

**A qualitative exploration of perceived sources of occupational stress by Dublin
Fire Fighters and the attitudes held by Dublin Fire Fighters towards counselling
and other support services.**

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Abstract

Given the nature of emergency work and the fact that emergency workers are often the hidden victims in their profession, the main focus of this research topic was on what support services are available to Dublin fire fighters, their perceived effectiveness and their uptake. It explored coping mechanisms and support structures. In particular, the research centred on attitudes towards counselling in the fire brigade. The study explored existing services such as Critical Incident Stress Debriefing. This study also examined and explored sources of stress as identified by emergency personnel through focus group and semi structured individual interviews. The total number of participants was eleven with 18% female and 82% male. The mean age of participants was 42.5 while the average length of service was 17.5 years. There were six members in the focus group and five individual interviews. A phenomenological qualitative approach was used to analyse data. This was in order to capture an in depth insight into participants' experiences. Results reveal that 100% of participants were aware of formal support services available to them and how to access them if needed. 27% participants had used formal support services available to them. 90% of participants favoured peer support as the first means of support that they sought and felt that most issues were solved at this level. Identification with the victim was the highest indicator of an event having an impact on the firefighter.

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Chapter 1 Introduction

1.1 Introduction

Dublin has 15 fire stations with over 850 service personnel. In 2007 Dublin Fire brigade attended 97,838 emergency calls which included 13,449 fires, 77, 864 ambulance calls and 826 road traffic accidents (Department of Environment, Heritage and Local Government, 2007). Emergency responders in the course of their work are exposed to situations and events that many people would describe as traumatic. This may include working to rescue individuals trapped in crashed vehicles, extricating people from fires, collecting the remains of a suicide victim and caring for victims of assault (Regehr et al, 2002). It is expected of them to perform these duties as it is their job. It is what they have been trained to do. Gerald Lewis (1994, p.28) records that emergency service professionals tend to prefer to be active, enjoy challenges, need to feel valued, appreciated, important, try to please others in authority (to a point), try to control their emotions, have strong rescuer motivations, prefer to be the helper rather than the helpee, be excellent in a crisis and be able to take charge. Research has shown that emergency professionals tend to find the job rewarding and set high personal standards but experience considerable anguish in the event of failure (Hetherington, 2009, p.2).

But what is the impact of working as an emergency responder? Watts and de le Horne (2000) write that many people are affected when a disaster occurs and among those affected are the rescuers and the workers. They stipulate that the stress experienced in the course of their job often goes unrecognised, leaving them as the hidden victims. They write (2000, p.3) “This neglect has one probable central cause – the popular stereotype of a helper is strong and resourceful (a stereotype often cherished by members of the emergency services) as opposed to the victims were supposedly helpless and resource less. Helpers are simply not supposed to be at risk.” In exploring the risk of trauma and stress it is important to consider what kind of events impact most significantly on emergency workers. As mentioned above they are called on to attend all kinds of tragic events. Jeffery Mitchell (cited in Lewis, 1994, p.15) describes how when people think of critical incidents they often think of multi-casualty, catastrophic disasters such as earthquakes or plane crashes.

While these are truly horrific events that can lead to high death tolls it is also at times like this that there is an outpouring of community or national support. An example of this would be the Tsunami in Indonesia 2005. Its victims and rescue workers received global support. In the case of large disasters, entire communities can bond together and through this, emergency workers are provided with the opportunity to process their own reactions to the trauma. This is not to diminish in any way the reaction to multiple casualties as they can be very traumatic for the emergency workers involved. This can be seen in the aftermath of September 11th 2001 terrorists attacks in New York. It is simply to highlight the assumption that the bigger the disaster the bigger the impact on the emergency workers is not always the case. Regehr (Regehr and Bober, 2005, p.5) writes that trauma is a result of the interplay between an event, the person encountering the event, the public and media response to the event, the organization in which responders work and the supports and life they have outside the workplace. An example of this can be seen in Timothy Tangherlini's Talking Trauma (1998). A paramedic named Lars is recounting an incident where a child who is initially presented as having seizures is discovered to be choking

“That was probably the worst call I’ve ever done. Nothing we did worked. We couldn’t get what he was choking on out, and it just turned into a disaster. And it came back to haunt my partner and me, it came back to haunt us. A year after we’re still hearing about it from the company. I mean as far as I’m concerned, we did everything we could to get the thing out. It took two doctors working together twenty or thirty seconds to get it out. And they had good lightening and their suction was powerful and worked. Our suction didn’t work so hot. It was a disaster” (Tangherlini, 1998, p.148).

In this example we see the difficult conditions that emergency responders sometimes have to work in. Here there is a false diagnosis initially and then a battle to remove the object from the child’s airways. The paramedics failed in their efforts to save this child and are left trying to come to terms with their failure. There is criticism of their equipment and perhaps a lack of support from their superiors or management. Along with experiencing the failure to save this young child despite their best efforts, they are also not allowed forget what happened and Lars describes how he is haunted by this incident. Regehr and Bober write that the death of a child or violence against children, are among the most common cited situations that cause traumatic reactions. They postulate that perhaps the reason for this is utter

senselessness of such a situation. They are unable to understand why such a thing can happen and the emergency worker may feel helpless when faced with this kind of event. Dealing with the grief of others such as family members can also add to the trauma of child deaths. A firefighter describes working on a child even though he already knew it was dead:

“The parents are just looking at each other and looking at you to do something, but not saying anything. You put the baby in your hand and the kid’s head just fits in the palm of your hand. You look at it and you look at the parents, and you know that you’re doing something just to pacify them... The baby is dead but you’re going through the motions” (Regehr & Bober, 2005, p.16).

The firefighter in this case goes on to describe his crew members looking at him and how they’re the only ones that understand what you are going through. They know that the baby is dead but they understand the pressure to show the parents that they tried everything they could to save the baby’s life. Mitchell (cited in Lewis, 1994, p.16) goes on to say that it is often the single victim incident that may be the most difficult for the intervening emergency workers. Regehr (Regehr et al, 2005, p. v) writes that for the most part emergency workers are trained to deal with these events, on occasion, one particular event will have a lasting impact. Mitchell (cited in Lewis, 1994, p. 16) lists these incidents in order of severity. They are as follows:

- Line of duty death of a fellow professional
- Death of a child
- Serious injury to a child
- Death of an adult (dependent upon circumstances)
- Threat of violence and/or personal injury
- Inability to intervene or perform duties
- Injury to fellow emergency service providers
- Suicide

Watts and de le Horne describe the 1981 skywalk collapse at the Regency Hotel. The fire fighters called to the scene knew that their chief had attended a dance at the hotel that evening. Wilkonson (cited in Watts and de le Horne, 2000, p. 53) describes the aftermath of the collapse;

“On the dancefloor there was a huge pile of steel, concrete dust, and people... Then water flowing down from broken pipes on the fourth floor... The blood and the dust, and the water made a strange, penetrating odour that seemed to last forever, firemen had a special burden to bear. They all knew that their fire chief had attended that dance but he was not found among the injured survivors. Hour after hour they worked... Constantly fearing they may find their loved and respected commander under the rubble. Not until the next day did they learn that one of the first bodies extricated was that of the fire chief, who had been so badly mutilated that they did not recognise him.”

Miles et al (cited in Watts and de le Horne,2000, p.54) in a follow up of fifty-four fire fighters who had attended this scene four months later describe that 60% reported experiencing sadness and depression, 40% reported frustration/irritability, 38% reported vulnerability, 36% experienced numbness, dreams/nightmares were experienced by 35% and 24% reported guilt. 39% of the workers studied sought mental health counselling. Regehr and Bober write that exposure to death and destruction can result in PTSD symptoms and depressive symptoms in emergency workers. They describe symptoms such as recurrent dreams, feelings of detachment, dissociation, guilt about surviving, anger and irritability, somatic disturbances, alcohol and substance abuse and the re-experiencing of symptoms when exposed to trauma stimuli (Regehr and Bober, 2005, p.12). This can have harmful effects on their personal and professional lives. They show that that psychological factors in the workplace such as high effort/low reward, high demand/low control, low organisational/co-worker support, a poor climate of safety and a sense of unfairness lead to an accumulation of stress and in turn are detrimental to one's health. Consequences can include emotional exhaustion, cynicism and decreased productivity orders once described as the career phases of recruitment, Rookie, resentment and retirement (Regehr and Bober, 2005, p.38) Heart disease causes 45% of the deaths that occur among U.S. fire fighters while they are on duty (Kales et al,2007, p. 1207). Fire fighters experience above average

divorce and separation rates with figures as high as three times the national average in the USA. The nature of emergency work often involves frequent and regular exposure to traumatic incidents and occupational stress with emergency workers often being described as the hidden victims of such events.

1.2 Literature Review

Beaton et al (1998) put forward that little is known that about variables that might bring about post traumatic stress symptoms in high risk occupational groups such as firefighters. Previous studies on fire fighters mainly focus on the prevalence of post traumatic stress disorder (PTSD) symptoms (Heinrichs et al, 2005, Declercq and Willemsen, 2006, Bryant and Guthrie, 2005, Haslam and Mallon, 2003, Chen et al 2007, Fullerton et al 1992, Del Ben et al 2006). Most of these studies have concentrated on specific events that firefighters may have to deal with such as multiple casualties or terrorist attacks and the effects these can have on emergency responders. They explore symptoms of PTSD along with ways of predicting PTSD among emergency service workers. Firefighters are also exposed to everyday occupational stress which does not necessarily involve mass casualties or incidents. In cases where a emergency responder might seek further support, what are their preferences and how does this support impact on them? This literature review is in four sections. The first section examines PTSD and its prevalence among firefighters. Section two reviews literature relevant to occupational stress that may be experienced by firefighters. What are the everyday stresses that they face? Section three explores support service preferences by firefighters and section four shows how the current study seeks to place this research in an Irish context.

