailed them a copy of the informed consent for them to review. I

instructed each participant to review the document and, if they consented, to either respond to the email with “I consent” or email me a signed copy of the informed consent. After receiving the individual’s consent, I identified a day and time to set up an interview. Eight individuals engaged in a back-and-forth correspondence to set up an interview. Six individuals scheduled and completed virtual interviews. One individual agreed to a day and time but canceled the day of the interview. Another individual stopped responding. Prior to the interviews, I forwarded each of the six participants a demographic survey. Five of the six participants filled it out. One (A6) declined to complete the demographic survey.

Before beginning the interview, I confirmed participant consent, provided a space for questions, and sent them their \$20 Amazon gift card. Each participant took part in a 60-min virtual interview via Zoom. In accordance with Giorgi (2009), I conducted semistructured interviews with open-ended questions and followed up with unstructured probes to ensure that I collected rich, thick data. I recorded each interview using Zoom’s recording feature. I had originally planned on using the ATLAS.ti program to transcribe and organize data from each interview. However, I learned that this program does not provide transcription services. Therefore, I switched programs and used MAXQDA as my transcription software. I reviewed each transcript was reviewed to ensure accuracy of transcription program.

After each interview, I used memos and reflective journaling to record my immediate impressions to help reduce researcher bias. I also engaged in peer debriefing with my dissertation chair. After the six interviews were completed, I engaged in member

checking by sending participants a summary of their interview. Five of the six participants responded confirming that the summary accurately captured their experiences as a partner of a firefighter during COVID-19. One participant sent a return document with track changes that addressed grammatical mistakes in the original summary.

### **Data Analysis**

Recognizing my close connection to this study's topic, I used the epoché technique early on. According to Moustakas (1994), using epoché allowed me to remove my experiences and capture the true experiences of the researcher participants. Therefore, as I transcribed and analyzed the data I collected, I continued to use the epoché technique. I had already explored my personal experiences as a partner of a firefighter during COVID-19, so I kept a journal to document my personal processes as I transcribed, coded, and analyzed the interviews. I followed Giorgi et al.'s (2017) five-step descriptive phenomenological method of data analysis to describe data gathered from the interviews. Specifically, I followed the following five steps as described by Giorgi et al. (2017):

1. The researcher reads the entire transcription or description to grasp the basic sense of the whole situated description.
2. The researcher assumes the attitude of the scientific phenomenological reduction.
3. The researcher will remain within the scientific phenomenological reduction, then creates parts by delineating psychological meaning units. A meaning unit



is determining whenever the researcher, in a psychological perspective and mindful of the phenomenon being researched, experiences a transition in meaning when they reread the description from the beginning. Slashes are placed in the description at appropriate places.

4. The researcher is still within the scientific phenomenological reduction, then intuitively and transforms participants Lifeworld expressions into experiences that highlight the psychological meanings lived by the participant. This requires the use of free imaginative variation as well as rendering implicit factors explicit.
5. Based upon the transformed meaning units, and still within the scientific phenomenological reduction, the researcher uses the transformed meaning unit expressions as the basis for describing the psychological structure of the experience.

In the first step, I read each of the interview transcripts to generate a grasp of the whole situated description. After reading the transcript, I shifted my mindset to assume the attitude of phenomenological reduction which allowed me to see what was presented in the description is taken to be a phenomenon that is something that was experienced by the describer. Because most descriptions obtained from interviews are too long to be dealt with holistically, it is critical to break them into parts (Giorgi, 2009). Therefore, in the next step, I took transcripts one at a time and reread them slowly, marking each transition in meaning. I then assigned meaning units to the experiences. This process corresponds to the process of bracketing or checking of preconceived ideas (Giorgi et al., 2017). I then

returned to the meaning categories and reviewed them to identify which had the greatest endorsements by the studies participants.

In Step 4, I used free imaginative variation, which allowed me to imagine the data to be different from what they are to ascertain high-level categories that retain the same psychological meaning. According to Giorgi (2009), this data analysis begins with more complex lifeworld perspective and the psychological meanings that are embedded in the concrete descriptions are teased out. Therefore, throughout this transformation I tried to generalize the data so that it became easier to integrate individual participant responses into one structure. The categories that I identified were then transformed into themes. In the final step, I organized supporting statements from the participants under each theme, which allowed me to see a significant overlap in the themes. Each theme contained subthemes that provided additional in-depth insight into the participants lived experiences. In accordance with Peoples (2020), the overlap in experiences and themes helped deem that saturation had been reached.

### **Evidence of Trustworthiness**

#### **Credibility**

I used various strategies to establish credibility in the study including strategies of reflexivity, informed consent, debriefing with my dissertation chair, and member checks. In the study, I strived to create an environment that was comfortable to encourage clients to share honest responses by providing them with an informed consent that outlined confidentiality and privacy. I also informed each participant about their right to end the study at any point. During data collection and analysis, I paid close attention to

bracketing my own biases in the study. I made notes in my journal describing my experiences that triggered personal perspectives so that I can remain aware of my own bias. After the completion of the interviews, I engaged in debriefing with my dissertation chair. During debriefing, I discussed the study's progress, data analysis and tentative findings. Last, I engaged in member checking by sending each participant a written summary of their interview for them to review and confirm to ensure their interpretation was captured accurately. Five of the six participants confirmed that their experiences were captured accurately.

### **Transferability**

The goal of this study was to understand the experiences of partners of firefighters during COVID-19 and not to generalize the findings to other populations. However, I used the strategy of thick descriptions to increase the ability of the study to have meaning beyond the immediate instance of the study. In accordance with Marriam and Tisdell (2016), I provide evidence for support in the form of direct statements from participants and interview notes. Data were collected from participants who resided across the United States. This study may provide a framework for similar comparisons within the firefighter community.

### **Dependability**

In qualitative studies, dependability focuses on whether there is evidence of consistency. For the study to be dependable, there must be consistency across the data collection, analysis, and reporting (Burkholder et al., 2020). To ensure the dependability of my study, I created an audit trail. This strategy entailed me describing in detail the data

collection methods, how I identified categories, and how decisions were made. The audit trails were derived from my journals and memos that I kept throughout the research process.

