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Flourishing Firefighters: A plan for optimal organizational deviance using healthy human systems

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Flourishing Firefighters:

A plan for optimal organizational deviance using healthy human systems

Sajel Bellon

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Abstract

The purpose of this Organizational Improvement Plan (OIP) is to offer the potential groundwork to enhance the current support services of a union representing firefighters in Canada. The hope is to address the growing number of firefighters that are afflicted with Occupational Stress Injuries (OSI) and to provide a more comprehensive positive approach to mitigate the psychological effects and professional ramifications of the consistent exposure to traumatic events and other associated occupational stressors. The aim is to leverage the existing structure and resources to address the Problem of Practice (PoP): How can union leaders effectively address the increasing prevalence of occupational stress injuries impacting their members?

Traditionally, the focus of helping first responders has been very retroactive and about treating psychological injuries after they have occurred. More recently, resources are being shifted to deliver some preventative measures. This OIP offers a new context for this problem. Through the use and establishment of a variation of the Networked Improvement Communities (NIC) model, the union will be able to better respond to this problem by supporting their members to perform at their psychological best, rather than trying to prevent the worst outcomes. This OIP uses the concepts and frameworks from positive psychology and appreciative inquiry as a means of organizational cultural transformation and the elevation of mental wellness within the workplace.

Keywords: firefighters, mental health, mental wellness, networked improvement communities, positive psychology, appreciative inquiry, positive leadership

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Executive Summary

This Organizational Improvement Plan (OIP[2]) seeks to offer potential mechanisms to support Local Union (LU[2]) leaders in responding to the Occupational Stress Injuries (OSI[2]) among their firefighter members. In protecting their communities, firefighters routinely compromise their well-being and risk exposure to dangerous elements that are severely harmful to their physical and psychological health. Firefighters are continuously exposed to various types of trauma that put them at an increased risk for OSI, a term that variously encompasses symptoms and diagnoses including depression, chronic stress, and Post-Traumatic Stress Disorder (PTSD[2]) (Union: Report, 2017; Dill, 2014; Alvarado, 2013). These ailments highly diminish firefighters' capacity to cope effectively, thereby influencing their work performance, negatively impacting the quality of their relationships and, ultimately, negatively affecting their overall quality of life.

Currently, most of firefighters' mental health management focuses on defending against and treating mental health-related illnesses. However, firefighters deserve and need a proactive approach to psychological healthcare. To help ensure that firefighters remain "at their best"—or, in other words, in a state of optimum physical and psychological health—a paradigm shift in which firefighters receive tools and strategies to promote mental wellness before the onset of mental health-related illnesses, is necessary.

This OIP introduces firefighter's mental health from an ecological perspective and utilizes positive frameworks, change strategies, and evidence-based interventions to assist LU leaders in initiating an organizational transformation aimed at co-creating and promoting a mental wellness culture.

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Chapter 1: Introduction and Problem

In North America, firefighters have a societal duty to save civilian lives—even when it puts their own life at risk. When protecting communities, firefighters routinely compromise their well-being and are at risk of exposure to dangerous elements that are severely harmful to their physical and psychological health. Moreover, firefighters are regularly exposed to a variety of trauma that put them at increased risk for Occupational Stress Injuries (OSI[2]), a term that encompasses a myriad of symptoms and diagnoses including depression, chronic stress, and Posttraumatic Stress Disorder (PTSD[2]). These ailments highly diminish firefighters' capacity to cope effectively, thereby influencing their work performance, negatively impacting the quality of their relationships and, ultimately, negatively affecting their overall quality of life.

The multi-faceted nature of firefighting requires firefighters to be in peak condition to serve because the nature of their job is founded on the notion of helping those who cannot help themselves. Currently, most of firefighters' health management focuses on defending against, and treating, mental health-related illnesses. What firefighters deserve and need, however, is a proactive psychological healthcare approach; one that will help ensure firefighters remain "at their best"—or, in other words, in a state of optimum physical and psychological health—an approach that represents a paradigm shift in which firefighters receive tools and strategies to promote mental wellness before the onset of mental health-related illnesses inevitably occur.

