

Original qualitative research

“We are unique”: organizational stressors, peer support and attitudes toward mental health treatment among airport firefighters

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Abstract

Introduction: Airport firefighters are responsible for providing emergency responses to aviation incidents on a runway or in the vicinity of an airport, including airplane crashes, mass casualty events, emergency landings and many other concerns on airport grounds. While data exist on the occupational stressors of firefighters and public safety personnel in general, there is a gap in knowledge regarding the experiences of airport firefighters, particularly in relation to their organizational stressors, peer supports and attitudes toward mental health treatment.

Methods: We conducted two focus groups with 10 career firefighters working at an airport in Atlantic Canada in 2019. Focus groups were recorded; the recordings were transcribed and later coded using thematic analysis, which took an inductive, iterative, narrative approach.

Results: Airport firefighters face unique challenges, and operational stressors are overshadowed by organizational stressors. Additionally, peer support is an integral aspect of coping with both organizational stressors and critical incidents. Firefighters were found to have positive attitudes toward mental health treatment in general, but several barriers still remain, such as stigma, fear of being placed on leave and fear of confidentiality breach.

Conclusion: Specialized treatment options for public safety personnel and airport firefighters who engage in serious incidents outside of their regular duties are needed.

Keywords: *firefighters, public safety personnel, occupational stress, organizational stress, peer support, mental health treatment, stigma*

Introduction

Airport firefighters are responsible for responding to aviation incidents including airplane crashes, mass casualty events, emergency landings and many other concerns on airport grounds—they provide emergency responses to all incidents occurring on a runway or in the vicinity of an airport. While this may include fire suppression, it also extends to wildlife control, fighting wildland fires in spaces

adjacent to the runway, providing support in emergency medical events leading to emergency landings and coping with hazardous material containment failure.

As public safety personnel (PSP), airport firefighters are likely to experience a significantly higher number of exposures to potentially psychologically traumatic events (PPTE; e.g. explosions, serious transportation accidents, natural disasters) compared to

Highlights

- Airport firefighters are called on to provide emergency responses to all incidents occurring in the vicinity of an airport, exposing them to potentially psychologically traumatic events (PPTE) that may be exacerbated by organizational stressors.
- Airport firefighters respond to a wide range of calls, from assisting elderly passengers to killing wildlife on the runway.
- To investigate the experiences of airport firefighters as they relate to organizational stress, peer support systems and treatment-seeking behaviour, we conducted focus group discussions.
- Airport firefighters face unique challenges, and operational stressors (e.g. PPTE) are overshadowed by organizational stressors (e.g. conflict with management).
- Barriers to formal treatment exist for these firefighters, and findings reveal their preference for peer support.

the general population.¹ While these PPTE can undoubtedly contribute to mental health concerns among PSP, Ricciardelli and colleagues suggest organizational stressors (e.g. interpersonal work relationships, workload, scarce material resources) serve as an additional, significant source of stress for many PSP, and may exacerbate stress from PPTE or other operational stressors.^{2,3}

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Social support among firefighters has been shown to be beneficial for their mental health and well-being,^{4,5} as the camaraderie that is often experienced among firefighters is a protective factor against occupational stress.^{6,7} The absence of this camaraderie—seen in independent and contract firefighters, for example—can result in what Stanley and colleagues call “thwarted belongingness” (i.e. feeling as though one does not belong; the absence of reciprocal care).⁸ These authors found contract firefighters to be at an increased risk for suicide, statistically explained by thwarted belongingness.⁸ To fill the gap in knowledge about airport firefighting as an occupation, we qualitatively investigated the experiences of airport firefighters at an international airport in Atlantic Canada using focus groups. Our interest was both in the experiences of firefighters with occupational stress and in how firefighters at the airport related to one another—their understanding of camaraderie and social support—as can best be evidenced through collective discussion.

Jeannette and Scoboria indicate that firefighters exposed to more severe events express an increased desire for formal interventions.⁹ Given that airport firefighters may be subjected to extreme events and experiences, we also wished to explore their attitudes toward mental health treatment, formal supports and any barriers associated with seeking treatment.

Literature review

PSP involved in rescue operations for major disasters show higher prevalence rates for posttraumatic stress disorder (PTSD) than the general population, comparable to that of Vietnam and Iraq war veterans in the US.¹⁰ More specifically, rescue workers exposed to a mass casualty airplane crash were found to be at an increased risk of depression, PTSD and acute stress disorder compared to unexposed PSP, with 40.5% of exposed workers meeting the criteria for at least one diagnosis.¹¹ Such findings suggest rescue workers of mass casualty events and other major PPTE face unique occupational stressors with a multitude of impacts on personal wellness.