### **Confirmability**

In qualitative research confirmability is a critical aspect as it refers to the researcher subjectivity (Burkholder et al., 2020). Throughout this study, I have acknowledged my personal connection to this topic as I am a partner to a firefighter. I also have family members and friends who are firefighters or partners to firefighters. Therefore, I have been diligent about acknowledging my biases and potential conflict of interests through various reflexivity practices. Specifically, I continuously reflected on my personal thoughts and beliefs throughout the data collection and analysis process through journaling and memos. To ensure confirmability, I also provided multiple detailed direct statements from the participants to support the identified themes and subthemes.

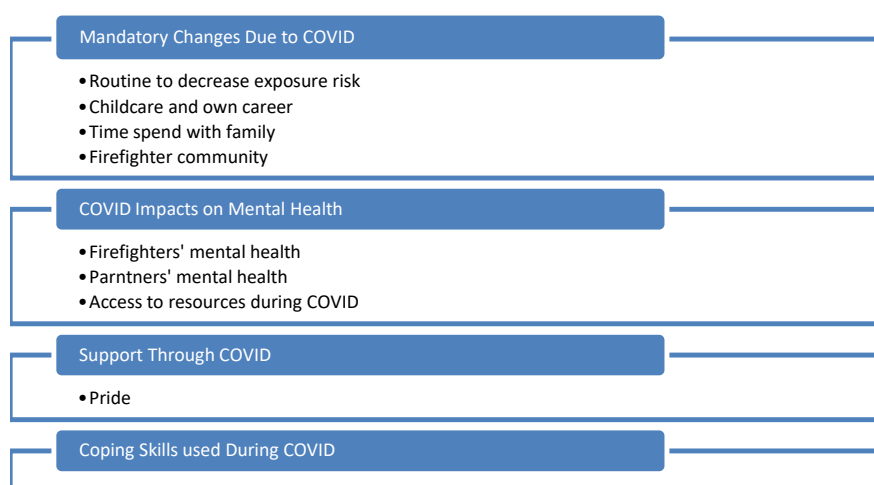
### **Results**

The research question for this study was, What are the lived experiences of family stress in partners of firefighters during the COVID-19 pandemic? After analyzing the data provided by the participants, four larger themes emerged from the data including mandatory changes due to COVID, COVID impacts on mental health, support through COVID, and coping skills used during COVID. Within each of these larger themes, subthemes emerged. Four subthemes emerged under mandatory changes due to COVID and included routine to decrease exposure risk, childcare and own career, time spent with

family, and the firefighter community. There were three subthemes that were emerged under COVID impacts on mental health included firefighters' mental health, partners mental health, and access to resources during COVID. One subtheme, pride, emerged under support provided through COVID. Figure 1 provides a visual diagram of the study themes and subthemes.

**Figure 1**

*Themes Derived From Data*



**Theme 1: Mandatory Changes Due to COVID**

All participants shared that there were several changes that occurred for them throughout the COVID-19 pandemic. In the interviews, the participants described the various elements that shifted within their family dynamics during the pandemic. Specifically, participants discussed fears associated with increased risk of exposure which led to creating various routines, shift in childcare, shifts in time spent with family members, and changes within their connectedness to the fire department.

***Subtheme: Routine to Decrease Exposure Risk***

All the participants expressed fears about their increased risk of exposure due to their partners career as a firefighter. A1 reported, “definitely, that was in the back of my mind. That increase possibility and increased risk of exposure. It was definitely that increased kind of questioning and stress of, I wonder what he brought home today. We don’t know”. Another participant expressed similar concerns, specific to the notion that their partner was a firefighter. A4 reported, “I wouldn’t have been half as worried had he been, you know, an architect.” Additionally, all the participants expressed fears of what their partner was bringing home and the potential of getting the children sick. A2 reported, “it was just really hard worrying about him coming home getting me sick getting the kids sick”.

The fears of exposure and potential of getting children sick appeared to stem from the uncertainty about who their partner encountered and whether they were exposed to COVID. A2 reported their concerns about the patients their husband would transfer to the hospital, “we were most stressed about how many patients he had”. A6 also had similar concerns. They shared,

Now we have this nationwide shutdown, but he still has to go to work and he’s patient facing, and it was really scary having a newborn at home. So, we did have increased risk there because we don’t know what he’s coming into contact with at the station.

The increased fears appeared to lead to the creation of routines and various processes to keep germs at bay. Four out of six participants described their partners routine after coming home from shift. A2 reported,

My husband would come into the garage. He would strip naked, and I would either have a towel or something for him to put on. He would then run through the house and go take a shower because we didn't know what any of this meant. That was the scariest part.

Another participant described a similar routine that her partner would engage in. A6 reported,

At the beginning of the pandemic, it was you don't wear your stuff home. I don't want your shoes. I don't want your clothes. I don't want anything. You shower at the station, you change your clothes, you come home. Then the department sent something out that you're not to take any of your shift clothes home. They need to be washed here.

Participant A5 described additional precautions they were taking. They reported,

We were keeping things clean, especially things that went to the fire station. If she takes something with her, it was you know wiping it down when she got back type of thing, even if it was just, you know, headphones or something.

Participants described putting these routines into place to help decrease the risk of exposure. Although the partners would engage in the routine, one participant described it being a challenge. A5 reported, "it did cause tension because I was more concerned about it than she was. She was living it. She was already immersed in it and so the

inconvenience maybe weighed more on her". Another participant described the difficulties their children faced. A2 reported,

It was hard on the kids because they couldn't run like they were used to. Literally, when daddy walked in the front door, they would attack him and be so excited.

We had to grab them and hold them back and then eventually they got used to it.

Participants described the various routines they engaged in to decrease their exposure to COVID-19. Changes in routine were not the only changes reported. Participants also described the changes in childcare and their own careers.

***Subtheme: Childcare and Own Career***

Two participants described the struggles they experienced regarding their childcare needs during COVID. A6 described their need for physical support and their restriction of options because of COVID. Specifically, A6 reported,

The lack of physical support, like babysitters. I couldn't hire a babysitter because of COVID. I couldn't have my in-laws come over and help because of COVID.

We kept him out of daycare from March during the shutdown because of the risks. We just didn't feel that it was worth it for him to go.

Another participant described the stress it led to for her as she was still trying to work and manage the children at home during COVID. A2 reported,

It was all on me. It was challenging on us, that added an extra level of stress to me because I'm still working. It was really hard. I'm holding my newborn in one hand working, while listening to my son sitting next to me go through



kindergarten and he's the oldest so it was just insane. Juggling all of that was really tough.