1.3 Post Traumatic Stress Disorder Symptoms

Fullerton, Mc Carroll, Ursano and Wright (1992) studied the effects of some of the traumatic events encountered by emergency service personnel. They compared the psychological responses of two groups of firefighters following the performance of rescue work. One group had participated in a mass casualty air disaster rescue in Iowa, while the other group was an elite special rescue mission firefighting group from New York. The plane crash in Iowa claimed the lives of 112 people and 59 were seriously injured. The firefighters had been alerted half an hour before landing and so witnessed the crash as it unfolded. The fire continued to burn until the next day. 70 people walked away from the crash. Two to four days after the crash eight debriefing groups were conducted with two psychologists. The groups normally consisted of four to seven fire fighters and attendance was voluntary. They shared their experiences of the disaster. A group interview was conducted with eleven members of the specialist New York unit. This unit assists other units and is called in for serious incidents when search and rescue is required. In order to be chosen for this unit, firefighters must have already served in a line fire company. They discussed the types of stressful situations they were exposed to and how they handled these stresses

Four characteristic responses were reported from the groups. Responses reported included identification with the victims, feelings of helplessness and guilt, fear of the unknown and physiological reactions. To illustrate fear of the unknown, a New York fire fighter describes going into a room full of smoke and being unable to see. He describes touching something and not being able to see what it was. He tells himself that it is a dog and feels relieved but then realises that it was a dead infant. Physiological reactions included not being able to sleep, continuing to smell burning flesh, exhaustion and reactions to odours of victims. Four stress mediators were also described in the study. These were comprised of social support, type of leadership, level of training and the use of ritual. Firefighters spoke of the camaraderie amongst themselves in diffusing situations and how the “only person who understands what you are going through is the person beside you” (Fullerton et al, 1992, p375).

In discussing the results, they point out how identification with the victim can heighten the trauma of disaster experience. They noted that fire fighters from both groups reported particular difficulty in dealing with child victims because of intense feelings of identification with their own children. Both groups expressed feelings of guilt around not being able to do more for the victims. Hetherington (2001) noted that firefighters find the job rewarding but that they experience considerable anguish in the event of failure. Equally, both groups reported experiencing physiological reactions. These included extreme fatigue and physical exhaustion. Several firefighters experienced flashbacks and intrusive smells. All of the participants advocated the importance of peer support. Fullerton et al (1992) described how working with a partner enabled staying on task and helped in recalling training along with providing reassurance in decision making. In describing rituals, they pointed to the use of black humour as a means of sharing the experience of trauma and also as an expression of membership in the group. Using this kind of humour set clear boundaries for those who are outside the rescuing group and those who are part of it. This resulted in a shared closeness within the groups which can be important to recovery. This finding is supported by Tangherlini (1998) who found gallows humour plays a significant informal debriefing role among paramedics. They also highlighted how group closeness can prevent sharing with those who did not participate in the incident. All the firefighters in this study reported that supportive interactions with those who were not directly involved in incidents were difficult, including with family members. The writers also drew attention to the importance of training and preparation for firefighters. They described the significance of providing the opportunity for emergency workers to share their feelings relating to difficult incidents.

Regehr, Hill, Knott and Sault (2003) compared new fire recruits with a group of experienced fire fighters and examined each group in regards to social support, self-efficacy and trauma. They also compared trauma levels for new recruits at the beginning of their training and at the end of their training. They had four main hypotheses:

1. That new recruits would have higher levels of trauma symptoms at the end of training rather than the onset.

2. That new recruits would have lower levels of trauma and depression than experienced firefighters.
3. That new recruits would have lower levels of social support than experienced firefighters.
4. That new recruits would have lower levels of self efficacy than experienced firefighters.

Their sample consisted of sixty five new recruits and fifty eight experienced firefighters. Demographic information was collected using a questionnaire. Distress was measured using the Beck Depression Inventory and the Impact of Event Scale. The BDI is a self report scale that measures the presence and severity of affective, cognitive, motivational, vegetative and psychomotor components of depression (Beck & Beamesderfer, cited in Regehr et al, 2003). The IES (Zilberg et al, cited in Regehr et al, 2003) assesses potential post-traumatic stress for any specific life event. The Self Efficacy Scale was used to measure general expectancies of success which are not specific to any one situation. Respondents were asked to rate the level of support they perceived from others (friends, family, colleagues, employer, union) on a scale from 0 – 5. They were also requested to complete the Social Provisions Scale which is a 24 item multidimensional self report instrument that offers the possibility of discriminating between six distinct types of social support and assesses global support (Cutrona & Russell, cited in Regehr et al, 2003).

They found that contrary to their first hypothesis there was no significant difference in levels of trauma between new recruits at the beginning of their training and at the end. New recruits reported less exposure to multiple casualties, the death of a child and witnessing violence against others. The authors found that new recruits were just as likely to report violence against themselves and that they had been in near death situations. Experienced firefighters described significantly lower levels of family support and support from their employer and also had lower scores on the Social Provision Scale. The authors showed that years of experience was negatively correlated with support from friends and support from the union. Traumatic stress scores were

significantly associated with levels of support from friends and the global measure of social support. The authors also found that depression scores were significantly associated with support from friends and support from family. They stated that as levels of perceived support decreased, levels of depression and traumatic stress symptoms increased (Regehr et al, 2003). Experienced firefighters had considerably lower self efficacy scores than new recruits.

The aim of this study had been to determine whether there were differences in levels of post traumatic stress and depressive symptoms between new recruits at the beginning and end of training and more experienced or long term firefighters. The researchers found that new recruits were considerably less depressed and had lower levels of trauma symptoms than more experienced firefighters. It had been hypothesized that experienced firefighters would have higher levels of support but this was not supported. Experienced firefighters had considerably lower overall social support and reported lower levels of perceived support from family and employer. The authors highlighted this as a particular concern given that perceptions of social support can often be a protective factor in managing trauma and stress. Cowman et al (2004) have demonstrated that perceived social support can mediate the effects of care giver stress among firefighters. Regehr et al (2003) also showed that social support and length of service were critical in predicting both depression and traumatic stress symptoms. They also found, contrary to expectations, that levels of self efficacy were significantly lower in experienced firefighters than in new recruits. A limitation put forward by the authors is the difficulty in quantifying the symptoms of distress. The IES does not address all characteristics of PTSD and so does not allow for a diagnosis. There may also be divergences between self reported distress and objective evidence. Given that the findings show low levels of self efficacy and support for longer serving firefighters, the authors suggested that education about critical incident stress and self care must begin at initial training to help firefighters develop strategies for coping with stress throughout their career.

Del Bren, Scotti, Chen and Fortson (2006) investigated the prevalence of posttraumatic stress disorder symptoms in firefighters. They put forward that the

incidence of posttraumatic stress disorder as defined by previous authors can vary from 6.5% - 37% (Del Bren et al, 2006). Given the wide variations of percentages of PTSD, the authors sought to measure the PTSD symptom rates in a group of firefighters using two measures of PTSD. The first is the Posttraumatic Stress Disorder Checklist-Civilian Version (Weathers et al, cited in Del Bren et al, 2006). This measurement is consistent with the DSM-IV structure of PTSD. The second scale used was the Impact of Event Scale (Horowitz et al, cited in Del Bren et al, 2006). We have seen the IES scale used in the previous study. Using these two scales together, the authors aimed to compare complete and incomplete measures of PTSD. In addition to PTSD, demographic features and variables relating to personal and job related events were measured. The second goal of the study was to examine if any of these events were related to PTSD symptoms in firefighters. The sample was collected using two procedures. The first posted flyers listing the place, time and purpose of the study. They offered entry into a cash draw with prizes ranging from \$20 - \$100. The second procedure involved contacting individual paid firefighters from a department in a midsized city. After gaining permission from the fire chief, one of the authors (Del Bren) visited each station to explain the purpose of the study and answer questions. In place of a money incentive, a donation was made to the Southeastern Burn Foundation at the request of the participants. A total of 131 participants took part in the study.

Participants responded to several questionnaires which sought to provide information regarding demographic characteristics, the frequencies and types of personal and job-related traumatic events, psychological distress arising from these events and the severity of PTSD symptoms. As well as typical demographic characteristics, firefighters were asked to indicate the number of life stressors they had experienced in the past year. These included both positive- such as marriage, birth of child, and negative events- such as bereavement or divorce. The Firefighters Experiences Survey was developed for this study to assess the types and frequencies of calls to which firefighters respond and the impact of these calls and associated potentially traumatic events (Del Bren et al, 2006). The History of Psychological Stressors was given to assess previous traumatic events that firefighters may have experienced that were not job related. The HPS is a varied 17 item checklist of potentially traumatic events. Events included were car accident, physical assault, natural disasters etc. The survey also contained a point which asked the respondent to rate

which event was the most troubling. The Impact of Event Scale was used to assess trauma related symptoms. The Posttraumatic Stress Disorder Checklist- Civilian Version was also used. This is a seventeen item self report checklist that measures symptoms of PTSD that correspond to the current DSM-IV criteria for diagnosis of PTSD.

In discussing the results the authors stated that as a result of varying levels and lack of consensus regarding cutoff points for clinically elevated PTSD symptoms, prevalence rates were calculated using several different criteria (Del Ben, 2006). The results from the IES showed PTSD prevalence rates as ranging from 22% - 17% which is in line with previous literature (Del Ben, 2006). The results from the PCL rates were 8%. This fell to 5% when additional DSM-IV criteria such as helplessness and feelings of fear or horror were added. By using and combining two measures of PTSD, the authors were able to get a more complete measurement of PTSD. They also pointed out the limitations of using and relying on IES alone as a measurement of PTSD.

Results indicated that the majority of respondents did not report significant psychological impairment. This was despite an average of fourteen years service and exposure to many traumatic events. The authors concluded that many firefighters had developed coping techniques with which to deal with the events they encountered in their job. Regehr and Bober (2005) put forward that emergency responders are in many ways trained for the events that they encounter and over the course of their careers can develop strategies for managing the impact of these events. They also note, however, that they are still human and unlikely to be completely unaffected.

1.4 Occupational Stress among Firefighters

Harris, Connolly and O' Boyle (2008) investigated violence on duty and occupational stress in the control room in Dublin Fire Brigade. This study shows the day to day stresses experienced by a sample of firefighters in Dublin Firebrigade. The task was divided into two studies. Both studies distributed surveys to all invited participants. The first study aimed to examine and document the nature, incidence and prevalence of violence experienced by a sample of Dublin firefighters. It also endeavoured to identify the effect of and prevalence of reporting violent incidents as well as availability and use of support. They found that almost all participants (96%) reported having experienced some sort of violence in their career. They also found a high frequency of violence with almost one fifth of participants having been assaulted more than ten times in the previous year. They established that violence was most likely to occur on ambulance duty. They reported that non-reporting of violence was prevalent with 59% of those surveyed stating that they never or not often reported violence. Harris et al asserted that more than two fifths of respondents did not know if their employer had a formal policy or protocol of support for staff that had been assaulted. With regards to availability of support 39% of participants concurred that support was available. Nevertheless, 29% disagreed and 32% were undecided. Half of all respondents agreed that it was difficult to access appropriate supports when needed. When examining use of support, Harris et al revealed that 37% of respondents used no support mechanism following incidents of violence. Of those that did 64% discussed the incident with a colleague. They found that 45% of respondents were generally dissatisfied with support following occurrences of violence.

