Walden University

Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies
Collection

5-9-2024

Influence of Leader's Mental Health Skills on Emergency Call-taker and Dispatcher Well-Being

Chenetra Washington
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Management and Human Potential

This is to certify that the doctoral dissertation by

Chenetra Washington

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Labrina Jones, Committee Chairperson, Management Faculty
Dr. Jean Gordon, Committee Member, Management Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2024

Abstract

Influence of Leader's Mental Health Skills on Emergency Call-Taker and Dispatcher Well-Being

by

Chenetra Washington

MPHIL, Walden University, 2022

MHRM, Keller Graduate School of Management, 2008

BA, Chicago State University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Resource Management

Walden University

May 2024

Abstract

In 2021, researchers reported that nearly half of emergency responder personnel who are continuously exposed to traumatic incidents will test positive for one or more forms of mental illness. The purpose of this descriptive qualitative phenomenological study was to describe and identify the lived experiences of emergency call-takers and dispatchers by identifying how their leader's mental health skills influence their well-being in the emergency management industry. This study was framed by Bertalanffy's general systems theory and Husserl's origins of consciousness concept. Using a qualitative research design, data were collected and triangulated from 10 semistructured interviews, reflective and descriptive fields notes, and audit trails. Thematic data analysis revealed 18 themes which emerged from four conceptual codes: (a) emergency calls that trigger an emotional response, (b) job tenure affects mood and performance levels, (c) organizational attempts to assist with employee well-being, and (d) stigma associated with asking for mental health assistance. Mandatory mental health training for organizational leaders may reduce stigmatizing attitudes concerning employee mental health and in turn boost the confidence and skillset of leaders. Thus, leaders will have the appropriate training to direct employees towards the underutilized mental health resources needed to cope with emergency management industry obligations. This study may drive positive social change by increasing awareness of the mental health concerns that plague emergency communications centers, decrease the stigma attached to requesting mental health treatment, and ultimately decrease the long-term mental health illnesses for emergency call-taker and dispatcher personnel.

Influence of Leader's Mental Health Skills on Emergency Call-Taker and Dispatcher Well-Being

by

Chenetra Washington

MPHIL, Walden University, 2022

MHRM, Keller Graduate School of Management, 2008

BA, Chicago State University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Resource Management

Walden University

May 2024

Dedication

I will look to the hills from which cometh my help. All my help comes from the Lord. Thank you, GOD, for giving me the strength, patience, and understanding to endure what some told me would be impossible. With you, I can do all things! My three heavenly angels: Inez, Minnie, and Wash… I miss you. Keep smiling down on me!

I dedicate this study to my mother, Wendy Washington. You have been my rock when I felt a little shaky and a listening ear when I needed to vent my feelings and frustrations. You have prayed for me, dusted me off when I fell, and helped me to dry my tears when I had to let a few fall. I am standing strong because God gave me an amazing mother like you as an example to never give up on my dreams and to keep pushing no matter what! I love you to the moon and back a thousand times over!

To my brother and sister, Johnte' and Monique, I love you both so much and I pray that my dedication to reaching this milestone makes you proud. Johnte' Jr., Kyla, Whitney, Tyler, Mariah, and Madison…I pray that I am a positive example in each of your lives. I love you all and I want you to know that I did not give up because I know that you are always watching. You all can do anything that you put your mind to!

For my team of loved ones, family, and friends that stuck close by my side during this journey…words cannot express my gratitude. I am grateful and blessed to have each of you in my corner. Thank you for never leaving my side! I love you all!!!

Last but not least, to my fur baby Jaxx…you are my favorite little puppy dog. Thank you for your cuddles, eskimo kisses, and for being the best puppy a girl could ask for! I love you!

Acknowledgments

Dr. Labrina Jones, thank you for simply being you. You have held true to your word, making sure that I was equipped with everything that I needed to hit my target! Throughout this entire process, I kept hearing your voice in my head saying, “You got this!” You are an amazing chair and I want to make sure that you know that you are one of the reasons why I am Dr. Chenetra Lanee’ Washington today! Dr. J., THANK YOU!

A special thanks to my second committee member, Dr. Jean Gordon. Dr. Gordon, you challenged me to think creatively, and I must admit it was uncomfortable at times. I can look back now and know that your silent push challenged my intellect, and you too are one of the reasons I earned my PhD badge. Dr. Gordon, THANK YOU!

Table of Contents

List of Figures vi

Chapter 1: Introduction to the Study 1

Introduction 1

Background 4

Problem Statement 6

Purpose of the Study 7

Research Question 8

Theoretical Foundation 8

Nature of the Study 10

Definitions 10

Assumptions 12

Scope and Delimitations 13

Limitations 14

Significance 15

Significance to Theory 15

Significance to Practice 16

Significance to Social Change 17

Summary and Conclusions 17

Chapter 2: Literature Review 19

Introduction 19

Literature Search Strategy 20

Theoretical Foundations: The General Systems Theory 21

Managerial Influence on Employee Behavior 26

Positive Employee Behavior Mirrors Positive Managerial Influence 27

Perception of Leadership in the Workplace 28

Roles and Responsibilities of Leaders: Leader/Management Perspective 28

Roles and Responsibilities of Leaders: Employee Perspective 29

Stress within the Emergency Management Industry 30

PTSD Defined.. 31

PTSD Statistical References within the Emergency Management Industry......... 31

Recognizing the Signs of PTSD 33

Psychological Versus Psychosocial Trauma and Its Ties to PTSD 34

Trainings in the Workplace...36

Human Resource Department Responsibilities Related to Mental Health Training 36

Mandatory Mental Health Training for Leaders 37

Mandatory Mental Health Training for Employees 38

Leadership Coaching.. 39

Reduction in Organizational Stress to Minimize PTSD 40

Increase Employee Manpower to Minimize Employee Burnout.......................... 41

Encouragement of Communication and Increased Employee/Management Interaction 42

Available/On-Site Mental Health Professionals for Employees........................... 43

Barriers that Prevent Emergency Responders from Seeking Mental Health Assistance 43
The Stigma Associated with Showing Weakness 44
The Fear of Confidentiality Breach 45
Previous Negative Experience with Mental Health Providers 46
Lack Of Access and Availability 47
The Fear of Adding Extra Burdens onto One's Family 47
Summary and Conclusions 48
Chapter 3: Research Method 49
Introduction 49
Research Design and Rationale 49
Role of the Researcher 52
Researcher Bias 54
Methodology 55
Participant Selection Logic 57
Instrumentation 58
Procedures for Recruitment, Participation, and Data Collection 59
Data Analysis Plan 60
Issues of Trustworthiness 61
Credibility 61
Transferability 63
Dependability 63

Confirmability 64
Ethical Procedures 65
Summary and Conclusions 66
Chapter 4: Results 67
Research Setting 68
Participant Demographics 69
Data Collection 70
Semi-Structured Interviews 71
Member Checking 73
Data Analysis 74
Conceptual Categories and Emergent Themes 75
Evidence of Trustworthiness 76
Credibility 76
Transferability 78
Dependability 79
Confirmability 80
Study's Results 81
Conceptual Code #1: Emergency Calls that Trigger and Emotional Response 81
Conceptual Code #2: Job Tenure Affects Mood and Performance Levels 84
Conceptual Code #3: Organizational Attempts to Assist with Mental Health 86

Conceptual Code #4: Stigma Associated with Asking for Mental Health Assistance........ 90

Summary and Conclusions 93

Chapter 5: Discussion, Conclusions, and Recommendations........95

Interpretation of Findings........97

Emergency Calls that Trigger an Emotional Response 97

Job Tenure Affects Mood and Performance Levels........ 98

Organizational Attempts to Assist with Employee Well-Being 99

Stigma Associated with Asking for Mental Health Assistance 100

Limitations of the Study........102

Recommendations........103

Recommendations for Practice and Policy 103

Recommendations for Future Research 104

Implications........106

Implications for Positive Social Change 106

Implications for Professional Practice 108

Implications for Theory 109

Conclusions........110

References........112

Appendix A: Participant Invitation Email 134

Appendix B: Interview Protocol........135

List of Figures

Figure 1. The Flow of Energy Through the Components of an Open System 24

Figure 2. Open Systems Theory 25

Figure 3. Participants' Demographics and Characteristics 70

Figure 4. Participant Consent and Scheduled Interview Dates....................................... 71

Figure 5. Participant Member Checking 74

Chapter 1: Introduction to the Study

Introduction

Mental health is an ongoing issue that demands the attention of researchers, clinicians, and leaders of organizations. Emergency responders, specifically call-taker and dispatcher personnel, are among those who suffer from work-related trauma, which often causes mental health concerns. The aftermath of continuous exposure to work-related trauma results in emergency responders having an increased likelihood of becoming diagnosed with a wide range of physical and mental health issues. Said emergency call-taker and dispatcher personnel are usually exposed to stressors that both directly and indirectly affect their mental health (Bezabh et al., 2018). Without proper guidance from managers and leaders of the organization, altered mental states often go unnoticed, undiagnosed, and untreated.

Due to the established culture that portrays emergency responders as strong and resilient, responders often shy away from seeking mental health care when needed (Jones et al., 2020). Jones et al. (2020) argued that there are five barriers that deter responders from seeking professional assistance: (a) the stigma associated with showing weakness, (b) the fear of confidentiality breach, (c) previous negative experiences with therapists, (d) the lack of access and availability, and (e) the fear of adding extra burdens on one's family. In efforts of potentially preserving the mental health and saving the lives of emergency responders, researchers, advocates, educators, and health care providers must grasp a thorough understanding of mental health issues in order to mitigate the outlined barriers to promote help-seeking (Jones et al., 2020). Although these barriers are present

within emergency communication centers, leaders of the organization are tasked with being knowledgeable about the mental health skills needed to cope with those employees who may display mental health illnesses and/or episodes while engaging in assigned duties.

Through a descriptive qualitative phenomenological study, I explored the lived experiences of emergency responders who have been exposed to work-related, psychological, and psychosocial trauma while performing assigned organizational duties. I determined if the mental health skills of managers within emergency communication centers, from the employee perception, have either a positive or negative impact on the mental health and overall well-being of emergency call-taker and dispatcher personnel. If call-takers and dispatchers are not mentally fit for duty, said employees will not be able to perform assigned duties effectively, ultimately exposing a distressed citizen to further harm.

Because the emergency call-taker and dispatcher interviewees selected for this study have endured continuous exposure to traumatic incidents, potentially resulting it post-traumatic stress disorder (PTSD), it was imperative that I made assertive efforts to ensure these qualitative interviews were not triggering to the participants. However, if the interviews introduced conversation and thoughts that triggered a negative emotional response from the interviewees, I secured the National Alliance on Mental Illness Organization (NAMI) as an immediate mental health response team. Beneficially, NAMI already had a partnership with the emergency call center that was used in this study. Once the interviews were scheduled, I communicated with NAMI's administrative staff to

ensure that a licensed mental health clinician was available during each scheduled interview. Interviewee confidentiality was not compromised, and NAMI was not privy to the interview location, nor the information disseminated during the interview. NAMI would have been contacted directly by me or the interviewee either via phone or e-mail if needed.

Since NAMI was an immediate mental health resource for the interviewees during the interview process, having long-term mental health care option for the participants after the interview was equally appropriate. I contacted Dr. Michelle Lilly, from Northern Illinois University, who specializes in Mental Health Consultation Services. Dr. Lilly wholeheartedly agreed to be a long-term lifeline for those emergency call-takers and dispatchers who needed mental health assistance after the completion of the interview.

Working in the emergency management industry for almost 19 years has afforded me the opportunity to attend various mental health trainings and symposiums. More specifically for this study, I obtained a 40-hour certification in Crisis Intervention Training from the Chicago Police Department in August 2016. Also, my emergency management organization conducts a mandatory 2-hour crisis intervention refresher training for all employees annually. These training courses are additional tools aided in my approach during the interview sessions. Because I am certified in de-escalation techniques, I was aware of the specific body language and social cues that may potentially warrant the discontinuation of the qualitative interviews. I understood that not all interviewees would have identical emotional and/or verbal responses reflective of the asked interview questions. Ultimately, my goal for this study was to uncover the

employee perspective concerning the influence, or lack thereof, that leaders within the emergency management industry have on emergency responder well-being.

Chapter 1 includes discussion of the study's background, problem and purpose statement, research question, as well as the theoretical framework in which the study was grounded. I also discuss the nature of the study and the pertinent definitions of concepts that relate to the topic of interest. I address the assumptions made when conducting the study, the scope, the delimitations, the limitations, and the study's significance. Lastly, an overall summary concludes Chapter 1.

Background

In moments of distress, heightened emergency incidents, and even occasions that cause one to conclude that emergency personnel are needed, an individual may reach out to their local emergency center for guidance and emergency personnel response. Traditionally, the term *emergency responder* was solely used to describe police, firefighters, search and rescue personnel, and emergency and paramedical teams (Prati & Pietrantoni, 2010). However, there was little to no recognition related to the classification of those employees who process incoming calls for police or ambulatory emergency assistance. Willis et al. (2020) explained that emergency service call-takers and dispatchers are the first true responders, regardless of the lack of acknowledgement and the dimmed spotlight shone on said responders via the public. Emergency responders, as defined by Prati and Pietrantoni (2010), are those individuals who, in the early stages of the incident or disaster, are responsible for the protection and preservation of life, property, and the environment. This definition includes the emergency call-taker and

dispatcher personnel who are among the first to receive information that an emergency incident has occurred.

Due to the nature of organizational assigned duties, first responders are subjected to continuous work-related trauma, resulting in a wide range of health and mental consequences. Bezabh et al. (2018) argued that emergency responders are usually exposed to stressors that both directly and indirectly affect their mental health. Willis et al. (2020) explained that workplace stressors (emergency communication with the public, poorly managed rosters, long labor hours, and other managerial issues) are all factors that contributed to the rise in mental health crisis incidents among emergency call-takers and dispatchers. Said stressors have potential to taint mental states and at times result in one experiencing PTSD. PTSD, as discussed by Bezabh et al. (2018), is a mental disorder that follows an individual's traumatic experiences, the witnessing of a horrific event, a serious injury, or loss of life. The likelihood of developing PTSD is contingent upon the type and duration of work one is engaged in (Bezabh et al., 2018). Thus, if emergency responders are exposed to a continuous flow of traumatic incidents, the likelihood of developing PTSD rapidly increases.

Since emergency responders often develop PTSD while performing organizational duties, management is tasked with making every assertive effort to ensure that said responders are provided with the appropriate means that address all mental health components. Call-takers and dispatchers, like other emergency service workers, should have direct access to support services such as evidence-based assistance programs (Willis et al., 2020). Guenthner (2012) argued that a holistic critical incident stress

management program should be implemented for emergency responders. Ultimately, these programs, if developed and implemented efficiently and effectively as argued by Guenthner (2012), have potential to reduce the effects of employee burnout, absenteeism, acute stress, post-traumatic stress, substance use and abuse, and finally promote community resilience.

The overall influence of a leader's mental health skills on emergency call-taker and dispatcher personnel has potential to impact said employee's well-being. The acknowledgement that mental health concerns affect emergency communications centers is one of the first major steps toward properly assisting personnel (Meischke et al., 2021). Brooks et al. (2019) confirmed that employees who receive managerial support pre- and post-traumatic exposure have increased performance levels and better psychological outcomes. Thus, the approach and involvement in the mental health of employees is vital as it relates to determining if one's mental health suggests a fit-for-duty status or lack thereof.

Problem Statement

Emergency call-takers and dispatchers alike are challenged daily with performing multiple tasks which includes making life or death decisions for distressed citizens, while simultaneously attempting to manage personal stress. Fielding emergency calls and dispatch to the appropriate emergency service not only takes concentration, but one needs a thorough knowledge of the functioning of the emergency communications center, as well as an understanding of the geographic jurisdictions within designated dispatch areas. Based on the high expectations set for emergency call-takers and dispatchers, stress is a

constant factor within emergency communications centers. Bedini et al. (2017) argued that stress on emergency dispatchers can lead to work-related exhaustion coupled with various physical and psychological symptoms. There are increasingly alarming numbers of emergency call-takers and dispatchers with poor mental health, mental illnesses, and suicidal incidents (Szeto et al., 2019). According to Kindermann et al. (2020), continuous exposure to traumatic calls leads to PTSD and also secondary traumatic stress (STS). Herr and Buchanan (2020) argued that by the age of 75, 8.7% of persons who have experienced exposure to traumatic incidents will be diagnosed with PTSD, including emergency call-takers and dispatchers. Unaddressed, mental health issues have potential to cause one to either harm themselves or harm others (Bedini et al., 2017). However, due to the stigma that is associated with asking for assistance, many emergency responders choose to suffer in silence. Thus, the specific problem addressed through this study was the employee perception of the influence of leader's mental health skills within the emergency management industry as it relates to the overall well-being of emergency call-taker and dispatcher personnel.

Purpose of the Study

The purpose of this descriptive qualitative phenomenological study was to describe and identify the lived experiences of emergency call-takers and dispatchers by identifying how their leader's mental health skills influence call-taker and dispatcher well-being in the emergency management industry. Using purposive sampling, I conducted 10 semistructured interviews with emergency call-taker and dispatcher personnel in efforts of obtaining pertinent information and to achieve data saturation.

Research Question

The following research question was derived from my endeavors to grasp a deeper understanding of the impact that traumatic incidents have on those who work in the emergency management industry. It was crucial to determine the relationship, if any, between a leader’s level of knowledge pertaining to mental health and its impact on the well-being of emergency responders. The research question was: How has the influence of the leader's mental health skills, from the employee perception, impacted emergency call-taker and dispatcher well-being in the emergency management industry?

Theoretical Foundation

The theoretical framework, according to Grant and Osanloo (2014), is one of the most crucial aspects of research. The theoretical framework serves as the structure and support for the rationale for the study, the problem statement, the purpose, the significance, and the research questions (Grant & Osanloo, 2014, p. 12). If the researcher excludes the theoretical framework from his research, the overall vision for the study is diminished.

The theories and/or concepts that I used to ground this study included theories in managerial mental health skill sets and managerial influence over call-taker and dispatcher well-being. Theorists tend to allude to and build studies upon the ideas of Bertalanffy (1968) who introduced the general systems theory. The general systems theory, according to Bertalanffy (1968), argued that the personality and behavior of an individual is contingent upon the level of interaction and/or involvement with others. Thus, if management has the appropriate level of mental health skills needed to handle

call-takers and dispatchers who are suffering through a mental health crisis post-exposure to traumatic incidents, then employees will be better able to cope with the stressors of the job, mirroring the positive behavior, knowledge, and personality of management. Therefore, the overall influence of management's mental health skills as it relates to the well-being of emergency call-takers and dispatchers will become positive, resulting in reduced organizational stress and lessened incidents of mental health crises.

I used this theoretical framework to focus on managerial mental health skills and managerial influence over call-taker and dispatcher well-being within the emergency management industry. The explanation of the components of the general systems theory, as defined and explained by Bertalanffy (1968), were used as a benchmark to determine the impact of the influence managers have on the mental health of emergency call-takers and dispatchers who are continuously exposed to traumatic incidents. Said benchmark provided direction as it relates to the data collection process, thereby revealing answers to the study’s central research question.

It is important to note that this study had a descriptive phenomenological approach, which built upon Edmund Husserl’s (1970) philosophical ideas pertaining to the relevance of lived experiences within qualitative studies. Lopez and Willis (2004) expounded upon Husserl’s (1970) findings and argued that scientists should notate the validity of human consciousness because the key to human motivation lies within human perception. Thus, the lived experiences of emergency call-taker and dispatcher personnel may shed light on the impact of managerial mental health skills, or lack thereof, as well

as the overall influence said skills have on the well-being of call-takers and dispatchers within the emergency management industry.

Nature of the Study

I used in-depth, face-to-face, semistructured interviews to collect data for this study. Ravitch and Carl (2021) argued that the primary goal of qualitative interviews is for the researcher to gain insight into the lived experiences of the participants and determine the relationship to the phenomenon being studied. Obtained data were analyzed to reveal significant statements as well as textural and structural descriptions. Data reflected a direct relationship between managerial mental health skills and the overall influence on emergency call-taker and dispatcher well-being. I used purposive sampling to strategically select the study's sample size in efforts selecting a sample who will answer interview questions rigorously, ethically, and thoroughly (see Ravitch & Carl, 2021).

While conducting the interviews, I sought to reach saturation. Applied to purposive sampling, saturation is used in qualitative research to determine when there is adequate data from a study that affords the researcher a thorough understanding of a phenomenon (Hennink & Kaiser, 2019). The sample size is important; however, for my dissertation, the conducted face-to-face interviews continued until saturation occurred.

Definitions

Call-Taker: Emergency communications employee who is responsible for processing incoming emergency calls to obtain pertinent information needed in efforts of dispatching the appropriate emergency response personnel (Willis et al., 2020).

Dispatcher: Emergency communications employee who is responsible for fielding obtained pertinent information to emergency response personnel, ensuring communication throughout each emergency incident until a disposition is given (Willis et al., 2020).

Emergency Communications Center: Facility where incoming emergency calls from citizens are received. Emergency response personnel are in turn dispatched to the emergency incident (Prati & Pietrantoni, 2010).

Leader: Supervisor or manager of the emergency communication center who is responsible for overseeing daily operations and ultimately held accountable for protecting and preserving the mental health of emergency call-taker and dispatcher personnel (Szeto et al., 2019).

Post-Traumatic Stress Disorder (PTSD): A mental disorder that follows an individual's traumatic experiences, the witnessing of a horrific event, a serious injury, or loss of life (Bezabh et al., 2018).

Psychological Trauma: a "complex emotional response" to an emotionally disturbing incident (English et al., 2022).

Psychosocial trauma: The emotional response resulting from interaction with assigned duties, staff within the organization, and also organizational and environmental conditions (Fernanes & Pereira, 2016),

Social Support: "The psychological or material resources that are provided to a focal individual by partners in some form of social relationship" (Jolly et al., 2021, p. 229).

Stigma: The shame or discredit that is bestowed upon an individual (Casas & Benuto, 2022).

Supervisory Support: Upper management's attempt to provide employees with whatever tools and training needed to become successful within the organization (Heyns et al., 2021).

Assumptions

Almasri and McDonald (2021) argued that assumptions within research, when consistent and systematic, generate a credible foundation in which a study can be built upon. Assumptions are relevant to the development of knowledge for a study (Almasri & McDonald, 2021, p. 634). In this study, I focused on the impact that a leader's mental health skills have on the overall well-being of emergency call-takers and dispatcher personnel. My intent was to shed light on the altered mental health of emergency communication employees and determine whether said mental health can be improved based on the positive influence of leader's mental health skills.

My first assumption was that the call-taker and dispatcher personnel used for this study have a significant level of exposure to traumatic emergency incidents, negatively altering their mental health states. Continuous exposure to traumatic incidents adds significant validity to the lived experiences discussed in the study's interviews.