Participants described experiencing difficulties with managing childcare while also navigating their own career. Participants identified feeling stressed and needing assistance. Additional changes experienced during COVID include time spent with family.

***Subtheme: Time Spent With Family***

All the participants described difficulties within their interactions with extended family members. Many participants had limited family time. A1 reported, "we were very limited on our family visits during 2020. My family was a little more understanding, but his family was much more uptight and anxious about it". The limited family time appeared to derive from fear of getting family members sick; especially those who were unhealthy. A2 reported, "we didn't see his family. His family was a challenge. Not that they were afraid to be around him. We were more afraid of getting his dad who has heart problems and other health problems sick". Participant A5 also shared similar experiences. They reported,

We did not interact with family a lot. Visits with grandparents especially, but people in general decreased. A lot for our reasoning for that was that she was higher risk. Therefore, I was high risk of getting COVID. If she hadn't been in that field, I think we probably wouldn't have been that extreme.

The decreased interactions with family generated feelings of isolation. One participant expressed feeling that they were being isolated because of her partner being a first responder. A1 reported,

He got very upset and felt very lonely when his family kind of isolated and backed off because of him being a first responder. I definitely think all of the first responders got isolated in his family during that time period.

Three of the participants described feeling worried and fearful about reintegrating with their extended family members and friends. Three out of six participants described often questioning themselves. A1 reported, “do I visit or do I not? It was a weird balance of questioning myself. Should we be hanging out? Should we not be hanging out?”.

Participant A2 also described similar feelings. They reported, “I would be so nervous. Are we okay to go to this party?”. Changes in time spent with family was an additional challenge described by participants in this study. All the participants were unable or had limited interactions with family members out of fears of exposure. Disengagement with family fostered feelings of isolation. However, there was an increase in connection with the firefighter community.

***Subtheme: Firefighter Community***

Four of the participants described having a close connectedness with the firefighter community prior to and throughout COVID. A1 reported, “I think one of the parts that I really highly enjoy is just being able to be a part of that family that’s not your family, you know having that community.” Another participant described similar feelings. A4 reported,

We're really close with a lot of the families. It's very close knit. The built in family that comes with at least our department is a huge benefit. My best friends are either firefighters or paramedics there or married to someone that works there.

Another participant specifically described their connectedness with the department that was created during COVID. A5 reported,

So, with those coworkers and their families I do feel like the connection did get stronger because of the camaraderie that was able to grow at that time. I think there's a core group of families that we have a stronger relationship with because we felt like we were in it together to some extent.

Although there was a stronger sense of connectedness. One participant described the negative impact of not being able to visit the fire department because of COVID. A6 reported,

When he was working or the ability to go to the fire station and let the kids just run around and run and jump on the fire trucks. The firefighters were so amazing. His crew was amazing and they'd play with the kids for an hour. I mean we couldn't do any of that and that was that was probably the most challenging. We couldn't go to the station at all which really affected and changed our interactions with his job.

Another participant described their distrust that developed with the fire department that bloomed during COVID. A5 reported,

A larger portion of them we feel less connected to because they didn't align with what we felt was safe. A lot of her coworkers didn't believe in wearing masks and COVID. I certainly distrust a handful of the people that she works with.

A5 continued to report, "she did have coworkers who weren't on board with safe practices especially during the height of COVID. I did feel a bit betrayed and resentful that so many of her coworkers did not find that important at all." Participants described having an increase in connection with the firefighter community before and throughout COVID-19. These increases in connection were positive for most participants. However, the inability to visit the firehouse and the distrust that was formed during COVID-19 were identified drawbacks of the pandemic.

## **Theme 2: COVID-19-Related Impacts on Mental Health**

Participants described the mental health challenges that they and their firefighter partner faced throughout COVID. The pandemic was not only difficult on the frontline worker, but it also impacted them. Participants experienced an increase in their own anxiety, stress levels, and fears. Although there was an impact on their mental health, there were also limitations to access of services during the pandemic.

### ***Subtheme: Firefighter's Mental Health***

Participants shared about the impact that COVID had on the mental health of their firefighter partner. A1 described the shift in their partner's mental health during COVID. A1 stated, "I think some of the tolls on his mental health shifted. I feel like since COVID those poor guys have been run endlessly". A1 went on to confirm that returning home from work was an added mental health stressor. A1 stated, "the mental health impact of

living with a responder you know not just on me but his mental health and then how that comes home, you know, because that definitely comes home”. Similarly, A4 described the difficulties in their partner’s ability to regulate their emotions during COVID. A4 stated, “I think the stress levels and ability to regulate his emotions went down a lot during COVID”. A6 shared their naivety on the impacts the job had on their partner. A6 stated, “I didn’t know, I had no idea, and I had no idea what the effects of his job were doing”. This participant continued to describe their frustrations with the fire department and their lack of support regarding mental health. A6 felt the fire department was, “Ignorant. The department was ignorant when it comes to mental health and the effects of repetitive trauma.”

Four other participants also described the impact of the firefighter culture on their partners’ willingness to seek treatment. A3 reported, “there is a pretty big stigma about therapy and taking medication. There is definitely some lacking mental health, whether it’s not available or if they can’t put the pieces together to make them use it”.

Similarly, A1 shared,

That mental health piece is there for every couple, but I think it’s just the mental health of a responder is so very different. It impacts so very differently because they handle things differently. That community and that culture is very much “suck it up, buttercup, everything will be fine. You’re okay.” Then as the spouse, you’re like “don’t suck it up, buttercup.” It’s okay, talk to me or talk to a therapist. You don’t have to carry that by yourself.

The stigma attached to seeking services negatively impacted their partners' willingness and acceptance to attend therapy despite struggling mentally.

***Subtheme: Partner's Mental Health***

All participants described their general difficulties with being a partner to a firefighter. All six participants described life as being hard. A2 stated that they originally thought they would never date a firefighter because of the challenging lifestyle. A2 reported, "I always said I would never date a firefighter or marry a firefighter. The life is really hard." A4 also reported, "it's very hard to be married to a first responder. I think families and the actual people doing it pay a pretty high price".