The second part of the study explored the prevalence, source and frequency of occupational stress in the HQ control room. A further aim was to measure psychological well being and potential work-family conflict. Respondents reported high levels of psychological distress (45%) in the control room. When compared to the general Irish population, Harris et al found that HQ control room personnel had considerably higher levels of psychological distress. In addition higher levels of stress were evident in this study when compared with previous Dublin Fire Brigade research. Harris et al wrote

that “the prevalence and degree of psychological distress in Control Room personnel appears to be comparatively higher than similar high risk occupations” (Harris et al, 2008, p9). They also examined the sources of stress for those in the control room. They concluded that primary sources of stress included substandard equipment, sleep disturbance, worries over wage reductions and abuse of the ambulance system by the public.

In their conclusion Harris et al (2008) show how the study has highlighted the high frequency and level of violence experienced by Dublin Fire Brigade staff. They draw attention to the fact that half of all respondents found it difficult to access appropriate support. Harris et al (2008) suggested that staff may benefit from a variety of support mechanisms. They also examined availability of support and use of support but limited their study to incidents following violence while on duty.

Lourel, Abdellaoui, Chevaleyre, Paltrier and I Gana (2008) aimed to test Karasek’s Demand control model and psychological impact among firefighters. This model shows how health impairment may be influenced by two factors at work: job demands and job control/resources. Lourel et al (2008) write that the job demands include the physical, social and organizational elements of the work while job control involves an employee’s ability to control differing aspects of his/her job. In the hypothesis Lourel et al (2008) aim to show that emotional exhaustion will be positively associated with job demands, that depersonalization will be positively associated with job demands and negatively associated with job control and finally that personal accomplishment will be positively associated with job control. The 101 participants completed questionnaires. The results supported the hypotheses that emotional exhaustion was positively associated with job demands. They also showed that depersonalization was positively associated with job demands and negatively associated with job control. Personal accomplishment was not related to job control. They found that their study supported the view that the work of fire fighters appears to be a strong source of stress and mental strain. Brough (2005) found that in addition to impacting on job satisfaction, experiences of organizational hassles and operational stress were associated with increased levels of work family conflict. Lourel et al pointed out the

importance of some of the mechanisms of psychological distress among firefighters. Some limitations that can be considered are the use of self reports and the absence of measurement of other constructs. A longitudinal approach might be more appropriate in explaining the etiological burnout among firefighters.

In occupational stress and psychological well being in emergency services, Malek, Fafrudin and Kamil (2009) explored sources of occupational stress and their impact on job satisfaction and psychological well being among Malaysian firefighters. 617 firefighters were given a questionnaire survey. The purposes of the study were to examine the sources of stress as a predictor of psychological well-being (anxiety, stress and depression) and job satisfaction among Malaysian firefighters; and secondly, to examine the roles of work motivation and coping behaviour as moderator variables. Malek et al (2009) hypothesized that firefighters who reported higher levels of pressure stemming from sources of stress would report lower job satisfaction and poorer psychological well being. They also put forward that work motivation and coping behaviour would be shown to contribute to psychological well being and job satisfaction. Participants filled out a self report questionnaire which contained five scales measuring sources of stress, work motivation, coping strategies, psychological well being and job satisfaction. They were also asked for demographic information such as age, length of service, marital status etc. Causes of stress were measured with the Sources of Occupational Stress in Fire Fighters and Paramedics (SOOS; Beaton and Murphy, cited in Malek et al, 2009). The SOOS has fifty seven items designed to assess the types and degrees of psychological stressors to which firefighters are frequently exposed. Work motivation was measured with The Motivational Orientation Inventory (MOI;Barrick et al., sited in Malek et al, 2009). Coping strategies were assessed with the Coping Response of Rescue Workers Inventory (CRRWI), which contains a 32-item scale developed by Corneil (cited in Malek et al, 2009) to measure coping behaviours among firefighters. Psychological well-being was measured with the Psychological Well-Being Scale (PWS). The PWS is a 36-item scale adapted from three instruments, namely 12 items from the Clinical Anxiety Scale (Thyer, cited in Malek et al 2009) to

measure level of anxiety, 12 items from the Index of Clinical Stress (Hudson & Abell, cited in Malek et al, 2009) to measure level of stress and 12 items from the Generalized Contentment Scale (Hudson, cited in Malek et al, 2009) to measure level of depression. Job satisfaction was measured with The Job Satisfaction Scale developed by Warr, Cook, and Wall (cited in Malek et al, 2009).

The results of the study were found to be consistent with previous research on firefighters (Beaton and Murphy cited in Malek et al, 2009) which showed that SOOS was found to have a significant negative correlation with job satisfaction. Results showed that job skill concerns was the highest ranked for the source of stress and that the lowest was discrimination. This was the same as comparative data from a US firefighter sample. In addition the results illustrated that the level of depression among Malaysian firefighters was highest whereas the level of anxiety was slightly lower and levels of stress were the lowest in comparison with the US firefighter sample. They found that the firefighters' overall psychological well being was at a good level when compared to the sample. They also found that the results reported a previous study by Lu (cited in Malek et al, 2009) which suggested that coping strategies and work motivation are potential moderating variables between sources of stress and job satisfaction. The authors report that studies on how firefighters cope with stressful situations are rare but how exploring they cope with stressful situations is very important. The present study will seek to explore how firefighters cope with stressful situations and what supports they readily use and don't use.

1.5 Support Service Preferences

Jeannette and Scoboria (2008) investigated preferences for psychological intervention following traumatic incidents among 142 members of an urban fire service department in Ontario, Canada. The firefighters were offered options of Critical Incident Stress Debriefing (CISD), individual debriefing, informal discussion and no information and asked to select one against scenarios of differing severity in a questionnaire. These included events such as having no access to water for a fire, a motor vehicle accident death, missing an adult male in primary search, finding a child in primary search and missing young children in primary search. The researchers found that individual debriefing was preferred to CISD in scenarios of low to moderate intensity and for scenarios of high intensity, CISD and individual debriefing were highly rated. As severity of scenarios increased so did the endorsement of formal intervention. They found that no intervention was viewed as the least desirable and that support was perceived as advantageous. Informal discussion was consistently rated highly. Jeanette and Scoboria (2008) found that the firefighters' preference for intervention varied by severity of scenario but yet informal discussion, CISD and one to one debriefing were almost equally preferred. In discussing the results they reflect on the possible reasons for these preferences. One such possibility put forward is that firefighters appeared to be indicating that "some type of meaningful healing experience is required in circumstances in which powerful feelings of inadequacy and guilt may be experienced. The difference between CISD and one to one is that an event is acknowledged collectively. They put forward that given all types of intervention had strong preferences then perhaps collectively processing an event could take place within the framework of the support network and with peer counsellors. They found that given the range of support for interventions that each may be welcomed at different times, in other words, there is no one correct intervention for a particular event or individual. Some may be drawn to the formality of CISD while others may be uncomfortable with group process. They found that informal discussion was highly rated across scenarios. The results concluded from this suggest that the existing social network may be the primary source for support. Regehr and Bober (2005) reported that peer support is central to levels and of stress and attitudes toward the job in emergency service professionals. Given that several forms of support were indicated, according to Jeanette

and Scoboria this may suggest that using only one type of debriefing is not appropriate. As events become more severe, increased ratings for formal interventions suggest that firefighters might be recognizing that there may be times when outside help is required.

Regehr and Hill (2000) evaluating the efficacy of crisis debriefing groups . Recent review articles have questioned the conclusion that CD groups help reduce traumatic stress reactions and have expressed concern that debriefing groups may in fact exacerbate symptoms (Regehr and Hill, 2000). This study addressed the efficacy of crisis debriefing (CD) for 164 Australian fire fighters. Participants were given a questionnaire which along with demographic data (age, gender, years of service, marital status) addressed exposure to critical incidents and perceived effectiveness of debriefing groups. They measured current levels of distress using the Beck Depression Inventory and the Impact of Events Scale. They found that the majority perceived that CD was beneficial in reducing stress levels. However they also found that CD attendance had no significant impact on depression scores and was even associated with increased IES scores. This may be due to the fact that participants of CD groups may seek out such an intervention as they are highly distressed and feel they need formal interventions. The researchers put forward that the short term nature of CD may be ineffectual in targeting significant mental health problems subsequent to exposure to a traumatic event. At the same time given that the participants subjectively reported feeling better after attending CD, the researchers put forward that there is justification for continuing such expenditure. Given the disparities in self reporting and levels of post traumatic symptoms, the study suggests that there is no “singular, simplistic approach to managing the aftermath of traumatic events that can meet the needs of all affected emergency service personnel” (Regehr and Hill, 2000, p77). As in Jeannette and Scoboria’s study (2008) and Harris et al (2008), Regehr and Hill found that there is no singular approach or panacea with regards to post incident intervention. They assert that CD groups must be considered part of a wide-ranging approach to managing critical incidents (Regehr and Hill, 2000). The study examined the effectiveness of crisis debriefing groups but did not offer any alternatives.

Varvel et al (2007) examined the relationship between social support and stress. The authors assessed five types of perceived support from peer firefighters and supervisors. The aim was to identify types and sources of perceived support negatively associated with perceived stress. They also hypothesized that the most beneficial kind of support would show a between subjects threshold effect. 53 participants took part in the survey. To measure stress the authors used the Perceived Stress Scale which is a ten item scale designed to assess global perceptions of stress (Cohn et al cited in Varvel et al, 2007). To measure stress the twenty four item Social Provisions Scale (Cutrona & Russeel, cited in Varvel et al, 2007) was used. Surveys were distributed during a mandatory training session for all members of the fire department. These sessions were attended by groups of up to twenty. All members of the shift received ice cream regardless if they took part in the survey or not. In total 23 gallons of ice cream were delivered to the firefighters. Varvel et al (2007) write that firefighting is one of the most highly respected occupations in the United States. However, the stress that firefighters experience has increased since the September 2011 terrorist attacks in New York attacks (Banauch et al cited in Varel et al, 2007). They add that the first purpose of this study was to identify the types and sources of support that that have the strongest negative association with perceived stress for firefighters in a mid-western community. The results indicated that knowing help is available if needed, feeling part of the group, and reassurance of worth from supervisors were negatively associated with perceived stress. They found that their results regarding the importance of reassurance of worth was in line with other studies of occupational stress (Cutrona & Russell, cited in Varval et al, 2007). They found that the importance of social integration may be due to the fact that firefighters have the unique circumstance of almost living with their co-workers during shifts. However, they also suggested that the correlation of opportunity for nurturance peer support with perceived stress was positive. They put forward that perhaps firefighters might feel burdened by being responsible for the well being of others in a support group setting. They suggested that a sense of reliable alliance may be a double edged sword- one the one hand there is the sense that one can depend on peers in an emergency and on the other the sense it can also be a burdensome responsibility. They found that only modest support for the hypothesis of threshold effects of social support on perceived stress in firefighters. They conclude that the linearity hypothesis of support benefits may not apply in some settings and that “one size fits all” support based interventions may not be appropriate for addressing occupational stress. This is

supported by Jeannette and Scoboria 2008, Harris et al 2008 and Regehr and Hill, 2000, who found that there is no singular approach or panacea with regards to post incident intervention.