Occupational stress, or stress experienced as part of employment, can be categorized as either operational and unavoidable, or organizational and preventable.³ Organizational stressors such as tensions with

co-workers and management, shift work and resource limitations have been deemed a contributing factor to psychological distress in PSP, often superseding operational stressors.^{2,7,12} A possible explanation for organizational stressors overriding operational is that the latter may be perceived as a tough but rewarding part of the job, while the former results from bureaucratic rules and regulations, leaving PSP feeling resentful.¹²⁻¹⁴ Operational stress is also considered inherent to fulfilling occupational responsibilities—it’s what one “signs up for”—but organizational stress is avoidable, a collateral consequence of the job, and should be preventable.³

Existing literature, however, does not extend to firefighters responsible for working mass casualty, aviation and other major incidents, such as those employed by airports. Therefore, it remains necessary to discover which organizational stressors are most bothersome for firefighters working at an airport, and how these stressors are experienced relative to stress associated with PPTE.

Informal social and peer support has been found to be a coping mechanism of choice for firefighters.^{9,15} Higher levels of firefighter peer support remain associated with lower levels of occupational stress.¹⁶ Like other PSP, there is a camaraderie associated with firefighter culture, which Tuckey and Hayward define as “feelings of belonging, a sense of shared identity, reciprocal trust and the strong positive bonds that exist within cohesive work groups”^{17,p.6}—a group cohesion that helps mitigate emotional demands at work.^{6,17}

We build on this notion of camaraderie with the concept of the “kitchen table phenomenon”: the kitchen table in a fire station serves as a focal point to which firefighters return after a call and can find unspoken but implicit, reciprocal, social support that enables informal debriefing after critical incidents to alleviate the effects of occupational stress. The kitchen table becomes literally and figuratively a place to heal, acting as a distinct protective factor for firefighters within the public safety community. Firefighters generally do not experience thwarted belongingness due to the substantial social support they receive from one another.^{5,8} Informal peer support by way of the kitchen table may combat occupational stress and even

facilitate formal treatment-seeking.^{7,18} The level of peer support for airport firefighters, however, remains unknown, as is the role of peer support in easing organizational stress.

Another option for coping with occupational stress is formal supports, including employee assistance programs (EAP) and critical incident stress debriefings (CISDs). Gulliver and colleagues found that 81% of their firefighter respondents had been offered mental health services by their employer, but 68% of the total sample would not recommend these services to their colleagues.¹⁵ Sixty-seven percent (67%) of firefighters said they would seek outside support from friends and family, while 60% indicated they would seek private professional services.¹⁵ This is consistent with studies showing that social support is the preferred coping mechanism for firefighters after a critical incident.¹⁹ Conversely, there is evidence to suggest that the more severe a critical incident is for firefighters, the more desire there is for formal interventions such as CISDs.⁹ Since airport firefighters have the potential to be subjected to severe PPTE, it remains critical to examine the formal supports available to them, as well as their attitudes toward these supports.

Firefighting is a rescue profession, which may impede firefighters from asking for help for their mental health and well-being.¹⁸ Researchers identify unwillingness to show perceived weakness as one of the primary barriers to treatment-seeking among a sample of firefighters and paramedics.¹⁸ Another major barrier to treatment is stigma.²⁰ Firefighters report stigma, particularly that tied to mental health, as a barrier to mental health care, more so than other structural barriers, including cost and need for leave.²¹ Additionally, lack of confidentiality and clinicians being unaware of the work culture are notable barriers for firefighters in seeking intervention.¹⁵

The study of the treatment-seeking behaviour of PSP is necessary because research indicates this population may be neglecting their mental health needs. For example, following the Oklahoma City bombing, 181 firefighters were interviewed about their coping mechanisms.¹⁹ Though 72% of the sample reported feeling upset by encounters with children’s remains, only 16% received mental health treatment outside of CISDs.¹⁹ This suggests that

firefighters exposed to serious incidents, such as mass casualty events, might not be receiving the help they need beyond mandatory debriefings. Lacking in the existing research is a qualitative approach to exploring the unique experiences of airport firefighters, the associated organizational stressors and peer support they experience and their attitudes toward mental health treatment.

This study

In our study, we sought to expand knowledge of the personal and in-depth experiences of career airport firefighters and their organizational stressors, interpretations of peer support and attitudes toward mental health treatment using focus groups. Our analytic approach was narrative, and we were keen to unpack how group-based conversation (i.e. in focus groups) encourages accounts that are reflective both of personal experience and of the interconnected social contexts (e.g. informal peer support) in which airport firefighters are, or are not, embedded in their occupational work.

Methods

Ethics approval

Ethics approval was received from the Health Research Ethics Board at Memorial University of Newfoundland (#2018.056).

Procedures

To investigate the realities of organizational stressors and the associated informal peer support—two factors that collectively influence firefighter culture—among airport firefighters, we conducted two focus groups in 2019. Our sample included 10 career firefighters, who self-identified as male ($n = 9$) and female ($n = 1$). There were no pre-existing relationships between the participants and researchers. We recruited participants from an international airport in an Atlantic Canadian province by informing the regional director about the study.