Two participants also described feeling that they often come second to the fire department. Three participants shared how things have been interrupted on several occasions. However, they have adopted an acceptance mindset. A4 shared their experiences,

He puts the department, I mean not on purpose, but first. Being a spouse of a firefighter probably not a high point. If his phone chimes, it doesn't matter what is going on in our personal world, he's taking off. I carry a lot of respect and space for that. I know it and I've come to just accept it and I don't even bat an eye now. A5 shared a similar response, "I know my place. I know what I stepped into. I knew what I was committing to, but I knew that I wouldn't be number one".

Although there were apparent challenges prior to COVID, all the participants described feeling stressed, anxious, and worried throughout the pandemic. A5 reported, "as a spouse COVID gave me a lot more anxiety. A5 continue to state, "I have a lot more

anxiety about social interactions because of COVID”. A6 described her experience and challenges as their husband navigated through having COVID:

So, I am trying to work. I have our oldest here, the younger in the swing and my husband is quarantined in the bedroom upstairs. At this point this was when they were like, I don't know 5,000 people died today or whatever and it was so terrifying. I put the kids to bed and then just thinking they might not ever see their dad again, or if I open the door, they can't go in.

This participant also continued to report their challenges with trying to take care of her children during the pandemic and how she just needed to “survive.” A6 stated, “it was a lot more. A lot more home time and a lot more moms can go crazy at this time. There was no park time. You just survive.”

Two participants also experienced additional stressors during COVID-19 as their spouses responded to the George Floyd riots. A6 reported

The night of the riots was the most scared I think I've ever been. I was listening to the scanners and hearing the chaos and hearing shots fired. Get on the rig. People are throwing bottles and rebar and bricks and concrete at the firefighters, It was at the first responders that were out there just trying to put out the fires.

These two participants described the added stressors they felt as their spouses had to respond to the riots. They were not only stressed about COVID-19 but they experienced an additional layer of stress due to the riots that were transpiring.

During the COVID-19 pandemic, three out of six of the participants were either pregnant or had just given birth to their child. Navigating through COVID while being

pregnant and married to a firefighter added another layer of anxiety and fear. A2 reported, “being pregnant that was kind of scary because we didn’t know what would happen, so it was just more health risks were our concern”. They continued to share about their increases in anxiety. A2 shared, “I am anxious to be around people now because I mean having a newborn, I was scared to be around people.” Another participant shared similar fears and worries. A4 reported,

I was pregnant, so I was very afraid of getting COVID because they didn’t know. They had no idea how it impacted pregnant women. My stress levels were very different during COVID because I was pregnant and worried. I was so anxious because I’d never been pregnant before. I couldn’t see my family, you know? It was definitely the worst mental health I’d ever had in my life. I was not coping well as a pregnant woman during COVID, married to someone that was transporting COVID patients all the time. I had this feeling of like impending doom and no control.

A third participant also shared about navigating their pregnancy journey during COVID-19. A5 reported,

Me protecting my health while trying to get pregnant was an added stress during COVID. We did put our journey on hold for a while with her risks in mind so that did sort of delay our family planning. The risks of COVID and not wanting to be in the hospital at that time.

In addition to navigating through anxiety while being pregnant, one participant had a unique experience as her husband was hospitalized with COVID. The participant



shared about the fear she felt while he was hospitalized and having to navigate through developing PTSD from the experience. A3 stated,

It was just so traumatizing for me. It was reliving it every night the empty bed you know it just took me back to when he was in the hospital. So, when he went back even just with the ambulance, I would freak out. During his 48-hr shift, I'm not sleeping those 48 hr.

Although this participant developed PTSD from their experience, they shared how their experiences have led them to advocate for the mental health of firefighters and their partners. The participant shared going to fire departments and sharing her story to help encourage others to also seek help.

***Subtheme: Access to Services During the COVID-19 Pandemic***

Although mental health challenges were heightened during the COVID-19 pandemic, access to services were also impacted. Two participants shared about their inability to access certain services. A6 shared, "we couldn't get in anywhere because of COVID. There just weren't many options because of COVID". This participant also shared about her husband's inability to receive certain services while in treatment because of COVID.

A lot of the programs that they typically have were shut down because of COVID. So, they couldn't do EMDR [eye movement desensitization and reprocessing], and I can't remember what some of the other treatments that they were hoping for. They just couldn't do them because they didn't have practitioners that could safely come up to the ranch to do them.

Although there were increases in mental health challenges for both firefighters and their partners there was limited access to services during the pandemic. They were unable to access services that were more readily available prior to COVID-19.

### **Theme 3: Support During the COVID-19 Pandemic**

All the participants shared about the difficulties their partner and themselves went through during COVID-19. However, their partners were in a “have to” mentality because it was their job. A1 reported, “he very rarely thought about himself during COVID but more like ‘This is what I have to do. This is who I am’”. Similarly, A6 reported, “He didn’t have a choice. It was his job. It’s what he signed up to do, and he didn’t have a choice.”

All the participants partners continued to do their job despite the global pandemic. Providing their partners support was something that all the participants noted as a key factor during COVID-19. Although they were there to support their partners, it was challenging. A1 reported, “the most challenging was just trying to balance everyone’s emotions”. A1 continued to state,

Probably one of the worst things is trying to support him through that isolation period. It was an interesting kind of balance to have to support him through it. So, my individual self-care time for me happened often when he was on shift. So, that when he was off shift, I could be home. I could keep him from being lonely, be present be with him.

Two other participants expressed similar difficulties. A6 reported, “I think it had a pretty negative impact on me for sure because I was helping him regulate his own

emotions, which is not fun or something that any adult wants to do with another adult”. This participant also shared about the difficulties getting their partner to seek support services. A6 reported, “if I wasn’t married to him, he wouldn’t do any of it. I can occasionally force him to do it. I’ll sign us up for counseling or sign him up for counseling”. Although all the participants described the difficulties with supporting their partner through COVID, there was a sense of togetherness that was formed. One participant described going through COVID together was an aspect that helped. A1 shared, “our ability to support each other and to experience it together, neither of us had to be alone in that moment. So, one of the rewarding parts is that we went through it together”. During the COVID-19 pandemic, firefighters had to continue to transport patients and service their community during this difficult time. Providing their partners support throughout the pandemic was identified as a challenge.