1.6 Current Study: An Irish Context

Given the nature of emergency work and the fact that emergency workers are often the hidden victims in their profession, the main focus of this research topic is on what support services are available to Dublin fire fighters, their perceived effectiveness and their uptake. It explores coping mechanisms and support structures. In particular, the research centres on attitudes towards counselling in the fire brigade. The research endeavours to explore existing services such as Critical Incident Stress Debriefing. This research topic examines and explores sources of stress as identified by emergency personnel through focus group and individual semi-structured interviews.

Chapter 2 Method

2.1 Design

As this research aims to understand particular individual experiences, and given the unique nature of the work carried out by Dublin Fire Fighters, the study is a phenomenological qualitative study. Semi-structured interviews were used along with a focus group. Qualitative methods allow researchers to take an interpretive, naturalistic approach to its subject matter; qualitative researchers study things in their natural settings, attempt to make sense of, or interpret phenomena in terms of the meanings that people bring to them. Fontana and Frey (cited in Clough et al, 2002, p.103) write that “interviewing is one of the most common and powerful ways in which we try to understand our fellow human beings”. Data was analyzed using the Descriptive and Interpretative Approach (Elliott & Timulak, 2005).

2.2 Participants

Participants were members of Dublin Fire Brigade. There were eleven participants in total. There were five participants in the individual interviews and six members of the focus group. The ratio of male is to female was 4.5:1. There were two females and nine men who took part. Participants ranged in age from 28 years of age to 56.

2.3 Materials

Participants of the focus group were given a short questionnaire (appendix A) to complete at the beginning of the focus group. Demographic details such as age, gender, marital status and length of service in the fire brigade were asked. Participants were also asked what support services they were aware of and if they had availed of any of these services. A semi-structured interview protocol (appendix B) was prepared and used with both individual participants and focus group. The questions focused on exploring the impact of stressful events on firefighters. They were asked to describe the type of events that impacted most on them and in what way they impacted. They were asked if they were able to share these experiences with family or friends or colleagues. Another area that the research focused on was the support services that are available to firefighters. They were asked if they used them. They were also asked to describe the general attitude to counselling amongst firefighters along with their own personal opinion.

2.4 Procedure

Ethical approval was received from the college ethics board. The present research consists of a focus group and five individual interviews. In order to gain access to participants, an appropriate gatekeeper was approached and a formal proposal was submitted to Dublin Fire Brigade. The gatekeeper organised volunteers to participate. The focus group and interviews were audio recorded in accordance with ethical guidelines to allow for analysis of key themes and to maintain accuracy. Participants were informed that they were being recorded. Participants were informed of their right to withdraw at any time and their right to have their data removed from the study at a later date should they so desire. Consent forms and information sheets (appendix c and

d) were distributed to all participants. Information sheets contained the purpose of the study and contact details of the researcher. They also contained a list of help-lines and counselling services.

2.5 Data analysis.

Once the interviews had been appropriately transcribed and checked for accuracy, descriptive analysis was applied to the data. This involves a system of breaking down the data into meaning units. According to Elliot and Timulak (2005) meaning units are stand alone units which communicate sufficient information to provide a piece of meaning to the reader. These units are then assigned to domains. These are then further broken down into categories within the domains. The aim of categories is to show regularities or similarities within the data. Category labels are assigned which are close to the participants' own words. Categories which are mentioned only once may be left out of the results. The generation of categories according to Elliot and Timulak (2005, p.154) usually "end with a taxonomy that describes and interprets the whole phenomenon as it was contained in the gathered data". These constitute the main findings of the data and communicate them clearly to the reader.

Chapter 3 Results

Table 1 shows that the demographic profile of participants along with their years of service and use of support services. The mean age of participants was 42.5 years of age (SD 8.1, range, 28-56). Mean years of service was 17.5 (SD 9.05, range 1.7-31). Nine participants (81.8%) were male and 2 (18.2%) were female of which- 7 (64%) of participants were married. 1 (9%) were separated and 3 (27%) were single. In terms of using formal support services, 3 (27% of participants had previously used formal support services, whilst 9 (73%) had not. Six participants took part in the focus group while the remaining five took part in individual interviews. All names have been changed to protect the anonymity of participants.

Table 3.1: Personal and Professional Characteristics and use of support services of participants.

Characteristics	n	%
<i>Gender</i>		
Female	2	18.2%
Male	9	81.8%
<i>Marital Status</i>		
Single	3	27
Married	7	64
Separated	1	9
<i>Age</i>		
M		42.5
SD		8.1
Range		28 - 56
<i>Years of service in Fire Brigade</i>		
M		17.5
SD		9.05
Range		1.7 - 31
<i>Used formal Fire Brigade support services</i>		
	n	%
Yes	3	27
No	8	73

Qualitative data was analysed and four domains emerged: Occupational Stress, Personal Stress, Psychological and physical impacts of experienced stress and Support Services. Table 2 shows the domains and the categories which arose.

Table 3.2: Domains and categories emerging from qualitative data

Domain	Categories	Sub-Categories
1. Occupational Stress	1. Dealing with the public	A. People always say you see horrible things B. What the public don't see C. Media Scrutiny
	2. Ambulance duty	
2. Personal stress	1. Shift Work	
	2. Risk of personal injury	
	3. Reporting procedure	
	4. Resources	
	5. General Stress	
3. Psychological and physical impacts of experienced stress	1. Treating children	
	2. Dealing with victims' families	
	3. Interpersonal Stress	
	4. How emergency work can impact on the individual	
	5. General Stress	
	6. Uncertainty	
	7. General Stress	
4. Knowledge of support services available to fire fighters.	1. Formal support	
	2. Informal Support	A. Peer Support B. Black Humour C. Home life is home life
	3. Perceived Gaps in Support	
	4. Uptake of support	A. It's not for me B. Risks C. It's part of your job D. Potential abuses E. Get it off your chest F. It's confidential so who knows.
	5. Attitudes to Counselling	

3.1 Occupational Stress

This domain focused on sources of occupational stress as reported by the participants in this study as experienced in their day to day jobs. These areas were particular for the most part to the focus group.

3.1 Dealing with the public

The responses in this domain are divided into three sub- categories. These are; people always say you see horrible things, what the public don't see and media scrutiny

3.1A. People always say you see horrible things

The first question respondents were asked to answer was to describe what civilians outside of the firebrigade would rate as the most difficult part of their job. Most respondents in the individual interviews (80%) put forward that people might imagine dealing with death would be the most difficult part of their job

I'd say dead bodies. They would think you do that every night. The gory part of it, I describe. People cringe and say oh I wouldn't like to do that. I'd say that's the general sort of public perception of what we deal with. David (I1a-1)

Most people when you meet them and you say that you're in the fire brigade, they seem to talk about death more than anything else. Blood and guts. So basically, people are under the illusion that we come across an awful lot of death and an awful lot of blood and guts. Sarah (I3a-1)

The focus group put forward that the public would automatically imagine that dealing with fires would be the most difficult part of their job. Another aspect put forward was that a participant was not at all comfortable discussing his work with civilians. He feels that he would not like to be reminded of past events and places a strong emphasis on patient confidentiality.

If I'm out having a social night, people ask me, guys normally do, "Oh what's the worst thing you ever saw" Well you wouldn't tend to go down that road

telling them these things. Firstly you don't want to remember it, secondly it's not right to be discussing it. Because we're a small country and you never know, somebody always knows somebody... You have to be careful what you say. Legally. Frank, (I4a-5)

Overall the perception was that the public might think that dealing with death such as in a road traffic accident or fires was difficult but for the firefighters this is seen as part of their job. This is what they have been trained to deal with.

3.1B. What the public don't see

The focus group put forward that while the public might be focused on the perception of firefighters like fighting fires or attending road accidents they are unaware of the paramedic work that they do.

They don't know that most firemen are ambulance paramedics. I tell people in the back of the ambulance we're firemen as well "oh are you?" They can't believe it Focus Group (FG)1-1

Some difficulties that have been described in relation to the public include trying to get to an incident and get by motorists on the road, trying to deal with concerned family members or neighbours. They report high levels of violence and abuse against them when they are trying to do their job:

For me it's irritating and it's in the way of doing a good job. The fact that I would get up all through the night, round the clock to be of help to the citizens of Dublin, and being abused when you get there to help them, or the fact that you're trying to help one member of the public and passersby feel they have the right to stand there and put in their tuppence worth and become aggressive, have something to say, constantly be on this take attitude. You know, they've the right, you get out of their way, you're just there on the side of the street trying to help someone but they want you to get out of your way, things like that. David (I5a-6)

The aspect of violence shall be looked at more in depth in the section Risk of Personnel Injury.

As we live in a thoroughly modern age, emergency workers are increasingly being filmed and recorded while they try to do their job. Passersby will film them on their

phones as they attend to injured or sick people. The respondents describe being aware of being under scrutiny while working.

3.1C. Media Scrutiny

Another aspect that came about was the subject of the media and what they report about firefighters in the media. It was put forward that they are often negatively portrayed in the media. It was felt that the media was very quick to point out negative parts of the firebrigade but they did not highlight the positive work that they do.

Also very typically, I think, people pick out, particularly the media pick out the negative stuff. Do you know like a lot of people would be unaware of the fact that the fire brigade through the various people, people in the fire brigade have raised a huge amount of money over the last, certainly to my knowledge, a massive amount of money for various charities both at home and abroad and yet the minute they do something like the rugby ad, it's on Joe Duffy and people are ringing up and giving out about members of the fire brigade taking part in this. FG1-8

As means to balance this it was put forward by the focus group that a public relations unit could be set up to answer issues that might arise in the media. It was suggested that while the firebrigade is beginning to increase their presence the public domain such as in teaching fire safety in schools, for example, presently the fire brigade do not respond enough to such issues.

We don't have a proper PR section to deal with the firebrigade. I think there is a generic one for the council...But I mean, precious little about what we do both in and out of work. FG1-13

3.1.2 Ambulance Duty

An area that has received little attention in previous research was the issue of Ambulance Work undertaken by Dublin Firefighters. One member of the focus group says:

Now a bad fire situation would be every bit as stressful but hour for hour say on the fire engine or ambulance, you will be under pressure on the ambulance and that has stress in itself even when you know you're on it. You can actually see some fellas physically when they know that they're on it tomorrow night they're

going "ah jaysus" they're immediately wishing to get it over with, you know, cause it just has that thing, you know. FG1-19

It was unanimous amongst the members of the focus group that this was the most stressful part of their job. Reasons put forward for the levels of stress included an increase in dealing with patients under the influence of alcohol and drugs, the level of responsibility involved on the ambulance, not having advanced training to be able to access appropriate medications to ease patients pain and potential interpersonal stress.