Chapter 1 of this Organizational Improvement Plan (OIP[2]) will introduce a firefighter union in Ontario, Canada, that is currently overwhelmed by the increasing number of mental health issues among its members. This chapter will also provide an historical background and current context, including elements from Bolman and Deal's Four Frame Model (2013) relevant to the Problem of Practice (PoP[2]). A leadership-focused vision for change, assessment of change-

readiness, and conclusion with an initial strategy communicating the need for change will also be included.

Organizational Context

Environment. This OIP has been developed for a Local Union (LU[2]) in Ontario, which represents Canada's largest urban firefighting community. This union represents over 3,000 full-time frontline professional firefighters. At present, the LU head office is located in Ontario, in a highly diverse and multicultural city centre. The union office is in the midst of relocating to an area outside the urban centre, where they are currently constructing a new building to house their offices. This move is intended to facilitate the expansion of services and resources.

The LU represents a large number of Canadian firefighters and belongs to a national body which is an extension of the founding international association formed in 1918. The international association headquarters are located in Washington, DC, with a Canadian satellite office located in Ottawa, Ontario. Collectively, this international association represents more than 300,000 (of which approximately 20,000 are Canadian) full-time professional firefighters and paramedics (some international departments require firefighters to serve in a dual-role capacity.) These members serve and protect over 85% of the Canadian and American population (Union: About Us, n.d.).

The Canadian associations play an integral role in tailoring political initiatives (including policies that affect the labour, legislative, and legal systems) to meet the specific needs and diversity of the Canadian landscape. They serve their Canadian members by offering support and evidence-based assistance within the scope of health and safety matters, crisis management, public relations, collective bargaining, legislative initiatives, and other regulatory concerns (Union: About Us, n.d.).

The specific LU for this OIP protects a growing population of 2.7 million in a geographical area spanning over 600 square kilometres in an urban megacity. Employed members of the LU work in diverse fields, with the bulk of employees serving as front-line firefighters. The following descriptors provides an approximate breakdown of the organizational composition of the fire service they represent:

- 3,000 work in operations

- 100+ work in fire prevention and education

- 100 work in communications

- 50 work in mechanical maintenance

- 10+ work in staff services

- 10+ work in information and communications systems

- Less than 10 work in emergency planning and research

- Five work in health and safety

The LU's responsibilities of fire prevention and protection are highly diversified based on the complexities of serving the amalgamated residential, commercial, and industrial sectors (Union Document, 2014) of the megacity.

Along with many other fire services in Canada, the LU's membership is governed at the municipal level. Resources and funding for fire services are, consequently, entirely dependent upon the LU and fire service's rapport and influence with their respective city councils. This has resulted in inconsistencies in management approaches, leadership styles, professional development, and culture at various levels of the organization. Though many aspects of the departments responsible for technical and operations management are regulated and standardized at the national level, each department applies these regulations in slightly different ways. This

produces both internal and external fragmentation that ultimately affects service delivery as well as perceptions within the workplace environment (Union: Document, 2014).

Despite the challenges of the multi-faceted demands, expectations, and limited resources affecting fire service management, the LU continues to explore and drive initiatives that respond to the growing and evolving needs of their membership. As an organization, they are open to examining and collaborating with external partners to enhance mutual understanding and implement services that support and improve the working conditions and performance of their members (Union: Personnel Communication, Union Leader, 2017).

Organizational history. The LU was formed in the fall of 1998. The Ontario Government created a megacity by amalgamating six surrounding cities, thus initiating a merger of six local firefighter unions. Consolidating the six collective agreements, board members, practices, and events was a formidable task. After lengthy consultations with the many members to align priorities, causes, and systems to carry over to the newly-created single entity, the six local unions successfully consolidated themselves into one single bargaining unit slightly more than four years later (Organization: History, n.d.).