***Subtheme: Pride***

Although it was challenging to support their partner through the global pandemic, there was a sense of pride that was fostered at that time. A2 reported,

He helps the community, and he was there to assist people in the worst time of their life. I mean, I’m pretty proud. He sacrificed a lot. He sacrificed being with his family. He sacrificed holidays, whatever to just help people. During COVID that was even more prevalent because they were risking their life for a virus that they don’t actually know what would happen when we kind of all hid inside.

Another participant shared similar pride for their partner. A4 shared, “there’s a sense of pride, it’s an important job and it means a lot. I think I’m proud of him doing it. I secretly

wish he didn't, but I am proud of him". Although it was difficult to provide their partner support, three participants described having a strong sense of pride for their firefighter partners.

#### **Theme 4: Coping Skills Used During the COVID-19 Pandemic**

Participants experience heightened levels of stress and anxiety during the COVID-19 pandemic. When inquired about coping skills used, participants described various strategies they utilized to cope through the pandemic. A1 shared, "I'm a runner. So, for me, it just became spending more time on the trail, going for hikes, went for a walk or a run. I just spend more independent, go with myself kind of time". A3 shared their coping skills, "I've gotten into yoga. Stretching has also helped tremendously". A2 shared the coping skills that helped both her husband and her to cope through COVID. A2 stated, "I think it's that communication we had that helped keep the stress levels down. We also had little dates, like hot tub dates and that was really awesome".

Although three out of six participants shared coping skills that helped. Three participants described having a difficult time finding specific tools that helped. A4 reported, "I walked a lot. I talked to my sister on the phone for 10,000 hr a day, but I was not good. I mean nothing I did worked well. However, being back around people really helped." Similarly, A5 shared,

Some of the anxieties I think I just had to sit with them to be honest. My approach really is manage everything that you can and then you kind of just have to either let go of it or sit with whatever's let go. I think more structural changes or concrete actionable changes to make the situation feel better or to manage those

risks in a tangible way versus managing the anxiety and leave the risks where they were.

Participant A6 described the concept of simply surviving. They mentioned numerous times that their coping mechanism was survive. A4 stated, “It was literally survive.” This participant described needing to survive to cope through the COVID-19 pandemic. They shared that the usual coping skills did not work for them, so instead they adopted this concept of survive. They felt like they needed to just get through the day.

### **Summary**

These common themes of individual experiences of partners of firefighters offer rich information to help us understand the experiences partners of firefighters had during COVID-19. The data I collected for this study provided various perspectives. However, it is critical to note that although participants shared similar experiences everyone’s experiences are unique. Four overarching themes were identified: (a) mandatory changes during the COVID-19 pandemic, (b) COVID-19-related impacts on mental health, (c) support during the COVID-19 pandemic, and (d) coping skills used during the COVID-19 pandemic. In three of these themes, subthemes also emerged. In the final chapter, I will provide a discussion of my findings, highlight the limitations of the study, make recommendations based on my study, and provide implications for my study.

## Chapter 5: Discussion, Conclusions, and Recommendations

### Introduction

The purpose of this qualitative transcendental phenomenological study was to describe the lived experiences of family stress in partners of firefighters during the COVID-19 pandemic. In this study, I used Giorgi et al.'s (2017) data analysis plan as I identified four themes and eight subthemes. The four emergent themes included, (1) mandatory changes due to COVID, (2) COVID impacts on mental health, (3) support through COVID, (4) coping skills used during COVID. Within each of these larger themes, subthemes emerged. Four subthemes emerged under mandatory changes due to COVID and included routine to decrease exposure risk, childcare and own career, time spent with family, and the firefighter community. There were three subthemes that were emerged under COVID impacts on mental health included firefighters' mental health, partners' mental health, and access to resources during COVID. There is one subtheme that emerged under support provided through COVID included pride. These findings provide valuable insight for counseling professionals serving this population in understanding the unique experiences of partners of firefighters during COVID-19. It also provides insight for counselor educators and supervisors as they work with counselors in training working with this population. In this chapter, I discuss the findings and the limitations of the study, I offer recommendations, and the implications for social change of the study. After analyzing the data provided by the participants, four larger themes emerged from the data including mandatory changes due to COVID, COVID impacts on mental health, support through COVID, and coping skills used during COVID.

## **Interpretation of the Findings**

A firefighter's family is tasked with the cost and spillover between occupation and family life. Families have identified that the fire service is not just a job but a lifestyle (Hill et al., 2020). In 2020, uncertainty began to evolve as COVID-19 hit the United States, forcing firefighters to interact directly with potential COVID-19 patients. Interacting with these patients increased their exposure and potential risks of developing COVID-19 (Graham et al., 2021). Stressors such as feelings of isolation, lack of support and understanding from family members, and increases in depression, anxiety, and alcohol use have been identified by firefighters during the pandemic (McAlearney et al., 2022; Vujanovic et al., 2020; Zolnikov & Furio, 2020). As stressors have evolved and shifted during the COVID-19 pandemic, little is known about the effects of occupational stressors have had on the partners of firefighters during and after the pandemic.

This qualitative study utilized phenomenology as the method for understanding the lived experience of partners of firefighters during COVID-19. Husserl's transcendental phenomenology was the theoretical lens for this study. This approach explores an individual's lived experiences with an identified phenomenon as they perceive it within their consciousness (Husserl, 2004; Moustakas, 1994).

### **Theme 1: Mandatory Changes During the COVID-19 Pandemic**

During the COVID-19 pandemic, families of firefighters experienced various shifts within their lives. There were changes in routines, childcare, support, family interactions, and their interactions with the firefighter community. Participants in this study expressed fears about their increased exposure to COVID-19 because of their

partners' occupation. Interacting with patients increased the firefighter's exposure and potential risks of developing COVID-19 (Graham et al., 2021). Several noted that they knew their firefighter was encountering COVID positive clients and feared that they would bring the virus home to their family. Some participants questioned whether they would have been as fearful if their partner was not a firefighter.

To combat their fear of increased exposure, several participants described having a routine in place for when their firefighter returning home after shift. Many of these routines included removing clothes before entering the home and having their firefighter shower immediately before interacting with family members. Some participants described the procedures they would take with wiping down all the items that transitioned between home and the firehouse to ensure cleanliness. One participant shared the mandate that their firefighter's department made to keep all clothing at the fire station to help decrease exposure. Although these procedures were in place, participants described the process to be challenging on themselves, their children, and their firefighter. Even though their firefighter understood the premise behind the precautions, sometimes they would get annoyed with the multiple step procedures.