But I can tell you numerous cases where I've been assaulted on the ambulance FG1-26

also the stress comes from you understand, any evening now in the ambulance, drink and drugs. We're dealing with that and you , you could walk into a situation where 20 or 30 people maybe in a nightclub and they're all roaring and shouting at you, all full of drink, you have to deal with that, and try and pick out who's hurt and who needs attention. FG1-22

I think it's a basic human right to be kept comfortable prehospital. It can leave the patient having a bad experience where they remember they were kept in pain all the way in the ambulance but when they got to the hospital they were treated and they felt "oh god I didn't like being in the ambulance. On the ambulance they kept me in pain and they done nothing for me." Frank, (I4a-9)

3.1.3 Shift Work

This section will look at the impact of working on shift for firefighters in the Irish context. The firefighters reported both positive and negative impacts of working these hours. Negative aspects included the impact it can have on family life:

Like Christmas night I'm feicin getting on my gear, I have to walk in here in the snow and ice to drive an ambulance for 15 hours. And people say ah well you're getting paid for it and yeah I am but it's not easy. And every year you're leaving your family at Christmas and Easter and holidays FG1-46

The participants speak about the impact of shift work on their health and sleeping patterns. One member of the focus group speaks about working nights and not being able to get back to normal sleeping hours and how by the time he feels back to normal, it's time to come back to work (FG1-50). Another participant voices how even if you have a quiet night you still don't get a good's night sleep. The perception might be that you're getting paid to sleep but this is not the case:

“No it wasn’t busy. -That’s grand you must have been in bed all night”. But you’re lying there anticipating the call or whatever. You don’t get the full advantage of, it’s not going to bed and switching off. It’s not a sleep like FG1-55

Working shift can mean that family life must be planned around the firefighter and that often there are family or social events that she or he cannot attend. It was noted that leave can be very difficult to obtain. Even if the emergency worker can arrange a swop, then he or she owes someone a shift. One responder noted:

You try to get somebody in for you on the Sunday for a couple of hours so you can head off and play your match...They might ask you to do it back when you can’t do it. You feel like there’s no point in asking anyone anymore. You feel like you’re letting somebody down if you can’t do the time back that they want and that they need off. FG1-99

Despite some of the difficulties around shift work, it was agreed on in the focus group that they preferred shift work to regular working hours such as nine to five. Participants noted that shift work allowed them freedom to make appointments during the week, to be at home if they need to for deliveries or repairs without losing any time off.

No. I don’t think any of us would go back to nine to five. FG1-103

I fit it in quite easily into my home life. FG1-104

I find nine to five more stressful than shift work. FG1-105

I hate going back nine to five on training. FG1-106

3.1.4 Risk of Personnel Injury

This section looks at the increasing level of violence that emergency workers reported that they come into contact with on a daily basis.

Well, every morning you hear somebody saying in the kitchen, maybe the ambulance crew, last night someone tried to give me a dig...You hear those type of stories all the time. FG1-164

Violence is an ongoing problem in this job and it is not recognised FG1-24

The violence that the participants reported is not only physical violence. Emergency workers are also subject to verbal violence which includes aggression and threats.

When people are abusing you or what have ya, you can put your head down, think to yourself what am I doing this for? Why am I taking this abuse off people? Who you're on with can get you through the night FG1-77

You're just happy you're not hurt FG1-31

One participant was the victim of a needle stick injury. This meant that he was potentially exposed to life threatening illnesses and had to wait one year before getting the all clear. Even though they are not a major injury they can cause serious illness.

I remember when it happened to me, things like AIDS and that didn't bother me. I remember saying that to the doctor and he said well what should bother you? It was hepatitis B, that's what I was thinking. I hope he doesn't have that. You get that immediately you know but AIDS you never really hear of people. I don't think I've ever met someone with AIDS. I met loads with Hep C, Hep B. They'd be very easily picked up. Things like that would bother me... There's still a risk you could get Hep b or Hep C out of it. You still have to go through all the tests for six months. It takes a year to get final clearance. FG1-37

He also described the procedure which takes place following such an injury. This involves going to the infectious diseases clinic. He describes the discomfort of attending the clinic:

When you do get an injury like that you have to go to the drug clinics. You're going to the same place that all the guys you're probably after picking up on the ambulance are, all the drug addicts. You're going to the same clinic to be checked. You're sitting beside them FG1-38

3.1.5 Reporting Procedure

Linked to the experience of violence is the reporting procedure that is in place. The focus group described it as being a lengthy process which unless the worker involved is seriously injured, the process of reporting is not followed up on.

Now our problem is when we get assaulted and it's our fault too. We've to come back and write out a load of paperwork. The last thing you want to do is at 4 in the morning when you're tired and you've after been out all night in the ambulance is start writing a load of stuff, you know. And that's our own fault, I

mean we should say right I'm reporting this, a lot of the time we just let it go. FG1-27

The focus group participants were all in agreement that a lot of the violence they experience goes unreported due to the lengthy reporting procedure that is in place. They all reported having been assaulted and verbally abused while working. They also reported that it was extremely commonplace but seriously underreported. Along with the long paperwork, the respondents reported not wanting to go to hospital for minor assaults.

A lot of the time if you go down that road of reporting a violent incident, you can have certain officers here who would say you have to go to hospital now and fellas don't want that if you're not physically hurt. But you have to go and get checked. And that can be an issue. FG1-30

Another issue that was noted was that because of the underreporting of violence, there was no official record of it and as a result it was not seen as a major issue:

The reporting procedure as well for any violence or aggression because we're not getting proper statistics... The lads, I've been assaulted, everyone in this room has been assaulted whether it be through alcohol or somebody who is hypoglycaemic or had head injury that doesn't know that they're actually doing it and they're just fighting for their lives. Still if you got a kick in the head, that's assault and to go through, I think D you were saying, the amount of paperwork you have to go through. You have to report it to the mobilisation officers. So at four o'clock in the morning you have to go through this procedure, it's for incidents. It's not working and we're not getting the proper statistics. So if they're not getting the proper statistics they're not going to do anything about it. So the reporting procedure has to be changed. Make it you tell your SO [station officer], your SO emails the health and safety unit and that's it. "I am now reporting this near miss, I am now reporting" And not this, I think it's six or eight pages. FG1-155

3.1.6 Resources

The final category of this section is resources. The participants in this study highlighted issues that they encountered on a day to day basis. They also put forward ideas which could help counter some of the stresses they experience. In the previous section which dealt with reporting procedures, participants called for a shorter and much simpler method of reporting violence which would give truer statistics on the issue. They also put forward the need for self defence training which would protect them from such assaults

And there needs to be a system, they have it in London, that teaches you a form of self defence that protects you. It's defensive, not punching. Shows you how to mind yourself in situations FG1-159

The participants in the focus group also highlighted a lack of appropriate skills and the need for training in dealing with patients that may have psychological issues or family members of victims who may be very upset. Another issue that was brought forward is the issue of pain management:

But at paramedic level there is only a certain amount of drugs that they would have so a lot of the time patients are being taken to hospital still in pain. So I think this has an effect on the guys sometimes, if the patient is constantly complaining and that. That can have an effect on them Frank (I4a-3)

Another issue that the participants highlighted was the desire to be treated out of the public eye should such a need occur

One thing I'd like to see is that if we did have circumstances where we're put into the public hospitals I think they should use the VHI clinics. I don't think we should be sitting with the people we've just brought in.FG1-154

This section has examined the day to day issues that firefighters in Dublin encounter. This area was particularly highlighted by the focus group. The next section will focus on the personal impact of being a firefighter. This was looked at more in depth in the individual interviews.

3.2. Personal Stress

This section will explore how working as a firefighter can impact on the individual responder and the events the participants noted as being the most difficult for them to deal with. As well as being emergency responders and dealing with difficult incidents in their job, they are also prone to the same stresses that everyone else is. This can include for example bereavement in the family or divorce. This section is divided into five categories:

3.2.1 Treating Children

60% of participants interviewed stated that they found dealing with paediatric cases to be the most difficult, especially in cases of paediatric death. John describes how this impacts on him:

But I would say for myself seeing children being affected. Seeing the bereavement of a child, that for me would be the most upsetting aspect. I have children myself and we all know children. I've seen situations where I've seen neglect of children on the ambulance or I've seen actually violence. That can be very upsetting to see. John (I1a-3)

He describes situations where someone has intentionally hurt another person or hurt someone vulnerable like a child, as being the situations that would have affected him the most over the years. Some of the reactions to difficult incidents that were described by participants included flashbacks, anger, sleep disturbances, helplessness and preoccupation with the event which have parallels with symptoms of traumatic stress.

The one situation I can certainly relate to was I was on an ambulance over in Tallaght one night. We discovered, we went to a man and a woman and they had seven or eight young children. And extremely drunk and there was very little, I'd say primitive provision of facilities in the house. But primitive care for the children. They were totally neglected. The father was drunk and had a sore ankle. I found that very frustrating; being called out for that in the first place...It was a bank holiday weekend so there was no social services I could call. We tried our best through follow ups to make sure that they were looked after...That really affected me. Because I went home the next morning and my own wife was

still in bed and our little baby beside her. I was looking at my own child in a nice, warm cot, you know, the normal comforts of life and looking at those poor orphans. They were being left with no food and no running water. This is ten years ago. That was something that affected me. It certainly did live with me for a while afterwards. "I wonder how they're getting on", you know. And then I made a couple of enquires and then I said to myself you'd better move on from this. Park it. From my own point of view from my job, it gave me a good coping mechanism for afterwards. It is a professional capacity and you have to park it. John, (I1a-5).

Respondents reported comparing their own children to the children at incidents and empathising with the parents of the deceased or injured child.

We're not all invincible. Things are not nice that we do, that we see... We're in the business where people are ill and people die. Sometimes even with your best efforts as long as you do something rather than nothing. That's hard to deal with, especially children. I think. Most of the lads in the station would agree and the senior guys as well would agree that paediatrics is quite difficult, certainly if you have them. Frank, (I4a-25)

3.2.2 Dealing with the Victim's Family

Along with dealing with paediatrics, 60% of participants interviewed commented that they found dealing with the victim's family to be difficult and stressful at times. Participants described several instances that were deemed to be difficult. This can be due to not being able to do anything further for the victim and trying to focus on a distraught family member. Firefighters are trained to deal with the sick and injured but not necessarily their upset families.