The regional director for airport fire then emailed a notification of the time and place of the focus group to their staff, some of whom elected to participate in a focus group. All participation was voluntary. Signed consent forms were collected at the start of each focus group as well as participant demographic information and information about their occupational tenure,

position and experience (Table 1). Discussions ranged from one to two hours in length; one or two of the authors acted as facilitators. Focus groups were held onsite during work hours. The participants' employer was not present during focus groups and was not privy to whether a staff member participated.

We recorded audio of the focus group discussions, which was then transcribed verbatim; to aid in comprehension and help protect confidentiality, we edited quotes for grammar and speech fillers, without impacting vernacular. We did, however, edit out any "sayings" or details that might identify the speaker to protect the confidentiality of our participants. Participants were not given the opportunity to review the transcripts, as is common practice with focus groups of diverse sizes.

Given that the overarching study was focussed on barriers to mental health treatment-seeking, and that we were asking specifically about PPTe exposure and organizational stressors, we maintained awareness of the sensitive and possibly private nature of some emergent topics. We analyzed transcribed data using an inductive, iterative, narrative approach. We manually highlighted themes as they emerged (i.e. we did not use QSR NVivo and instead used Microsoft Excel and highlighting markers).

We first coded for operational stressors, organizational stressors, peer supports and attitudes toward mental health treatment-seeking more broadly, then we applied a focussed coding strategy to interrogate patterns across responses.²² The process allowed us to capture full narratives, each coded independently, within its context. We unpacked how the organizational stressors and informal peer support interconnected, and how the absence of their interconnection could be challenging and could result in the removal of a possible supportive factor from the firefighter work environment. The authors worked collectively on unpacking themes and synthesizing data, discussing themes of possible contention and ensuring agreement on coding processes and categorizations. We chose this method of analysis because themes were emergent and non-preconceived, and we elected to have the data lead the analysis.^{22,23}

TABLE 1
Demographic characteristics of airport firefighters, study participants from Atlantic Canada, 2019

Baseline characteristic	Airport firefighters	
	n	%
Gender		
Women	1	10
Men	9	90
Marital status		
Single	1	10
Married	7	70
Divorced	1	10
Common-law	1	10
Children ^a	9	90
Highest educational level		
High school/some college	2	20
Trade	4	40
College degree	3	30
University or postgraduate degree	1	10
Organization tenure (years)		
1–10	2	20
11–20	4	40
21–30	3	30
31–40	0	0
41 or more	1	10
Age range (years)		
25–34	1	10
35–44	1	10
45–54	5	50
55–64	3	30
Ethnicity		
White	10	100

^a Reflects the number and percentage of participants with children.

Results

The inductive, iterative and narrative approach to data analysis revealed four broad themes surrounding the experiences of airport firefighters: organizational stressors, the use of formal supports such as EAP, peer support between firefighters and firefighters' attitudes toward mental health treatment.

Organizational stressors for career firefighters at the airport

The experiences of career firefighters working at the airport are similar to other paid fire departments; however, several

unique stressors are present due to the “multifaceted operation” (P9), meaning there are many airport employees across numerous trades, such as electricians and maintenance technicians, all within the same work environment. Tradespeople serve as co-workers for the airport fire team, but participants reported them as often being a source of stress. Participants explained a bothersome assumption many people outside of the fire department make: that firefighters are getting paid to sleep.

You hear gestures like “Bunks in the firehall. [Firefighters] got a place to rest on a twenty-four hour shift. We’d like to have beds in our department.” ... “Well you got the effing bunks in the firehall! You slept last night!” (P9)

The words of participant 9 echo those of other airport firefighters. Such characterizations fail to recognize how little opportunity for rest exists at the airport during shifts. When other tradespeople go home at the end of the workday, airport firefighters are left to respond to emergencies at all hours of the day and night on their 24-hour shifts, merely occupying bunks if they get a break as opposed to sleeping. One firefighter voiced this concern:

Other departments might look at us and say “Oh, they’re sitting around, or they’re doing this” which we’re not. I mean we’re working, we’re doing training, you know, we have daily duties to do just the same as anybody else. But it’s just the misperception about the firehall, and, uh, other departments ... they don’t fully understand the impact of our job and what we actually have to do, or what we could have to do. Just because we’re not out there running with hoses and fighting fires every day, they think, you know, the whole perception is that “They don’t do anything.” And most days we’re flat out. I mean, the captain would know, and myself we’re here in the nighttimes, probably 11:30 at night just trying to catch up on the logs and stuff you’ve done that day. Sticky notes, I got sticky notes all over the place just trying to fill in any gaps in between your calls. The last shift I worked, I did a thirty-six-hour shift, five calls in that thirty-six hours, which was a lot... compared to most shifts you might

get one or two here and there. But there’s five in a thirty-six-hour period. Needless to say, when I got off that morning I was pretty wiped out, like, you know, I’m tired. (P3)

In the above quotation, the firefighter expresses frustration with airport co-workers and describes feeling devalued despite the many tasks they are responsible for on each shift.