Values, purpose, and goals. The LU is a membership-driven organization that supports a common value colloquially described as, "by the firefighter, for the firefighter." The leadership team and officers are nominated and elected by the members, who also define the direction and professional stances of the association. The purpose of the LU is to ensure that the interests of the firefighters are served at the stations and on their onsite emergency calls. The rationale for having firefighters themselves serve as union leaders and officers is that they best understand the multitude of issues that affect firefighters—both on and off the job. The LU has been the primary vehicle for the advancements in fire service on multiple levels, including workplace safety,

pensions, benefits, and lobbying for legislation on work-related health issues. The LU's mission

is to advocate for safe working conditions, fair compensation, and the ability to provide the best

emergency response services possible. These efforts have been undertaken to serve not only the

best interests of the firefighters but also their families and communities at large. Ultimately, the

LU's goals include cultivating a workplace environment that values its employees and the

community by demonstrating a commitment to continuous learning and change in direct

response to its membership's needs and interests.

Organizational structure. The LU's organizational structure is a tiered hierarchical

system. It is comprised of principal officers including a president, a vice president, and a

secretary-treasurer. These positions are supported by an executive board. The executive board

includes three representatives from each of the four commands: East, West, North, and South.

The LU also has a large number of standing committees and the president and vice president

serve on all 19 of these. The general organizational structure is illustrated below in Figure 1.1.

Figure 1.1. General Organizational Structure of the Local Union
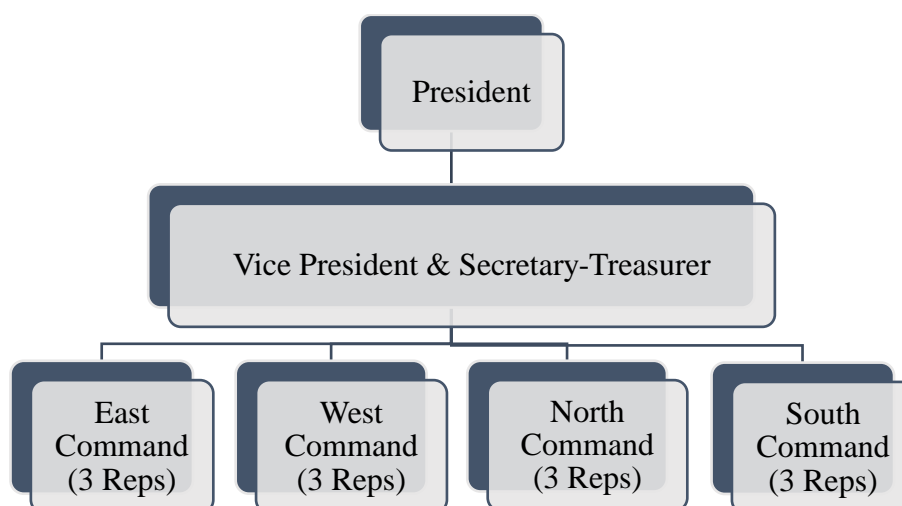
Note: Illustration adapted from Union: About Us. (n.d.). Retrieved from http://www.organization
website.

Organizational leadership approaches. At present, there is a lack of literature and research specifically focused on fire service leadership. Fire service leadership, however, shares many similarities to the leadership, structure, and mission of military services, including the need for rapid response and self-control necessitated by emergency situations. Fire services generally operate under a traditional hierarchical paramilitary structure (Cunningham, 2002) that shares much in common with military leadership:

> Military leadership is defined as the art of direct and indirect influence and the skill of creating the conditions for organizational success to accomplish missions effectively. In general, junior leaders exercise their influence directly, while senior leaders must employ both direct and indirect influencing methods. (Hawkins, 1987, p.3)

Specific fire service leaders are required in order to demonstrate effective leadership capacities at multiple levels to meet both the needs of frontline firefighters in addition to the service as a whole. These include saving lives, protecting property, and educating the community about fire prevention.