Their emotions more than anything else because if somebody is dead for example there is no more that we can actually do in helping that particular person. But at that stage then you have to actually put your, em, focus then really is on the other people that are there. Although they are not injured or anything but you have to look after their needs and their emotions. I find that the most stressful thing. Sarah, (I3a-3)

One respondent described being left with feelings of sympathy for the family and the victim which she carried home into her personal life. In this incidence she describes being exposed to some tragic living circumstances and how she compares her own life to theirs. She describes feeling sorry for the family left behind and for people who are

living in difficult circumstances and the difficulty of going back into her own normal life.

One respondent described how the victim was the son of a family friend. This was an incident that affected his whole family and friends of his family. This was something that he could not leave in work.

I'd one particular incident where it was a family friend and their son was killed in a RTA[road traffic accident]. To deal with that, because the mother came to the house, I actually went to their family home for the funeral and that. The mother then came to me a couple weeks later and wanted to talk about it. So you have to talk and explain. You can't just wash it under the carpet. I found that very stressful out of a lot of the stuff that we dealt it, the fact that she knew the lad, only in his late teens...As I said it was a family friend. So you couldn't leave it behind. We all, everybody, all my daughters knew this lad. It's just one of those things. You have to deal with it. Paul, (I2a-6)

Another respondent describes trying to work on a patient while trying to deal with family members at the same time. He highlights the importance and what the firefighters say to family and to avoid giving them false hope. Not only do firefighters have to deal with a potentially very ill person, they are also trying at times to deal with the patient's family.

You have to be very careful with what you say at the situation, like, saying ah yeah he'll be fine or everything is looking good, people latch on to that. Saying he's very sick and we're getting them to the hospital is the best way. Difficult dealing with family members, difficult dealing with a lot of family if they're around you they can be pulling and tugging at you with the horror of what is going on. Can put you off your work. You just have to crack on with it. There's no English word or good sentence for it, you just have to get on with it and do your duty. Frank, (I4a-35).

3.2.3 Interpersonal Stress

This section explores the interpersonal stress as reported by the participants in this study. One participant from the focus group felt it was important to highlight this issue before the end of the focus group as studies tend to focus on post traumatic stress symptoms and exposure to traumatic events. The next section (section 5) will show the importance of peer support amongst firefighters. Therefore if interpersonal stress is present it can impact greatly on firefighters. This can be seen in the following examples:

Also things and I'm not saying it's a factor in this station but how you are perceived by your peers. If there is somebody in the station who can be a bit of a bully and like you're not even looking forward to coming in, having personal conflicts with one of your line managers, or there's somebody in the station that you just think is an asshole FG1-170

In Section 3.1.2 participants highlighted the difficulty of doing ambulance work. It is a demanding 15 hour shift.

If fellas aren't mad about each other and they end up on the ambulance together for the whole night for fifteen hours. We're all aware of that. I mean you have to do the ambulance. 15 hour nights are long. But it is half the battle if you get on with the person you're with FG1-172

And if that is a person that you can't gel with, you really are on your own. And so is he I suppose FG1-183

Whereas if it's someone you can't stand and then you also have to, I mean you're also making these life and death decisions with these people that you've no, you can't communicate with.FG1-173

It shows how an already difficult job can be made even more difficult if there is interpersonal stress or conflict. Another participant described the complexity of being with a more senior person or with a person from a different station and going against a decision they may have made.

Yeah it's hard to say to somebody. Because you know if you do something, they could come back and you're only transferring into that station, they might say "the check of that pup, he's only in the job" You get something like that and they're making enemies for you. Not like enemies but they're making out "he's a bit much to say for himself" It's only an opinion at an incident you might go to FG1-176

One participant noted that as a station officer part of his role was to watch over the dynamic in the station:

I've a nice mix in the station. I work with a nice mix but if you got someone that upset the apple cart there and was inappropriate with their comments or whatever, something that wasn't an acceptable level to that person, I'd have to intervene rapidly there. So it's another baby to mind as the fella says. It's an interesting dynamic. John, (I1a-18)

Another respondent reported the frustration he felt when trying to implement suggestions for improvements that were met with bureaucracy

Ugh It gets me annoyed to the point that... yeah funnily enough you should say that, sometimes when I ask for things they'll say why don't we look at it this way. And I see that it's dragging on this unnecessary red tape, it just boils me to the point of annoyance. There was a time when I'd vent and say this is terrible- well I won't curse but you can imagine but now with this course it's teaching me how to write the stuff and if it's logically written without losing your temper. There's always other reasons as well, it's not just black and white, there's the other variables as well, laws, there's laws here, politics and then of course it's money. Can't have everything perfect. Frank, (I4a-30).

3.2.4. General Stress

The previous sections have focused on stresses that may be particular to being a firefighter. Firefighters are of course also people who have to deal with the outside world like everyone else and this can impact on them as well.

One officer describes that the majority of the stresses that he encounters among his colleagues are life stresses not necessarily work ones:

There are a lot of stresses in our job. Most of my issues are managing the station and are not incident related. They're life issues that people are bringing to work. John, I1a-13

Also given the current economic situation in Ireland, (as of July 2011) firefighters are also affected by financial issues:

Some people aren't even managing to sort of cover their monthly bills you know. It's tough because they bought houses at the wrong time and some of them now have families and stuff. There's a lot of people struggling. Sarah, I3a-26

Finally, one participant notes how stresses from the outside can impact on a firefighters work performance. Firefighters are human first and foremost. They have lives outside of being emergency responders and sometimes this can impact on them:

another stress that normally people wouldn't perceive on the outside but people on the inside would perceive is money constraints, family, health all those things

can be very stressful. That could be huge. And anything that you bring from your outside into work can affect your performance. And those are key aspects that I sometimes feel are not put into surveys or forms.FG1-169

3.3 Psychological and physical impact of experienced stress.

The previous sections have focused on some of the events that participants emphasized as being difficult or stressful. This section will look at some of the impacts of that stress on the individual that were described by participants. These include flashbacks, impacts on their health, fatigue, identification with the victim or victim's family, change in mood and dealing with uncertainty.

3.3.1 Flashbacks

Participants described colleagues who had experienced flashbacks and briefly described some of their own experiences. Flashbacks can be symptoms of post traumatic stress.

Well I have spoken to friends of mine in this job and they told me that they have been getting nightmares and stuff like that. Now luckily, touch wood, I don't bring it home from work but I know guys that do, that have said yeah I've been getting nightmares about incidents that we were at together that he'd have a different perspective on it than I would. I wouldn't even remember you know. Thank God I have a bad memory. It's a good thing. But he'd be saying oh remember that and he's getting nightmares. FG1-88

Well it does happen to me from a few bad fatalities. That you just wake up in the middle of the night and just see the person's face. I say I'm ok, I'm ok and just go back to sleep again. But that would be in your own house. You wouldn't be having a nightmare; you wouldn't be tossing and turning. You know the first thing you see is that person's face. If it was a specific narly scene. FG1-89

It's happened to me once or twice. It's always been cases that were years ago for some reason. Might have been ten or twelve years ago. You'd have, I wouldn't say nightmare but a recollection of the particular incident you were in. You go, jeez, what brought that on. FG1-90

3.3.2. Health

The participants who took part in the focus group demonstrated an in depth knowledge of the potential impact on their health of emergency work. They spoke about being constantly alert and described themselves as being like a “coiled spring”, ready to go. They spoke about the rush of adrenalin when the bells rings and what happens if that adrenalin is not used up. Here while at the station even at night the firefighters are in flight or fight mode, on alert waiting for the bell to ring.

But even there has been some studies done that and you might hear it in the station. That if there's a turnout or if the bells go off, you're going from a resting heart rate of 68 or whatever your normal heart rate is to boom straight out the door, adrenalin going through your veins. FG1-57

And that's grand if you use that adrenalin. You work and you spend two or three hours whatever it is at an incident. But the big problem is when you get your turnout and you have your adrenalin rushing through you. You arrive at the scene and it's an affair or something and you're stood down. All this adrenalin is now coursing around your body FG1-61

3.3.3. Fatigue

Another aspect that the participants of the focus group brought up was the extreme tiredness sometimes experienced given the nature of the work

When I am tired I get narky. The kids get it probably FG1-71

And my wife and kids probably know when I am tired as well. You do get a bit snappy. You just need your sleep FG1-72

3.3.4. Identification with the victim/victim's family

Treating Children and Dealing with the Victim's Families are two events which participants rated highly in this study as being stressful or difficult to deal with. This may be particularly strong in cases where the firefighter identifies in some way with the victim or family. 80% of respondents who took part in the individual interviews reported this to be the case.

Sometimes you find yourself doing something of a day and you're going oh I'm so lucky that I can actually do this or that I have the money to do this or that I have the family support that I have or that I have the friends that I have when you actually see people that are living on their own that have no family. Or somebody has just passed away and I'm lucky I still have my mam. Sarah, I3a-5

In contrast to this, one participant reported feeling almost no identification with the people he comes into contact with as part of his job as a firefighter:

Dealing with the society of the people of Dublin. Just dealing with how bad society has gone and how in some cases it looks like it has gone beyond repair. And just not being able to understand why people are living or behaving like that rather than coming across accidents or anything like that. That's the worst thing I've ever seen. David, I5a-2

3.3.5. Change in Mood

Along with possible identification with victims and their families, one participant described how he notices a change in behaviour amongst his colleagues when they are affected with something

You get used to working with your crew don't you and you get to see their characteristics. You know the quiet guys and you know the noisy guys. I'm a noisy guy. I'm a chatty guy, I chat all the time. You know the guys who like to do their gym, the guys that don't. You'll see a change in their appearance and you'll also see a change in their mood. Guys I tend to see go quiet. Frank, I4a-23

He goes on to describe how difficult events can impact on him personally. He describes weighing up events internally using reflective practice to go through incidents he has been to:

But I reflect a lot and I think about what could've been done and I weigh up the condition had or the illness they may have been born with. So this was going this way you know...I do go quiet when I'm thinking of these things. And fellas have asked me are you ok because I'd be thinking about it. Because it would be noticed in me if I go quiet. I'm very noisy, not noisy but chatty. Frank, I4a-24

Frank also describes how simple things can appear to push someone to their edge:

If you bottle it up it's going to manifest. It manifests either through anger towards colleagues or something small might set a guy off. As I said from being in the uniform I've seen simple things tip a fella over the edge into anger and a digging match. Or drink. You'll see them becoming drinkers. Which is the easy option but the hardest to get away from. Frank, I4a-38

3.3.6 Uncertainty

Firefighters also deal with a lot of uncertainty in their job. When they arrive at their station they have no idea where the day will take them, even when they get called out they do not know what they will be facing until they get there:

Because we never know what we are going to. No matter what it says on the docket. Until we get there we have no idea what we are going to come across. We don't know. What it says on the docket could be completely different. And then you're landed, oh my god we weren't expecting this. And then you have to really think. FG1-63

Participants reported how in some stations it is required to move around a lot which can also add to uncertainty and also can make it difficult to get to know your peers:

Or even going back into Tara Street. Some of the guys if they know they are going to be transferred from their home which is this station and go into another station, you can go "oh god" Just even the effect of going into another station. Because these guys are normally nine times out of ten here but in other stations they are always transferring from one station to another, that can be quite stressful. You don't feel like you've a home. You don't feel like you might have that peer support. You don't really start to make bonds. FG1-176

3.4. Knowledge of support services available to firefighters

This section will examine support services available to firefighters and the attitudes towards these services.