During the COVID-19 pandemic, limitations within childcare were also a change for the families. Participants stated that they would often utilize family members or daycares as a means for childcare but were unable to during the pandemic. The limitations in childcare support presented several challenges for partners. Several partners were forced to give up their own careers to take care of the children and household. This sacrifice of giving up their own career aligned with study results from Hill et al. (2020).



Two participants continued to work throughout the pandemic while continuing to take care of their children at home. Stress, anxiety, and feeling overwhelmed were emotions expressed by these individuals. The concept of feeling like a single parent and being solely responsible of the household was also noted. This concept has been prominent in previous research that has examined the experiences of partners of firefighters (Brodie & Eppler, 2012; Karaffa et al., 2015; Roth & Moore, 2009; Watkins et al., 2021).

Time spent with family was another change that occurred during the COVID-19 pandemic. Participants described feeling fearful of exposing family, especially those who were older, to COVID-19. Several participants refrained from spending time with their families. For some of the participants it was their choice to not see family. However, a few participant's families were reluctant and resistant to seeing them out of fear of their higher exposure rate. Some families were not understanding, and this led to feelings of isolation by the firefighter and partner. Feelings of isolation, lack of support and understanding from family members during COVID-19 has been noted in previous research (McAlearney et al. 2022; Zolnikov & Furio, 2020, 2021). Participants expressed feeling disconnected from family during the pandemic.

Although there were feelings of disconnect and lack of support from family, connectedness to the firefighter community was high during the pandemic. Several participants shared about their positive interactions with other firefighters and their families. They noted that the fire department felt like family which has been seen as a benefit of the firefighter occupation (Sommerfield, 2017). The high sense of group cohesion and support created through the culture of the firehouse has been seen as central

to how firefighters' and their family's function (Capaul, 2009). Although participants felt connected within the firefighter community, not being able to visit the firehouse when their firefighter was on shift was challenging. Participants shared their experiences with visiting the firehouse and having dinner with the crew. However, these experiences were interrupted during COVID-19.

Even though several participants described having a sense of connectedness to the firefighter community, one participant shared about their strong distrust that developed during COVID-19. This participant had distrust for their partners fire department as coworkers frequently refused to wear masks or take suggested precautions during the pandemic. This led to disruption in their relationship with their spouse and their connectedness with the department. The camaraderie that is has been noted as an essential element to the firefighter culture was disrupted (Capaul, 2009). Although interrupted they were able to connect with a few families that shared similar views about COVID-19. Being able to create a sense of connectedness with families has been seen as a helpful tool to cope with the stressors of the occupation (Sommerfield, 2017). Creating these connections provided the participant and her spouse support as they navigated through the COVID-19 pandemic.

## **Theme 2: COVID-19-Related Impacts on Mental Health**

Previous researchers have extensively examined the psychological effects of the firefighter occupation on the mental health of firefighters (Jitnarin et al., 2022; Tomaka et al., 2017; Kilpatrick et al., 2013; Lebeaut et al., 2020; Haddock et al., 2022; Vargas de Barrors et al., 2013). There have been links between firefighters and the development of

depression and PTSD (Gulliver et al., 2021; Hill et al., 2020; Jo et al., 2013; Tomaka et al., 2017), alcohol abuse (Boffa et al., 2017; Haddock et al., 2015; Haddock et al., 2022; Harvey et al., 2016; Jahnke et al., 2014; Kyoung-Sun & Kyung-Ah, 2017; Lebeaut et al., 2020; Pizza- Gardner et al., 2014), sleep disturbances (Simth et al., 2018) burnout, stress, and suicidal ideation (Boffa et al., 2017; Henderson et al., 2016; Kim et al., 2019; Scott et al., 2017; Stanley et al., 2017; Wolkow et al., 2019). In this study, the participants noted the psychological and physiological impact that COVID had on their firefighters. Some participants noted an increase in stress their firefighter felt during the pandemic.

Participants described firefighters as stressed, fatigued, run down, and having poor emotional regulation. The concept of the mental health stigma was identified as a primary barrier to firefighters seeking help. Two participants noted that their firefighter partners refused to attend counseling unless they would set it up and encourage them to go. One participant also noted the culture of the firehouse being problematic. A1 shared,

That community and that culture is very much suck it up buttercup, everything will be fine, you're okay and then as the spouse you're like don't suck it up buttercup its okay to talk to me or talk to a therapist, you don't have to carry that by yourself.

The stigma surrounding mental health and culture of the firehouse often hinders a firefighter's willingness and ability to seek mental health services. Stigma has been identified in previous studies as a primary contributor to a firefighter's reluctance to seek help (Henderson et al., 2016; Hom et al., 2016; Kim et al., 2018; Stanley et al., 2017). In

this study, the participants also saw stigma and the culture of the firehouse to be a barrier to seeking help.

Partners of firefighters are tasked with the challenges between occupation and family life. Families have identified that the fire service is not just a job but a lifestyle (Hill et al., 2020). Partners in this study also felt that being a firefighter is a lifestyle which often places them second. A4 stated, “he puts the department, I mean not on purpose, but first”. Being a partner to a firefighter has its ups and downs. Participants identified the difficulties they experienced when events or tasks were interrupted whenever their firefighter got a call. One participant shared that they never thought they would marry a firefighter because the lifestyle is hard. Although the lifestyle can be difficult, finding a sense of acceptance was something noted by all of the participants. Even though they may not agree with it or like it, they have learned to accept it.

Previous research that has examined partner well-being and mental health found that this population does experience higher levels of psychological distress, depression, anxiety, poor quality of life, and poor sleep (McKean et al., 2020). During COVID-19, partners of firefighters expressed increases in overall stress and feeling overwhelmed. They would frequently worry about exposure, the health of their firefighter and family, and had difficulties managing the stress of the household. There was anxiety about social interactions and uncertainty about visiting with family and friends. Two of the participants also experienced additional stressors during COVID-19 as their spouses responded to the George Floyd riots in Minneapolis. One participant described this experience as the scarcest they have ever felt.