The most frequently mentioned stressor for the airport fire team is the full and diverse balance of activities and responsibilities within the ongoing workload, as well as the unpredictability of the job and potential for surge in response requirements. In a given day, the airport firefighters describe having to juggle everything from helping with lost baggage, violent threats, unruly passengers, emergency landings, medical calls—even to dispatching wildlife on the runways. Participant 7 shared a glimpse of what it is like to be responsible for so much and to feel torn between jobs:

We’re responsible for clean runways and no wildlife. So you’re in the medical truck and you’re [told] to hold short of a runway you’re going down and all of a sudden you’re distracted because the captain calls you on another radio and says “You got a medical call at the terminal.” How, all of sudden, you’re supposed to be holding short of a runway? If you go over that line, this guy here in the tower, he’s giving you a pile of shit. And rightly so. There’s two hundred people coming in on an aircraft and you went over a hold short line. So, like, something so simple as that can be a massive stressor. (P7)

As described above, the intense workload of airport firefighters is an organizational stressor for them. They are also in the unique position of being what participant 5 calls “armed firefighters” because they are expected to carry guns through security onto the runway in order to eradicate any wildlife threats.

So if we’re going out for wildlife we gotta go ... screening the vehicles because that’s what Transport Canada says, and he’s coming out and checking me and I have a pump-action twelve gauge and two boxes of shells

there! And I’m like “Well, what are you checking me for? Cause there’s a gun right there.” ... And I’m driving by all these flights, some of them are international flights going to Ireland, and I’m driving ten feet away with a twelve gauge. You know, you just scratch your head and say, “We are unique,” right? (P2)

Participant 2 describes the task that sets airport firefighters apart from most other PSP: the potential to have to take the life of an animal to ensure safety and security at the airport. Clearly, being an airport firefighter comes with diverse tasks beyond firefighting, responsibilities such as dealing with wildlife.

Despite their seemingly never-ending workload, firefighters continued to mention feeling undervalued by the airport employees around them, with one participant giving a harsh example of what another airport worker thought of the firefighters:

I have to say that, in the airport system, I have never felt as degraded as an emergencies service worker as when I have with my co-workers here at the airport.... I was at a concert two weeks ago having a great time with my wife and my family. And I had a young fella come over and say ... “The firehall does fuck all at the airport!” ... Then you gotta lace your boots up and come in in the morning and respect your co-workers. And I do, because it’s the right thing. But there’s always in the back of my mind, like I said, that bothers me big time. (P9)

Another firefighter, participant 7, agreed, stating they feel as though there is a target on their backs even though “we’re all working for the same organization.” Participants described feeling deeply affected by these comments, highlighting the emotional toll that frequent devaluation, degradation and humiliation can have on an employee.

Sadly, an organizational stressor airport fire teams frequently addressed is “minimum staffing”; there are often not enough staff working on a given shift to meet their occupational responsibilities in a safe and effective manner. Participants described feeling frustrated with management while

trying to voice their concerns about minimum staffing. Participant 7 described the situation as being able to relax when a full crew is on that day, adding that it is helpful to know responsibility is being shared and that “there’s a buddy going with you” when the time comes to respond to serious incidents and medical calls.

The same participant further described the stress of not having a full crew on a given day, explaining the pressure of being the only one responding to an incident, which they describe as difficult, isolating and overwhelming. Participants appreciated how helpful it is to have another colleague to share ideas and problem-solve with: “Me and John are going on a medical call, we can bounce stuff off each other and we can support each other, you know?” (P7). Not having staff available is experienced as detrimental, not only for operational efficiency but also to support the mental health of firefighters. Thus, staffing requires structural and systematic change; as participant 9 suggested, there is a “twenty-five percent turnover” rate at the airport.

Airport firefighters are held responsible for an array of tasks simultaneously (e.g. responding to emergency landings, medical calls and mechanical issues; assisting elderly passengers; eliminating wildlife on the runway; weather checks; driving tests; etc.). Participants suggested that an expectation exists among other airport employees and those assigning the tasks, who perceive firefighters as having an abundance of free time. As a result, firefighters are assigned a plethora of extra tasks—described as enough to fill a new full-time position. Not only are airport firefighters expected to respond to an unpredictable and unknown number of calls, they are now tasked with completing a multitude of other duties in addition to the potential threat of a major incident. A firefighter explained that they do not just feel devalued, but this workload is preventing firefighters from a core part of the job: training for possible events that weigh heavily on them, such as mass casualties.