Leavitt (2003) found the hierarchical nature of fire services impacted the organization's capacity to adapt and resulted in a slow rate of change for implementation. As a direct consequence of this leadership structure, the LU has been unintentionally slow in responding to the recent degradation in the safety and well-being of its members, who are suffering from occupational stress injuries (Bolman & Deal, 2013).

Due to the critical public safety role filled by the fire service sector, it is imperative that organizations operate under well-structured and effective leadership. As a paramilitary organization, the fire service functions within a hierarchical configuration (Cunningham, 2002; Regehr & Bober, 2005). Positional power is typical of this organizational culture due to the

long-standing belief that this structure is best for managing on-site and fire ground tactics during crisis management. It is an approach, moreover, that is deeply embedded within a hierarchical command and compliance culture that is steeped in tradition and history (Bolman & Deal, 2013).

A change in leadership is nevertheless necessary to effectively respond to the accelerated change and multiple dynamics that the modern fire services face today. Research demonstrates that the culture of fire service requires a flexible leadership philosophy that enables management to respond to the organizational challenges, while also meeting increased public safety expectations (Sweeney, Matthews, & Lester, 2011). Moore (2004) describes leadership within fire services as

> "…an authority/control-based paradigm within narrow, task-focused organizations…This paradigm primarily develops and reinforces a rigid rule-based service where leadership is epitomized by the achievement of control for its own sake, rather than the achievement of positive public safety and community outcomes" (p. 2).

The modern fire service operates within a diversified environment responding to an ever-evolving range of calls, which requires multifaceted skillsets and specialized knowledge. The educational and varied skillset expectations of firefighters have changed, and continues to evolve at a rapid pace. This requires a proactive leadership approach in order to best facilitate and guide the accelerated demands, with efficient and effective responses, while mitigating associated pressures (Sweeney, Matthews, & Lester, 2011).

The LU and its members work within a culture in which responsiveness has traditionally been very retroactive and reactive, due to a leadership style that emphasizes hierarchical dominance, pre-existing knowledge, and entrenched behaviours (Union: Personnel

Communication, Union Leader and Members, 2017). This has resulted in the failure to consider many significant dynamics in addressing prominent issues surrounding mental health and occupational stressors (Anderson & Ackerman Anderson, 2001, p. 52).

The culture of firefighting is heavily based in tradition and the symbolic significance of the firefighter-as-a-hero. These traditions and associated symbols will need to be sustained through any change process. Bolman and Deal (2013) argue that symbols are indicative of an organization's beliefs, values, practices, and artifacts. These are represented in terms of how members define themselves and how methods and procedures are maintained within the workplace. In considering the sustainability of any organizational change outcomes, it is essential to respect and uphold these entrenched and valued symbols, as they can be used to redefine organizational dynamics. They also help maintain a sense of security through familiarity, which can strongly influence and greatly facilitate an acceptance of the change management process (Bolman & Deal, 2013). While the OIP will contain elements intended to preserve these symbols, it will seek to do so within a reframed context, offering congruence with organizational strategies designed to promote mental health wellness.

Recent initiatives and milestones: In early 2015, both the fire services and LU made statements and commitments to provide support to members in crisis by making resources such as professional assistance and crisis counselling available (Union: Document, 2014). The strategic plan (as cited in Union: Document, 2014) included emphasis on employee physical and mental wellness, as outlined below.

1. Transformation plan to create a comprehensive mental health and PTSD prevention plan, introduce a wellness initiative, and secure funding to commence resilience training.