My second assumption was that even though the participants and I had a professional rapport, there was no pressure nor expectations for the participants to accept the interview invitation. Voluntary participation has the potential to increase the

likelihood of comfortability. Thus, participants will disseminate increased relevant information with minimum pressure from the interviewer.

My third assumption was that each participant will be truthful during the semistructured interviews. Providing honest feedback will ensure that the lived experiences of the participants tell a unique story, shedding light as it relates to the influence that leader's mental health skills have on the overall well-being of emergency call-taker and dispatcher personnel.

My last assumption was that the results of the study would prove that a leader's mental health skills are crucial within emergency communications centers. If employees within emergency communication centers are continuously exposed to work-related trauma, it is imperative that leaders have the capability to address instances where employees experience mental health episodes and illnesses while performing assigned duties.

Scope and Delimitations

The scope of the study highlights the pertinent information and focus of the study while the delimitations, according to Coker (2022), are mere factors that the researcher decides to either include or exclude from the study in efforts of increasing the chances of obtaining the answers to the study's research question(s). The scope of this study highlighted the lived experiences of emergency call-taker and dispatcher personnel that ultimately affect their well-being and mental state. In addition, the lived experiences communicated the efforts of leaders, or lack thereof, as it relates to leader's mental health skill preparedness.

I used purposive sampling to gather 10 participants, emergency call-taker and dispatcher personnel, to conduct semistructured face-to-face interviews. Inclusion criteria included those employees who: (a) have been employed with the emergency communications industry for two years or more, (b) work the afternoon to evening shift (1:30pm to 10:00pm) daily, (c) have experienced involvement in traumatic incidents that have affected their mental health, and (d) have no difficulties discussing the sensitive topic of mental health.

The study excluded individuals who: (a) have worked within the emergency communications industry for less than two years, (b) struggle to effectively communicate lived mental health experiences, and (c) communicated bias towards leaders and leader's ability to influence or impact employee mental health and overall well-being.

Limitations

Limitations, as defined by Coker (2022), are uncontrollable issues that the researcher generally addresses upon completion of the study. One limitation to this study was that I only solicited information and collected data from one shift of employees at one emergency communications center. The choice to use purposive sampling to gather participants for this study had potential to create a generalization limitation. On the contrary, this limitation created an opportunity for future researchers to conduct studies soliciting employees from other emergency communications centers who work various shifts, located in various geographical areas.

An additional limitation was that I used a small sample size of 10 participants for this study. I initially had a concern that with a small sample size, data saturation had the

potential to be threatened. On the contrary, Ravitch and Carl (2021) argued that a large sample size is not necessarily needed in qualitative research if the research questions are answered rigorously, ethically, and thoroughly by the selected participants.

Significance

Significance to Theory

Previous literature has addressed the need for mental health treatment for emergency call-taker and dispatcher personnel since said personnel are continuously exposed to traumatic incidents, often resulting in the development of PTSD. However, little information was found on the influence of management's mental health skills on emergency call-taker and dispatcher well-being pre- and post-exposure to traumatic incidents. Steinkopf et al. (2018) argued that first responders, such as emergency call-takers and dispatchers, have not received adequate attention from researchers and clinicians regarding PTSD. The emergency management industry employs those who are at-risk daily for potentially traumatic incident exposure (Skeffington et al., 2017). Attention from researchers and clinicians is imperative because, as explained by Bryant and Guthrie (2007), emergency personnel, such as emergency call-takers and dispatchers, are among those who have heightened risks for developing PTSD due to professional obligations which require dealing with incidents that include human suffering, imminent danger, and death. Thus, there is a gap in literature as it relates to knowing the impact of occupational stress on emergency call-takers and dispatchers who lack influence and intervention from management regarding mental health illnesses. Meischke et al. (2021) explained that management's role in acknowledging that mental health concerns plague

emergency communications centers is vital. Management must be abreast of the issues within any organization, including the emergency communications centers. If call-takers and dispatchers are not mentally fit for duty, said employees will not be able to perform assigned duties effectively, ultimately exposing a distressed citizen to further harm.

Significance to Practice

This study was significant to management's influence on the mental well-being of emergency call-takers and dispatchers in the emergency management industry. Employee well-being rests in the hands of the managers of the organization. Since emergency responders are exposed to traumatic incidents while performing assigned duties, managers must be informed on how to deal with an employee in crisis. Therefore, knowing the triggers and the methods needed to handle an employee in crisis is vital to maintaining the flow of daily operations (Carleton, 2021). Because employees are not at liberty to choose which emergency calls they will handle, managers must be prepared to assist employees with detachment from incidents that threaten the emergency responder's mental health. Adequate, mandatory training for managers is essential and imperative in efforts to increase the level of positive influence on the overall well-being of emergency responders' mental health. The components of the general systems theory, as explained by Bertalanffy (1968), are useful for management to understand the purpose and functions of the organizational system as to highlight how management's mental health knowledge, attitudes, and practices can ultimately have a positive influence on emergency call-taker and dispatcher well-being.

Significance to Social Change

Ravitch and Carl (2021) suggested that qualitative research has potential to promote transformative experiences. Thus, social change is often the result of a qualitative study. Positive social change begins with management's acknowledgement that the mental health of emergency call-takers and dispatchers is negatively impacted by continuous exposure to traumatic incidents. Because resiliency is a character trait bestowed upon emergency call-takers and dispatchers, there is a stigma attached to asking for mental health assistance when needed, resulting in an alarming increase of mental health incidents (Szeto et al., 2019). Thus, management must be properly trained and become affiliated with mental health crisis intervention organizations in efforts of providing the appropriate resources to those employees who can benefit from mental health services.

My goal for this study was not to further traumatize emergency call-takers and dispatchers but to gather pertinent information which acknowledged that work-related trauma is indeed a serious issue within the emergency management industry. Management must make strides to develop and implement plans that result in a positive influence of managerial mental health skills on the well-being of emergency call-takers and dispatchers (Meischke et al., 2021).

Summary and Conclusions

In Chapter 1 of this study, I discussed background information concerning the mental health of call-taker and dispatcher personnel, coupled with the importance of the impact and influence from leaders of the organization in efforts of protecting and

preserving emergency responder's mental health. Using a qualitative research design benefited the purpose of my study because the pertinent information gathered concerning the lived experiences of emergency responders would not only shed light on the challenges, stigmas, and barriers connected to mental health, but future researchers, clinicians, and emergency responders alike will begin to understand the importance of self-care and make conscious strides to address mental health issues. The concept of mental health is sensitive in nature. However, with continued progression toward breaking through mental health barriers, emergency responders will have a fair chance of saving the lives of distressed citizens as well as saving their own lives.

Chapter 2 includes a discussion of the elements of the literature review related to mental health within the emergency management industry. The general systems theory is further explored, connecting past theories and concepts to that of the knowledge gained throughout this study.

Chapter 2: Literature Review

Introduction

Discussion centered on the mental health of emergency responders has sparked the interest of researchers due to the minimal attention given to this specific topic (Meischke et al., 2021). Mental health within the emergency management industry is indeed a topic worth exploring, as argued by Carleton (2021), because findings revealed that nearly half of emergency responder personnel who deal with continuous exposure to traumatic incidents will test positive for one or more forms of mental illness. According to Kindermann et al. (2020), forms of mental illness may include, but are not limited to, PTSD and also STS. Despite knowing the outcomes of continuous exposure to traumatic incidents, researchers are tasked with learning more about the origins of mental illness to provide clarity and instruction on appropriate mental health coping and treatment mechanisms.

In efforts of understanding the origins of mental illness within the emergency management industry, Golding et al. (2017) explored the relationships between emergency medical dispatch centers and the stressors that lead to long-term psychological health outcomes. Golding et al. (2017) concluded that organizational stress is the main contributing factor which negatively affects the mental state of emergency call-taker and dispatcher personnel. Organizational stress, as explained by Golding et al. (2017), is derived from continuous exposure to traumatic calls, excessive workload uncertainty, and high levels of pressure from emotionally demanding assigned duties. There is a gap in literature as it relates to knowing the impact of organizational stress on

emergency call-takers and dispatchers who lack influence and intervention from management regarding mental health illnesses (Steinkopf et al., 2018).

Chapter 2 includes a discussion of the literature search strategy and the theoretical framework which serves as the foundation of the study. I present information centered on the mental health of emergency call-taker and dispatcher personnel within the emergency management industry. I discuss the importance of management's influence of mental health skills and the impact it has on the well-being of emergency call-taker and dispatcher personnel.

Literature Search Strategy

According to Stapleton et al. (2020), the purpose of a literature search is to discover pertinent articles written by authors who have thoroughly explored a topic that can be used to answer a specific research question. Stapleton et al. (2020) argued that the use of keywords and subject headings will narrow down the literature search while highlighting references specific to the topic of interest.

The search strategy for this research was conducted using the Walden Library where I gathered pertinent information solely from full text, peer-reviewed journals between the years 2016 to 2022. The top three databases used for my research were: (a) Business & Management, (b) Health Sciences, and (c) Psychology. Prior to an inquiry to a Walden librarian, I did not consider including governmental resources as an asset to my search strategy; however, I quickly realized that governmental publications are useful for statistical references. The librarian recommended four governmental sources for my topic which included: (a) Business & Management related US government websites, (b)

Statistics & Data: Business & Management, (c) Statistics & Data: Health Sciences & Nursing, and (d) Statistics & Data: Psychology & Counseling. Each mentioned database contributed to the wealth of knowledge gained and is credited for the information presented in this study.

Keywords and phrases used to search through the mentioned databases were *emergency call-taker and dispatcher responders, emergency dispatch personnel, organizational stress within the emergency management industry, organizational stress management techniques, crisis incident management, mental health treatment for emergency responders, psychological and psychosocial trauma, PTSD among emergency responders, coping with PTSD,* and *importance of leader mental health skills.*

The databases, keywords, and phrases were strategically selected for this study's literature search strategy in efforts of pinpointing scholarly literature that highlights information related to emergency call-taker and dispatcher mental health and leadership's role and impact on dealing with employees who suffer from mental illness as a result of continuous exposure to organizational duties.

Theoretical Foundations: The General Systems Theory

The father of the general systems theory, Ludwig von Bertalanffy, introduced scientists and theorists alike to concepts centered on open systems (von Bertalanffy & Sutherland, 1974). Open systems, as discussed by von Bertalanffy and Sutherland (1974), are defined as systems containing elements that exist and solely conform contingent upon the input of the supplier. Whatever one puts in, they will get out, excluding the element of unpredictability. Organizations are considered open systems. Closed systems, on the

contrary, are systems which are secluded from other environments, not open for the transfer of outside interactions (von Bertalanffy & Sutherland, 1974). Closed systems, unlike open systems, can be viewed as those which are isolated from their surrounding conditions.

In efforts to understand the difference between open and closed systems, one can consider a cup of coffee. In an open system, black coffee is poured into a cup and sugar and cream are added. It is important to note that whatever extra ingredients one adds to the coffee will ultimately alter the coffee from its original state. As it relates to this specific example, a closed system can be explained considering that same coffee, but instead of a cup, the coffee is poured into a lidded thermos where no additional ingredients can be added or removed from the coffee. In the latter example, the coffee's original state is unaffected by any outside conditions; thus, its original state cannot become altered.

From an organizational and managerial standpoint, an example of an open system is one where the employees are given a task by managers, thoroughly trained on the task, and finally evaluated on the task to determine the employee's level of efficiency and effectiveness to completing assigned duties. Within this open system environment, managers have an open-door policy, solicit input, and welcome feedback from employees, and develop and implement ways in which employees can improve performance. Managers are involved in employee production and have an influence on overall output and employee well-being. On the contrary, organizations and managers who operate under a closed system do not have an open-door policy where employees

can voice concerns or ask for clarification concerning assigned duties. There is no thorough training nor evaluation of employee productivity. Therefore, managers have little to no influence on overall output nor employee well-being.

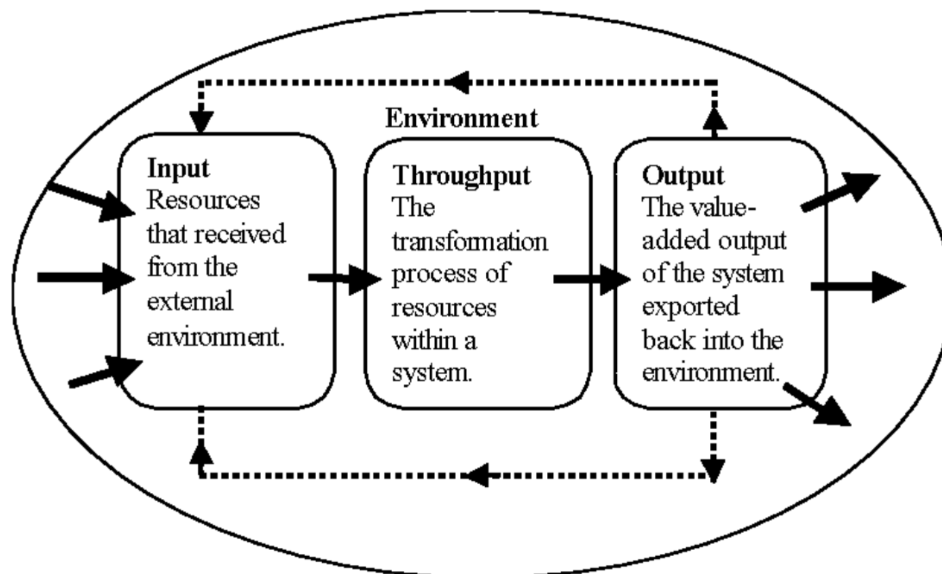
In order to grasp an in-depth understanding of the general systems theory, it was imperative to define what a system is, to further discuss the components of a system, and to incorporate discussion on how and why organizations are considered systems. Systems, as explained by Kozirovsky (2017), are a group of distinct parts that interact, constructing into a complex whole. The general systems theory alludes to the idea that one factor within a system can have either a positive or negative effect on another factor. Systems try to maintain their natural form even though change, from both internal and external sources, threatens to manipulate the system (Perkins, 2015). Any structures that exhibit order, pattern, and purpose is an example of a system (Skyttner, 2005). An organization is a complex system, as argued by Kozirovsky (2017), which includes various parts such as the employees, assets, products, resources, and information.

As previously mentioned, organizations are classified as open systems. The components of an open system include inputs, throughputs, outputs, and feedback loops. The inputs are those parameters that have potential to affect the overall behavior of the system (Skyttner, 2005). Perkins (2015) explained that inputs are the energy that flows into and through an open system. Considering an organization as an open system, examples of inputs are equipment, natural resources, and the production level of employees (Kozirovsky, 2017). The throughput component determines how the energy is utilized within the system (Perkins, 2015). According to Skyttner (2005), a throughput

aids the system in establishing the relationship between the inputs and the outputs. Energy undergoes a transformation process during the throughput stage and can never remain unchanged while entering and exiting a system. It is important to note that the system's throughputs will eventually transform into outputs (Kozirovsky, 2017). The energy released from the system is categorized as the output (Perkins, 2015). Outputs, according to Kozirovsky (2017) are the products or services that the organization releases into the environment. Figure 1 depicts the process of energy entering and existing an open system.

Figure 1

The Flow of Energy Through the Components of an Open System

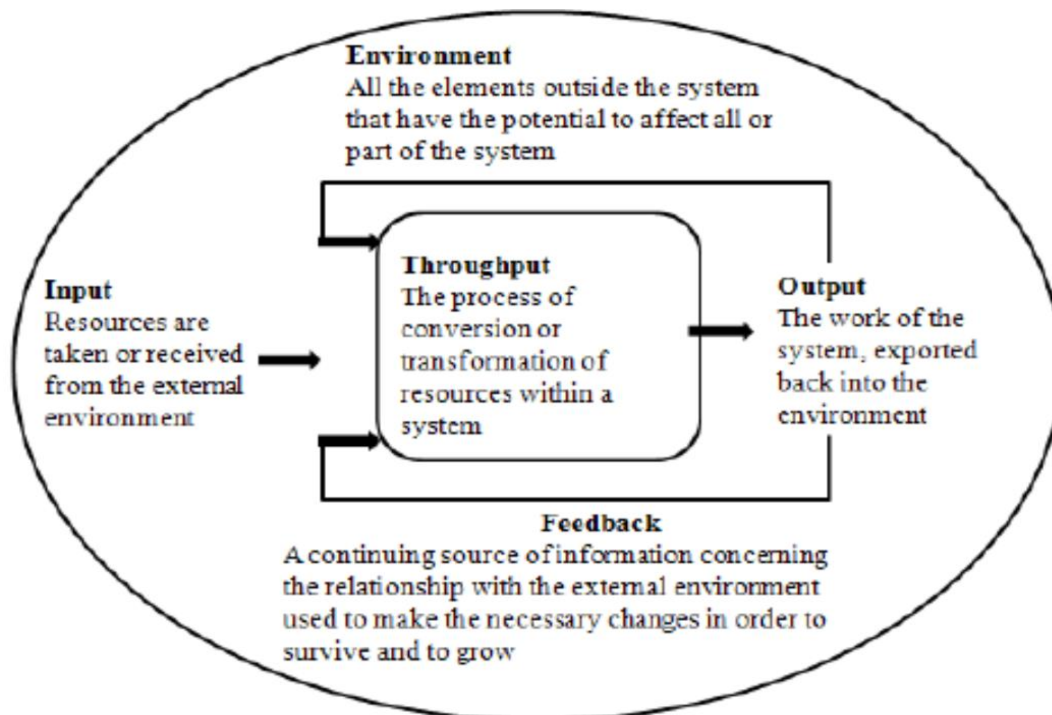


The feedback loop, another component of a system, is an organization's attempt to connect its outputs to its inputs. Feedback loops, as explained by Perkins (2015), are forms of outputs that are placed back into the system, camouflaged as newly designed organizational inputs. When the system receives information (feedback) about its output

(product or service), the new input should be designed and implemented by managers and leaders of the organization to produce more positive feedback than negative. Positive feedback highlights organizational successes while negative feedback reflects problems within the organization (Kozirovsky, 2017). Rewards and praise for employee performance are common responses for positive feedback loops while corrective measures are the result of negative feedback loops (Perkins, 2015). Figure 2 includes each open system element displayed in Figure 1 and also incorporates the position and purpose of the feedback loop element.

Figure 2

Open Systems Theory



There is a managerial obligation to continuously govern the components of the system. Skyttner (2005) argued that managers should measure the system's effectiveness,

efficiency, and efficacy. Effectiveness highlights whether or not the organization has reached its intended goals. Efficiency determines whether or not those organizational goals were met utilizing the minimum number of resources. Efficacy concludes whether or not the system can contribute to and function at higher levels (Skyttner, 2005). These three suggested levels of measurements ensure that internal and external organizational changes do not overwhelm the system. If organizational output results in negative feedback, managerial intervention, and immediate involvement in one area of the system has potential to bring relief to other areas (Perkins, 2015). The functionality of a system will improve with increased managerial engagement thereby positively influencing employee performance and behavior.

Managerial Influence on Employee Behavior

Managers are tasked with providing employees with various levels of social support that will ultimately influence their behavior within the organization. Social support, as defined by Cohen et al. (2000), is "the provision or exchange of emotional, information, or instrumental resources in response to the perception that others are in need of such aid" (p. 4). Social support, according to Jolly et al. (2021), explained that since humans are social beings, interpersonal support from other humans will positively contribute to one's psychological and social functioning. The emotional, informational, and instrumental resources provided may vary contingent upon the industry, number of employees, as well as the duties assigned.

Regardless of the varying forms of resources provided to employees, social support can have a direct effect on organizational outcomes. Social support within the

organization reflects how employee contributions are valued and how the organization as a whole care about employee well-being (He et al., 2021). Jolly et al. (2021) argued that social support can: (a) result in higher quality relationships, (b) have positive affective reactions, and (c) increase individual performance which will supersede the negative impact of stressful organizational demands. A study conducted by Rhoades and Eisenberger (2002) found that positive outcomes from social support result in: (a) higher levels of job satisfaction, (b) positive moods amongst employees, (c) affective organizational commitment, and (d) lower levels of employee withdrawal. Thus, managerial influence on employee behavior lies within organizational social support. Employees will not only physically come to work, but they will become mentally capable of handling assigned duties, undoubtedly knowing that managers and leaders of the organization alike will provide them with the resources needed to be successful.

Positive Employee Behavior Mirrors Positive Managerial Influence

Leaders and managers within organizations develop and implement protocol which employees are expected to adhere to. According to Hupe and Hill (2007), the behavior of leaders should reflect that of the organizational culture, encouraging employees to behave and perform at levels that meet organizational expectations. Thus, the behavior of leaders can have an influence over employee behavior. The personal actions of leaders and the interpersonal relationships developed with employees will cause employees to behave and perform in similar fashion as leaders (Liu et al., 2014). Jensen et al. (2023) argued that positive employee behavior stems from leaders who diligently practice two-way communication, reinforcement, and inclusive decision-

making techniques. However, if leaders preside over too many employees at once, the engagement and support that each individual employee receives will decrease, thereby minimizing the overall managerial influence. In efforts to eliminate negative managerial influence, span of control must be addressed within the organization.

Span of control, as defined by Cathcart et al. (2004), is the exact number of employees that each manager directly supervises. Span of control increases as the supervision requirements increase (Jensen et al., 2023). Lucas et al. (2008) argued that direct communication and interaction with employees suffers with a wide span of control. Managers fail to provide adequate support to employees, limiting the opportunities for positive managerial influence when the span of control is wide (McCutcheon et al., 2009). Furthermore, a wider span of control decreases the chances of managers being able to understand the individual needs of employees thereby minimizing overall knowledge of employee well-being (Jensen et al., 2023). Thus, within the emergency management industry, the span of control should be as low as possible so that managers can develop positive relationships with employees, develop and implement protocol that employees are not reluctant to mirror, and assist with keeping an accurate account on employee well-being.

Perception of Leadership in the Workplace

Roles and Responsibilities of Leaders: Leader/Management Perspective

Supervisory support highlights upper management's attempts to provide employees with whatever tools and training needed to become successful within the organization. Heyns et al. (2021) defined supervisor support as the degree to which

employees consider their supervisors to value their contributions, offer support, and care about their well-being. Bright (2022) argued that if employees are afforded access to support mechanisms related to stress that focus on coping strategies, employee well-being will not become threatened nor have lasting negative effects on their psychological and psychosocial mental state. Thus, leaders must ensure that employees are abreast of organizational policy, are supported while engaging in organizational duties, and are provided access to the appropriate resources to achieve organizational success.