And so, you know, it gets you away from what you should be doing, which is training harder, training more intense, training for any events ... and the problem is you can’t sit down and get your training, and you can’t get a refresher on this and that

and the other stuff. Why? Because somebody’s always gone out the fire-hall doing the other duties. (P10)

Participant 6 described the heightened anticipation of such events in the present day, as there is an exponential increase in the amount of fuel and passengers:

When we respond to an incident, we are probably the only ones dealing with mass casualties. And that is a big difference than with structural firefighting and that, you know, when we roll on an incident we can anticipate mass casualties.... When we respond here we’re on our own to some extent, so basically there’s a decision we make, when we talk about stress and everything, the decision that each one of us will make at that scene, at that incident, is certainly going to be—determine a final outcome, so that’s stressful.... We’ve been talking about how things have changed, you know with regards to the medical end of it and ... I go back, thirty years ago we had an aircraft ... probably with ninety-seven people on it, X amount of fuel. Today we have airplanes—and our trucks and our response hasn’t changed but we have three times the number of passengers, three times the amount of fuel. Yet we’re dealing with the same equipment, same man power as what we had thirty years ago. (P6)

In the above excerpt, participant 6 details what it feels like to experience anticipatory dread when responding to an incident, compounded by the fact that sometimes they have to do it alone. With an evolving airport and the unpredictability of each call, they constantly worry what they might face and how they will do it with minimal resources. Likewise, participants discussed the unique threat of “communicable disease” (P4) as they are often “the first point of contact” (P3) with passengers from all over the world. Evidently, the unpredictable nature of the heavy workload is a significant stressor for airport firefighters that is made worse by limited resources.

Additionally, firefighters appear to miss training opportunities; for instance, participant 6 mentioned that conferences and workshops were “a thing of the past for us,” that equipment had not been updated

since the 1980s and that technology was lacking. The theme across the airport focus groups suggests that, for every operational stressor such as responding to emergency medical calls, there are a number of organizational stressors—including human and material resource limitations, conflict with airport co-workers and management and feeling devalued as an employee—that otherwise might not be experienced in a typical career fire department, working for municipalities.

Formal supports

As part of the focus groups, airport firefighters were asked about their experiences with formal supports offered to them by their employer. The overall response was neutral to negative. Several participants suggested the EAP, which covers only some of the cost of mental health treatment, gives airport firefighters insufficient help and is not trauma informed.

One thing with the program though, some people used it and said it wasn’t enough. They got through those five or six sessions ... and they needed more and then they had to pay for it out of their own pocket. That was a little bit of an issue. (P1)

Participant 1 describes the limited funds allotted for counselling by the employer under the EAP, which usually consists of approximately six therapy sessions. Given that clients with higher levels of stress may require more sessions to show clinically significant change than those with lower amounts of stress, it is likely that firefighters would need more than six sessions to show significant change.^{24,25} Participants also felt that the EAP is too formulaic and fails to allow firefighters to spontaneously ask for help:

Well, you know, this EAP program and stuff, it’s a resource we can use, but when you’re categorized by an appointment that you have to show up to at a certain time and then you get in there and ... you know, at the one-hour mark ... like, this shit don’t take an hour. You know what I mean? Then go away until next week. (P7)

The participant draws attention to session limitations in both duration of each session and the overall number of sessions

that negatively affect their recovery. Across both focus groups, the overarching attitude toward EAP was that some firefighters have benefited from EAP, while others have not. Participants did feel the service has improved and is better than nothing, but maintained EAP was insufficient in addressing their complex needs. Their experiences suggest airport firefighters need a more tailored approach to treatment support, that is, the opportunity to seek treatment when they perceive the need for it, in ways that are convenient and accessible and from what they perceive to be a reliable provider.

Informal or peer supports

To cope with the negative comments being made by airport employees in other departments, firefighters turn to each other for informal support.

They know that we're a really tight-knit group. And that's one thing that they, people in other departments, have commented on, saying "My god, every time I walk in here you all get along so well." But if you walk through the door some days it's not that, because we do have our times that we've been nose to nose and just, whatever, just kind of butting heads. But in the fire service there's an understanding, and you have to have that comfort there that we know that if that alarm goes, me and Jeff could be having out right here just tit-for-tat, just disagreeing on something, which we have. But if that alarm goes, when we go out there I know that he's got my back and I've got his. And you have to have that, right? (P3)

The firefighter reveals a sort of camaraderie across colleagues—the idea that, no matter the stressors faced at work, whether they are organizational in nature or incidents that are inherent to the job, firefighters have each other to rely on. Participants of both focus groups spoke of immense trust within their support system, which we identify as an integral aspect of the kitchen table phenomenon—the closeness that emerges around the kitchen table when all discuss their work and personal lives as well as any challenges they may be facing.