2. Independent program to respond to critical incident stress of members and their families.

3. Corporate employee assistance program to offer short-term counselling and referral services.

4. Fee-for-service agreement with a local mental health organization to provide emergency intervention for suicide risk.

5. Chaplaincy service to complement critical incident stress and employee assistance programs.

6. Education and training supports through mental health and wellness seminars.

7. Awareness campaigns addressing injury prevention, long-term health, mental health, and support programs.

8. Comprehensive benefit packages and internal health and safety reviews. (Union: Document, 2014)

In the spring of 2016, the Ontario Government passed Bill 163, the Supporting Ontario's First Responders Act (Bill 163, 2016) which supported first responders' PTSD diagnoses as presumptive and work-related. The passing of Bill 163 facilitated quicker processes to access benefits, resources, and treatment in coordination with the workplace insurance boards. This new legislation is a major accomplishment in trying to support afflicted firefighters (Organization: Report, 2017).

In summary, the organizational context presented in the previous sections provides an overview of the dynamics and nuances that surround the fire service sector and emerging awareness of mental health concerns, such as the rising prevalence of mental health issues of the firefighter membership, the inability to efficiently access supports and services, and the

dynamics that a hierarchical organizational structure plays in the emergency services workplace. It is imperative to take these concerns into consideration in order to establish confidence in the credibility and potential sustainability of the proposed solutions outlined in this OIP, as well as in its ability to successfully address in practice the issues and problems with respect to leadership.

Leadership Problem of Practice

As previously discussed, LU leaders face myriad logistical issues in leveraging limited human resources to serve a large population. Despite the recognition that firefighters are constantly exposed to trauma and, as a result, are more susceptible to Occupational Stress Injuries (OSI), there has been little formal recognition of this risk at an organizational level (Union: Personnel Communication, Union Leader and Members, 2017). There has recently been a large increase in the number of reported incidences of varying OSI amongst firefighters, from diagnoses of Posttraumatic Stress Disorder (PTSD) to severe OSI-related health crises that end in suicide amongst firefighters (Savoia, 2017; Union: Report, 2017; Dill, 2014; Alvarado, 2013). Thus, the leadership PoP asks the following question: How can local firefighter union leaders effectively address the increasing prevalence of OSI-related health concerns among their firefighter members?

The prevalence and severity of OSI amongst firefighters is difficult to mitigate given the nature of the job itself: firefighters are repeatedly exposed to on-the-job trauma that often cause OSI, the impacts of which extend to work performance and home-life dynamics (Wennerberg, 2011). LU leaders often find themselves in difficult positions. As appointed union representatives for their firefighter colleagues, in addition to their regular firefighter duties, many lack sufficient time to balance their varied roles. Moreover, some union representatives themselves have experienced either acute or chronic OSI. Treating OSI remains complicated–

inter-professional support is essential to the diagnosis, treatment, recovery, and reintegration processes. In the absence of such inter-professional support, it is easy to imagine how quickly representatives expend themselves physically, psychologically, and emotionally in attempting to find solutions to these stubbornly persistent conditions. Given this background, the PoP will address the following crucial factors: the rapid spread of OSI among firefighter union members, the increasing need for supportive resources, the growing responsibilities on LU leaders, and the negative influence of OSI on broader families.

Proposed solutions will consider the problem from multiple perspectives. Rather than addressing presenting issues individually and one at a time, efforts will be made to identify meaningful solutions that recognize the interrelated nature of these factors and leverage the strengths already existing within the system. Given the current desire of the LU to expand, the timing of this proposal is favorable in that it may be able to support the LU in creating and establishing its own strategic identity and plans as it embarks on a new phase in its growth.

Perspectives on the Problem of Practice

Historical overview of the problem of practice. Traditionally, fire services have been organized using a paramilitary style hierarchical ranking system (Cunningham, 2002). This organizational structure produces accountability while setting aside questions or doubts about power ranks. This type of structure is often favourable during the inevitable chaos of high-stress environments that fire service workers regularly experience. The fire service is an organization comprised of professionals who provide fire suppression, fire prevention, and, in most situations, emergency medical services. As an "all hazards" and "all response" agency, firefighters work under threat of natural disaster, terrorist attacks, environmental incidents, and mass casualties. Frontline personnel routinely expose themselves to stressful circumstances, human dramas,

traumatic incidents, and environmental extremes such as heat, cold, wind, fire, smoke, and noise (Regehr & Bober, 2005).