Roles and Responsibilities of Leaders: Employee Perspective

Frontline employees engage in routine practices that result in the completion of assigned duties. While leaders may outline policy and procedure for workplace protocols, employees thrive when job autonomy is an option. A study conducted by Schwalbe (1985) revealed that job autonomy is perceived by employees as managerial sentiment. Furthermore, job autonomy, as explained by Schwalbe (1985), will produce increased positive statements concerning management because employees will feel that managers have a high regard for their contribution to organizational production levels. Thus, employees who perceive that they have more independence in their work role are more likely to infer that their manager has a positive view of their competence.

Employees need assurance that their contributions to the organization are appreciated and valued by managers. Mabaso et al. (2021) argued that employees often have perceptions that organizations overlook them as assets. These perceptions have a direct relationship with absenteeism, sooner than later resulting in voluntary turnover. Absenteeism, as defined by Magee et al. (2021), is the failure of an employee to report

for duty as scheduled. Failure to work assigned shifts results in overall decreased productivity. The various factors that influence absenteeism are: (a) poor mental and physical health, (b) low job satisfaction, (c) low job autonomy, and (d) poor leadership (Magee et al., 2021). For absenteeism to not be a major organizational issue, employees must be motivated and have the physical ability to be present for duty. According to Magee et al. (2021), an employee's affective response to their job, combined with internal and external pressures, influences an employee's motivation to attend work. Thus, an employee who enjoys their job will more than likely be motivated to work, thereby decreasing voluntary absenteeism.

Stress within the Emergency Management Industry

Discussion on the functions and roles within the emergency management industry must include the evitable topic of workplace stress. Bright (2022) explained that stress has been explored repeatedly within general management studies. Theorists have concluded that stress is the response to the changes in one's physical, emotional, or psychological state (Bright, 2022). The demands of the work environment coupled with the lack of appropriate resources and minimal levels of managerial support will increase organizational stress (Johnson & Hall, 1988). Stress, according to Yaribeygi et al. (2017), is directly linked to health outcomes. Thus, it is incumbent upon leaders of organizations to allocate financial resources to develop and implement programs that focus on strategies to manage and/or cope with organizational stress (Yaribeygi et al., 2017).

Understanding the root of organizational stress will help leaders determine which paths to take to ensure employees within the emergency management industry receive the

appropriate resources related to stress management. For some organizations, Richins et al. (2020) explained that stress is the result of direct and indirect routine exposure to traumatic incidents. Therefore, leaders of “trauma-exposed organizations” must be assertive in lending immediate support to those who are negatively impacted while performing daily assigned duties (Richins et al., 2020). As mentioned, unaddressed stress can affect the health and overall well-being of employees, resulting in PTSD.

PTSD Defined

Life’s experiences can have either a positive or negative impact on one’s life based on the type of experience. While positive experiences are associated with adjectives such as joy, excitement, and pleasure, negative experiences, on the contrary, can cause trauma, often resulting in PTSD. PTSD, as defined by Kim et al. (2021), is a psychiatric disorder that causes one to endure a continuous recollection of traumatic memories after exposure of threatening events. Kim et al. (2021) argued the PTSD will negatively alter one’s mood and cognitions with every thought of the traumatic experience. Carmassi et al. (2013) explained that PTSD cannot be completely defined unless four components are included in the definition: (a) intrusion, (b) avoidance, (c) negative alterations in cognitions and moods, and (d) hyper-arousal. Either of these four components of PTSD can surface in the workplace, even though emergency responders undergo training prior to engaging in assigned duties.

PTSD Statistical References within the Emergency Management Industry

Individuals who are employed by the emergency management industry are trained in prevention, preparedness, response, and recovery services. However, said training will

not prevent the likelihood for exposure to traumatic incidents among emergency responders. PTSD can be the result of experiencing or witnessing traumatic events such as natural or human made disasters, violent sexual acts, or fatal accidents (Greenberg et al., 2023). Motreff et al. (2020) explained that continuous exposure to traumatic incidents, despite rigorous training, will still result in PTSD among emergency responders. Berger et al. (2012) captured results from a meta-analysis study, confirming PTSD prevalence in 10% of emergency responders worldwide. The development of PTSD, according to Motreff et al. (2020), will affect the ability for emergency responders to perform daily assigned duties efficiently and effectively. Tehrani (2019) conducted a study with a group of traumatized emergency service workers, concluding that 37% were unable to achieve normal performance levels due to PTSD diagnosis. Varker et al. (2023) conducted a survey that included 2,440 sworn and unsworn emergency management personnel and determined that even though unsworn personnel had less exposure to critical incidents, they displayed high levels of depression and psychological distress comparable to that of sworn personnel.

Previous studies centered on PTSD compared percentages of exposure to traumatic incidents with the likelihood of emergency responders developing PTSD. A study conducted by Kim et al. (2021) revealed that even though 50% to 90% of individuals experience trauma exposure, only a subset of those persons, within the range of 4% to 30%, will display signs and symptoms associated with PTSD. A study conducted by Cox et al. (2014) focused on traumatic exposure among genders, seeking to determine the underlying causes of PTSD and to further determine which gender was

more prone to developing PTSD. As it relates to the four components associated with PTSD mentioned above (intrusion, avoidance, negative alterations in cognitions and moods, and hyper-arousal), PTSD, as confirmed by Cox et al. (2014), is more prevalent among women as opposed to men. Regardless of the prevalence of PTSD, the more alarming statistic, according to Jetelina et al. (2020), is that twice as many emergency responders committed suicide in 2019 as opposed to those emergency responders who actually expired in the line of duty. Therefore, it is imperative that leaders and managers of organizations within the emergency management industry learn to recognize the signs of PTSD in efforts of saving the lives and ultimately reducing the numbers of suicides among emergency responders.

Recognizing the Signs of PTSD

Recognizing the signs and symptoms of PTSD will afford managers and leaders of the organization alike the opportunity to intervene and address the issues that will ultimately negatively affect employee performance and behavior. Richins et al. (2020) argued that early PTSD interventions, post exposure to trauma, will equip the organization with tools that tailor intervention strategies to accommodate the needs of emergency responders. Said intervention strategies, as explained by Richins et al. (2020), will promote peer support processes within the organization as well as harness existing social cohesion. Early interventions, according to Ruck et al. (2013), are not to be expected to prevent or treat PTSD. Post-traumatic incident, early intervention can assist leaders of the organization and their employees with meeting needs such as: (a) facilitating mutual support for workers, (b) providing an opportunity to identify workers

requiring additional clinical support, (c) increasing levels of social cohesion, (d) reducing harmful responses (e.g., alcohol abuse), (e) reducing levels of sick leave, and (f) improving workplace performance (Creamer et al., 2012; Regel & Dyregrov, 2012). Since stress and traumatic incidents are inevitable for those who are employed within the emergency management industry, early detection will assist with eliminating the effects that can be detrimental to emergency responder's well-being.

Discussion centered on what constitutes early detection is relevant because, as mentioned, early detection can prevent emergency responders from toiling with the symptoms associated with PTSD. Advocates of early interventions, as explained by Richins et al. (2020), suggested that early intervention strategies should occur between two and 10 days after the traumatic exposure. This time frame allows for the provision of psychosocial support as well as fosters the opportunity for traumatized emergency responders to vocalize their personal experiences and encourage the provision of stress education and management within the organization (Richins et al., 2020). When leaders are familiar with and understand the psychosocial and psychological trauma that employees are challenged with, leaders are better able to provide the mental resources needed for employees to effectively cope with PTSD.

Psychological Versus Psychosocial Trauma and Its Ties to PTSD

Exposure to trauma can result in both psychological and psychosocial damage for those individuals who encounter traumatic events on a continuous basis. Psychological trauma, as defined by English et al. (2022), is a "complex emotional response" to an emotionally disturbing incident. According to Gluck et al. (2021), psychological trauma

can result in either: (a) significant distress, (b) functional impairment, or (c) the development of trauma-related psychological symptoms. The most psychological damage occurs when the traumatic incident is unexpected or occurs without proper warning. Paton and Violanti (1996) argued that without warning, traumatic events become emotionally overwhelming, challenging, and extremely difficult to control. Without knowledge of the essential tools needed to cope with traumatic incidents, psychological trauma can become debilitating, resulting in poor employee performance and unrecognizable behavior.

Psychosocial trauma, as explained by Fernanes and Pereira (2016), is the emotional response resulting from interaction with assigned duties, staff within the organization, and also organizational and environmental conditions. Psychosocial trauma is classified as extreme traumatization because the continuous exposure to trauma, particularly in the workplace, damages an individual's sense of belonging as it relates to organizational, cultural, and social ties (Blanco et al., 2016). Exposure to psychosocial trauma has potential to pose several organizational risks for leaders and managers. Said risks, according to Fernandes and Pereira (2016), result in a negative effect on occupational safety and mental health. Blanco et al. (2016) argued that psychosocial trauma should be viewed in four dimensions: (a) social disorder and pre-trauma conditions, (b) shared network of fear leading to breakdown of core social assumptions, (c) the out-group as the target of negative emotions, and (d) family and community destruction. Psychosocial interventions, as explained by Dunn et al. (2023), are effective in decreasing the consequences of complex traumatic stress reactions such as complex

PTSD. Since emergency responders are subjected to traumatic incidents daily and are forced to determine ways in which to cope with continuous exposure, mental health trainings are necessary to address coping mechanisms and strategies for all emergency responders within the emergency management industry.

Trainings in the Workplace

Organizational training is the means by which employees gain a thorough knowledge of organizational policy and procedure. In efforts to increase the overall level of employee skill set and knowledge, as argued by Mehale et al. (2021), organizational training is imperative. According to Ma et al. (2022), organizational training, coupled with organizational learning, will allow employees to gain the skills needed to ensure organizational effectiveness. Training should be viewed as an employee initiation to specific assigned duties (Ma et al., 2022). Thus, if leaders, and managers alike, of an organization desire the employees to fully understand their role within the organization, training is an appropriate course of action.

Human Resource Department Responsibilities Related to Mental Health Training

The human resource department focuses on the quality of the development and performance of employees. Pak et al. (2016) argued that the measurement of the quality of employee development and performance is reflective of the training and educational programs in which an employee receives. Yamnill and McLean (2001) explained that the human resource department incorporates training and development initiatives to outline organizational strategic plans ultimately to improve employee performance. The human resource department should not only design training for employees, but the members of

this department have the responsibility to evaluate the effectiveness of the training and ensure that the knowledge, skill, and attitudes of employees are considered when training curriculum is developed (Mehale et al., 2021).

In the emergency management industry, training that incorporates the topic of mental health is crucial within organizational development. According to Gilbreath and Montesino (2006), the human resource department embraces the idea of mental health training for all employees but also strives to ensure leadership within the organization have a vast knowledge of the topic. Thus, mandatory mental health training for leaders will ensure that emergency responders are directly supervised by those who are knowledgeable about mental health parameters.

Mandatory Mental Health Training for Leaders

Mental health training initiatives for leaders within the organization are designed, developed, and implemented to ensure that leaders are equipped with the skills and abilities to recognize the warning signs among emergency responders who are having a mental health crisis. Utilizing active learning strategies, case studies, and interactive videos has potential to boost leader engagement and ensures the understanding of the training material (Silberman & Auerbach, 2014). O'Brien et al. (2022) explained that mandatory mental health training for leaders increases managerial self-efficacy while assisting leaders in recognizing signs of mental health struggles and understanding how to address employees who display suicidal-related ideations. Mandatory training for leaders reduces "leaders' stigmatizing attitudes" as it relates to employee mental health concerns (Dimoff & Kelloway, 2019). As argued by Dimoff and Kelloway (2019),

mandatory training will boost the confidence level and skillset of leaders, affording leaders the opportunity to guide employees towards underutilized resources that assist with mental health struggles. The benefits associated with mandatory mental health training for leaders will increase organizational mental health awareness and properly instruct leaders on how to engage workers pre-, mid-, and post-crisis.

Mandatory Mental Health Training for Employees

Since employees within the emergency management industry are subjected to stressful work environments, mandatory mental health training will provide employees with the skill set to cope and better manage stress levels. Tetrick and Winslow (2015) argued that stress management interventions are useful in providing emergency management industry employees with the tools needed to adapt to stressful work environments, decrease emotional exhaustion, and incorporate distress tolerance skills while completing daily assigned tasks. Mandatory mental health training should include two types of training sessions: (a) cognitive-behavioral training and (b) mindfulness meditation (Tetrick & Winslow, 2015). Even though employees may not be able to change the work environment, the stress of daily duties will not be as mentally overwhelming once the tactics taught in both sessions are put to practice.

Cognitive-behavioral training focuses on how employees perceive work. According to Richardson and Rothstein (2008), cognitive-behavioral training teaches employees how to adjust their negative thoughts and introduces stress-related coping mechanisms. Luthans et al. (2006) explained further that cognitive-behavioral training is beneficial in assisting employees to develop new proficiencies and resources that can be

employed daily. Therefore, if employees refrain from thinking negatively about their tasks, the job itself will be less stressful. Thus, a reduction in work-related stress will decrease the number of employees who develop mental health illnesses.

Mindfulness meditation training differs from cognitive-behavioral training because mindfulness meditation focuses on ways to assist employees to adapt to their stressful environment as opposed to altering cognitive responses. Mindfulness meditation, as explained by Tetrick and Winslow (2015), reduces tension in the workplace because employees are trained to manage stress. Mindfulness meditation is useful in the emergency management industry because it is an “on-the-spot” intervention used by employees in critical incidents to improve physiological stress indicators (Hafenbrack, 2017; Heckenberg et al., 2018). Gabriel and Aguinis (2022) explained that a mindset shift is beneficial for those employees who are on the verge of burnout and for those who are consistently dealing with the lasting effects of a stressful work environment. With mindfulness meditation, emergency responders may not be able to control the number of traumatic calls and incidents they are exposed to, but they will be mentally prepared to manage their stress levels.

Leadership Coaching

Effective managers engage in coaching. Workplace coaching is “a one-to-one learning and development intervention that uses a collaborative, reflective, goal-focused relationship to achieve professional outcomes that are valued by the coachee” (Jones et al., 2016, p. 250). Leadership coaching, as defined by Wefald (2022), is a listening skill technique that allows employees to communicate thoughts and feelings related to their

stressful work environments while leaders construct solutions for effectively managing the work environment. When leaders are empathetic and practice active listening, a positive relationship develops with employees (Wefald, 2022). Ely et al. (2010) explained that leadership coaching affords employees to set goals on how to complete assigned duties. Having a plan in place followed by attainable goals ensures that employees within any industry, particularly emergency management, develop ways to manage stress and deal with daily exposure to traumatic incidents.

Contingent upon the work environment and the obstacles that are presented daily, leaders must learn to be flexible in their approach with employees. Leadership coaching promotes leadership flexibility (Baron & Boies, 2023). Baron and Boies (2023) argued that leadership flexibility may not be a personal trait possessed by the leader; however, flexibility is a learned and developed behavior. When leaders are flexible, they are able to adjust to the work environment and assist emergency responders who may be dealing with a mental health crisis post-traumatic incident exposure.

Reduction in Organizational Stress to Minimize PTSD

Organizational stress is not an uncommon factor for employees within the emergency management industry. Organizational stress has a direct relationship to employee behavior and the employee's emotional response to an organization's culture or environment. Karapete et al. (2018) explained that the lack of employee engagement and consistent low levels of employee performance are attributed to the presence of workplace stress. Dimoff and Kelloway (2021) argued the behavior of those employees who are experiencing workplace stress can be grouped into one of five themes. Said

employees will exhibit the following behaviors: (a) distress, (b) withdrawal, (c) reduced attention, (d) degradations in performance, and/or (e) extreme behaviors (Dimoff & Kelloway, 2021). When emergency responders exhibit one of the five mentioned behaviors, leaders of the organization must take heed and begin to construct plans on how organizational stress can be reduced.

Increase Employee Manpower to Minimize Employee Burnout

The emergency management industry can be quite demanding, often resulting in employee burnout. Gabriel and Aguinis (2022) explained that employee burnout is to be considered a global crisis that results from excessive work-related stress. Work-related stress, as defined by Maslach and Leiter (2016), is an employee's negative mood that exudes exhaustion, decreased organizational performance, and increased negativity toward organizational goals. Burnout should be considered contagious and can spread from employee to employee causing a rift in overall structure and performance levels of frontline workers (Gonzalez-Morales et al., 2012). To eliminate burnout, managers and leaders within the organization should focus on staffing and ensure that the manpower levels are adequate for the demands of the emergency management industry.

Regardless of the industry, all organizations have job demands. Job demands are those components that ensure employees are meeting and exceeding set expectations. Employee burnout occurs because job demands are either physical, cognitive, or an emotional skill set (Bakker et al., 2005). Thus, having the appropriate staffing will mitigate burnout.

Encouragement of Communication and Increased Employee/Management Interaction

Frontline managers are an employee's first line of defense when issues arise within the organization that need immediate attention, specifically mental health concerns. Dobson et al. (2018) argued that employees look to their managers for assistance with issues that threaten employee well-being. In order for managers to be effective, open communication is key. Communication is linked to organizational success (Mills, 2002). In order for managers and employees to effectively communicate, there must be a defined level of managerial-employee engagement.

Managerial approach should encourage employee engagement. Employee engagement is centered on the attitude of the employee as it relates to organizational roles and responsibilities. Mazzei et al. (2019) explained that employee behavior is a direct reflection of performance levels which is also linked to supervisory engagement. Communication from supervisors is a supportive response (Rooney et al., 2009). Communication, as argued by Rooney et al. (2009), is an indication to employees that they are appreciated for their contributions to the organization. When emergency responders develop a rapport and are able to effectively communicate with managers, conversations concerning mental health issues can occur, affording managers the opportunities to develop an effective plan of action that protects the well-being of the responders.

Available/On-Site Mental Health Professionals for Employees

Exposure to traumatic incidents is a daily norm for emergency responders. Seeking assistance from an on-site mental health professional will encourage responders to immediately express their emotions as opposed to covering up any negative feelings associated with the exposure to traumatic incidents. Williams (2011) suggested that when emergency responders communicate their feelings, it affords them the opportunity to recollect their thoughts and attempt to find the meaning associated with the traumatic experience. Thus, when there is not a mental health professional on-site, employees are forced to internalize their feelings and they are unable to determine an effective resolve.

Barriers that Prevent Emergency Responders from Seeking Mental Health Assistance

Seeking assistance for mental health concerns presents barriers for emergency responders, often causing responders to suffer in silence. Barriers, as defined by Kemp et al. (2023), are those obstacles that prevent emergency responders from seeking medical treatment for mental illnesses that may interfere with daily assigned duties. There are five barriers that deter responders from seeking professional assistance: (a) the stigma associated with showing weakness, (b) the fear of confidentiality breach, (c) previous negative experiences with therapists, (d) the lack of access and availability, and (e) the fear of adding extra burdens on one’s family (Jones et al., 2020). Below, these barriers are discussed in detail.

The Stigma Associated with Showing Weakness

The beliefs and perceptions of some individuals can influence the decisions of others. Stigma, as defined by Casas and Benuto (2022), is shame or discredit that is bestowed upon an individual, specifically emergency responders, when said responders reveal that their mental health has been negatively affected by continuous exposure to traumatic incidents. Corrigan et al. (2014) explained that emergency responders refuse to seek mental health treatment based on the attitudes and beliefs of members of the community. Stigma encourages an individual in need to attempt to manage their problems without the intervention of medical professionals for fear of being presumed weak-minded (Haugen et al., 2017). Emergency responders fear their career and reputation will become jeopardized when they become labelled as weak (Haugen et al., 2017). A study conducted by Young and Parr (2004) revealed that 17 emergency responders openly admitted that co-workers and members of the community “mildly teased” the responders who experienced mental health concerns post-traumatic exposure. If emergency responders are mocked by co-workers and community members, the likelihood of seeking mental health assistance will decrease.

Stigma and public scrutiny do not replace managerial responsibility as it relates to evaluating the well-being of emergency responders. Stigma, according to Casas and Benuto (2022), results in a lack of information and a lack of support for emergency responders who could benefit from engaging with mental health professionals. Regardless of the stigma that various communities and society as a whole place on emergency responders, understanding the origin of the stigma, as explained by

Pennington et al. (2022), will assist leaders and managers within the emergency management industry with developing and implementing interventions that increase access mental health services and decrease the level of shame that emergency responders feel when seeking mental health assistance. When responders are afforded the opportunity to seek mental health assistance, post-traumatic recovery is the end result (Firing et al., 2015). Suffering in silence minimizes the chances of recovery.

The Fear of Confidentiality Breach

Due to the resiliency label that has been bestowed upon emergency responders, said responders are often reluctant to express mental health concerns because of fear of confidentiality breach. O'Malley (2022) argued that the privacy of mental health patients is a "key practical issue" that remains a true concern to date. Privacy and confidentiality are concerns for many emergency responders because they often reside in communities where individuals are shunned and ostracized for voicing personal mental health issues (O'Malley, 2022). Noroozi et al. (2018) argued that when confidentiality is respected, the relationship of trust between the physician and patient is formed. Patients, specifically emergency responders, must trust that the physician is capable of reaching a proper diagnosis. However, in order for physicians to reach a proper diagnosis, emergency responders must reveal stressful, embarrassing, and sometimes quite uncomfortable information. Emergency responders should be aware that violations to adhere to confidentiality occur when: (a) the request is legally authorized, (b) when the patient's best interest requires it, (c) maintaining the welfare of society, and (d) it is necessary to safeguard a third party from a major harm or threat (Noroozi et al., 2018). Thus, the early

establishment of the physician-to-patient relationship sets boundaries and outlines guidelines pertaining the dissemination of pertinent information and confidentially affords the physician the authority to provide treatment that is in the best interest of the patient.

Previous Negative Experience with Mental Health Providers

Mental illness is a growing concern here in the United States. According to Haugen et al. (2012), emergency responders have an alarming rate of PTSD but a low rate for seeking treatment. O'Malley (2022) explained that nearly one in five individuals in the United States have been diagnosed with a form of mental illness. Because of the elevated numbers of diagnosed mental illness, according to O'Malley (2022), more psychiatrists are needed so that providers do not become overwhelmed when treating patients, specifically emergency responders, contributing to their negative medical experiences.

Mental health providers must improve their approach when engaging with emergency responders. According to O'Malley (2022), mental health providers: (a) need to be stewards of the resource they provide, (b) must concentrate on the patient they are with, and (c) must guard themselves against burnout because it will lead to them being less effective for the rest of their patients. If mental health providers change their approach, the communication and engagement rate with emergency responders has potential to increase.