3.4.1 Formal Support

Participants in both the individual interviews and focus group demonstrated knowledge of the formal support services that are available to them. First there is their station officer who they can approach should they seek help following an incident. The officer can bring in Critical Incident Stress Debriefers. The debriefers are peer counsellors who will come and address the group together and discuss a particular incident. They will offer further one to one support if needed. They are also available by phone should a firefighter need to contact them. Firefighters also have access to external counsellors

through the Dublin City Council should they wish to access them. Their names are provided on cards to the firefighters. 100% of all participants were aware of the formal support that is available to them and where to access further information.

Paul gives his opinion of the debriefing and counselling system:

Regardless of the incidents now there is somebody available. I think it's six people and they're on call regardless on each group...It's a very good thing. I think, you know. It was done, the time it was brought in, it was highlighted to everybody. They were given the phone numbers if they needed it. It is a very good system to me. Paul, I2a-11

3.4.2 Informal Support

This section is broken into three categories. They are: peer support, black humour and home life is home life.

3.4.2A. Peer Support

This was the type of support that was preferred across the board for the day to day experiences by most participants. This type of support involves the firefighters discussing amongst themselves issues they may have had with particular incidents. All participants of the focus group favoured peer support and spoke very highly of it. They described themselves as being their own counsellors.

A lot would be done on the motor on the way back with the fire crew or the ambulance crew chatting about it then maybe a chat at the station. There isn't much that would hang on. FG1-80

In your minds I suppose you'd be going home with it, probably waking up, remembering that incident. What's waking you up or what. It might be in the back of your mind what you might have done or feeling sorry for the person or whatever the case may be, you know. That's usually diffused here by just talking and there's usually someone that has dealt with all the incidents that you could go to. FG1-83

3.4.2B. Black Humour

Humour and a particular kind of humour was mentioned as another form of informal support. Participants of the focus group described having to keep their humour in check when around civilians, that they would probably find it totally inappropriate. Frank sums it up when he says:

There is a certain sense of humour that firefighters have, a black humour that can change a scenario in a second, an inappropriate comment in the station; I can't believe he just said that, which can take your mind of it. Frank, I4a-18

3.4.3C. Home life is home life

Participants on the whole did not discuss incidents at work in any great detail with family or friends. 80% of individual interviewees said that they did not bring their work home with them. They reported not wanting to worry them, protecting their home life, keeping work and home separate.

But to deal with it personally, I over the years, probably kept it to myself because you couldn't go home and start talking about it in front of the kids...The thing for me was that I didn't bring work home with me. I tried to leave my work in the station. Regardless of what sort of day or a night you had. And that's the way I dealt with it. I'd leave it behind when going home. Paul, I2a-4

I wouldn't talk to my family or my friends so much because it's not...There's general stories that you tell them or you might say yeah we had a sad one the other night but you'll only give them snippets because there's no need to have what is going on in your head and your life impacting on their life. Sarah, I3a-8

3.4.3 Gaps in Support

Participants in the individual interviews tended to outline more gaps in support than in the focus group. An officer described how he has a responsibility for his crew's well being but that there is a gap in supporting the officers.

We'd a situation where we'd a very graphic murder about a year ago.... But I genuinely, found myself at home the next morning, it was Saturday morning,

I'm sitting having a fry with my own children, I've three children. My wife-how did work go? Grand. I'm relaying to my wife but I am also relaying to my children. And I think Jaysus, they don't need to know this but I was off loading. Because I never got the chance to vent anything in work... yet I felt, there's something wrong with the system that allows somebody, I am only an employee as well. I don't want to bring it home and I did bring it home. It was a learning point that for the officer there should be, who was concerned about my welfare? That was an observation. John, I1a-9

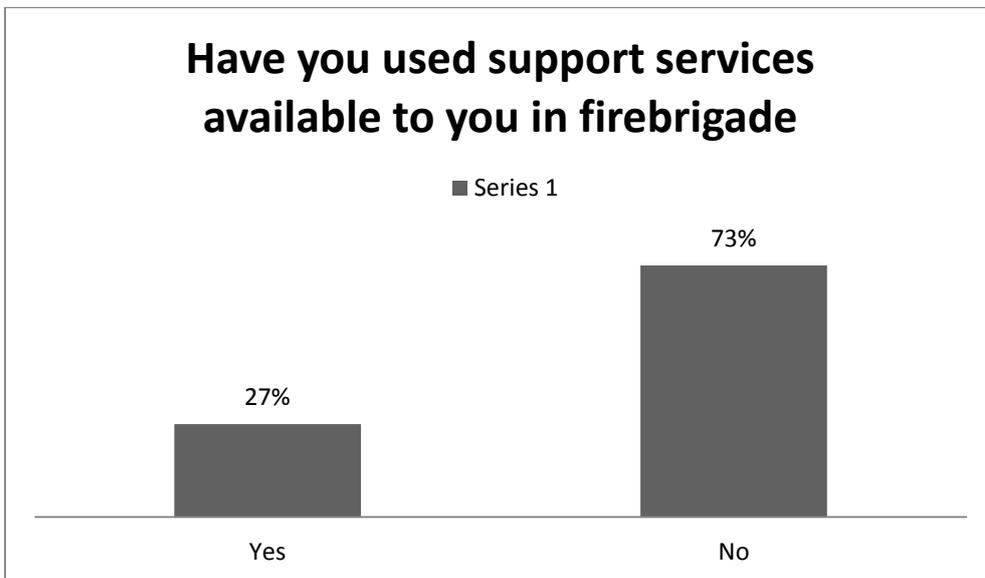
Other gaps that were highlighted were that while the debriefing is in place it is not enough to say that they are there if you want them. It was noted by 40% of individuals interviewed that the debriefers should be invited out to the stations more in group settings:

They came out once and that was because of the bus crash that was up on the quays there a while ago. There was a few fatalities and they came in for that. But sure we see stuff everyday. They don't have to be on such a grand scale for them to have an effect. I think that on a regular basis as part of your health and safety and welfare, it's not enough to do drills where we do manual stuff, they have to look after our mental health as well. I think as part of that they should bring somebody in on a regular basis to talk to us about the likes of stress and emotions and how things have an effect on you. And to reiterate that there is nothing wrong if you want to go and talk to somebody if you need it and this is how you go about it. Sarah, I3a-18

One participant who was strongly in favour of debriefing spoke how he actively encouraged officers to invite debriefers out to the stations to give talks about stress symptoms.

3.4.4 Uptake of Support

Table 3.3: Uptake of support



There appeared to be very little uptake of formal support services within the firebrigade.

Two participants explain it thusly:

I'd say the guys know it's there and it's something that they know is there precisely like a civilian knows the brigade is there, they don't want to see them but they are happy to know they're there. Frank, I4a-31

I don't know. I'd say most people know it's there. I know some colleagues have used debriefing. Most of us just talk to each other about anything. It's like a family environment. And we're looking at each other for long enough so we just talk. David, I5a-13

3.4.5 Attitudes to Counselling

Attitudes to counselling varied greatly amongst participants in both the individual interviews and in the focus group. This section is broken into six categories; it's not for me, risks, it's part of your job, potential abuses, get it off your chest and it's confidential so who knows.

3.4.5.A. It's not for me

45% indicated that counselling would not be for them. This includes both participants in the individual interviews and the process group.

I had a needlestick injury...They said there's a counselling service you should go. I did. It's horseshit to tell you the truth, they make you go. I have to say I don't believe in this kind of thing. I honestly didn't need for that. No matter what happened I couldn't see any benefit to me. FG1-129

I think counselling works for some people. But I don't think it works for everybody. I'm not sure. I've never found the want to actually go to counselling. Sarah, I3a-24

3.4.5B. Risks

There were some concerns mentioned about the stigma that may be attached if you went for counselling. Fears included potential risks to your job and how you would be perceived by others. Other risks were what would people think of you for using them. In the focus group one participant had used counselling but this was disclosed to the researcher in private and off record, not in front of the group.

I don't think I'd ever avail of one of the lads as a diffuser. I just wouldn't trust them to tell you the truth FG1-118

I'd hate to see guys lose their jobs because they looked for help. Frank, I4a-16

...if I have to go and get help you nearly feel like you're running to your mammy for a plaster FG1-124

Fellas like "if anyone found out" They wouldn't want it to be known, you know. It's just the nature of what we are, the way we are you know FG1-147

3.4.5.C. It's part of your job

Participants in the focus group put forward that what they encounter and have to deal with is part of their job and to look for help could signal that you can't manage your job.

I'd say there's not much uptake though. That would just be my own opinion now. I wouldn't say there's a whole lot of people that actually do avail. Certainly what I feel is if I come across something bad is well now if I go

looking for help or a dig out with this what will be, well, if I get another one like this in two weeks time, am I going to be doing that as well? FG1-116

3.4.5.D. Potential Abuses

9% of participants indicated that there may have been some abuses of the counselling service when it comes to managerial issues.

I think within Dublin Fire Brigade some people have abused the counselling. Or the availability of counselling or the awareness that it is there.... It's based on my own opinion that they've abused the counselling service. The saying where the kitchen is too hot and oh I have to go and see me counsellor or I'm being bullied. Being managed effectively and being bullied are two distinctly different things. But I think the whole concept of bullying has been abused by a very few, small amount of people. And the effect of that on a lot of the good workers is that they see "is this fucking an escape route for somebody" Or is it not what it was intended to be- there to help people cope. Help them manage their situation or their life. I feel I haven't made that comment because I feel it, I genuinely think there are one or two or three what I'd call malingers that have abused that service. John, I1a-24.

3.4.5.E. Get it off your chest

40% of individual interviewees saw counselling as a means of providing tools to cope with difficult situations and as a way of unburdening yourself from stressful issues.