Consequently, the firefighting profession is often described symbolically. Firefighters are regularly depicted as heroes and hailed for qualities including strength, bravery, heroism, and self-sacrifice. This line of work regularly places emergency responders on the frontlines of trauma, death, injury, and destruction; situations that are unimaginable to the average citizen. The effects of serving in this profession have far-reaching consequences, both physically and psychologically. Although the public generally view firefighters as strong, many firefighters are in fact crippled by the pressure of this symbolic identification. Many, in fact, struggle with substance abuse, family discord, and mental health issues at higher rates than the general population (Wennerberg, 2011). The disconnect between the individual experience and public perception highlights the need to identify the cultural, social, and biological factors that contribute to the mental health of the emergency personnel who work on the frontlines to keep the community safe (Wennerberg, 2011). Due to the stoic culture of the fire service, firefighters often experience mental anguish alone and in secrecy. The same firefighters who risk their lives to save a civilian's life can become burdened by the cumulative effect of occupational pressures including trauma, PTSD, depression, stress, and a diminished capacity to effectively cope with life's inevitable vicissitudes (Alvarado, 2013).

Some of the main challenges of being a career firefighter include, but are not limited to

- emotional labour (Scott & Myers, 2005), in which firefighters must manage the emotions of others, leading to increased personal emotional distress;

- psychological issues that negatively impact functioning; substance abuse (Wagner, Heinrichs, & Ehlert, 1998);

- depression (Bacharach & Bamberger, 2007);

- cardiovascular disease and death (Kales, Soteirades, Chrisophi, & Christianai, 2007);

- Posttraumatic Stress Disorder (Corneil, Beaton, Murphy, Johnson, & Pike, 1999);

- increased work-related stress (Schaubroeck, Ganster, & Fox, 1992);

- injury (Liao, Arvey, Butler, & Nutting, 2001);

- decreased job satisfaction (North et al., 2002);

- completed suicides/mass casualty incidents (Beaton, Murphy, Johnson, Pike, & Corneil, 1999);

- failure of rescue efforts/human error resulting in death of a co-worker (Beaton et al., 1999); and

- dissociative tendencies (Faber-King & Capella, 2008).

Entrenched cultural attitudes throughout the fire service industry normalize the suppression of emotions, the expression of which are deemed socially undesirable and objectionable (Scott & Myers, 2005). Firefighters adopt a culture of stoicism and learn to communicate calmness in situations that are hostile, unstable, and emotionally-charged (Scott & Myers, 2005). While remaining stoic in the face of highly-charged emotional events may initially help firefighters to cope with stress, but extended efforts to suppress emotions can result in stress-related problems leading to OSI including Posttraumatic Stress Disorder (Scott & Myers, 2005). Other work-related stressors include identification with the victim, feelings of helplessness and guilt, fear of the unknown, and physiological reactions to stress (Cowman

& Ferrari, 2004). Fortunately, research also finds that social support can help mitigate some of these psychological responses (Diener & Biswas-Diener, 2008; Cowman & Ferrari, 2004; Regehr, Hill, Knott, & Sault, 2003; Haslam & Mallon, 2003; Herman, 1997). If adopted, a supportive work setting that increases the sense of satisfaction in the service that firefighters provide to their community can lessen feelings of stress (Cowman & Ferrari, 2004). Evidence has also shown that firefighters can benefit from learning and practicing specific coping skills in order to facilitate the reduction of stress and increased resiliency and hardiness. These may include practicing optimism and spirituality, engaging in positive coping activities and skill-based training, and increasing social connections at work with leaders and peers (Bartone, Roland, Picano, & Williams, 2008; Prati & Pietrantoni, 2009; Park, 2007; Cahill, Landsbergis, & Schanll, 1995).