Lack Of Access and Availability

The lack of access and availability to mental health resources is a barrier for emergency responders who need mental health assistance. On the contrary, the issue may not be the lack of available resources. The problem seems to be the low response of employees seeking resources and taking necessary steps to engage in available mental health programs. Linnan et al. (2008) argued that employees underutilize mental health resources offered by organizations. A study conducted by Attridge et al. (2013) concluded that of the 98% of medium to large organizations that offer Employee Assistance Programs (EAP), less than 4% of the programs are utilized. To address this barrier, leaders must ensure that employees are abreast of available mental health resources. Hobfoll (2001) explained that leaders are charged with reducing the stress that employees are currently enduring. Therefore, ensuring employees are knowledgeable about beneficial mental health programs will put workers in an advantageous position to seek mental health treatment. If management fails to effectively communicate, employees can inquire with management about programs centered on mental health and take full advantage of resources in efforts of protecting and preserving their overall well-being.

The Fear of Adding Extra Burdens onto One's Family

Burdensomeness is the perception that one is overwhelming another with negative feelings and/or actions. Burdensomeness and suicide-related ideations have a direct relationship (O'Brien et al., 2022). Emergency responders may feel that they are adding additional stress onto their family members and/or caretakers when voicing mental health concerns. Traumatic incidents disrupt the lives of emergency responders and their

families (Verharen et al., 2015). However, family members will go to extreme measures to care for their loved ones in circumstances where their loved ones cannot care for themselves (Verharen et al., 2015). Therefore, the fear of adding extra burdens onto a family member can be removed as a barrier if emergency responders simply communicate the need for mental health assistance.

Summary and Conclusions

In Chapter 2 of this study, I discussed PTSD and its effects on the well-being of emergency responders. I discussed how managerial interactions, or lack thereof, can have either a positive or negative influence on emergency responder well-being. Undiagnosed and untreated psychological and psychosocial trauma results in lasting effects on employee behavior and performance within the organization. Regardless of the stigma associated with seeking mental health assistance, managers and leaders within the emergency management industry are responsible for recognizing the warning signs of PTSD, develop and implement appropriate mental health trainings, and guide employees to readily available mental health resources for immediate and long-term care. Chapter 3 focuses on the design, rationale, and methodology of this study. I highlight the overall need for a study on mental health for emergency responders, discuss the four elements of trustworthiness, and conclude with the study’s ethical considerations.

Chapter 3: Research Method

Introduction

The purpose of this descriptive qualitative phenomenological study was to describe and identify the lived experiences of emergency call-takers and dispatchers by identifying how their leader's mental health skills influence call-taker and dispatcher well-being in the emergency management industry. As mentioned, the gap in literature lies in the absence of clarity surrounding the impact of occupational stress on emergency call-takers and dispatchers who lack influence and intervention from management in regard to mental health illnesses (Meischke, et al., 2021). I used the phenomenological approach to understand the experiences of emergency responders within the emergency management industry.

Chapter 3 includes discussion of research design and rationale, the role of the researcher, and the study's methodology. Elements of trustworthiness are also discussed in this chapter in efforts of highlighting issues concerning credibility, transferability, dependability, and confirmability. Lastly, I address the ethical considerations of the study, ending the discussion with a thorough summation of the chapter's highlights.

Research Design and Rationale

A study's central research question defines the appropriate research design of a study. Johnson et al. (2020) argued that a clear and concise research question, coupled with a solid conceptual framework, not only amplifies the trustworthiness of the study but ensures that the researcher uses a design method that best suites the overall intent of the study. Browne and Keeley (2014) discussed the significance of a study's central research

question, concluding that the research question will push the researcher in the direction of the most appropriate research design and strategy. The research question for this study was: How has the influence of the leader's mental health skills, from the employee perception, impacted emergency call-taker and dispatcher well-being in the emergency management industry?

The emergency management industry employs individuals who undergo mandatory training specific to preparedness, prevention, response, and recovery operations. Although emergency management industry personnel, particularly emergency call-takers and dispatchers, are equipped with the knowledge, skills and abilities needed to perform daily operations, the potential for their mental health to become negatively affected increases with each encountered emergency incident (Bedini et al., 2017). Bedini et al. (2017) suggested that it is the uncertainty aspect that triggers negative emotions for emergency call-takers and dispatchers who in turn exude uncontrollable physical and psychological symptoms which stem from stress.

If stress is an undeniable result of performing daily operations, managers, and leaders of the organization alike, should attempt to uncover solutions that either reduce organizational stress or assist employees in coping with PTSD, which is often the result of said organizational stress. Brooks et al. (2019) studied the effects of the implementation of psychological resiliency programs within stressful workplace environments and determined that long-term mental health concerns are dramatically decreased when managers offer mental health support to their employees. Carleton (2021) defined and outlined the concept of PTSD and highlighted the importance of

helping emergency call-takers and dispatchers understand different methods in which to cope with organizational stress. Mental health assessments for emergency responders coupled with management's involvement in mental health detection, intervention plans, and overall managerial mental health skills measure how effective a leader's efforts are in assisting an employee with a mental health crisis (Carleton, 2021). According to Meischke et al. (2021), management must be competent in employee mental health skills in efforts of having a positive influence on emergency responder well-being.

For this study, the qualitative research method was most appropriate because gaining knowledge on the topic of interest via solicitation of opinions and views from emergency management subject matter experts resulted in my ability to answer the study's research question. Ravitch and Carl (2021) explained that the primary goal of qualitative research is for the researcher to gain insight into the lived experiences of the participants and determine the relationship of said experiences to the phenomenon being studied by the researcher. "Qualitative research is an exploratory investigation of a complex social phenomenon conducted in a natural setting through observation, description, and thematic analysis of participants' behaviors and perspectives for the purpose of explaining and/or understanding the phenomenon" (Burkholder et al., 2020, p. 83). Thus, using the qualitative approach has potential to expose the underlying truths as it relates to mental health from the emergency responder point of view in efforts of determining if leader's mental health skills have an influence on the well-being of emergency responders.

A quantitative research method was not the best selection for this study because quantitative research heavily focuses on numerical and quantifiable data (Ravitch & Carl, 2021). The central research question called for insight from the personal perspectives of call-taker and dispatcher personnel within the emergency management industry in efforts of determining the impact of leader's mental health skills on the overall well-being of emergency responders.

Role of the Researcher

My role in this descriptive qualitative phenomenological study was to conduct semistructured interviews with the study's participants to determine if the call-taker and dispatcher personnel's mental health had been comprised while performing daily organizational duties. I explored if managers and leaders of the organization have effective mental health skills that aid in dealing with employees who exhibit mental health illnesses and crises. Also, I examined the effectiveness of the current organizational mental health programs for emergency responders. I discussed future plans for improvement of mental health programs that may have potential to decrease the occurrences of mental health crises within the emergency management industry, which can ultimately reduce the negative long-term mental damage resulting from continuous exposure to traumatic emergency incidents.

Once all interviews were conducted and pertinent data were obtained from the interviewees, coding the data, and establishing themes were the next steps. Coding, as defined by Ravitch and Carl (2021), is the process of assigning meaning to obtained data. Coding can either be words or phrases. Saldaña (2016) argued that coding helps the

researcher to organize and group similarly coded data into categories and themes. Rubin and Rubin (2012) explained that themes are summaries of what is going on, attempting to address why something is done the way it is. It is important to note that some themes, according to Rubin and Rubin (2012), express the feelings and moods of the interviewees. Thus, it was crucial that I gathered as much pertinent information as possible in efforts to obtain proper codes and themes related to all conducted interviews.

As a supervisor at an emergency communications center for 8 years, I have developed a professional relationship and rapport with many emergency call-taker and dispatcher personnel. Therefore, I acknowledged that my personal bias concerning mental health within the emergency management industry, coupled with the knowledge of operational methods management implements to address mental health incidents had potential to taint the results of the study. Thus, it was crucial that I accurately documented the obtained research from the beginning of the study and throughout so that it was clear that my personal bias had not interfered with the study's findings (Berger, 2015). The role of a researcher in qualitative studies, according to Ravitch and Carl (2021), is to conduct research on the topic of interest, observe and record data from the interviews, and finally analyze the obtained data. Because I remained focused and remembered my role as a researcher, the findings from the study were free from personal bias and produced answers to the central research question.

Initially, I considered offering monetary incentives to the interviewees as a method to encourage participation. However, I quickly realized that a voluntary approach would be more beneficial because voluntary interviewees are willing to openly speak on

the topic of mental health within the emergency management industry without being persuaded. Developing trust between the interviewer and interviewee, as argued by Rubin and Rubin (2012), will allow the interviewee to comfortably speak while disclosing information that answers the study's central research question. Therefore, I depended on the developed professional rapport between myself and the interviewees to act as the only incentive needed for call-taker and dispatcher personnel to agree to interview participation.

Researcher Bias

Researchers may be vaguely familiar with the topic of interest, thereby creating the issue of bias within the study. As explained by Poggenpoel and Myburgh (2003), the presence of bias may be a result of the following issues: (a) the researcher has not adequately prepared to begin conducting research on the topic of interest, (b) the interviews conducted by the researcher were subpar and ineffective in attempts to gain pertinent information on the topic of interest, or (c) the altered mental state of the researcher misconstrues and/or misinterprets the communication from the interviewee during the interview process. Ravitch and Carl (2021) argued that bias will be present in all research regardless of the selected research method or design. However, researchers must follow ethical protocol in efforts of removing bias and eliminating the potential for inaccurate, invalid findings.

According to Babbie (2017), difficulty in removing bias from research and findings is due to the presence of subjectivity. Subjectivity results in the researcher's personal perceptions relative to the topic of interest taking precedence over the

information obtained during the research and interview processes. Babbie (2017) suggested that researchers can eliminate the concern of research bias and avoid the ethical dilemma of inaccurately reporting findings by: cultivating a deliberate awareness of the researcher's values and preferences and adhering to established techniques for data collection and analysis.

Working in the emergency management industry for the past 18 years would suggest that there is potential for bias to interfere with my study's findings. On the contrary, my pursuit for determining what impact, if any, does a manager's mental health skills have on the well-being of emergency call-takers and dispatchers outweighed any current knowledge or assumptions I could voice in regard to the emergency management industry's mental health policies and procedures.

Methodology

Choosing the appropriate research method for a study will result in the researcher uncovering pertinent information related to a specific topic of interest, providing the researcher with answers to the study's research questions. For this study, I used a descriptive qualitative phenomenological approach while attempting to determine if a leader's mental health skills have an impact on emergency call-taker and dispatcher well-being in the emergency management industry.

Phenomenology, developed by Edmund Husserl (1859-1938), pertains to the way human beings live and view the world based on personal experiences. Jackson et al. (2018) suggested that phenomenology allows individuals to see and experience situations daily so that said individuals can provide researchers with descriptive information related

to the topic of study. Phenomenology "explores the lifeworld of the subjects and seeks to understand what matters to them and how they make sense of what they experience," (Zahavi, 2019, p. 117) forcing the researcher to consider the first-person perspective of the phenomenon (Dodgson, 2023). A rigorous phenomenological study, according to Dodgson (2017), affords the researcher the opportunity to have a personal glimpse into other's realities and perceived meanings behind their exclusive experiences. In this study, I considered the daily experiences of emergency call-taker and dispatcher personnel which ultimately have potential to negatively impact their well-being and mental health state. Thus, a phenomenological approach was appropriate.

Descriptive phenomenology, according to Jackson et al. (2018), is used by the researcher to understand the study's participants. Descriptive phenomenology, which is an expansion of Husserl's work, was introduced by psychologist Amedeo P. Giorgi to be used by researchers in analyzing individual experiences pertaining to a specific topic of interest (Jackson et al., 2018). Finlay (2009) explained that researchers who select the descriptive phenomenological approach seek to understand the underlying meaning of the phenomenon and they tend to analyze the "richness and complexity" of the interviewee's perspective. Since emergency call-takers and dispatchers have first-hand experience in answering and dispatching traumatic incidents, their elaborate perspectives will shed light on the phenomenon as it relates to mental health within the emergency management industry. Therefore, the descriptive phenomenological approach was appropriate.

Qualitative research is deemed phenomenological as long as the researcher develops their own theoretical terms and methods (Williams, 2021). Ravitch and Carl

(2021) stated that qualitative research begins with researchers who have an interest in a phenomenon or have a problem or question that needs to be answered. “The processes of qualitative research continuously interact and build off one another in a cyclical fashion” (Ravitch & Carl, 2021, p. 2). The qualitative and quantitative approaches differ in the manner in which the researcher collects and analyzes the obtained data. While the qualitative approach uses categories to reach conclusions, quantitative research uses mathematical functions to compare and contrast variables in efforts of answering research questions (Borgstede & Scholz, 2021). The mixed methods approach includes both the qualitative and quantitative processes. Because I attempted to answer the research question based on the participant’s lived experiences and perceptions, the qualitative method was fitting.

Participant Selection Logic

For this study, participants were selected from one of the largest emergency communications centers in the Midwest region of the United States. All participants included both male and female adults, ages ranging between 25 and 65 years old with African American, Hispanic, and Caucasian ethnic backgrounds.

Purposive sampling was the research technique used to strategically select the study’s sample size. Ravitch and Carl (2021) argued that a large sample size is not necessarily needed in qualitative research as long as the research questions are answered rigorously, ethically, and thoroughly by the selected participants. Therefore, a roster of 10 interviewees met the criteria for a successful qualitative interview process.

The recruiting and screening of applicants for this study's interview process included 10 emergency call-taker and dispatcher personnel within the emergency management industry. Supervisors and managers within the emergency communication center were not solicited to participate in this study. Only views related to mental health from non-managerial perspectives were included. The sample only included those emergency responder personnel who have worked in the emergency communication center for two years or more. More specifically, I selected participants from the 3rd shift (those who work between the hours of 1:30 pm until 10:00 pm). Statistically, it was determined that these responders receive more heightened emergency requests than the other shifts, thereby increasing the likelihood of exposure to work-related psychological and psychosocial trauma. An invitation letter was distributed via email to those who met the above-mentioned criteria for the study (Appendix A).

Instrumentation

Qualitative research requires a humanistic instrument for effective data collection. According to Merriam and Tisdell (2016), using the researcher as the data collection instrument will ensure that one is empathetic to the information being relayed via the interviewee and that the underlying meaning and context of the information is completely understood. Therefore, for this study, I functioned as the study's sole instrument and conducted semistructured interviews to collect the pertinent information needed to answer the study's research question. Interview protocol was adhered to ensure that the procedures were followed, and that the mental health of the interviewee was also taken into consideration throughout the interview (Appendix B).

Because I have professional experience as an emergency dispatcher and supervisor, it was imperative that I become emotionally in tune with my own feelings related to mental health prior to addressing the topic of interest with other emergency responders. Before the interview process, the interviewer should explore personal feelings about the phenomenon to ensure that biases, assumptions, and prejudices are excluded from the data collection processes (Merriam & Tisdell, 2016). It is important to note that if biases, assumptions, and prejudices are intertwined with obtained data, the overall results will be tainted, affecting the answer(s) to the research question.

Procedures for Recruitment, Participation, and Data Collection

Ensuring that the sample size was adequate for research was crucial because the sample provides the information needed to answer the study's research questions. Ravitch and Carl (2021) argued that a large sample size is not necessarily needed, particularly in qualitative research, as long as the research questions are answered rigorously, ethically, and thoroughly by the selected participants. Therefore, a sample size of 10 emergency responders was sufficient. However, if the 10 selected participants did not provide adequate information, additional interviewees would have been solicited.

Data collection is a strategic process that affords the researcher the opportunity to gather pertinent information concerning a topic of interest in efforts of answering the study's research question(s). Patton (2015) argued that data collection is contingent upon the level of interaction the researcher has with his participants and the locations from which the data are collected. For this study, data were collected via semistructured interviews. As mentioned, I assumed the researcher role for this study. Even though a list

of interview questions was prepared prior to the interview process, probing questions were used to ensure that the interviewees thoroughly respond, providing the pertinent information needed to answer the study's central research question.

Data Analysis Plan

Data analysis involves researchers taking the collected data and determining what the data actually means. Researchers must remember that if the study's designs and instruments are flawed or if the sample size is too small, the data analysis will be invalid (Grant & Tomal, 2013). Grant and Tomal (2013) argued that quantitative data analysis is produced at a much faster rate than qualitative data analysis. However, qualitative data analysis affords the researcher the opportunity to not only explore, but to interpret obtained information in efforts of determining what the information actually means as it relates to the study. Thus, not concerned with the swiftness of data analysis production, this study called for a qualitative data analysis approach utilizing semistructured interviews to obtain pertinent information relative to the study's central research question.

Rubin and Rubin (2012) outlined seven steps in data analysis that may be used by researchers when conducting responsive interviews:

1. Transcribe and summarize each interview.
2. Define, find, and mark in the text excerpts that have relevant concepts, themes, and information.
3. Find the excerpts marked with the same codes and sort them into a single file.
4. Sort and resort the information within each file

5. Integrate the descriptions from different interviewees to create a complete picture.
6. Combine concepts and theories to generate your own theory.
7. Determine how far your results generalize beyond the individuals and cases studied.

With these seven steps, I processed and analyzed the data collected in efforts to understand what the common themes were associated to the mental health of emergency responders.

Issues of Trustworthiness

Researchers who decide to conduct qualitative studies must ensure trustworthiness of the research because trustworthiness, as argued by Amankwaa (2016), ensures rigor. Leavitt et al. (2021) argued that trustworthiness is merely an evaluation of worthiness of the information a researcher presents. Trustworthiness is measured by the magnitude in which readers agree that the study has met its purpose and found resolve to the central research question (Leavitt et al., 2021). Trust must be apparent from the views of the storyteller as well as the one listening to the story (Stahl & King, 2020). Amankwaa (2016) stated that the four components of trustworthiness are: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. Each of these four components are discussed below coupled with the plan to ensure that trustworthiness is not comprised within this study.

Credibility

In qualitative research, as explained by Amankwaa (2016), credibility relates to the confidence in the truth of the findings. Cope (2014) explained that when a researcher

can thoroughly describe the research experience and can further validate the study's findings, credibility is enhanced. When the correct interpretations are concluded from the information disseminated by the interviewees and the interpretations are deemed believable, credibility is established (Locke, 2019). Researchers can establish credibility by: (a) collecting data from the appropriate sample, (b) utilizing triangulation techniques, and (c) perfecting qualitative interviewing techniques (Anney, 2014). If the appropriate measures are taken concerning research and interviews pre-and post-interview sessions, the rigor of the study will not be jeopardized.

To further ensure credibility for this study, I used the concept of triangulation. Triangulation, as defined by Carter et al. (2014), is the use of various methods and the retrieval of data from various sources to achieve an in-depth understanding of a phenomenon. Yin (2017) explained that data triangulation is when a researcher has similar findings related to the phenomenon of interest from various sources of data. For this study, the triangulation methods included face-to-face semistructured interviews, descriptive field notes, and reflective field notes. While the semistructured interviews afforded me the opportunity to learn from call-taker and dispatcher professional experiences, descriptive field notes accounted for factual documentation obtained during the interviews and reflective field notes accounted for my thoughts, ideas and concerns while I conducted research and interviews. Both descriptive and reflective field notes should be documented immediately so that credibility is not compromised (Schwandt, 2015). Accuracy and organization are key factors so that I was able to easily interpret the data without error.

Transferability

When the findings have applicability in additional context, the concept of transferability in qualitative research is confirmed (Amankwaa, 2016). When readers of the study can relate their individual experiences to the study's findings and conclude that the findings have significant meaning, transferability is increased in qualitative research (Cope, 2014). Transferability was critical to this study in that the research focuses on mental health of emergency responders. With this study, leaders within the emergency management industry can be provided information that could present innovative ways to detect mental health concerns, determine the appropriate mental health resources needed for those in crisis, and uncover preventive measures to ensure that emergency responder personnel have the necessary tools to not only perform assigned duties but to perform duties without continuously compromising their well-being. Emergency situations are inevitable and the need for frontline workers to manage these incidents daily has potential to result in altered mental states and inability to perform assigned duties. Because concerns of mental illness continue to spark the attention of researchers, this study can contribute to past mental health research as well as lay the foundation for future studies.

Dependability

Dependability in qualitative studies exists, as argued by Amankwaa (2016), when the study's findings are consistent and could be repeated. Using both similar conditions and participants, a study's dependability increases when another researcher agrees that the decisions made during each research stage would produce comparable results in future studies (Cope, 2014). First, ensured dependability of my study by conducting an

audit trail. An audit trail, as defined by Korstjens and Moser (2018), thoroughly documents the data collection decisions made by the researcher throughout the entire study. I used the member checking strategy once I completed the semistructured interviews for this study. Member checking affords the researcher the opportunity to review the transcripts with the interviewees to ensure that the information in the transcripts is accurate (Morse, 2015). With the audit trail and member checking techniques, dependability within my study was not compromised.

Confirmability

The concept of confirmability is centered on the interpretation of the data. Confirmability describes the degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest (Amankwaa, 2016). Confirmability, as explained by Cope (2014), is enhanced when the researcher can provide an explanation as to how conclusions and interpretations are established. The use of the audit trail continued to benefit my study within both the dependability and confirmability stages. I engaged in reflexivity to ensure confirmability. Dodgson (2019) argued that reflexivity establishes the contextual relationship between the interviewer and interviewee revealing findings that help the researcher understand the disseminated information. I used reflexivity while actively listening to the interviewee, asking clarifying, probing questions when applicable, and accurately documenting information to ensure that the topic of interest is thoroughly discussed, and that the information could be interpreted by myself and future readers.

Ethical Procedures

IRB is an acronym which stands for the Institutional Review Board. Walden University (n.d.3) explained that one of main functions of the IRB is to ensure that university ethical standards and U.S. Federal regulations are met concerning all Walden University research. While research may have unique designs or methods, ethical standards must be adhered to and addressed within the study. Therefore, I used the IRB qualitative checklist to ensure that my study was in compliance with university regulations. I was made aware that I was not allowed to begin conducting interviews until I received permission from the IRB.

Since qualitative research includes voluntary participation from interviewees, researchers should provide interviewees with pertinent information relevant to the study via consent forms. Ravitch and Carl (2021) argued that informed consent plays a vital role in transparency and honesty as it relates to ensuring that research is ethical and valid. According to Ravitch and Carl (2021), informed consent gives potential participants: (a) information about what you are asking of participants including time demands, (b) information about potential risks that could occur, (c) information about how the data will be handled and who will have access to the data, (d) information about how the final write up will be disseminated, and (e) the purposes, goals, and methods of research. Informed consent is encouraged so that participants are fully aware of the research and study they are signing up for. Thus, participation was strictly voluntary, and interviewees did not feel pressured to participate in this study. Consent forms were distributed to all interviewees prior to the start of the interview process.

Confidentiality and anonymity are two additional ethical issues that may arise in qualitative research. Ravitch and Carl (2021) argued that it is difficult to guarantee that both confidentiality and anonymity will be achieved in research. However, researchers must provide options for participants and respect their wishes related to the disclosure of obtained data (Ravitch & Carl, 2021). Qualitative researchers must remember that obtained data may reveal sensitive information belonging to participants. Therefore, ethical standards must be present in efforts of ensuring no harm comes to participants from disclosure of personal information. Mental health is a topic that is sensitive in nature; thus, it was crucial that I protected the identity of all participants.