Another aspect of peer or informal support is operational debriefs offered by management (e.g. critical incident stress debriefings [CISDs]), typically occurring after a serious incident. CISDs have been associated with decreased stress levels in firefighters in the crucial weeks following a potentially psychologically traumatic incident.⁶ Our participants expressed positive views of debriefs:

Everyone's reaction is different for this kind of stuff, but I think those initial few hours just after the incident or event are key hours. So if someone's trained to handle the emotions in those few hours, it's key. So I find them, personally, that they work really well. (P4)

Participant 4 here describes the benefit of having immediate support right after a critical incident, especially from somebody beyond management—a peer—who is familiar with psychological trauma and the associated emotions. The support comes from experienced peer counsellors and other firefighters, which this firefighter explained is a helpful way to fill the gap between an incident and a formal clinical treatment session:

In that gap between the incident and when EAP will come in, like we have to phone EAP and if it's a Saturday morning they'll leave a message and get back to you within X amount of hours, but there is a gap. So we bring these guys in for diffusing a meeting after certain traumatic events. So we try to fill in that gap right away if we need a counselling session after a call and that works really well too. There's peer counsellors in the region, firefighters trained in peer counselling that we can avail of as well, with all those sessions. (P4)

The firefighter acknowledges that debriefs are meant to be a temporary, immediate intervention after an incident, when counselling is not yet available or clearly deemed necessary. Not all airport firefighters, however, have had the opportunity to experience the potential benefit of debriefings. For example, participant 1 said, "I've never had one actually," referring to a CISD. For those that had participated in CISDs, the consensus was that they need something "beyond the shift debrief" (P1). To exemplify:

We would have somebody come in here initially to talk, have a debrief, you know, something initially. And then, after that, depending on how the individual feels, I might need some other—someone else to talk to. (P3)

Taken together, participants' words reveal CISDs are generally valued, informing the immediate well-being of firefighters; however, as suggested in the literature, the potential benefits of CISDs are limited and should be further supplemented by regular treatment from a mental health professional.⁹

Attitudes toward treatment and what airport firefighters want to see

Consistent with recent research on mental health stigma among firefighters, we found that attitudes toward mental health concerns have softened and become more accepting over the years.¹⁶ This is evidenced by the words of several firefighters, including participant 7, who stated that "people are starting to be more open about [mental illness] and not be embarrassed about it." However, some level of stigma still exists for firefighters who access psychological help, related to how co-workers perceive those who do seek treatment.

I've certainly seen over the years, you know, there's seven or eight of us now, and someone says, "I need help," and for sure someone else in those old groups says ... "suck it up." We see that lots, like, "Stop being such a wuss ..." (P6)

Participant 6 describes here an age-old story of being dismissed and shamed when expressing a mental health concern at work. Such attitudes internally reinforce the stereotype that firefighters should be strong, stoic and able to cope with any PPTE. When we asked firefighters what would be the preferred location for a mental health treatment clinic, many respondents answered with "offsite," clearly indicating a need to distance treatment from work, which reconfirms the presence of stigma. A participant explained the reason for offsite treatment, saying:

I think if you're going over to the office somewhere and the shrink's in today and someone goes in there for

an hour or two, and next week they're in there for another hour, people ... you know? (P2)

Participant 2 alludes to the stigma of colleagues judging firefighters seen availing themselves of mental health services within the department. Across focus groups, participants talked about their reluctance to acquire communal resource materials, such as an EAP brochure displayed in the firehall, out of fear of co-workers seeing them collecting such information. These feelings of shame and the need for secrecy supports that there is a perceived mental health stigma among firefighters, despite their robust informal peer support network. Notably, however, the perceived stigma may be unwarranted, as many of the respondents spoke highly of the mental health professionals they have spoken to, with some individuals voicing positive attitudes toward treatment: "If we experienced a major incident here, I think we'd be only too happy to step up and see somebody" (P6).

Conversely, participant 9 indicated they felt "ashamed" for receiving counselling years earlier. Since perceived stigma has been shown to induce internalized stigma, it is possible some firefighters foster their own negative attitudes toward treatment as a result of what they assume others around them will perceive.^{26,27}

When we asked the firefighters how the stigma around accessing services could be eliminated, a firefighter responded: "You'll never get rid of stigma" (P2). Demonstrating the diversity of answers, another respondent replied:

Just talkin' about it. You know, around the lunch table... Like, it's okay to feel sad sometimes, it's okay to feel anxious and anxiety, and it doesn't—I keep reiterating with the guys, you know, it's okay ... if someone feels that comfortable enough to come out and say, you know "This is how I'm feeling." Or that "I do have a bit of anxiety," or, you know, "I feel really depressed someday that I really, you know, I don't want to come to work or I don't feel like I can function at work." That's okay. If they feel like talkin.' (P3)

The kitchen table support system may reduce stigma by normalizing discussions

of mental health and serving to start breaking down treatment barriers, such as the frequently discussed fear of being placed on leave as a result of confiding in mental health professionals. Several participants expressed their hesitancy to seek formal support and share their mental health challenges with professionals, fearing they might be placed on disability or sick leave, lose their pension, be terminated or be excluded from opportunities for promotion. To exemplify, participant 2 said:

Well and there's worry that it might open a can of worms that someone's physically okay, but through this they find out you're not okay, what does that mean? You go off, you gotta find another job? You go on disability or sick leave? So, I guess saying be careful what you wish for there.