Three of the participants in this study were either pregnant or had just given birth during COVID-19. These participants had unique experiences compared to those who did not have children. There was a lot of fear and anxiety about the health and well-being of themselves and their children. Participants shared that they feared contracting COVID because there were a lot of unknowns on how COVID-19 impacted pregnant women. In addition, there was fear and worry about their firefighter being able to be present for the birth. One participant was trying to conceive during COVID which led to stress for the participant and tension in the relationship with their firefighter. There were increased pressures to continue to take safety precautions even as COVID-19 began to diminish.

One of the participants in this study developed PTSD after their firefighter partner was in the hospital with COVID-19. The trauma translated into fear every time their firefighter partner was on shift. At first their firefighter partner did not understand the negative impact their trip to the hospital had on their partner which was difficult. Another participant had to support their firefighter partner as they navigated PTSD symptoms during COVID-19. This became especially stressful when there was a lack of resources available. Individuals in this study shared experiencing difficulty accessing therapeutic services during the pandemic. Therapies such as eye movement desensitization and reprocessing were unavailable, and the services and programs available were limited.

### **Theme 3: Support During the COVID-19 Pandemic**

Firefighters rely heavily on their partners and families for support (Hill et al., 2020). This need for support was evident during the COVID-19 pandemic. Partners of firefighters expressed the challenges they encountered trying to provide their firefighter

help. Some of these challenges included difficulty helping their firefighter regulate their emotions, manage the stress of the job, help with feelings of isolation, and getting them mental health services. A participant described their tendency to only engage in self-care when their firefighter was on shift so that they could be fully present for their firefighter when they were home. They described trying to create a sense of balance to support their firefighter. Although there were drawbacks, a participant described feeling a sense of connectedness with their firefighter during COVID because they were able to support each other through it. Having one another rather than being fully isolated was a factor that made coping through COVID easier. There was a shared sense of pride for their firefighter, partners described feeling proud that their firefighter was out there supporting the community during one of the most difficult times.

#### **Theme 4: Coping Skills Used During the COVID-19 Pandemic**

COVID-19 was a difficult time for many individuals. Partners of firefighters expressed experiencing increases in stress, anxiety, and fear during the pandemic. Hill et al. (2020) shared that partners of firefighters would cope by adopting the “expect the unexpected” mentality. This concept was also identified as a coping skill during COVID-19. One participant specifically utilized the term “you survive”. When asked to elaborate the participant shared that they would do what they needed to do to get through. Other participants identified yoga, stretching, running, walks, hiking, speaking with family members, and attending counseling as coping skills used during the pandemic. Quality time spent with their firefighter was also a positive coping skill that assisted with managing stress and staying connected with their partner.

### **Limitations of the Study**

For this transcendental phenomenological study, I recruited six participants and met data saturation as suggested by experts (Patton, 2015). All the participants were married to a firefighter who was on active duty during COVID-19. Although participants offered rich, thick descriptions that met data saturation, there was little variance in age amongst the participants. The participants ranged in age from 31 to 42. All but one participant had children, and all participants who completed the demographic form indicated that they were female. Therefore, this study would have benefited from more diversity in terms of age and gender.

Recruitment platform is another limitation of this study. Although I posted my recruitment flyer on various platforms and within different support groups, the participants mainly came from one Facebook support group. This Facebook group was also mostly aimed at wives of firefighters which limited access to male participants. This study would have benefited from having male participants as they may have shared different or additional lived experiences that were not captured in this study.

This research revolves around researcher bias. I have been in a relationship with a firefighter for the past 9 years. These years do include the COVID-19 pandemic. Therefore, I have a personal connection to this research topic and my experiences could have swayed my interpretations of the findings. However, I intentionally used a transcendental phenomenological approach as it focuses on the individuals lived experience rather than the researcher's interpretation of findings (Giorgi, 2012). During data collection and analysis, I engaged in frequent reflection through journaling and

memos to remain aware of my personal thoughts and perceptions so that I could ensure that I did not place my own thoughts and experiences on that of the participants. I also actively engaged in bracketing to suspend my own judgments and focus on the analysis of the experience (Peoples, 2021). This method was critical to use as it means that the knowledge coming from an attitude other than the phenomenological one is put aside (Giorgi et al. 2017). Therefore, it helped to remove my personal biases from the study results. Although I used these methods, researcher bias can still limit the study in some ways as this approach is subjective in nature (Burkholder et al., 2020).

Despite these limitations, my study did illuminate the challenges experienced by the partners of firefighters during COVID-19 and their need, as well as their partners need, for support. Carbajal and Ponder (2021) found that there were increases of depression, generalized anxiety, and PTSD in firefighters during COVID-19. As well, Vujanovic et al. (2020) identified increases in alcohol consumption, medical vulnerability, and increases in depression and anxiety in firefighters during COVID-19.

However, there was limited insight into the experiences of the partners of firefighters during the pandemic. These findings provide deep insights into the experiences of partners of firefighters during COVID-19 which can assist counselors in understanding best ways to support this community.

### **Recommendations**

Findings from this study highlight the unique experiences of partners of firefighters during COVID-19. From this study, mental health providers and other helping professionals can begin to understand the difficulties and needs of partners of



firefighters. However, this research only represents a single study. Although the findings can be transferable, it is critical for other studies to build upon these results.

In this study, a theme of support was highlighted. Several participants discussed their difficulties with supporting their firefighter during COVID-19 as well as supporting themselves. Barriers to mental health included access and the stigma attached to seeking help. It would be of benefit for future studies to explore ways to support firefighters and identify ways to dismantle the barriers to seeking mental health help. It would also be beneficial to explore the mental health of firefighters from a departmental perspective. Researchers can examine departmental approaches to supporting the mental health of firefighters which can provide insight into the development of additional programs and supports.

### **Implications**

Research is a way to generate new knowledge and can be a platform for fostering social change. Social change is a critical component of research as it helps to transform cultural and social concepts. These transformable changes can help to eliminate discrimination and oppression and restore human dignity. It is through these changes that society evolves. Professional counselors are also agents for social change. They take an ethical oath to dismantle obstacles that inhibit clients' positive growth (American Counseling Association, 2014). Counselors, supervisors, and counselor educators need to take approaches that help to dismantle barriers, prejudice, and systematic oppression. To do this, they need gain a stronger understanding of the experiences of various groups and

communities. To better understand the impact of this study it is important to illuminate the social implications.