Summary and Conclusions

Qualitative researchers aspire to solicit opinions and views from participants centered on a specific topic in efforts of finding answers to a study's research questions. Obtaining pertinent information can be tedious; however, researchers must ensure that ethical standards are met in efforts of protecting the sample's identity, securing data, and ensuring the overall trustworthiness of the study. In Chapter 3, I discussed the goal of the study, the researcher's role, the methodology of the study, concerns of trustworthiness, and ethical considerations.

Chapter 4 of this study focuses on the results obtained from the qualitative interviews. Information gathered from emergency call-takers and dispatchers are assessed and categorized into themes in efforts of determining what influence, if any, leaders have over the well-being of emergency responders within the emergency management industry.

Chapter 4: Results

The purpose of this descriptive qualitative phenomenological study was to describe and identify the lived experiences of emergency call-takers and dispatchers by identifying how their leader's mental health skills influence call-taker and dispatcher well-being in the emergency management industry. The central research question for this study was: How has the influence of the leader's mental health skills, from the employee perception, impacted emergency call-taker and dispatcher well-being in the emergency management industry?

I constructed this research question after a thorough review of existing literature. I found that there was a gap in literature as it relates to knowing the impact of occupational stress on emergency call-takers and dispatchers who lack influence and intervention from management regarding mental health illnesses. To address this gap, I used the purposive sampling technique and conducted 10 semistructured interviews with emergency call-taker and dispatcher personnel who are employed by one of the largest emergency communications centers in the Midwest region.

By providing descriptive accounts, the 10 selected participants afforded me the opportunity to obtain pertinent information concerning emergency responder daily assigned duties, which entails processing and dispatching emergency calls to those in distress. When triangulated with descriptive field notes, reflective field notes, and audit trails, the study's findings shed light on the participant's experiences as it related to the central phenomenon. Emergency responder duties have potential to alter the mental states of emergency responders, thereby making daily tasks more difficult to accomplish

(Meischke et al., 2021). The managerial role within the emergency management industry should be grounded in mental health training to properly prepare leaders for the mental health crises that could arise as frontline emergency responders endure the toil that processing continuous traumatic calls has on their overall well-being.

Chapter 4 includes a discussion of the research setting, participant demographics, data collection procedures, and data analysis procedure. I discuss evidence of trustworthiness within the study. Lastly, I present the study's results.

Research Setting

The data obtained from this descriptive qualitative phenomenological study was compiled from 10 face-to-face semistructured interviews with call-taker and dispatcher personnel from a Midwest emergency communications center. Upon approval from the organization's executive director to conduct this study utilizing employees within this specific emergency communications center, recruitment began via direct email correspondence. I provided all potential participants with a participant engagement letter (Appendix A) and the approved IRB consent form in efforts of ensuring the study's purpose and overall goals were understood prior to consent.

Purposive sampling was used to ensure that the solicited participants satisfied the study's inclusion criteria. Inclusion criteria called for participants who: (a) have been employed as an emergency call-taker or dispatcher within the emergency management industry for two or more years, (b) were assigned the evening shift, working between the hours of 1:30pm and 10:00pm daily, (c) have extensive experience with processing

traumatic emergency calls, and (d) have minimal difficulties discussing mental health incidents.

After receiving electronic consent from the emergency call-taker and dispatcher personnel participants, I proceeded with strategically scheduling the interviews outside of normal shift hours, as to not interrupt the flow of daily operations nor deplete emergency communication center manpower and operational needs.

The interview protocol (Appendix B) was constructed to serve as a guide during the data collection stage. Prior to the interview, all participants were reminded of the confidentiality clause and the intended purpose of the study. It was also reiterated that participants could recuse themselves from the process at any time during the interview if the questions negatively affected their mental well-being or compromised their level of comfort in any manner. I audio recorded all 10 interviews and then transcribed them using NVivo 14 software, ranging in time from 35 to 60 minutes.

Participant Demographics

Participants for this study were selected using the purposive sampling method. According to Ravitch and Carl (2021), using purposive sampling affords the researcher the opportunity to strategically select the study's sample, satisfy the inclusion criteria, and obtain information from subject matter experts who can answer interview questions rigorously, ethically, and thoroughly. For this study, all participants were given a unique identification number to ensure confidentiality would not be breached. The additional characteristics were centered on the participants' job titles (emergency call-taker or dispatcher), years of service, age, gender, race, and the average number of calls each

emergency responder processed daily. The years of service for both call-taker and dispatcher personnel ranged from two to eight years while the age of the participants ranged from 26 to 55 years. Answering and dispatching a high volume of traumatic incidents was also identified as inclusion criteria. Therefore, the average number of calls processed daily was included in the data set, resulting in an average of 100 to 300 processed calls per participant. Figure 3 displays all demographics for each participant.

Figure 3

Participants' Demographics and Characteristics

Unique Identifier	Participant's Job Title	Years of Service	Age	Gender	Race	Average # of Calls Processed Daily
110	Call-Taker	2 years	26	Male	Black	200
120	Call-Taker	3 years	36	Female	Black	150
130	Call-Taker	8 years	40	Female	Black	100
140	Call-Taker	7 years	47	Female	Hispanic	250
150	Call-Taker	8 years	55	Female	Black	150
250	Dispatcher	2 years	27	Female	Hispanic	110
260	Dispatcher	4 years	34	Female	Hispanic	100
270	Dispatcher	7 years	30	Male	White	120
280	Dispatcher	4 years	31	Female	Black	300
290	Dispatcher	3 years	40	Male	Black	220

Data Collection

Prior to data collection, I received approval from Walden University's IRB to proceed with this descriptive qualitative phenomenological study. Walden University's IRB approval number is 01-12-24-1053920. The participants for this study were selected using purposive sampling. I began soliciting interviewees by extending an invitation to all prospective participants via email. Next, I obtained each willing participant's electronic consent and proceeded to schedule the semistructured interviews.

Semi-Structured Interviews

Data collection began on February 7, 2024, and the last interview was conducted on February 17, 2024. Figure 4 displays consent and scheduled interview dates, along with the interview start and end times for each participant.

Figure 4

Participant Consent and Scheduled Interview Dates

Unique Identifier	Consent Given	Date of Consent	Interview Date	Interview Start time	Interview End Time
110	Yes	2-Feb-24	12-Feb-24	1235hrs	1305hrs
120	Yes	31-Jan-24	7-Feb-24	1630hrs	1715hrs
130	Yes	31-Jan-24	7-Feb-24	1200hrs	1257hrs
140	Yes	2-Feb-24	9-Feb-24	1200hrs	1235hrs
150	Yes	2-Feb-24	12-Feb-24	1125hrs	1200hrs
250	Yes	5-Feb-24	16-Feb-24	1100hrs	1140hrs
260	Yes	2-Feb-24	12-Feb-24	0900hrs	0935hrs
270	Yes	2-Feb-24	17-Feb-24	1200hrs	1300hrs
280	Yes	15-Feb-24	9-Feb-24	1200hrs	1240hrs
290	Yes	31-Jan-24	17-Feb-24	1030hrs	1125hrs

As a qualitative interviewer, I was initially concerned if the interviews questions I constructed for this study (Appendix B) would shed light on the study's central research question. Diefenbach (2009) suggested that qualitative researchers tend to be apprehensive about the questions asked. However, prior to the interviews, according to Diefenbach (2009), the interview questions can be changed when appropriate to ensure that the questions asked will produce results that provide clarity to the researcher concerning the studied phenomenon. Confident in the selected questions, I proceeded with the semistructured interviews, ensuring that the interview protocol (Appendix B) was adhered to for each participant.

To effectively and efficiently audio-record the interviews, I used the Microsoft Word dictation feature as a recording device. This feature captured the perspectives of the

interviewees word for word. However, after each interview, I had to review all transcripts and incorporate proper punctuation. Although the dictation feature captured the exact wording spoken by the participants, I remembered to use descriptive and reflective field notes to document and later remind myself of the body language, mood, and other observations for each participant. I also documented the personal emotions I felt as each interviewee spoke passionately about mental health. Schwandt (2015) argued that both descriptive and reflective field notes should be documented immediately as the researcher works to achieve credibility.

Prior to the start of each interview, I reiterated the components of the confidentiality clause that was outlined in the study's consent form. Thus, participants appeared at ease as they answered the 15 interview questions. None of the participants needed to end the interview early nor did anyone display signs of distress. Not only did I remind the participants of the study's confidentiality clause, but I also reminded each interviewee that the National Alliance on Mental Illness (NAMI) was on standby if needed for mental health consultation.

I continued to conduct the semistructured interviews until data saturation was achieved. According to Hennink and Kaiser (2019), data saturation, as it relates to purposive sampling, allows the researcher to fully understand the phenomenon utilizing the extensive information obtained from the qualitative interviews. Data saturation, as argued by Guest et al. (2006), can be achieved by the sixth interview contingent upon the study's population size. For this study, data saturation was apparent after the eighth interview because there were no additional themes that were uncovered with the

remaining participants. Since each interviewee is a subject matter expert as it relates to answering and dispatching emergency calls, the semistructured interviews afforded me the opportunity to further understand the impact that said emergency calls had on the mental state of emergency responders. I also gained insight into how much influence, or lack thereof, organizational leaders had on the well-being of those emergency responders who continuously struggle with their mental health as a result of performing daily assigned duties within the emergency management industry.

Member Checking

Even though all interviews were audio recorded using the Microsoft Word dictation feature, I was tasked with proofreading each transcript and applying the appropriate punctuation where needed. Thus, member checking was necessary to ensure that the obtained information was not altered in any fashion. Member checking allows the participants to review the final transcripts and ensure accuracy (Morse, 2015). Each participant was forwarded a copy of their final transcripts via email and asked to review and return any edits within 96 hours. As notated in the consent form, if the participants did not provide any feedback within 96 hours, I, as the researcher, would proceed with data analysis, under the assumption that the transcripts are accurate. Figure 5 displays the scheduled interviews dates, the dates the transcripts were sent to each participant for member checking, dates that the participants responded (if at all), and indication if changes were needed to ensure accuracy.

Figure 5

Participant Member Checking

Unique Identifier	Participant Title	Interview Date	Transcript to Participant Date	Response from Participant Date	Changes Needed
110	Call-Taker	12-Feb-24	17-Feb-24	17-Feb-24	None
120	Call-Taker	7-Feb-24	10-Feb-24	13-Feb-14	None
130	Call-Taker	7-Feb-24	10-Feb-24	*No Response*	/
140	Call-Taker	9-Feb-24	11-Feb-24	11-Feb-24	None
150	Call-Taker	12-Feb-24	15-Feb-24	17-Feb-24	None
250	Dispatcher	16-Feb-24	24-Feb-24	27-Feb-24	None
260	Dispatcher	12-Feb-24	12-Feb-24	*No Response*	/
270	Dispatcher	17-Feb-24	24-Feb-24	1-Mar-24	None
280	Dispatcher	9-Feb-24	22-Feb-24	*No Response*	/
290	Dispatcher	17-Feb-24	25-Feb-24	*No Response*	/

All 10 participants received a copy of their transcripts via email. Six of the 10 participants confirmed that the transcripts were accurate, and no changes were needed. There was no response received from the remaining four participants. Therefore, data analysis began. It is important to note that all transcripts were printed and locked in a secure location to ensure confidentiality was not breached as mentioned in Chapters 1, 2 and 3.

Data Analysis

Qualitative data analysis involves the researcher taking non-numerical, unstructured qualitative data and processing it to gain an understanding of what said data represents. Qualitative data, according to Reyes et al. (2024), can consist of interviews, field notes, and photos. Reyes et al. (2024) explained that once data is collected, the researcher must decide which qualitative data analysis method is most appropriate for the

study. For this descriptive qualitative phenomenological study, I chose to use thematic analysis.

Thematic analysis, as discussed by Braun and Clarke (2023), is used to aid the researcher in understanding shared meanings and experiences across a data set. The developed patterns and meanings, also known as themes, should be used to address the study's central research question (Braun & Clark, 2023). Thematic analysis encompasses 6 important phases: (a) data familiarization, (b) data coding, (c) generating initial themes, (d) reviewing and developing themes, (e) redefining, defining, and naming themes, and (f) producing the report (Braun & Clarke, 2023). Accuracy of the data analysis is paramount and crucial to the study's findings. I used NVivo 14 software to assist with data analysis which resulted in four conceptual categories grounded in the conceptual framework and 18 themes which assist in understanding the participants personal accounts to the questions asked during the semistructured interviews.

Conceptual Categories and Emergent Themes

1. Conceptual Category: Emergency calls that trigger an emotional response.

   Themes: (a) children who are injured or abused, (b) CPR being performed, (c) domestic disturbance or battery, (d) person shot, and (e) senior abuse.
2. Conceptual Category: Job tenure affects mood and performance levels.

   Themes: (a) anxious, (b) cynical, and (c) desensitized.
3. Conceptual Category: Organizational attempts to assist with employee well-being.

Themes: (a) chaplain from Red Cross, (b) EAP- Employee Assistance Program, (c) NAMI- National Alliance on Mental Illness, (d) peer support, and (e) quiet room.

4. Conceptual Category: Stigma associated with asking for mental health assistance.

   Themes: (a) crazy, (b) needs medication, (c) professionals do not need help, (d) unfit for duty, and (e) weak.

The four conceptual categories are grounded in the conceptual framework: Husserl's (1970) origins of consciousness, expounded upon by Lopez and Willis (2004), explaining how any why emergency call-taker and dispatcher personnel become emotionally affected by continuous exposure to emergency calls. These four categories also redirect the findings back to the study's central research question and purpose, attempting to uncover the level of mental health skills leaders of the organization possess that have either a positive or negative influence on emergency responder well-being.

Evidence of Trustworthiness

Credibility

Credibility, as explained by McKibben (2019), determines the researcher's confidence in the study's findings. When discussing the topic of credibility, the researcher must have confidence in the level of accuracy of the study's results. Credibility is increased when the researcher can describe the research experience, which also validates the study's findings (Cope, 2014). Anney (2014) argued that there are three ways to establish credibility: (a) collecting data from the appropriate sample, (b) utilizing

triangulation techniques, and (c) perfecting qualitative interviewing techniques. These three steps were adhered to ensure the credibility of this study.

Establishing inclusion criteria was a crucial step in ensuring that I collected data from the appropriate sample. Since this study focused on the lived experiences of emergency responders, those call-taker and dispatcher personnel employed by one of the largest Midwest emergency communications centers were the appropriate subject matter experts to solicit for the interview process. The inclusion parameters set for this study sought out those call-taker and dispatcher personnel who: (a) have been employed with the emergency communications industry for two years or more, (b) work the afternoon to evening shift (1:30pm to 10:00pm) daily, (c) have experience with handling traumatic incidents that may have affected their mental health, and (d) have no difficulties discussing the sensitive topic of mental health. These parameters, influenced by the purposive sampling technique, resulted in 10 interviewees who agreed to participate in the interview process, shedding light on the topic of interest.

The triangulation concept was used to further increase the study's credibility. If a researcher is attempting to understand a phenomenon, said researcher will utilize various data retrieval methods (Carter et al., 2014). Regardless of the data retrieval method, the findings related to the phenomenon should be similar (Yin, 2017). For this study, the triangulation methods used were face-to-face semistructured interviews, descriptive field notes, and reflective field notes. Semistructured interviews, as discussed by Ravitch and Carl (2021), afforded me the opportunity to gain the perspective of the interviewee concerning the phenomenon. Documenting descriptive field notes during the interview

sessions produced an accurate account of the factual information obtained during each interview session. Reflective field notes were documented to highlight my thoughts, ideas, and concerns during the interview process as it pertains to each interviewee.

Perfecting qualitative interview techniques prior to the interview process was an additional step in ensuring credibility for this study. Because mental health is a sensitive topic, I wanted to ensure that I used interview techniques that did not result in triggering those emergency call-taker and dispatcher personnel who might suffer from PTSD as a result of working in the emergency management industry. Thus, I obtained my Collaborative Institutional Training Initiative (CITI) certificate. The curriculum for this certificate taught me, as a researcher, how to properly interview human subjects and how to recognize signs of distress via specific body language and context cues. I was able to use the information gathered in this curriculum to conduct all 10 interviews without incident.

Transferability

When the researcher is able to effectively demonstrate how the study's findings are applicable in other contexts, then the study has evidence of transferability (McKibben, 2019). Transferability is increased when readers of the study can relate their individual experiences to the study's findings, suggesting that said findings have significant meaning (Cope, 2014). Morse (2015) argued that a study must have thick, rich data in order for a researcher to ensure transferability. The semistructured interview process afforded me the opportunity to collect the data needed to have evidence of transferability.

Proper documentation of each interview was my primary objective to ensure that the obtained data was accurate. Open-ended questions were used for each interview because the interviewees were able to elaborate on the questions asked, providing a more in-depth account of their individual experiences related to the phenomenon. Probing questions were also asked if additional clarity was needed post-response. All 10 interview transcripts reflect thick, rich data which provides evidence of the study's transferability.

Dependability

McKibben (2019) argued that dependability is evident when other researchers replicate a study and determine that the findings are similar. Cope (2014) suggested that if future researchers use similar conditions and participants, agree that study's research procedures are appropriate, and lastly produce comparable results, then dependability is increased. To ensure evidence of dependability, I used audit trails and member checking.

Korstjens and Moser (2018) explained that researchers use audit trails to thoroughly document the data collection decisions made by the researcher throughout the entire study. For this study, the audit trails included the following information: (a) interviewees met the study's inclusion criteria requirements, (b) dates in which the interviewees gave consent to participate in the study, (c) scheduled interview dates, and (e) start and end times for each interview. The interview protocol (Appendix B) was adhered to for all interviews to ensure that the same steps were followed throughout the entire interview process.

Accuracy of obtained data reflects the study's dependability. Thus, member checking is necessary. Member checking is the interviewee's opportunity to review the

interview transcripts for accuracy (Morse, 2015). After each interview, I reviewed each transcript, making minor grammatical corrections where appropriate. I forwarded all transcripts via email to the participants asking them to respond within 96 hours with any additional corrections that were needed. Once it was determined that all transcripts were accurate, dependability was validated.

Confirmability

Confirmability is established when the researcher can prove that the study's findings are solely based on the data obtained from the interviewees and not from any researcher bias (McKibben, 2019). Post data collection, the researcher should be able to explain how conclusions and interpretations were established (Cope, 2014). The use of audit trails, reflexivity, active listening, and probing questions were used to ensure confirmability.

While audit trails house the data collection decisions I made, I used reflexivity to build rapports with the study's participants. Reflexivity, as explained by Dodge (2019), establishes the contextual relationship between the interviewer and interviewee. Once the contextual relationship is established, the researcher will be able to thoroughly understand the study's findings (Dodge, 2019). Active listening benefits the researcher when establishing confirmability because the researcher can ask clarifying questions that may have been documented in the reflective field notes. These probing questions can assist the researcher with interpreting and analyzing data thereby increasing confirmability.

Study's Results

I developed the research question for this study in alignment with the study's purpose, problem, and research design. The purpose of this descriptive qualitative phenomenological study was to describe and identify the lived experiences of emergency call-takers and dispatchers by identifying how their leader's mental health skills influence call-taker and dispatcher well-being in the emergency management industry. The central research question for this descriptive qualitative phenomenological study was: How has the influence of the leader's mental health skills, from the employee perception, impacted emergency call-taker and dispatcher well-being in the emergency management industry?

Grounded in the conceptual framework, the interview questions were centered on the daily assigned duties of emergency responders, call-taker and dispatcher personnel, who are tasked with answering and dispatching traumatic emergency calls that have potential to alter their mental health and overall well-being. Additionally, the interview questions were constructed to shed light on the influence leaders of the organization had over employee well-being contingent upon the level of mental health skills, or lack thereof, which the leaders possessed. Positive influence on emergency responder well-being lies in the competency of leader's mental health skills (Meischke et al., 2021).

Data analysis of the participant's responses revealed four conceptual categories and 18 themes.

Conceptual Code #1: Emergency Calls that Trigger and Emotional Response

Each emergency call that a call-taker answers and/or that a dispatcher fields to the appropriate emergency response personnel are categorized by event types. Various event

types and emergency incidents have potential to affect the mental well-being of emergency responders, contingent upon personal experience and the continuous exposure to these specific events. Bezabh et al. (2018) explained that when emergency responders are continuously exposed to traumatic incidents, their mental health is affected directly and indirectly. Below are the four themes that emerged from the first conceptual code.

Injured or Abused Children

Injured or abused children was the first theme that emerged as the participants spoke about specific incidents that trigger an emotional response. All 10 participants confirmed that calls involving injured or abused children are emotionally disturbing. Participant #280 stated, “CSA-criminal sexual assault for children and children getting shot. Anything about the kids!” Participant #290 stated, “Then also, when we have young kids found left alone in the street in their pampers and no parents around. Then when our officers do get to their parents, they see that the kid is in bad care.”

Participant #140 stated,

> Automatically when a child is in a situation that a mom has no control over. For example, a child is missing and did not come home from school. They were on the bus, or they were pulled into a van. Those are the calls that I’ve taken that automatically put you into a hypersensitive mode.

CPR Being Performed

When the call-takers and dispatchers have to endure hearing CPR being performed on a lifeless individual, responders confirm that this process is emotionally triggering. This theme was mentioned by four of the 10 participants. Participant #130

stated, "Calls where CPR is being done on a child, anytime I hear someone shot and CPR is being done on them, or maybe someone overdosing on some type of narcotic and they need CPR."

Participant #150 stated,

> A lot of our EMS calls when there is CPR being administered. You can hear the EMT is walking the citizen through how to administer CPR and so just to hear that, your heart kind of empathizes with that. You know the only thing is…like, that's something that just kind of hits home.

Participant #250 stated,

> Also, the calls where we have to stay on the line with fire and they're doing CPR or like when the person on the phone is just kind of upset and you can hear them in the background just upset about everything.

Domestic Disturbance or Battery

Domestic disturbance or battery includes emergency calls that have either a verbal or physical element between those with an established relationship. Four of the 10 participants confirmed that domestic involved incidents trigger an emotional response. Participant #150 stated, "Sometimes, a lot of our domestic calls as well when people are calling and they're having a dispute or argument with their loved ones and mainly their children." Participant #250 stated, "I would say domestics, as it relates to stuff prior in my life, those probably trigger some things."

Participant #140 stated,

> Yeah, mostly the domestics that trigger are the ones that the woman can't get away from the man or the man feels like he won't be believed. It goes both ways because I have six brothers, so I always put myself in the guy's shoes as well.