When asked whether a psychological screening or check-up might aid in early detection of mental health problems, participant 2 continued to describe their hesitancy to partake in screenings. What should be a source of support for their stressors, mental health treatment, instead appears to perpetuate the organizational stress of job security. There is the additional worry of how seeking treatment might affect financial stability:

If the true diagnosis is given and someone is at the stage where, you know, perhaps they need to make some life changes—years ago in uniformed systems there used to be early retirement options. The military might still have it. But today, in the world, everything is getting away from defined benefits pensions, the security of one's family is being jeopardized, so the reluctance to go to a doctor is still there. Like, do I go and push everything out here? Uh, and potentially lose my income for my family? (P9)

Participant 9's words sparked a larger conversation about how mental health professionals should care for PSP. Advocating that more emphasis on how clients can cope with their stress and live healthy lives while still working on the job is warranted. Here, participant 6 remarked:

I was told by a psychiatrist then that I should not be subject to such trauma

ever again. So what were they going to do with me? Retire me? ... There's no difference now, we got an incident here now with mass casualties, I know that we have people here that it will affect differently. So what do we do with those people? Do we—do they come back to work as firefighters, paramedics?

Although many respondents reported positive experiences with certain mental health professionals, legitimate concerns associated with treatment remained. Specifically, confidentiality is necessary and demanded by participants, given their concerns with trust or, more accurately, the breach of trust.

When discussing what they would like to see as clients availing themselves of mental health services, participants keenly hoped to be seen by professionals that emphasize the importance of confidentiality and continuity of care. Several respondents suggested that the six-session model loosely tied to the EAP does not suffice.

There has to be this trust there that there's not nothing I can't tell you. If it's why I'm feeling this way, or how come I'm feeling this way, but that's not somebody that you can talk to tomorrow or next week when you pick up the phone he's moved on. Whatcha gotta do then? You gotta backtrack and start right back at the first page again ... you get this far up the scale and oh, they're away on holidays for two weeks. So there has to be something ... a permanent structure where you can get into a relationship with a counsellor, a psychologist or an individual of that nature, or whatever this team is, and they know of you. That you're not just that piece of paper. (P10)

Participant 10 describes continuing care with the same provider as invaluable, contributing to a sense of stability, trust and support. The same firefighter also explains that time is required to fully open up to a treatment provider, which is not possible with limitations on sessions. In essence, relationships are just starting to blossom when the sessions are complete and much is left unresolved in terms of mental health support. Participant responses suggest a full-time mental health professional dedicated to treating firefighters would be

welcomed and necessary on a regular basis. Another firefighter pointed out, “Proactive and reactive are two different things” (P7) and that psychological support is needed both consistently and in cases of emergencies, such as mass casualty incidents. In terms of the latter scenario, participant 10 suggested a sort of mobile crisis support team might be beneficial:

Okay, let’s go to the mass casualty incident when we’re here for a week or ten days. Well, it needs to be the airport authority to have retainers in place for hired guns that come out here and deal with us right when we’re off the field for ten hours before we go through the door ... however many individuals, you could have six, seven firefighters here on an individual day working overtime, and the regular crew ... after being in that stuff for ten, twelve hours and then they’re going home to their families. They should be here before we leave the premises ... this timeframe of two weeks of the incident being all over, and it’s all done and saying “How you making out with it all?”

In the above quotation, participant 10 was describing an on-scene mobile response team to treat firefighters after a mass casualty. This participant felt that immediate structured and clinical support, beyond general CISDs, is necessary before airport firefighters return to their homes and families. The practice may help minimize the risk of burnout and potential withdrawal from family.

Across both groups, perhaps the most frequently mentioned desire for treatment was 24/7 accessibility. Firefighters spoke of how they want the ability to reach out to a treatment provider, voluntarily, whenever they feel the need to talk.

I know they have all these crisis hotlines and suicide hotlines and stuff like that. You know, even just looking at in that perspective, you know, the twenty-four hour access. That someone could get up at two o’clock in the morning and not be able to sleep or something’s bothering him, just to be able to pick up that phone and get the hotline just to kind of get someone to help them through that moment, right? You know, until they

can get directed in a way to get some help. (P3)

Giving this population access to mental health support on an as-needed basis would not only address the immediate concerns of firefighters, such as the inability to sleep in the case of participant 3, but would also help give firefighters more autonomy over their treatment-seeking behaviours. Regarding accessibility, firefighters were asked about online access to therapy and other mental health resources. Participant responses here were mixed, with some firefighters expressing interest in being able to speak to someone from the comfort of their own home. Others, however, believed the online option would not work for everyone, specifically older firefighters who are less technologically savvy. Ultimately, the consensus was that there should be a mix of online and in-person support:

In some of those remote areas they don’t have the resources like in a major city, like we would have here probably at our fingertips. So, having something province wide that people could avail of, and you don’t have to physically be within five or ten or fifteen minutes of the facility of some sort. But having that option there as well, it could be a walk-in service, an appointment, a hotline, a video conference, just something to kind of help you get through. (P3)

Additionally, what most participants desired was an affordable, offsite clinic that is specifically for treating various types of PSP. Most agreed that there are shared stressors among firefighters, police, paramedics, etc. Employing treatment staff with an understanding of these stressors and the environment that comes along with being a first responder was also frequently requested. Participants suggested PSP could have their own space to discuss a range of stressors, from operational incidents to family life, in a specialized clinic. Participant 3 described the hypothetical clinic as a “comfort area where people can open up and talk about it and get the help, direction, you know, that they need. Early on, as opposed to, they gotta go off work, you know?” To further justify the need for such a clinic, a firefighter explained, “We are unique, we are different, and that, yeah, there certainly should be some speciality for mass casualties” (P6). Overall,

airport firefighters indicated that they need specialized mental health supports to account for their distinctive operational and organizational stressors.