So I would think counselling is a very positive thing in life in general, because it allows people create an environment where they can cope better with whatever. Not resolve, not completely, but just cope better with whatever they're going through. So I would see it as very much positive .John, I1a-23

I think it works. I think it does. I think a problem shared is a problem solved. That's an old saying .Frank, I4a-37

3.4.5.F. It's confidential so who knows.

The general consensus in the end was that given the confidential nature of counselling, no one could say for sure if there is a large uptake or not. While speculating that there

might not be, the members of the focus group came to the conclusion that they have no idea if there is an uptake or not.

Maybe people are taking it up but it's confidential FG1-137

That's the thing. It's totally confidential. We don't know how many people are taking it up FG1-138

I know one of the girls is a critical incident stress debriefer and I was just asking her by the by if your services are actually needed and she said yeah, you'd be surprised they actually are FG1-141

Regarding the general attitude, I wouldn't. Like you could be using a counsellor and nobody would ever know so it's hard to say what the general attitude is towards it. Paul I2a-4

Chapter 4 Discussion

The results focus on four main areas; occupational stress, personal stress, psychological and physical impact of the job and support services. The discussion will centre on these four domains.

4.1 Occupational Stress

Regehr and Bober (2005) write that while there is considerable evidence that critical events have an impact on emergency workers, many research studies suggest that it may be the everyday hassles encountered by emergency responders that give rise to considerable stress and strain. This was supported by the focus group who concentrated on everyday issues as opposed to personal stress. With regards to occupational stress, 100% of participants of the focus group reported experiencing some form of violence on the job whether it was through aggression, threats or actual bodily harm. This supports Harris et al (2008) findings that 96% of firefighters had experienced some form of violence in their career. Ambulance duty featured highly in the focus group as the main source of stress for firefighters but it was not mentioned by individuals in the interviews. Shift work was also noted as both a positive aspect of the work and a negative aspect. 9% of participants had difficulty in dealing with the public due to perceived changing attitudes and negative behaviour. This was not reported by other participants. Reporting procedures was another area highlighted by participants. Harris et al found that 59% of respondents did not report incidences of violence. The current study supports this finding. Participants indicated that reporting procedures were too long and not worth the hassle. As well as describing stresses in their day to day jobs, participants in the focus group were very proactive in suggesting ways to improve these stresses. These included a more straight forward reporting procedure in the case of minor injury or attempted assault. They also suggested that to avoid the discomfort of sitting with potential patients that they could be treated privately in Dublin's VHI clinics when minor injuries arose.

4.2 Personal Stress

In the domain of personal impact the current study found that 80% of those interviewed individually spoke about encountering traumatic events involving children. They described how they thought about their own children or their own home lives in relation to these incidents. These were found to be the events that had the greatest impact on emergency responders who took part in this study. This is in line with Fullerton et al (1992) who reported that when identification with the victim occurs this can heighten the trauma of disaster experience. They noted that fire fighters from both groups reported particular difficulty in dealing with child victims because of intense feelings of identification with their own children. Hetherington (2009) noted that emergency workers feel great anguish in cases where a patient died or where they were helpless to improve their conditions. This may be related to the level of impact incidents involving children had on the participants. It was also noted by participants in the focus group that firefighters are exposed to the same life stresses as those outside the firebrigade but that studies tend to focus on big incidents.

4.3 Psychological and physical impacts of experienced stress

The study found that even though participants reported feeling supported at peer level, they still reported symptoms of post traumatic stress disorder. Symptoms included flashbacks, nightmares, identifying with the victim/victim's family, continuing to think about incidents and feelings of helplessness. The current study found that while some post traumatic symptoms were reported participants reported low levels of impact from incidents overall. Regehr and Bober (2005, p.69) reported in a study using the IES, 57.1% of respondents reported low to no levels of symptoms. This would also be supported by Del Ben et al who found that results indicated that the majority of respondents did not report significant psychological impairment. Participants in the current study cited peer support, black humour and getting on with the job as coping mechanisms that they had developed over time. This was despite an average of seventeen years service and exposure to many traumatic events.

4.4 Support Services

The study found that the focus group tended to focus on general issues of stress while the individual interviews tended to speak more about personal stress. This may have been due to the confidential nature of the one to one interview. One participant put forward that he would be perceived as not being able to do his job should he need access to such supports. There may have been a parallel process occurring in the focus group. Participants may not have wanted to share their personal stress in front of the group out of concern for how they may have been perceived. The present study found that 27% of all participants interviewed had accessed formal support services. Participants knew of their existence and how to access them if needed. In contrast with Harris et al findings in regards to support, 100% of participants in this study knew what supports were available and how to access them. One participant put forward that they would like to see aspects of mental health safeguarding as part of their training but the majority were happy to know it was there without feeling the present need to use formal supports. While there was support for the existence of formal support services, uptake of these supports was quite low. This could be due to several factors, perception of those who need counselling, the idea that this is part of my job get on with it or the fact that participants indicated that most issues were resolved at peer support level.

Fullerton et al (1992) noted that all of the participants advocated the importance of peer support. The current study found that peer support was the preferred support for participants. Fullerton et al found that participants used black humour as a means of sharing the experience of trauma and also as an expression of membership in the group. The present study supports this premise. Participants highlighted their unique sense of humour and described it as being so different to what would be perceived acceptable on the outside.

The current study found that participants prefer to maintain clear boundaries between work and home. 60% of individuals interviewed said that they do not like to bring work home or discuss work with their families. On the issue of counselling 18% had used external counselling services. One was due to a work related incident and one sought out counselling due to external events in their life. While it was suggested that

there wasn't much uptake, participants conceded that it would be difficult to say exactly what the uptake is given the level of confidentiality involved in counselling. The focus group put forward that counselling was confidential but at the same time the fear that someone would find out you're going was mentioned as a deterrent to attending counselling.

4.5 Limitations

For the purpose of this study the sample of participants ranged from officers to firefighters. For a quantitative research a larger sample including firefighters from the control room and debriefers would be sought. A mixed method approach using both self report questionnaires such as the IES to measure levels of stress as well as interviews and focus groups might have yielded a more complete understanding of the subject area. Clinical symptoms related to post traumatic stress disorder were not examined in this study. Omitted from the questions presented was the question "you do you cope?" This would have allowed for greater exploration into the personal coping techniques of firefighters. Further study would endeavour to incorporate these limitations.

4.5 Conclusion

The aim of this research was to discover firefighters' attitudes to counselling and support services along with their experiences of occupational stress. As has been shown firefighters deal with traumatic events on a daily basis. For the most part these events are not traumatic for the emergency worker. Everyday stresses included shift work, reporting procedures and ambulance work. The incidents that impacted the most were ones where the firefighter identified in some way with the victim. This was particularly strong in incidents involving children. For support firefighters relied most on colleagues and peers. They indicated a preference for keeping homelife separate and of protecting loved ones from the details of their job. They also indicated a desire to protect patient confidentiality. They spoke about a black humour that they have and how in many ways

they are their own debriefers and counsellors. Difficulties could arise if there was interpersonal stress as peer support was their primary means of support. There was 100% awareness of support services in place but little uptake. Further study would focus on this low uptake. The structures are in place but they are not availed of so the question of whether or not their mental health needs are being met is one that could be investigated.

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Appendices

Appendix A

Focus Group Questionnaire

Age:

Gender:

Marital status:

Years of service in the fire brigade:

What support services are you aware of:

Have you ever used any of these support services:

Comments:

Appendix B

Semi-Structured Interview

- I. What would you say other people would describe as the most difficult part of your job?
- II. What would you describe as the most stressful aspect of your job?
- III. How do these impact on you?
- IV. Do you speak to friends, family, colleagues or management about the difficult aspects of your job?
- V. Do you feel supported in your work?
- VI. What supported services are available to you?
- VII. Have you ever used any of these services?
- VIII. What is the general attitude towards availing of counseling in your work?
- IX. What is your opinion of counseling?
- X. Does it work?
- XI. Is there anything you would like to add that I haven't asked you about?

Appendix C

Information Sheet

Dear Participant,

My name is Jennifer Meehan. I am currently a Masters student of Psychotherapy in DBS, Dublin. I would like to thank you for agreeing to participate and giving your time to this research.

You are being invited to participate in a research study that is designed to explore the attitudes towards counselling and other support services available to members of Dublin Fire Brigade. You will be asked to participate in an individual interview. The purpose of the interview is to explore your thoughts and opinions on these issues. The researcher and participant will meet once for approximately one hour.

Your participation is voluntary and your decision to respond to individual questions is entirely at your own discretion. If for any reason you do not wish to respond to a question, please feel free to decline.

All responses will be treated confidentially and results will only be reported in aggregate form so that no individual responses can be identified.

Participation in this study is voluntary, consent may be withdrawn, and participation terminated at any time without prejudice. When participating in the interview you will be assigned an individual code which you should note and remember. Should you wish to terminate your participation at any time you may do so by quoting this code. You can do this via e mail or anonymously by mail to the researcher. Once paper data has been transferred to a computer database, the paper data will be shredded.

If you have any questions in relation to the study please contact:

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Appendix D

Consent Form

The nature and purpose of the study have been explained to me both verbally and through the information sheet supplied.

I _____ understand that I am consenting to participate in a study which explores attitudes to Counselling and Psychotherapy and support services available to Dublin Fire Fighters.

I understand that in signing this consent form I am agreeing to have my responses included in a research project. I also understand that my data will be confidential as I will not be identified in any way.

I am also aware that the data collected from me may be kept in an electronic file in order to be used with other students in the future.

I understand that participation in this study is voluntary and that I may withdraw my consent and terminate my participation at any time without prejudice. I have also been provided with the contact details of the researcher and the research supervisor should I have any questions or concerns regarding the study.

Signed _____ Date _____

(Participant)

Signed _____ Date _____

(Researcher)

Appendix E

Helpline Information

Dear Participant,

Thank you for taking the time to participate in this interview, it is much appreciated. The purpose of this study is to explore attitudes to counselling and psychotherapy.

Should participating in this study have raised any questions for you, we would encourage you to seek help.

There are a number of different sources of help available and your first port of call may be to your GP who can help you access counselling or psychotherapy. There are also a number of organisations which can serve as a starting point.

Aware Helpline PHONE: 1890 303302

Bodywhys (The Eating Disorders Association of Ireland)

PHONE: 1890 200 444

Samaritans PHONE: 1850 609090

Shine (Supporting People Affected by Mental Ill Health)

PHONE: 1890 621631

Console (For those affected by suicide)

FREEPHONE: 1800 201 890

Gay Switchboard Dublin

Helpline PHONE: 01 872 1055

Parentline – PHONE: 1890 927 277

Rape Crisis Network FREEPHONE: 1800 778888

Information about these services and others can be found at

<http://www.mentalhealthireland.ie/finding-support>