Person Shot

Emergency calls where a person is shot are not only traumatizing for the person who is requesting emergency medical attention. These calls are emotional triggers for emergency responders because a life is in imminent danger. Five of the 10 participants recognized person shot incidents as an emotional trigger. Participant #120 stated, "The calls where people have been shot especially if the person is the caller's brother."

Participant #110 stated,

> Any that trigger an emotional response…any call regarding anybody shot! I had a call where a police officer went on my event for a domestic call and wound up getting shot. I had a call for that. Those calls…for an emotional response, yeah.

Senior Abuse

Elderly persons, just like children, were deemed a vulnerable population by the study's participants. Thus, those emergency response calls that involved senior abuse triggered two of the 10 participants. Participant #120 stated, "…and it's the calls that involve the elderly being mistreated." Participant #260 stated, "Anytime there are children hurt, or I guess you could say the elderly as well."

Conceptual Code #2: Job Tenure Affects Mood and Performance Levels

Job tenure of two or more years was one of the study's inclusion criteria. The longer the call-takers and dispatchers are employed within the emergency management

industry and the more traumatic calls for emergency service that are processed, the higher the chance that their personal and professional moods are negatively altered. Continuous exposure to traumatic incidents can become emotionally overwhelming, resulting in poor employee performance and unrecognizable behavior (Paton & Violanti, 1996). Below are the three themes that emerged from the second conceptual code.

Anxious

Having anxiety gives call-takers and dispatchers are sense of uneasiness. Anxiety was reported both professionally and personally by three of the 10 participants. Participant #120 stated, "Over the years…answering the calls made me angry and has made me have anxiety. It has also made me fearful of going certain places. My performance has never changed. I still perform at a top performance." Participant #250 stated, "I've felt overwhelmed and stressed. I think I've developed, in some instances, some anxiety."

Cynical

Call-takers and dispatchers are trained to document the information from the caller as relayed. However, two of the 10 participants confirmed that they now have a cynical disposition when answering and dispatching emergency calls for service. Participant #130 stated, "We can't make friends on the phone. It's emergency calls! I'm here to do a job and I get them off the phone and I take the next call. So, I don't have sympathy…" Participant #270 stated, "It's made me very cynical. I wasn't necessarily a positive person to begin with, but I was pretty much a realist. I could definitely see positives in many situations, but I have become a lot more cynical over the years."

Desensitized

The ability to detach from emergency calls seems to be an adopted coping mechanism for emergency call-taker and dispatcher personnel. Five of the 10 emergency responders acknowledged that they become desensitized as means of managing hundreds of traumatic incidents daily. Participant #110 stated, “Since we answer so many calls, oh sometimes it can make me turn my emotions off just because we get so much and it’s stressful.”

Participant #130 stated,

> Ok, so over the years just working here, I’m more desensitized to what I’m hearing now and it’s just not to say that I don’t care, but I think that it’s just repetitive it that makes sense. It’s just, you know, on to the next one. I just move on.

Participant #290 stated,

> Oh, you become somewhat desensitized to a lot around you. Like when you hear stuff on the news, everybody else might be like “ooooh” …and you just, it just kind of goes in one ear and out the other because you are so used to seeing it and dealing with it. You’re dealing with the emergency yourself, so you become desensitized…which to me is not a good thing, but it’s a good thing for us to get through our day as professionals.

Conceptual Code #3: Organizational Attempts to Assist with Mental Health

Employees within the emergency management industry are susceptible to altered mental states. Leaders within the organization should be well-versed in the mental health

skills needed to assist employees in crisis. Dimoff and Kelloway (2019) argued that mental health training for leaders not only reduces stigmatizing attitudes, but the training also helps leaders understand how to better direct employees towards underutilized resources if and when the resources are needed. Below are the five themes that emerged from the third conceptual code.

Chaplain from Red Cross

The chaplain is one who visits the Midwestern emergency communications center to provide encouragement to the responders and remind them that their daily efforts are appreciated. Two of the 10 participants acknowledged the presence of the Red Cross chaplain.

Participant #130 stated,

> I don't know if it counts though, but yeah, I will say management has put effort in to try to help. They have our chaplain coming in. They had someone, I can't think of her name, I want to say she came from Red Cross.

Participant #150 stated,

> We have a chaplain come in periodically, just to kind of give us some words of encouragement and to let us know that in the event that we don't hear good things from citizens, they appreciate what we do and just keep up the good work. If we never hear from anyone else, we hear it from the chaplain.

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is an external resource offered to employees when they desire to confide in persons outside of the workplace. Three of the

10 participants confirmed that EAP is an available resource for emergency call-taker and dispatcher personnel. Participant #280 stated, “We have EAP, but that’s not directly in the building. That’s like with the city, they offer counseling. It’s not in-house though.”

Participant #150 stated,

> So, we do have an EAP as well, which a lot of people don’t know about. Whether they utilize it or not, I personally utilized it for me until I got on board with another person who gave me more than what I was able to get through EAP.

National Alliance on Mental Illness (NAMI)

The National Alliance on Mental Illness (NAMI) is an external mental health resource that is partnered with the organization used for this study. Seven of the 10 participants are familiar with NAMI and the organizations efforts to preserve the mental health of emergency responders. Participant #260 stated, “I know that NAMI comes here during our roll calls sometimes and they’ve also mentioned several times during roll call that if you need anything you can go into the office and ask.”

Participant #110 stated,

> I know they have hotlines and stuff. Oh NAMI! I think it is helpful, yes. Especially if you go out there and you are having a hard day, a hard time, or you feel like you can have an episode or whatever.

Participant #140 stated,

> They also have NAMI come in at roll calls occasionally and they do pass out different group assignments and individual assignments so that you can kind of

have tools to help with meditation and clearing that stuffy energy that you have after these calls sometimes.

Participant #280 stated,

So, we have NAMI…they send staff members to come out a lot and talk to us about our mental health and how what we do can cause I think post-secondary or post-trauma. They kind of tell us how we can know when we are going through something. They have a hotline that we can call to talk to them too.

Peer Support

Having conversations with co-workers who can empathize and sympathize with work-related stressors aids emergency responders with completing assigned duties while managing emotional triggers that threaten production levels. Seven of the 10 participants spoke out the peer support initiative.

Participant #120 stated,

So, peer support is where we have designated people, other call-takers and dispatchers, who are there to support you if you have a rough call. You can talk to them and tell them how you feel. So, basically, it is kind of like having a one-on-one conversation with someone who does the same kind of job as you.

Participant #280 stated,

We have peer support here. Peer support is like some call-takers, dispatchers, supervisors here…I guess they took some training course where they're able to talk to other workers about personal issues or work-related issues to try to help with stress.

Quiet Room

Having a place to decompress is crucial within a stressful environment such as an emergency communications center. Four of the 10 participants acknowledged that the quiet room benefits responders pre-, mid-, and post-crisis. Participant #120 stated, “You can go to the quiet room if you need to debrief from a call. The quiet room is a room that’s set up for comfort and you know it’s just you there and your solitary.”

Participant #150 stated,

> We have a quiet room where if we get a call that really triggers us and we just need to step away and take some time to digest it, or if we want to cry, or if we want to just scream or whatever the case may be, just to vent and get it out.

Conceptual Code #4: Stigma Associated with Asking for Mental Health Assistance

Emergency responders, both call-takers and dispatchers alike, often suffer in silence because there are spoken, and unspoken stigmas attached to requesting mental health assistance. Kemp et al. (2023) argued that apprehension to request mental health assistance will create barriers for emergency responders, preventing responders from seeking the appropriate mental health resources. Below are the five themes that emerged from the fourth conceptual code.

Crazy

Having a mental illness inappropriately categorizes individuals as being “crazy”. Thus, two of the 10 emergency responder participants have a fear of being labelled as crazy if they request mental health resources. Participant #280 stated, “That they are crazy, something is wrong with them.”

Participant #250 stated,

> I don't want to say…yes, like we're…it makes us crazy! But having a mental health issue doesn't mean you're crazy. I just think there's so many different kinds of situations that tell what a mental health illness is.

Needs Medication

Whether emergency responders take medication to assist with mental health concerns or not, two of the 10 participants voiced that the stigma that medication is the resolve prevents emergency responders from requesting mental health assistance. Participant #140 stated, "So, there might be some judgement on you if you take depression pills or if you take anxiety pills while working. Can you work like that?"

Professionals don't need help

The participants selected for this study have worked within the emergency management industry for two or more years. Three of the 10 participants believed that others would proclaim that professionals should not need mental health treatment because they should know how to help themselves. Participant #260 stated, "They believed that there wasn't really the case that there was no such thing as needing that sort of help."

Participant #120 stated,

> Some people may attach a stigma that we don't need it because that's our job, that's what we do! You are introduced to it every day so you should be over it. I guess the proper term for that is you should know how to handle it. So, they feel like because you are a professional, because you've been working here for years, that you should be ok with what you're dealing with regardless of mental health.

Unfit for Duty

When an emergency responder is deemed unfit for duty, they are understood to be mentally unprepared to manage emergency incidents. Four of the 10 participants believed that asking for mental health assistance categorizes them as unfit. Participant #140 stated, "Maybe, but I think that's the stigma that we can't do the job well. We can do it, but I don't know about it being done well." Participant #290 stated, "If a person reaches out, people might start thinking that he or she can't handle the job."

Weak

Emergency responders are thought to be strong and resilient. Two of the 10 participants confirmed that they fear to be labelled as weak by management and the community if they requested mental health assistance.

Participant #260 stated,

> Basically, probably weakness. I feel like with anything, when you show any sort of weakness, it feels like you may not be able to do the job when it really just means that you are basically human just like everyone else. So, I feel like yeah, the weakness factor is the big thing when you're supposed to be cool and collected.

Participant #290 stated,

> …and management might look at them as weak. If you think that people reaching out is a sign of weakness, we should bring it up enough and talk about it in roll call. It'll become a more normal thing, more of a normal conversation. People would not feel ashamed to go and reach out.

Summary and Conclusions

In Chapter 4, I presented the results of the thematic data analysis conducted for the 10 participant's responses. The semistructured interviews were conducted in efforts of answering the study's central research question: How has the influence of the leader's mental health skills, from the employee perception, impacted emergency call-taker and dispatcher well-being in the emergency management industry? The thematic data analysis produced four conceptual codes and 18 emergent themes which were grounded in the study's conceptual framework. The four conceptual codes produced are as follows: (a) emergency calls that trigger an emotional response, (b) job tenure affects mood and performance levels, (c) organizational attempts to assist with employee well-being, and (d) stigma associated with asking for mental health assistance.

From the four conceptual codes, the following 18 themes emerged: (a) children who are injured or abused, (b) CPR being performed, (c) domestic disturbance or battery, (d) person shot, (e) senior abuse, (f) anxious, (g) cynical, (h) desensitized, (i) chaplain from Red Cross, (j) EAP - Employee Assistance Program, (k) NAMI - National Alliance on Mental Illness, (l) peer support, (m) quiet room, (n) crazy, (o) needs medication, (p) professionals don't need help, (q) unfit for duty, and (r) weak.

I discussed the study's evidence of trustworthiness as it relates to credibility, transferability, dependability, and confirmability. Ensuring proper data collection, data storage, and data analysis helped to ensure that the trustworthiness of the study was not compromised.

In Chapter 5, I elaborate on the study's findings, highlighting the similarities and differences amongst the literature presented in Chapter 2. I also discuss the study's limitations, recommendations for future practice, policy, and research, and finally the implications to social change, professional practice, and theory.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this descriptive qualitative phenomenological study was to describe and identify the lived experiences of emergency call-takers and dispatchers by identifying how their leader's mental health skills influence call-taker and dispatcher well-being in the emergency management industry. Accomplishing this study's purpose may address the gap in literature which is embedded in the absence of clarity surrounding the impact of occupational stress on emergency call-takers and dispatchers who lack influence and intervention from management in regard to mental health illnesses. The theoretical and conceptual frameworks that grounded this study were: The general systems theory (Bertalanffy, 1968) and the origins of consciousness (Husserl, 1970; Lopez &Willis, 2004).

I used semistructured interviews to familiarize myself with the daily experiences of emergency responders to answer the study's central research question: How has the influence of the leader's mental health skills, from the employee perception, impacted emergency call-taker and dispatcher well-being in the emergency management industry? Purposive sampling was used to strategically select the study's sample size. Data were collected from 10 participants, five call-takers and five dispatchers, who are subject matter experts concerning answering and dispatching calls for emergency assistance. A large sample size is not necessary, according to Ravitch and Carl (2021), as long as the participants answer interview questions rigorously, ethically, and thoroughly. All 10 participants met the study's inclusion criteria which sought to obtain perspectives from those emergency responders who: (a) have been employed with the emergency

communications industry for two years or more, (b) work the afternoon to evening shift (1:30pm to 10:00pm) daily, (c) have experienced handling traumatic incidents that have affected their mental health, and (d) have no difficulties discussing the sensitive topic of mental health.

Semistructured interviews, descriptive field notes, and reflective field notes were all used to obtain and effectively organize the data collection process. Interviews were conducted until data saturation was achieved. Data saturation affords the researcher the opportunity to fully understand the phenomenon utilizing the information obtained from the qualitative interviews (Hennink & Kaiser, 2019). Data saturation was achieved after the eighth interview because there were no additional themes discussed in the last two interviews. The triangulation method, audit trails, member checking, and reflexivity were used to ensure that the evidence of trustworthiness of my study was not compromised.

Thematic data analysis revealed four conceptual codes and 18 themes. The four codes were: (a) emergency calls that trigger an emotional response, (b) job tenure affects mood and performance levels, (c) organizational attempts to assist with employee well-being, and (d) stigma associated with asking for mental health assistance. The 18 emergent themes were: (a) children who are injured or abused, (b) CPR being performed, (c) domestic disturbance or battery, (d) person shot, (e) senior abuse, (f) anxious, (g) cynical, (h) desensitized, (i) chaplain from Red Cross, (j) EAP - Employee Assistance Program, (k) NAMI - National Alliance on Mental Illness, (l) peer support, (m) quiet room, (n) crazy, (o) needs medication, (p) professionals don’t need help, (q) unfit for duty, and (r) weak.

Interpretation of Findings

With the data obtained from this descriptive qualitative phenomenological study, I discuss the study's findings and provide examples supporting the relevance of information discussed in the literature review in Chapter 2. The study's findings include the four conceptual codes that were revealed in the data analysis: (a) emergency calls that trigger an emotional response, (b) job tenure affects mood and performance levels, (c) organizational attempts to assist with employee well-being, and (d) stigma associated with asking for mental health assistance. Using the obtained information from the 10 semistructured interviews, I provide evidence to suggest that the study's findings either validate, invalidate, or extend existing knowledge as it relates to the influence of leader's mental health skills on the well-being of emergency responders within the emergency management industry.

Emergency Calls that Trigger an Emotional Response

Employees within the emergency management industry are tasked with answering and dispatching emergency calls daily. Skeffington et al. (2017) argued that emergency management industry employees are those who are at-risk daily for potentially traumatic incident exposure. Continuous exposure to these traumatic incidents has the potential to negatively affect the mental health of emergency call-taker and dispatcher personnel (Bezabh et al., 2018). Data collected from the semistructured interviews revealed that emergency call-takers and dispatchers are mainly triggered by those calls that involve: (a) children who are injured or abused, (b) CPR being performed, (c) domestic disturbance or battery, (d) person shot, or (e) senior abuse.

This study aligned and is consistent with the findings of Bezabh et al. (2018), which determined that the mental health of emergency call-taker and dispatcher personnel is directly and indirectly affected when continuously exposed to traumatic incidents. This study also aligned with the findings of Golding et al. (2017), explaining that organizational stress is the result of continuous exposure to traumatic calls, excessive workload uncertainty, and high levels of pressure from emotionally demanding assigned duties. The participants in this study confirmed that the emergency communications center is a stressful environment due to the high call volume of emergency service request coupled with the specific emergency calls that heighten the stress levels of emergency responders individually. The study's participants confirmed that the calls that trigger an emotional response have a direct effect on one's mood and job performance levels.

Job Tenure Affects Mood and Performance Levels

Job tenure within the emergency management industry results in increased exposure to traumatic incidents. By the age of 75, 8.7% of emergency call-taker and dispatcher personnel who have been exposed to traumatic incidents will be diagnosed with a mental health condition including PTSD (Herr & Buchanan, 2020). Kindermann et al. (2020) further explained that traumatic incident exposure will not only result in PTSD but also STS. Data collected from the semistructured interviews revealed that the mood and job performance levels of emergency call-takers and dispatchers are: anxious, cynical, and desensitized.

This study is aligned and consistent with the findings of Paton and Violanti (1996) which suggested that it is essential for emergency management industry employees to have thorough knowledge of coping mechanisms as it relates to psychological trauma. Without knowledge of appropriate coping mechanisms, exposure to traumatic incidents can result in unrecognizable behavior and poor employee performance (Paton & Violanti, 1996). The participants in this study confirmed that their moods have changed over the years as a result of their job titles and roles. The discussed changes in mood were reported professionally and personally, affecting not only work life, but home life as well. The participants confirmed that changes in mood and performance levels have a direct relationship with the organization's attempts to ensure that employees are mentally and emotionally cared for by leaders of the organization.

Organizational Attempts to Assist with Employee Well-Being

Considering the well-being of employees is included in managerial responsibilities specifically within the emergency management industry. Richins et al. (2020) explained that lending immediate support to those who are negatively impacted while performing daily assigned duties should be a priority of leaders of trauma-exposed organizations. According to Bright (2022), employee well-being will not become threatened nor have lasting negative effects on their psychological and psychosocial mental state if employees are provided appropriate resources related to stress and coping mechanisms. Data collection from the semistructured interviews revealed that leaders in the emergency management industry offer the following mental health resources to their

employees: (a) chaplain from Red Cross, (b) EAP - Employee Assistance Program, (c) NAMI - National Alliance on Mental Illness, (d) peer support, and (e) quiet room.

This study is aligned and consistent with the findings discussed by Brooks et al. (2019) which confirmed that employees who receive managerial support pre- and post-traumatic exposure have increased performance levels and better psychological outcomes. This study is also consistent with the findings of Brooks et al. (2019) which explained that long-term mental health concerns are dramatically decreased when managers offer their employees mental health support and psychological resiliency programs within stressful workplace environments. The participants of this study were not thoroughly convinced that leaders of the organization possessed the mental health skills that can aid employees with their mental health concerns. However, the study's participants did acknowledge that leaders within the organization are making strides to offer external support, teaming with mental health resources such as NAMI and EAP to help employees cope with continuous exposure to traumatic incidents. The participants also admitted their reluctance to ask for mental health assistance due to the attached stigma.

Stigma Associated with Asking for Mental Health Assistance

Stigma is interpreted as the shame or discredit that is bestowed upon an individual (Casas & Benuto, 2022). Because of the resiliency label that is attached to the role of emergency responders, there is a stigma associated with asking for mental health assistance when needed (Szeto et al., 2019). Data collection from the semistructured interviews revealed that emergency call-taker and dispatcher personnel suffer in silence

because they feel others will believe they are: (a) crazy, (b) need medication, (c) professional and do not need help, (d) unfit for duty, and (e) weak.

This study is aligned and consistent with the findings by Haigen et al. (2017) which determined that stigma encourages an individual in need to attempt to manage their problems without the intervention of medical professionals for fear of being presumed as weak-minded.

This study extends existing knowledge to literature when compared to the findings of Jones et al. (2020) which argued that there are five barriers that deter responders from seeking professional assistance: (a) the stigma associated with showing weakness, (b) the fear of confidentiality breach, (c) previous negative experiences with therapists, (d) the lack of access and availability, and (e) the fear of adding extra burdens on one's family.

Showing weakness was the only similar factor that deterred responders from seeking mental health assistance in the findings of my study compared with the study conducted by Jones et al. (2020). I propose that my study adds to existing literature, arguing that there are four additional factors that prevent call-takers and dispatchers from seeking mental health assistance: (a) fear that others will call them crazy, (b) fear that they will need medication, (c) fear that others will think that don't need help because they are professionals, and (d) fear that they will be deemed unfit for duty. The study's participants do acknowledge that regardless of the mentioned stigmas, there is a massive need for mental health treatment within the emergency management industry. Two of the 10 participants are advocates for medication that regulates their mental health concerns.

Five of the 10 participants have previously sought out therapists to assist with mental health concerns. All 10 participants are pleased to learn that conversation about mental health awareness is increasing and that one by one, stigmas can be eliminated to ensure that emergency call-taker and dispatcher personnel can receive the adequate time and attention to better their mental health concerns as needed.

Limitations of the Study

The limitations of this study were initially presented in Chapter 1. The first limitation was that the participants for this study were solicited from only one emergency communications center in the Midwestern region. The second limitation is centered on using a small sample size to conduct this study.

The emergency communications center used for this study is a 24-hour facility with three operational shifts (5:30am-2:00pm, 1:30pm-10:00pm, and 9:30pm-6:00am). Those call-taker and dispatcher personnel who worked the 1:30pm-10:00pm shift were the only employees invited to participate in this study because this shift manages the highest call volume of traumatic emergency incidents. In addition to the shift restriction, selected participants were required to have two or more years of job experience as a call-taker or dispatcher within emergency management. The longer an emergency responder is employed within the emergency management industry, the greater exposure to traumatic incidents, thereby increasing the likelihood of mental health concerns.

Using purposive sampling, a total of 10 participants were selected for this study. Grant and Tomal (2013) cautioned researchers to be mindful that if a sample size is too small or if the study's designs and instruments are flawed then the data analysis will be

invalid. The sample size in qualitative research does not have to be large, according to Ravitch and Carl (2021), as long as the selected sample answers all questions thoroughly, ethically, and rigorously. To address both limitations, I used the most diverse group of participants possible. I selected emergency responders from both roles to participate in this study, five call-takers and five dispatchers. The job tenure among the participants ranged between two and eight years. The age of the participants ranged from 26 to 55 years. Also, the participants varied in race and gender. According to Gentles et al. (2015), appropriate sampling aids the researcher in determining the study's parameters concerning a specific population. Gentles et al. (2015) suggested that gathering a heterogeneous group of participants will support maximum variation sampling into the research design.

Recommendations

Recommendations for Practice and Policy

Based on the obtained data from the semistructured interviews, descriptive field notes and reflective field notes, I recommend that all leaders within the emergency management industry undergo annual mental health skill trainings. As mentioned in the study's theoretical framework, as explained by Bertalanffy (1968), managerial mandatory training will outline how management's mental health knowledge, attitudes, and practices can have a positive influence on emergency call-taker and dispatcher well-being. Additionally, mandatory training will assist management with understanding the purpose and functions of the organization, allowing them to better communicate and understand the mental health needs of their employees (Carleton, 2021).