Discussion

We sought to examine the individual and group experiences of airport firefighters as each relates to their organizational stressors, peer supports and attitudes toward mental health treatment. As we discovered, not only are these firefighters responsible for responding to unpredictable, serious and PPTE on a mass scale (which in itself is a stressor weighing heavily on them), their everyday workload comprises an abundance of extra duties such as interacting with vulnerable and unruly passengers, fielding emergency landings and clearing the runways of animals—the latter is particularly unique. It is worth noting that, although participants lightheartedly joked about their role as “armed firefighters,” killing birds and animals is a concept that they repeatedly mentioned, and should be thought of as potentially psychologically traumatic.

Further, we found that organizational stressors manifest differently in airport firefighters than in municipal firefighters; participants reported heightened conflicts with employees working in different areas of the airport, with one point of contention being the perception that firefighters are paid to sleep on shift, which they vehemently disproved. The persistent negative comments made by airport employees have a significant effect on the firefighters, and might even be considered a form of “workplace mobbing” (i.e. the harassment of a co-worker by other members of an organization, resulting in the devaluation and degradation of the target).²⁸ Feeling devalued and belittled as employees, coupled with other organizational stressors such as human and material resource limitations, was frequently mentioned by participants and seemingly overshadows operational stressors.

Consistent with prior research, we found that peer support is immensely beneficial for firefighters coping with organizational stress.^{4,16} Specifically, airport firefighters provide each other with support in dealing with conflict between themselves and the other airport employees. Firefighters greatly benefit from peer counsellors leading CISDs because of their shared

experiences and understanding of firefighter culture. However, participants agreed that peer counselling should be used to fill the gap between critical incidents and clinical treatment, but not as a replacement for clinical treatment, because both are helpful and necessary.

Lastly, we found that there was a desire for formal mental health treatment among airport firefighters, but several barriers exist: stigma, fear of being placed on leave and fear of confidentiality breach. Airport firefighters expressed interest in a specialized mental health clinic for public safety personnel that is affordable, offsite, available 24/7 and staffed with professionals who understand the associated occupational stressors. Although organizational stressors have a greater impact than occupational stressors, and barriers to treatment remain, it is evident that peer support serves as a healthy coping mechanism for firefighters, and it facilitates treatment-seeking by breaking down some of these barriers. Specifically, the kitchen table phenomenon is a protective factor against both operational and organizational stressors, and it also helps to soften mental health stigma as firefighters share their personal thoughts, feelings, emotions and experiences in a group setting that is bound by safety and trust. However, knowledge is still lacking as to how stress and mental health treatment-seeking interconnect—an area for future inquiry.

Strengths and limitations

To our knowledge, this is the first qualitative study examining the well-being of airport firefighters—a unique subgroup of firefighters who respond to aviation incidents from emergency landings to mass casualty events, and everything in between. Our study is limited by the sample size; thus, we caution against any generalizability of our findings—as is the norm with all qualitative research. In addition, we were unable to do a gender analysis given the small number ($n = 1$) of women in the study and thus future research with a stratified and larger sample is warranted. All data were collected from one international airport in the Atlantic Canada region; additional research including more airports across more jurisdictions would help support our findings and lead to more robust conclusions. Additionally, given that stigma was identified as a barrier to formal support for participants, a potential limitation exists in the use of

focus groups. Individual, semistructured interviews with airport firefighters might be an intriguing line of future inquiry, to examine whether participants feel more comfortable discussing mental health treatment without their peers present.

Conclusion

We build upon the existing literature about public safety personnel and the occupational stressors they experience. Our qualitative study fills a gap in research on airport firefighters, whose organizational stressors have been deemed unique and call for specialized supports. While peer support remains a strong coping mechanism for airport firefighters, our findings reveal that they desire formal mental health treatment in addition to peer support, despite several barriers, primarily stigma. We also propose that barriers to treatment, such as stigma, can be improved by way of the kitchen table phenomenon. Future work should study more Canadian airports to gain insight into how organizational stressors vary, or do not, between airports, and how stress and treatment-seeking behaviours interconnect.

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Conflicts of interest

None of the authors have conflicts of interest to declare.

Authors' contributions and statement

BB—formal analysis, data curation, writing—original draft, and visualization. RR, HC—supervision, conceptualization, methodology, investigation, writing—review and editing, project administration, and funding acquisition.

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