A social implication of this study is that it provides positive insight for the firefighter community and their prospective families. It provides counselors with a clearer understanding of the firefighter's partner's experiences during the COVID-19 pandemic. Understanding their experiences can help counselors create a strong therapeutic relationship and assist them, and their families with coping and managing stressors resulting from the firefighter occupation and the COVID-19 pandemic.

Another social implication of this study is that an increase in knowledge and understanding of the effects of the occupation during COVID-19 on the partners of firefighters can help produce change for the firefighter community. The results from this study can help produce change by encouraging the establishment of programs or policies aimed at the mental health of firefighters and their families. These results can help be a catalysis for increase treatment efforts and awareness of the impact of the occupation.

Finally, this study provides insight for counselor educators. Counselor educators are currently ill-equipped to train counselors to meet the needs of the firefighter community; the results of this study provides counselor educators with a deeper understanding of the population and their experiences. This additional insight will assist counselors-in-training on best practices for the firefighter community and their families.

### **Conclusion**

Firefighters take an oath to serve their community in a multitude of ways. They are not only required to respond to fires but also assist with medical emergencies and

natural disasters. In 2020, COVID-19 impacted the United States, forcing firefighters to directly interact with COVID-19 patients. The stress of a being a first responder not only impacted them but also their partners and families. This study captured the lived experiences of partners of firefighters during COVID-19. Partners expressed increases in overall stress and anxiety associated with fears of exposure and the health and well-being of themselves and their families. Partners and their firefighters were forced to make changes to adapt during the pandemic. These changes presented various challenges but partners where able to utilize coping skills and provide their firefighters support. This population did have unique experiences throughout the COVID-19 pandemic. The information generated in this study can provide insight to counselors in best ways to support this population. It also provides counselor educators and supervisors with valuable information that they can provide students and counselors with best ways to support the partners and families of firefighters. It is imperative that counselors develop knowledge about this population as firefighters and their families will continue to experience other traumas such as natural disasters, chemical spills, or potentially another pandemic or global catastrophe.

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# Research Study Seeks Partners of Firefighters!

There is a new study about the experiences of partners of firefighters during the COVID-19 pandemic that could help care providers like counselors better understand and help this population.

## About the study:

- One 60 minute interview that will be audio recorded
- You would receive a \$20 Amazon gift card as a thank you
- To protect your privacy, the published study will not share any names or details that identify you



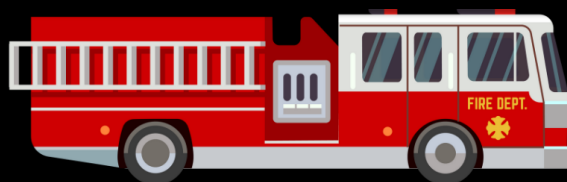
This interview is part of the doctoral study for Kimberley Giannini, a Ph.D. student at Walden University.

## Volunteers must meet these requirements:

- 18 years or older
- In a relationship with a firefighter who was on active duty during COVID-19 (study includes ex partners).

## To Participate Contact the Researcher:

Kimberley Giannini



## Appendix B: Interview Guide

Interview Guide

**Date:****Time:****Interviewee Code #:****Location of Interview:**

**RQ: What are the lived experiences of family stress in partners of firefighters during the COVID-19 pandemic?**

<b>Interview part</b>	<b>Interview question</b>
Introduction	<p>Hi, this is Kimberley Giannini. Thank you very much for participating in this interview. As you know, the purpose of this interview is to talk about your personal experiences with family life as a partner of a firefighter during the COVID-19 pandemic. After the interview, I will be examining your answers for data analysis. The themes that emerge will be reported in a document. However, I will not identify you in my documents and no one will be able to identify you with your answers. You can choose to stop this interview at any time. Also, I need to let you know that this interview will be recorded for transcription purposes.</p> <p>Do you have any questions?</p> <p>Are you ready to begin?</p>
<b>Question 1</b>	<p>What can you tell me about your experiences with being a spouse of a firefighter?</p> <ol style="list-style-type: none"> <li>1. What is the best part of being a spouse of a firefighter?</li> <li>2. What is the most challenging aspect?</li> </ol>

<b>Interview part</b>	<b>Interview question</b>
<b>Question 2</b>	<p>Can you share with me if your experiences as a spouse of a firefighter shifted since the COVID-19 Pandemic?</p> <ol style="list-style-type: none"> <li>1. What, if any, are the risks you have endured because of your partners occupation?</li> <li>2. What, if any, are the sacrifices you have faced because of your partners occupation?</li> </ol>
<b>Question 3</b>	<p>Can you tell me what stressors, if any, have you have experienced because of your partner being a firefighter during the COVID-19 pandemic?'</p> <ol style="list-style-type: none"> <li>1. Tell me about any changes in stress since COVID-19 versus pre pandemic</li> <li>2. Tell me about how you are managing these stressors</li> </ol>
<b>Question 4</b>	<p>Can you tell me if there has ever been any difficult part about your spouse's engagement in the firefighter occupation during the COVID-19 Pandemic?</p> <ol style="list-style-type: none"> <li>1. How did you manage the difficulties faced?</li> </ol>
<b>Question 5</b>	<p>What has been the most rewarding part about your spouse's engagement in the firefighter occupation during the COVID-19 pandemic?</p>
<b>Closing</b>	<p>Thank you so much for your participation.</p> <p>Is there anything else you would like to share that would help capture your experiences as a spouse of a firefighter?</p>

<b>Interview part</b>	<b>Interview question</b>
	<p>I appreciate your participation in this interview. As previously mentioned, your identifying information will remain protected. However, the transcript of this interview may be shared with my dissertation committee members for debriefing purposes. Peer debriefing is a data analysis technique where a peer, who has no interest in the project, reviews that transcript for data analysis. This technique is used to eliminate potential bias or assumptions.</p> <p>Do you have any questions for me?</p> <p>Thank you for your participation!</p>

## Appendix C: Demographic Questionnaire

## Demographic Questionnaire

Please fill out the following questions

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Pronouns: \_\_\_\_\_ Sexual Orientation: \_\_\_\_\_

Relationship Status: \_\_\_\_\_

How long have you been with your partner? \_\_\_\_\_

Do you have children: Yes No

If yes, how many children do you have? \_\_\_\_\_

Occupation: \_\_\_\_\_