Annual mandatory mental health training for employees is the second recommendation. Occupational stress is inevitable within the emergency management industry. Thus, learning to cope with stress is essential for all emergency call-taker and dispatcher personnel. Tetrick and Winslow (2015) argued that mental health training will provide employees with the tools needed to adapt to stressful work environments, decrease emotional exhaustion, and incorporate distress tolerance skills while completing daily assigned tasks. Mandatory mental health training should include two types of training sessions: (a) cognitive-behavioral training and (b) mindfulness meditation (Tetrick & Winslow, 2015). According to Richardson and Rothstein (2008), cognitive-behavioral training teaches employees how to adjust their negative thoughts and cope while in stressful environments. Mindfulness meditation decreases tension in the workplace because employees are trained to manage stress. (Tetrick & Winslow, 2015). When employees are professionally trained to handle occupational stress, the workplace will become a more peaceful environment.

Recommendations for Future Research

There is a gap in literature concerning the impact of occupational stress on emergency call-takers and dispatchers who lack influence and intervention from management in regard to mental health illnesses (Meischke, et al., 2021). The suggested recommendations for future research will shed light on the topic of mental health from the emergency management standpoint as well as help to close the mentioned gap.

Future research should investigate the advantages and disadvantages of having external subject matter experts address emergency call-taker and dispatcher well-being as

opposed to tasking leaders of the organization with this responsibility. If emergency responders do not trust that leaders have adequate mental health skills, they will not ask for managerial assistance when mental health concerns arise. When leaders have adequate mental health skills, they can guide employees towards underutilized resources that assist with mental health struggles (Dimoff & Kelloway, 2019). When asked about the advantages of having subject matter experts within the emergency call center, Participant #120 stated, "…you have somebody who can truly empathize with you because they know what you are going through." Participant #250 stated, "But the advantage is that these are people who know about stress and can teach us ways to deal with it." Addressing the issue of having subject matter experts collaborate with the emergency management industry may have a positive impact on organizational stress.

Future research should investigate what the appropriate staffing level should be for emergency communications centers. Call-takers and dispatchers can only answer and dispatch so many calls individually. Contingent upon the call volume, employees are forced to deal with cancelled lunches and breaks or are often subjected to mandatory overtime. Unaddressed, manpower issues create employee burnout. Gabriel and Aguinis (2022) explained that employee burnout has a direct relationship with excessive work-related stress. When asked how manpower is addressed within the emergency communications center, Participant #150 stated, "We are only allotted only 30 minutes here or something to that degree because we do not have the manpower or the bodies in order to take the calls at any given time of the day." Participant #270 stated, "We are short to the point of extensive overtime." Addressing the manpower concern will help

leaders of the organization learn to distribute the workload thereby decreasing traumatic incident exposure evenly among call-taker and dispatcher personnel.

Future research should continue to investigate the stigma attached to the emergency responder role as it relates to requesting mental health assistance. Emergency responders are reluctant to ask for mental health assistance due to the pressure of being made to feel inadequate. Because of stigma, there is an alarming increase of mental health incidents among emergency responders (Szeto et al., 2019). When asked what stigma is associated with emergency responders requesting mental health assistance, Participant #120 stated, “So, they feel like because you’ve been working here for years, that you should be ok with what you’re dealing with regardless of mental health.”

Participant #260 stated,

> Basically, probably weakness. I feel like with anything, when you show any sort of weakness, it feels like you may not be able to do the job when it really just means that you are basically human just like everyone else.”

Addressing mental health stigmas will begin normalizing the need for mental health treatment within the emergency management industry.

Implications

Implications for Positive Social Change

Emergency responders, call-takers and dispatchers within the emergency management industry, are employed to continuously answer and dispatch request for emergency service. Because of their assigned duties, emergency responders are at risk daily for traumatic incident exposure (Skeffington et al., 2017). Bryant and Guthrie

(2007) argued that not enough attention is given to emergency responders as it relates to ensuring the stability of their mental health and overall well-being. Call-takers and dispatchers manage traumatic incidents that include human suffering, imminent danger, and death. These traumatic calls, as argued by Bryant and Guthrie (2007), increase the risks for emergency responders to develop PTSD. Raising awareness of the impact that organizational duties have on the mental health of emergency responders will encourage positive social change by altering the perceptions of organizational leaders, which in turn will reduce leaders' stigmatizing attitudes as it relates to employee mental health, promote mental health training within the emergency management industry for leaders and employees, and normalize mental health treatment for those emergency responders who are negatively affected by daily traumatic incident exposure.

This study shed light on the perspectives of employees within the emergency management industry and their views of managerial influence over employee mental health and overall well-being. The results of this study show that employees are aware that mental health resources are available, but they urge leaders of the organization to do a better job of guiding employees to the most appropriate resources when needed. However, if leaders of the organization are not professionally trained to handle employees in crises or to deal with the mental health needs of employees, appropriate mental health resources will continue to be underutilized (Dimoff & Kelloway, 2019). Thus, positive social change will begin with the adequate training of organizational leaders that will ultimately increase mental health skills.

Implications for Professional Practice

The results of this study show a direct relationship between managerial influence over emergency responder well-being and proper mental health training for organizational leaders within the emergency management industry. Leaders must be aware that continuous traumatic incident exposure can result in mental health concerns for employees. Carleton (2021) explained that leaders must simultaneously learn and understand which incidents trigger employees emotionally, how to manage an employee in crisis, and how to maintain the flow of daily operations even in the midst of turmoil. Thus, mandatory mental health training for emergency industry leaders is vital. Dimoff and Kelloway (2019) suggested that managerial mental health training will not only increase organizational mental health awareness, but managers will become efficient in engaging with employees pre-, mid-, and post-crisis.

Mandatory mental health training for employees is also significant to professional practice because employees will learn to increase the stress tolerance skills needed to cope within the emergency management industry. Employee mental health training should have two components: (a) cognitive-behavioral training and (b) mindfulness meditation. Cognitive-behavioral training teaches employees how to refrain from thinking negatively about their tasks, thereby reducing stress daily and decreasing the instances of employees who develop long term mental illness (Luthans et al., 2006). Mindfulness meditation teaches employees on-the spot interventions that allow them to adapt to their stressful environment, thereby managing the overall organizational stress without incident (Tetrick & Winslow, 2015). Thus, mental health training will turn a

stressful work environment into a more positive organizational experience for emergency responders.

Implications for Theory

This study was grounded in the following theories: (a) general systems theory, Bertalanffy (1968) and (b) origins of Consciousness, Husserl (1970), expounded upon by Lopez and Willis (2004). Both theories view the organization as an open system that strives to work together to produce a good or service of benefit to the environment. One factor in the system can have either a positive or negative effect on all other factors (Bertalanffy, 1968). Whether positive or negative, all lived experiences and personal perceptions concerning the system have value and meaning (Husserl, 1970; Lopez & Willis, 2004). Thus, it is imperative that the factors within the system (organizational leaders and employees) work together to determine which best practices to develop and implement. This collaboration will result in positive outcomes in the emergency management industry such as a less stressful work environment, increased mental health stability for employees, and increased mental health skill training for leaders and employees (Dimoff & Kelloway, 2019).

Existing literature concerning the mental health of emergency responders within the emergency management industry reveals a lack in research on the impact of occupational stress on emergency call-takers and dispatchers who lack influence and intervention from management regarding mental health illnesses (Meischke et al., 2021). Seeking to answer this study's central research question, the results of this study aligned with existing literature suggesting that: (a) traumatic exposure has a direct and indirect

effect on emergency call-taker and dispatcher personnel (Golding et al., 2017), (b) coping mechanisms assist emergency responders with handling traumatic incidents (Paton & Violanti, 1996), and (c) managerial support increases employee performance levels and confidence concerning mental health concerns (Brooks et al., 2019). This study added to the findings of Jones et al. (2020), suggesting that emergency responders have additional barriers to seeking mental health assistance: (a) fear that others will call them crazy, (b) fear that they will need medication, (c) fear that others will think that don't need help because they are professionals, and (d) fear that they will be deemed unfit for duty. This study is significant to theory because it not only confirms the findings of former studies by it also highlights and raises awareness on managerial influence on emergency responder well-being in the emergency management industry.

Conclusions

The purpose of this descriptive qualitative phenomenological study was to describe and identify the lived experiences of emergency responders by identifying how their leader's mental health skills influence call-taker and dispatcher well-being in the emergency management industry (Meischke et al., 2021). Continuous exposure to traumatic incidents has long-term effects on emergency responders. By the age of 75, 8.7% of emergency responders who have experienced exposure to traumatic incidents will be diagnosed with PTSD if mental health concerns go unaddressed (Herr & Buchanan, 2020). Due to the lack of mental health training for leaders and employees, coupled with the stigma that is associated with asking for mental health assistance, many emergency responders choose to suffer in silence, resulting in increased mental health

crises (Dimoff & Kelloway, 2019). This study contributed to the sentiment that leaders of the organization must be abreast of the mental health skills needed to manage employees before, during, and after a mental health crisis.

This study was conducted with 10 emergency call-takers and dispatchers who thoroughly, rigorously, and ethically answered all 15 semistructured interview questions (Ravitch & Carl, 2021). The participants were vocal, openly sharing their lived experiences concerning assigned duties within the emergency management industry. Although most participants were knowledgeable about the mental health resources available to employees, they were also reluctant to request assistance due to fear of ridicule. Mandatory mental health training for both leaders and employees within the emergency management industry will shed light on the methods in which to address and cope with mental health concerns (Dimoff & Kelloway, 2019). This study was conducted to increase awareness of the mental health concerns that plague emergency communications centers and to decrease, and hopefully one day eliminate, the stigma attached to requesting mental health treatment, thereby decreasing long-term mental health illnesses for emergency call-taker and dispatcher personnel.

References

Almasri, B. M., & McDonald, D. D. (2021). Philosophical assumptions used in research on barriers for effective cancer pain management: A scoping review. *Pain Management Nursing*, *22*(5), 634–644. https://doi.org/10.1016/j.pmn.2021.04.006

Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity, 23*(3), 121-127. http://www.tuckerpub.com/jcd.htm

Anney, V. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies, 5*(2), 272-281. https://jeteraps.scholarlinkresearch.com/abstractview.php?id=19

Attridge, M., Cahill, T., Granberry, S. W., & Herlihy, P. A. (2013). The National Behavioral Consortium industry profile of external EAP vendors. *Journal of Workplace Behavioral Health, 28*, 251–324. https://doi.org/10.1080/15555240.2013.845050

Babbie, E. (2017). *Basics of social research* (7th ed.). Cengage Learning.

Bakker, A. B., Demerouti, E., & Euwema, M. C. (2005). Job resources buffer the impact of job demands on burnout. *Journal of Occupational Health Psychology, 10*(2), 170–180. https://doi.org/10.1037/1076-8998.10.2.170

Baron, L., & Boies, K. (2023). Workplace coaching to develop leadership flexibility: The impact of after-event review. *Leadership & Organization Development Journal*, *44*(3), 317–329. https://doi.org/10.1108/LODJ-06-2022-0263

Bedini, S., Braun, F., Weibel, L., Aussedat, M., Pereira, B., & Dutheil, F. (2017). Stress

and salivary cortisol in emergency medical dispatchers: A randomized shifts control trial. *PLOS ONE, 12*(5), 1-15. https://doi.org/10.1371/journal.pone.0177094

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219–234. https://doi.org/10.1177/1468794112468475

Berger, W., Figueira, I., Maurat, A.M., Bucassio, E.P., Vieira, I., Jardim, S.R., Coutinho, E.S., Mari, J.J., Mendlowicz, M.V. (2007). Partial and full PTSD in Brazilian ambulance workers: Prevalence and impact on health and on quality of life. *Journal of Traumatic Stress, 20*(4), 637–642. https://doi.org/10.1002/jts.20242

Berger, W., Coutinho, E.S., Figueira, I., Marques-Portella, C., Luz, M.P., Neylan, T.C., Marmar, C.R., Mendlowicz, M.V. (2012). Rescuers at risk: A systematic review and meta-regression analysis of the worldwide current prevalence and correlates of PTSD in rescue workers. *Social Psychiatry and Psychiatric Epidemiology Journal, 47*(6), 1001–1011. https://doi.org/10.1007/s00127-011-0408-2

Bertalanffy, L.V. (1968). *General systems theory: Foundations, development, applications.* G. Braziller.

Bezabh, Y. H., Abebe, S. M., Fanta, T., Tadese, A., & Tulu, M. (2018). Prevalence and associated factors of post-traumatic stress disorder among emergency responders of Addis Ababa Fire and Emergency Control and Prevention Service Authority, Ethiopia: Institution-based, cross-sectional study. *BMJ Open*, *8*(7), 1–9. https://doi.org/10.1136/bmjopen-2107-020705

Blanco, A., Blanco, R., & Diaz, D. (2016). Social (dis) order and psychosocial trauma: Look earlier, look outside, and look beyond the persons. *American Psychologist Journal, 71*(3), 187-198. https://doi.org/10.1037/a0040100

Borgstede, M. & Scholz, M. (2021). Quantitative and qualitative approaches to generalization and replication: A representationalist view. *Frontiers in Psychology, 12,* 1-9. https://doi.org/10.3389/fpsyg.2021.605191

Braun, V., & Clarke, V. (2023). Thematic analysis. In H. Cooper, M. N. Coutanche, L. M. McMullen, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology: Research designs: Quantitative, qualitative, neuropsychological, and biological., Vol. 2, 2nd ed.* (pp. 65–81). American Psychological Association. https://doi.org/10.1037/0000319-004

Bright, L. (2022). Why does PSM lead to higher work stress? Exploring the role that organizational identity theory has on the relationship between public service motivation and external-related stress among federal government employees. *Public Organization Review*, *22*(3), 803–820. https://doi.org/10.1007/s11115-021-00546-0

Brooks, S. K., Rubin, G. J., & Greenberg, N. (2019). Traumatic stress within disaster-exposed occupations: Overview of the literature and suggestions for the management of traumatic stress in the workplace. *British Medical Bulletin*, *129*(1), 25–34. https://doi.org/10.1093/bmb/ldy040

Browne, M. N., & Keeley, S. M. (2014). *Asking the right questions: A guide to critical thinking* (11th ed.). Pearson.

Bryant, R. A., & Guthrie, R. M. (2007). Maladaptive self-appraisals before trauma exposure predict posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 75*(5), 812–815. https://doi.org/10.1037/0022-006X.75.5.812

Carleton, R. N. (2021). Collaborating to support the mental health of public safety personnel: The Canadian institute for public safety research and treatment. *Canadian Psychology, 62*(2), 167–173. https://doi.org/10.1037/cap0000267

Carmassi, C., Akiskal, H.S., Yong, S.S., Stratta, P., Calderani, E., Massimetti, E., Akiskal, K. K., Rossi, A., & Dell'Osso, L. (2013). Post-traumatic stress disorder in DSM-5: Estimates of prevalence and criteria comparison versus DSM-IV-TR in a non-clinical sample of earthquake survivors. *Journal of Affective Disorders, 151*(3), 843-848. https://doi.org/10.1016/j.jad.2013.07.020

Carter, N., Bryant-Lukosuis, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Society, 41*(5), 545-547. https://doi.org/10.1188/14.ONF.545-547

Casas, J. B., & Benuto, L. T. (2022). Breaking the silence: A qualitative analysis of trauma narratives submitted online by first responders. *Psychological Trauma: Theory, Research, Practice, and Policy*, *14*(2), 190–198. https://doi.org/10.1037/tra0001072

Cathcart, D., Jeska, S., Karnas, J., Miller, S. E., Pecheacek, J., & Lolita, R. (2004). Span of control matters. *Journal of Nursing Administration, 34*(9), 395–399. https://doi.org/10.1097/00005110-200409000-00004

Cohen, S., Underwood, L.G. & Gottlieb, B.H. (Eds) (2000). *Social Support Measurement*

and Intervention. Oxford University Press.

Coker, D. C. (2022). A thematic analysis of the structure of delimitations in the dissertation. *International Journal of Doctoral Studies*, *17*, 141–159. https://doi.org/10.28945/4939

Cope, D. G. (2014). Methods and Meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, *41*(1), 89–91. https://doi.org/10.1188/14.ONF.89-91

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest, 15*(2), 37–70. https://doi.org/10.1177/1529100614531398

Creamer, M. C., Varker, T., Bisson, J., Darte, K., Greenberg, N., Lau, W., Moreton, G., O'Donnell, M., Richardson, D., Ruzek, J., Watson, P., & Forbes, D. (2012). Guidelines for peer support in high-risk organizations: An international consensus study using the Delphi Method. *Journal of Traumatic Stress 25*(2), 134–141. https://doi.org/10.1002/jts.21685

Diefenbach, T. (2009). Are case studies more than sophisticated storytelling?: Methodological problems of qualitative empirical research mainly based on semistructured interviews. *Quality & Quantity*, *43*(6), 875-894. https://doi.org/10.1007/s11135-008-9164-0

Dimoff, J. K., & Kelloway, E. K. (2019). Signs of struggle (SOS): The development and validation of a behavioral mental health checklist for the workplace. *Work & Stress, 33*(3), 295–313. https://doi.org/10.1080/02678373.2018.1503359

Dimoff, J. K., & Kelloway, E. K. (2019). With a little help from my boss: The impact of workplace mental health training on leader behaviors and employee resource utilization. *Journal of Occupational Health Psychology*, *24*(1), 4–19. https://doi.org/10.1037/ocp0000126

Dobson, K. S., Szeto, A., Knaak, S., Krupa, T., Kirsh, B., Luong, D., McLean, R., & Pietrus, M. (2018). Mental health initiatives in the workplace: Models, methods and results from the Mental Health Commission of Canada. *World Psychiatry, 17*(3), 370. https://doi.org/10.1002/wps.20574

Dodgson, J. E. (2017). About research: Qualitative methodologies. *Journal of Human Lactation,* 33(2), 355-358. https://doi:10.1177/0890334417698693

Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation, 35*(2), 220-222. https://doi:10.1177/0890334419830990

Dodgson, J. E. (2023). Phenomenology: Researching the lived experience. *Journal of Human Lactation, 39*(3), 385-396. https://doi.org/10.1177/08903344231176453

Dunn, B. J., Paterson, J. L., & Keane, C. A. (2023). Functional outcomes in youth with complex trauma: A systematic review of psychosocial interventions. *Australian Psychologist, 58*(3), 139-153. https://doi.org/10.1080/00050067.2023.2206513

Ely, K., Boyce, L. A., Nelson, J. K. Zaccaro, S. J., Hernez-Broome, G., & Whyman, W. (2010). Evaluating leadership coaching: A review and integrated framework. The *Leadership Quarterly, 21*(4), 585-599. https://doi.org/10.1016/j.leaqua.2010.06.003

English, A., McKibben, E., Sivaramakrishnan, D., Hart, N., Richards, J., & Kelly, P.

(2022). A rapid review exploring the role of yoga in healing psychological trauma. *International Journal of Environmental Research and Public Health*, *19*(23), 1-10. https://doi.org/10.3390/ijerph192316180

Fernandes, C. & Pereira, A. (2016). Exposure to psychosocial risk factors in the context of work: A systematic review. *Revista de Saude Publica, 50*(24), 1-14. https://doi.org/10.1590/S1518-8787.2016050006129

Finlay, L. (2009). Debating phenomenological methods. *Phenomenology & Practice, 3*(1), 6–25. https://doi.org/10.29173/pandpr19818

Firing, K., Johansen, L. T., & Moen, F. (2015). Debriefing a rescue mission during a terror attack. *Leadership & Organization Development Journal*, *36*(6), 778-789. https://doi.org/10.1108/lodj-12-2013- 0169

Gabriel, K. P., & Aguinis, H. (2022). How to prevent and combat employee burnout and create healthier workplaces during crises and beyond. *Business Horizons*, *65*(2), 183–192. https://doi.org/10.1016/j.bushor.2021.02.037

Gentles, S., Charles, C., & Ploeg, J. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report, 20*(11), 1772-1789. https://pdfs.semanticscholar.org/3bd0/66b5d7ea4e3a933699576689a855d09f08b6.pdf

Gilbreath, B., & Montesino, M. U. (2006). Expanding the HRD role: Improving employee well-being and organizational performance. *Human Resource Development International, 9*(4), 563–571.

https://doi.org/10.1080/13678860601032684

Gluck, R.L., Hartzell, G.E., Dixon, H.D. Michopoulos, V., Powers, A., Stevens, J. S., Fani, N., Carter, S., Schwartz, A. C., Jovanovic, T., Ressler, K. J., Bradley, B., & Gillespie, C. F. (2021). Trauma exposure and stress-related disorders in a large, urban, predominantly African American, female sample. *Archives of Women's Mental Health, 24*(6), 893–901. https://doi.org/10.1007/s00737-021-01141-4

Golding, S. E., Horsfield, C., Davies, A., Egan, B., Jones, M., Raleigh, M., Schofield, P., Squires, A., Start, K., Quinn, T., & Cropley, M. (2017). Exploring the psychological health of emergency dispatch center operatives: A systematic review and narrative synthesis. *PeerJ, 5*. https://doi.org/10.7717/peerj.3735

Gonzalez-Morales, M. G., Peiro, J. M., Rodriguez, I., & Bliese, P. D. (2012). Perceived collective burnout: A multi-level explanation of burnout. *Anxiety, Stress, and Coping, 25*(1), 43-61. https://doi.org/10.1080/10615806.2010.542808

Grant, C. & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your "house". *Administrative Issues Journal: Education, Practice, and Research, 4*(2), 12-26. https://doi.org/10.5929/2014.4.2.9

Grant, C., & Tomal, D. R. (2013). *How to finish and defend your dissertation: Strategies to complete the professional practice doctorate*. Rowman & Littlefield.

Greenberg, N., Minshall, D., & Simms, A. (2023). Immediate management of acute psychological trauma in conflict zones. *British Medical Journal, 380*, 1-4. https://doi.org/10.1136/bmj-2022-071851

Guenthner, D. H. (2012). Emergency and crisis management: Critical incident stress management for first responders and business organizations. *Journal of Business Continuity & Emergency Planning, 5*(4), 298–315. https://pubmed.ncbi.nlm.nih.gov/22576135/

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough?: An experiment with data saturation and variability. *Field Notes*, *18*(1), 59-82. https://doi.org/10.1177/1525822x05279903

Hafenbrack, A. C. (2017). Mindfulness meditation as an on-the-spot workplace intervention. *Journal of Business Research, 75*, 118-129. https://doi.org/10.1016/j.jbusres.2017.01.017

Haugen, P. T., McCrillis, A. M., Smid, G. E., & Nijdam, M. J. (2017). Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis. Journal of *Psychiatric Research, 94,* 218–229. https://doi.org/10.1016/j.jpsychires.2017.08.001

He, Y., Walker, J. M., Payne, S. C., & Miner, K. N. (2021). Explaining the negative impact of workplace incivility on work and non-work outcomes: The roles of negative rumination and organizational support. *Stress and Health: Journal of the International Society for the Investigation of Stress, 37*(2), 297–309. https://doi.org/10.1002/smi.2988

Heckenberg, R. A., Eddy, P., Kent, S., & Wright, B. J. (2018). Do workplace-based mindfulness meditation programs improve physiological indices of stress: A systematic review and meta-analysis. *Journal of Psychosomatic Research, 114,*

62-71. https://doi.org/10.1016/j.jpsychores.2018.09.010

Hennink, M., & Kaiser, B. (2019). *Saturation in qualitative research.* In P. Atkinson, S. Delamont, A. Cernat, J.W. Sakshaug, & R.A. Williams (Eds.). SAGE Research Methods Foundations. https://www.doi.org/10.4135/9781526421036822322

Herr, D. J., & Buchanan, E. M. (2020). Generativity and other buffers of death awareness in first responders. *Anxiety, Stress & Coping*, *33*(2), 193–206. https://doi.org/10.1080/10615806.2019.1695522

Heyns, M. M., McCallaghan, S., & de Wet, E. H. (2021). The role of supervisor support and basic psychological needs in predicting work engagement, burnout and turnover intentions in a medical contract research service setting. *Research in Social and Administrative Pharmacy, 18*(6), 2981-2988. https://doi.org/10.1016/j.sapharm.2021.07.009

Hobfoll, S. E. (2011). Conservation of resource caravans and engaged setting. *Journal of Occupational and Organizational Psychology, 84*, 116 –122. http://doi.org/10.1111/j.2044-8325.2010.02016.x

Hupe, P., & Hill, M. (2007). Street-level bureaucracy and public accountability. *Public Administration, 85,* 279–299. https://doi.org/10.1111/j.1467-9299.2007.00650.x

Jackson, C., Vaughan, D. R., & Brown, L. (2018). Discovering lived experiences through descriptive phenomenology. *International Journal of Contemporary Hospitality Management*, *30*(11), 3309–3325. https://doi.org/10.1108/IJCHM-10-2017-0707

Jensen, D. C., Hansen, A.-K. L., Pedersen, L. D., & Andersen, L. B. (2023). Span of control and ethical leadership in highly professionalized public

organizations. *Public Personnel Management*, *52*(2), 191–217. https://doi.org/10.1177/00910260221140398

Jetelina, K. K., Molsberry, R. J., Gonzalez, J. R., Beauchamp, A. M., & Hall, T. (2020). Prevalence of mental illness and mental health care use among police officers. *JAMA Network Open*, *3*(10), 1-12. https://doi.org/10.1001/jamanetworkopen.2020.19658

Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education*, *84*(1), 138–146. https://doi.org/10.5688/ajpe7120

Johnson, J. V., & Hall, E. M. (1988). Job strain, workplace social support, and cardiovascular disease: A cross-sectional study of a random sample of the Swedish working population. *American Journal of Public Health, 78*(10), 1336–1342. https://doi.org/10.2105/AJPH.78.101336

Jolly, P. M., Kong, D. T., & Kim, K. Y. (2021). Social support at work: An integrative review. *Journal of Organizational Behavior, 42*(2), 229–251. https://doi.org/10.1002/job.2485

Jones, R. J., Woods, S. A. & Guillaume, Y.R.F. (2016). The effectiveness of workplace coaching: A meta-analysis of learning and performance outcomes from coaching. *of Occupational and Organizational Psychology, 89*(2), 249-277. https://doi.org/10.1111/joop.12119

Jones, S., Agud, K., & McSweeney, J. (2020). Barriers and facilitators to seeking mental health care among first responders: Removing the darkness. *Journal of the*

American Psychiatric Nurses Association, 26(1), 43–54. https://doi.org/10.1177/1078390319871997

Karatepe, O. M., Yavas, U., Babakus, E., & Deitz, G. D. (2018). The effects of organizational and personal resources on stress, engagement, and job outcomes. *International Journal of Hospitality Management*, *74*, 147–161. https://doi.org/10.1016/j.ijhm.2018.04.005

Kemp, E., Davis, C. D., & Porter III, M. (2023). Addressing barriers to mental health wellness: Prescriptions for marketing. *Journal of Public Policy & Marketing*, *42*(3), 262–278. https://doi.org/10.1177/07439156221140787

Kim, S. Y., Kim, S. I., & Lim, W. J. (2021). Association between change in sleep duration and posttraumatic stress symptoms in natural disaster victims: The mediating role of resilience. *Sleep Medicine*, *82*, 110–116. https://doi.org/10.1016/j.sleep.2021.03.042

Kindermann, D., Sanzenbacher, M., Nagy, E., Greinacher, A., Cranz, A., Nikendei, A., Friederich, H. C., & Nikendei. C. (2020). Prevalence and risk factors of secondary traumatic stress in emergency call-takers and dispatchers: A cross-sectional study. *European Journal of Psychotraumatology*, *11*(1). 1-14. https://doi.org/10.1080/20008198.2020.1799478

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice, 24*(1), 120–124. https://doi.org/1080/13814788.2017.1375092

Kozirovsky, D. J. (2017, November 6). *What is systems theory* [Video]. YouTube.

https://www.youtube.com/watch?v=uHL-l_Iz_sA

Levitt, H. M., Morrill, Z., Collins, K. M., & Rizo, J. L. (2021). The methodological integrity of critical qualitative research: Principles to support design and research review. *Journal of Counseling Psychology*, *68*(3), 357–370. https://doi.org/10.1037/cou0000523

Linnan, L., Bowling, M., Childress, J., Lindsay, G., Blakey, C., Pronk, S., . . . Royall, P. (2008). Results of the 2004 national worksite health promotion survey. *American Journal of Public Health, 98*, 1503–1509. http://doi.org/10.2105/AJPH.2006.100313\

Liu, J., Kwan, H., Fu, P., & Mao, Y. (2014). Ethical leadership and job performance in China: The roles of workplace friendships and traditionality. *Journal of Occupational and Organizational Psychology, 86*(4), 564–584. https://doi.org/10.1111/joop.12027

Locke, L. A. (2019). New to qualitative research. In Strunk, K. K., & Locke, L. A. (Eds.). (2019). Research Methods for Social Justice and Equity in Education. Springer.

Lopez, K. A., & Willis, D. C. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, *14*(5), 726–735. https://doi.org/10.1177/1049732304263638

Lucas, V., Laschinger, H. K. S., & Wong, C. A. (2008). The impact of emotional intelligent leadership on staff nurse empowerment: The moderating effect of span of control. *Journal of Nursing Management, 16*(8), 964–973. https://doi.org/10.1111/j.1365-2834.2008.00856.x

Luthans, F., Avey, J. B., Avolio, B. J., Norman, S. M., & Combs, G. M. (2006). Psychological capital development: Toward a micro-intervention. *Journal of Organizational Behavior, 27*(3), 387-393. https://doi.org/10.1002/job.373

Ma, G., Yang, R., Minneyfield, A., Gu, X., Gan, Y., Li, L., Liu, S., Jiang, W., Lai, W., & Wu, Y. (2022). A practical analysis of blended training efficacy on organizational outcomes. *Industrial and Commercial Training*, *54*(4), 637–646. https://doi.org/10.1108/ICT-12-2021-0085

Mabaso, C. M., Maja, M. T., Kavir, M., Lekwape, L., Makhasane, S. S., & Khumalo, M. T. (2021). Talent retention strategies: An exploratory study within the consulting industry in Gauteng province, South Africa. *Acta Commercii, 21*(1), 1–14. https://doi.org/10.4102/ac.v21i1.885

Magee, C., Gordon, R., Robinson, L., Caputi, P., & Oades, L. (2017). Workplace bullying and absenteeism: The mediating roles of poor health and work engagement. *Human Resource Management Journal, 27*(3), 319–334. https://doi.org/10.1111/1748-8583.12156

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*(2), 103-111. https://doi.org/10.1002/wps.20311

Mazzei, A., Butera, A., & Quaratino, L. (2019). Employee communication for engaging workplaces. *Journal of Business Strategy*, *40*(6), 23–32. https://doi.org/10.1108/JBS-03-2019-0053

McCutcheon, A. S., Doran, D., Evans, M., Hall, L. M., & Pringle, D. (2009). Effects of

leadership and span of control on nurses' job satisfaction and patient satisfaction. *Nursing Leadership, 22*(3), 48–67. https://doi.org/10.12927/cjnl.2009.21154

McKibben, L. (2019). Exploring the value of reflexivity in learning disability research. *Learning Disability Practice, 22*(6), 29-35. https://doi.org/10.7748/ldp.2019.e1977

McNally, R. J., Bryant, R. A., & Ehlers, A. (2003). Does early psychological intervention promote recovery from posttraumatic stress? *Psychological Science in the Public Interest*, *4*(2), 45–79. https://doi.org/10.1111/1529-1006.0142

Meckes, S. J., McDonald, M. A., & Lancaster, C. L. (2021). Association between physical activity and mental health among first responders with different service roles. *Psychological Trauma: Theory, Research, Practice and Policy*, *13*(1), 66–74. https://doi.org/10.1037/tra0000971

Mehale, K. D., Govender, C. M., & Mabaso, C. M. (2021). Maximizing training evaluation for employee performance improvement. *South African Journal of Human Resource Management*, *19*(1), 1–11. https://doi.org/10.4102/sajhrm.v19i0.1473

Meischke, H., Rogers, M., Manchanda, S., Sears, J. M., Revere, D., Grewal, R., & Beaton, R. (2021). Development and evaluation of an online toolkit for managers of 9-1-1 emergency communications centers to reduce occupational stress. *Health Promotion Practice*, *24*(2), 360-365. https://doi.org/10.1177/15248399211042332

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

Mills, C. (2002). The hidden dimension of blue-collar sensemaking about workplace communication. *Journal of Business Communication*, *39*(3), 288–313. https://doi.org/10.1177/002194360203900301

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research, 25*(9), 1212-1222. https://doi.org/10.1177/1049732315588501

Motreff, Y., Baubet, T., Pirard, P., Rabet, G., Petitclerc, M., Stene, L. E., Vuillermoz, C., Chauvin, P., & Vandentorren, S. (2020). Factors associated with PTSD and partial PTSD among first responders following the Paris terror attacks in November 2015. *Journal of Psychiatric Research*, *121*, 143–150. https://doi.org/10.1016/j.jpsychires.2019.11.018

Noroozi, M., Zahedi, L., Bathaei, F. S, & Salari, P. (2018). Challenges of confidentiality in clinical settings: Compilation of an ethical guideline. *Iranian Journal of Public Health, 47*(6), 875-883. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6077627/

O'Brien, S., Galavan, E., & O'Shea, D. (2022). Developing a competency framework for managers to address suicide risk in the workplace. *Human Resource Development Quarterly*, *33*(2), 157–178. https://doi.org/10.1002/hrdq.21437

O'Malley, N. (2022). Tele-mental health. *Voices in Bioethics*, *8*, 1-6. https://doi.org/10.52214/vib.v8i.9166

Pak, A., Carden, L. L., & Kovach, J. V. (2016). Integration of project management, human resource development, and business teams: A partnership, planning model

for organizational training and development initiatives. *Human Resource Development International*, *19*(3), 245–260. https://doi.org/10.1080/13678868.2016.1141606

Paton, D., & Violanti, J. M. (1996). *Traumatic stress in critical occupations: Recognition, consequences and treatment*. Charles C Thomas.

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Sage.

Pennington, M. L., Cardenas, M., Nesbitt, K., Coe, E., Kimbrel, N. A., Zimering, R. T., & Gulliver, S. B. (2022). Career versus volunteer firefighters: Differences in perceived availability and barriers to behavioral health care. *Psychological Services*, *19*(3), 502–507. https://doi.org/10.1037/ser0000559.supp

Perkins, M. (2015, November 2). *Introduction to Systems Theory* [Video]. YouTube. https://www.youtube.com/watch?v=jY7638w6gkI

Poggenpoel, M., & Myburgh, S. (2003). The researcher as research instrument in educational research: A possible threat to trustworthiness? *Education*, *124*(2), 418-421. http://www.sajournalofeducation.co.za/index.php/saje

Prati, G., & Pietrantoni, L. (2010). The relation of perceived and received social support to mental health among first responders: A meta-analytic review. *Journal of Community Psychology*, *38*(3), 403–417. https://doi.org/10.1002/jcop.20371

Ravitch, S. M., & Carl, N. M. *(2021). Qualitative research: Bridging the conceptual, theoretical, and methodological* (2nd ed.). Sage.

Regel, S., & Dyregrov, A. (2012). *Commonalities and new directions in post-trauma*

support interventions: From pathology to the promotion of post-traumatic growth. In R. Hughes, A. Kinder, & C. L. Cooper (Eds.), *International handbook of workplace trauma support* (pp. 48–67). Wiley Blackwell. https://doi.org/10.1002/9781119943242.ch4

Reyes, V., Bogumil, E., & Welch, L. E. (2024). The Living Codebook: Documenting the Process of Qualitative Data Analysis. *Sociological Methods & Research*, *53*(1), 89–120. https://doi.org/10.1177/0049124120986185

Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. Journal of Applied Psychology, 87, 698–714. https://doi.org/10.1037//0021-9010.87.4.698

Richardson, K. M., & Rothstein, H. R. (2008). Effects of occupational stress management intervention programs: A meta-analysis. *Journal of Occupational Health Psychology, 13*(1), 69–93. https://doi.org/10.1037/1076-8998.13.1.69

Richins, M. T., Gauntlett, L., Tehrani, N., Hesketh, I., Weston, D., Carter, H., & Amlôt, R. (2020). Early post-trauma interventions in organizations: A scoping review. *Frontiers in Psychology*, *11, 1-11*. https://doi.org/10.3389/fpsyg.2020.01176

Rooney, J. A., Gottlieb, B. H., & Newby-Clark, I. R. (2009). How support-related managerial behaviors influence employees: An integrated model. *Journal of Managerial Psychology, 24*(5), 410–427. https://doi.org/10.1108/02683940910959744

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd

ed.). Sage.

Ruck, S., Bowes, N., and Tehrani, N. (2013). Evaluating trauma debriefing within the UK prison service. *The Journal of Forensic Practice*, *15*(4), 281–290. https://doi.org/10.1108/jfp-09-2012-0018

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Sage.

Schwalbe, M.L. (1985). Autonomy in work and self-esteem. *The Sociological Quarterly, 26*(4), pp. 519-535. https://doi.org/10.1111/j.1533-8525.1985.tb00242.x

Schwandt, T. A. (2015). *The SAGE dictionary of qualitative inquiry* (4th ed.). SAGE.

Silberman, M. L., & Auerbach, C. (2014). *Active training: A handbook of techniques, designs, case examples, and tips* (3rd ed.). Jossey-Bass/Pfeiffer.

Skeffington, P. M., Rees, C. S., & Mazzucchelli, T. (2017). Trauma exposure and post-traumatic stress disorder within fire and emergency services in Western Australia. *Australian Journal of Psychology*, *69*(1), 20–28. https://doi.org/10.1111/ajpy.12120

Skyttner, L. (2005). *General systems theory [electronic resource]: Problems, perspectives, practice* (2nd ed.). World Scientific.

Stahl, N. A., & King, J. R. (2020). Expanding Approaches for Research: Understanding and Using Trustworthiness in Qualitative Research. *Journal of Developmental Education, 44*(1), 26–28. https://journals.library.appstate.edu/index.php/jde/index

Stapleton, J., Carter, C., & Bredahl, L. (2020). Developing systematic search methods for the library literature: Methods and analysis. *The Journal of Academic Librarianship, 46*(5), 1-7. https://doi.org/10.1016/j.acalib.2020.102190

Steinkopf, B., Reddin, R. A., Black, R. A., Hasselt, V. B., & Couwels, J. (2018). Assessment of stress and resiliency in emergency dispatchers. *Journal of Police and Criminal Psychology*, *33*(4), 398. https://doi.org/10.1007/s11896-018-9255-3

Szeto, A., Dobson, K. S., & Knaak, S. (2019). The road to mental readiness for first responders: A meta-analysis of program outcomes. *Canadian Journal of Psychiatry, 64*(1), 18–29. https://doi-org.ezp/10.1177/070674371984256

Tehrani, N. (2019). Evaluation of a trauma therapy program within emergency service organizations. *Occupational Medicine. 69*(8), 559–565. https://doi.org/10.1093/occmed/kqz111

Tetrick, L. E., & Winslow, C. J. (2015). Workplace stress management interventions and health promotion. *Annual Review of Organizational Psychology and Organizational Behavior, 2*(1), 583-603. https://doi.org/10.1146/annurev-orgpsych-032414-111341

Varker, T., Dennison, M. J., Bancroft, H., Forbes, D., Nursey, J., Sadler, N., Creamer, M., Khoo, A., Metcalf, O., Putica, A., Pedder, D. J., & Phelps, A. J. (2023). Mental health, operational stress, and organizational stress among sworn and unsworn police personnel. *Traumatology*, *29*(2), 330–337. https://doi.org/10.1037/trm0000399

Verharen, L., Mintjes, J., Kaljouw, M., Melief, W., Schilder, L., & Van der Laan, G. (2015). Psychosocial needs of relatives of trauma patients. *Health & Social Work*, *40*(3), 233–238. https://doi.org/10.1093/hsw/hlv039

von Bertalanffy, L., & Sutherland, J. W. (1974). General systems theory: Foundations,

developments, applications. *IEEE Transactions on Systems, Man, and Cybernetics, 4*(6), 592. https://doi.org/10.1109/TSMC.1974.4309376

Walden University. (n.d.3). *Research ethics & compliance*. Research ethics review process. Retrieved July 10, 2022, from https://academicguides.waldenu.edu/researchcenter/orec/application

Wefald, A. J. (2022). Coaching, listening, and leadership. *Journal of Leadership Studies*, *15*(4), 58–62. https://doi.org/10.1002/jls.21793

Williams, H. (2021). The meaning of "Phenomenology": Qualitative and philosophical phenomenological research. *Qualitative Report*, *26*(2), 366–385. https://doi.org/10.46743/2160-3715/2021.4587

Williams, I. (2011). Autography as auto-therapy: Psychic pain and the graphic memoir. *The Journal of Medical Humanities, 32*(4), 353–366. https://doi.org/10.1007/s10912-011-9158-0

Willis, E., Lawn, S., Roberts, L., Couzner, L., & Goble, E. (2020). The impact of emergency call taking on the mental health and wellbeing of ambulance call-takers: A systematic thematic narrative of qualitative research. *Australasian Journal of Paramedicine*, *17*, 1–11. https://doi.org/10.33151/ajp.17.801

Yamnill, S. & McLean, G. (2001). Theories supporting transfer of training. *Human Resource Development Quarterly, 12*(2), 195–208. https://doi.org/10.1002/hrdq.7

Yaribeygi, H., Panahi, Y., Sahraei, H., Johnston, T. P., & Sahebkar, A. (2017). The impact of stress on body function: A review. *EXCLI Journal, 16*, 1057–1072. https://doi.org/10.17179/excli2017-480

Yin, R. K. (2017). *Case study research: Design and methods* (6th ed.). Sage.

Young, A., & Parr, G. (2004). *An examination of the effectiveness of periodic stress debriefings with law enforcement personnel.* In G. R. Walz & R. K. Yep (Eds.), *VISTAS: Perspectives on counseling*, 145-152. American Counseling Association.

Zahavi, D. (2019). *Phenomenology: The basics*. Routledge.

Appendix A: Participant Invitation Email

Subject Line: Interview on Mental Health and Well-being of Emergency Call-taker and Dispatcher Personnel

Email message:
There is a new study about the impact that leaders in the emergency management industry have on call-taker and dispatcher well-being to better understand those employees who have been subjected to daily traumatic incidents which have resulted in altered mental states. For this study, I am seeking 10 employees to describe their experiences with working in the emergency management industry. The overall impact of this study could present innovative ways to detect mental health concerns, determine the appropriate mental health resources needed for those in crisis, and uncover preventive measures to ensure that emergency responder personnel have the necessary tools to not only perform assigned duties but to perform duties without continuously compromising their well-being.

About the study:
- One 60–90-minute face-to-face interview that will be audio recorded (no video recording).
- Strictly voluntary participation: no monetary incentives will be given for participation.
- To protect your privacy, the published study will not share any names or details that identify you or the organization.

Volunteers must meet these requirements:
- You have worked as an emergency call-taker or dispatcher for 2 or more years within the emergency management industry.
- You have worked the evening shift (1:30pm-10:00pm) within the emergency communications center.
- You have extensive experience with handling traumatic incidents.
- You have minimal difficulties discussing mental health incidents.

This interview is part of the doctoral study for Chenetra Washington, a Ph.D. student at Walden University. Interviews will take place during January and February 2024.

Please email chenetra.washington@waldenu.edu to let the researcher know of your interest.

Appendix B: Interview Protocol

Pre-Interview Conversation to the Participant:

Thank you for taking the time to contribute to this study centered on the mental well-being of emergency responders within the emergency management industry. I will start with asking a few demographic questions and then proceed with the questions that have potential to unveil conversation on managerial influence on call-taker and dispatcher well-being. As a reminder, mental health is a topic that is sensitive in nature. If you need to pause the interview or decline to proceed at any point during the interview, please let me know immediately. If you feel that your mental health is at risk or you need to speak with a mental health expert, I will contact one for you immediately. If any questions are unclear, please let me know and I will be more than happy to clarify.

Demographic Questions:

- Participant Identification Alpha Character and Number:
- Age:
- Gender:
- Ethnic Background:
- Number of Years in the Emergency Management Industry:
- Job Title/Position:
- Average Numbers of Hours Worked Daily/Weekly:

Interview Questions:

- Approximately how many emergency calls do you answer/dispatch daily?
- Out of those answered/dispatched emergency calls, provide me with two or three examples of calls that trigger an emotional response.
- How has answering/dispatching traumatic calls for emergency service affected your mood and performance levels over the years?
- Describe which aspects of your job trigger increased stress levels.
- Tell me about the support that managers and supervisors offer with processing and dispatching emergency calls within the call center.
- How often, if at all, are employees tasked with completing assigned duties without supervisory guidance?
- In your opinion, is your call center properly staffed? Why or why not?
- How are manpower issues addressed by management?

- Tell me about the programs that organizational leaders have implemented to assist employees with managing pre- and post-traumatic stress?
- Do you currently undergo mental health treatment to assist with organizational induced stress? If so, what impact does treatment have on your daily outlook as it relates to your role within the emergency management industry?
- Tell me about the organization's efforts to offer internal and/or external mental health assistance?
- What are the advantages and/or disadvantages of having subject matter experts to handle employee stress?
- In your opinion, are supervisors approachable when employees are seeking mental health resources? Why or why not?
- What stigma, if any, do you believe are associated with emergency call-taker and dispatcher personnel asking for mental health assistance?
- What factors contribute to your ultimate decision to remain employed as an emergency responder, even though the work environment has potential to affect your mental health and well-being?