Organizational development frameworks and models. Remaining mindful of organizational development is an essential component of any organization's efforts to sustain growth and progress. Organizational development entails active strategic planning and implementation. The discipline required to approach and achieve success should evolve and become more integrated, taking into account the diversity and multifaceted working environments. Factors, both internal and external, must be considered when evaluating which models and frameworks are best suited for adoption by specific organizations to assist in achieving desired outcomes (Sweeney, Matthews, & Lester, 2011). This OIP has taken into consideration the organizational history, current state, unique culture, leadership essentials, and preferred outcomes in selecting the models and frameworks to guide the proposed transformation at scale for both the organization and the community (Bunker & Alban, 1997). The processes being suggested are planned as interventions at all phases of the transformation

to ensure consistency and continuity in philosophy, processes, and communications. In order ultimately to engage the organization as a whole and successfully initiate a shift involving the whole system, the priority for the initial phase will be to encourage participation and unify workers under the premise that there is a need for change (Bunker & Alban, 1997).

According to Bunker and Alban (1997), the mechanics of a system-wide change must be able to influence and impact the population at all levels; individually, organizationally, and community-wide. The multi-layer approach creates cohesiveness with strategic vision and enhances relationships, acceptance, and implementation of policy, procedures, and program changes (Jarden, 2015; Sweeney, Matthews, & Lester, 2011; Bunker & Alban, 1997). This OIP proposes to use an integrative approach, by applying best practices from a variety of frameworks and theories, such as the ecological systems model, positive psychology, Appreciative Inquiry (AI), and positive leadership. The goal is to create a multifaceted and comprehensive solution that has the capacity to effectively address the complexities that tie together mental health issues and working in emergency services.

Ecological systems model. Ecological theory, which is grounded in the biological and social sciences, describes the state of being as interdependent on the multiple levels within a system and surrounding systems (McDonald, 1999). Bronfenbrenner (1977) applied this ecological theory to human development. He considered human relationships and interactions complex and understood best when they are examined from a variety of viewpoints. Bronfenbrenner (1977) proposed four influencing system layers to human development: the microsystem (the individual's immediate environment); the mesosystem (the interrelations of prominent environments during ones' development, like home and work); the exosystems (social structures); and the macrosystems (culture and subcultures). This original ecological model has

been modified and adapted to be used in the context of occupational stress (Karasek, 1990; Salazar & Beaton, 2000). The Ecological Model of Occupational Stress (Salazar & Beaton, 2000) also consists of four systems through which occupational stress can be examined. These systems include:

1. Micro—the immediate environment (physical, job content and structure, sense of meaning).

2. Organizational—the structures and functions (union, culture, product, services, leadership, policies, role specifics) of the organization.

3. Peri-Organizational—the surrounding influencing societal system (community perceptions/status, support systems, such as daycare and transportation, community health and safety).

4. Extra-Organizational—societal norms, culture, and traditions (influencing attitudes, biases, norms, government regulations and legislations) (Salazar & Beaton, 2000).

When considering the topic of mental health, an ecological perspective provides context for individuals and their interpersonal relations, experiences, and work-life domains, as well as the individual, the organization, and the broader community/society. Factors such as connectedness and contexts (e.g., culture, physical and social, as described above) are significant and related when looking at individuals and their lifespans (Germain & Gitterman, 1980).

Sources of stress comprise a multitude of dynamics between work, home, and surrounding environments, and stress is manifested in myriad psychological and physical ways. The ability to cope, recover, and bounce back are influenced by the resources and supports in place in an individual's various domains. Work-life and home-life influence each other and interact with other domains, such as community and friends throughout the lifespan of an

individual, and are woven within each other (Dubos, 1980, p. xii; Regehr & Bober, 2005). For

the purposes of this OIP, the Ecological Model for Occupational Stress proposed by Salazar and

Beaton (2000) has been modified and adapted to three levels: the individual's micro system

(immediate environment and state), that exists within the meso system (work and home), which

is embedded with a macro system (organizational and societal). All of these systems, interact and

influence each other as depicted by Figure 1.2.

Figure 1.2. Applied Ecological Model for Influences on Mental Health
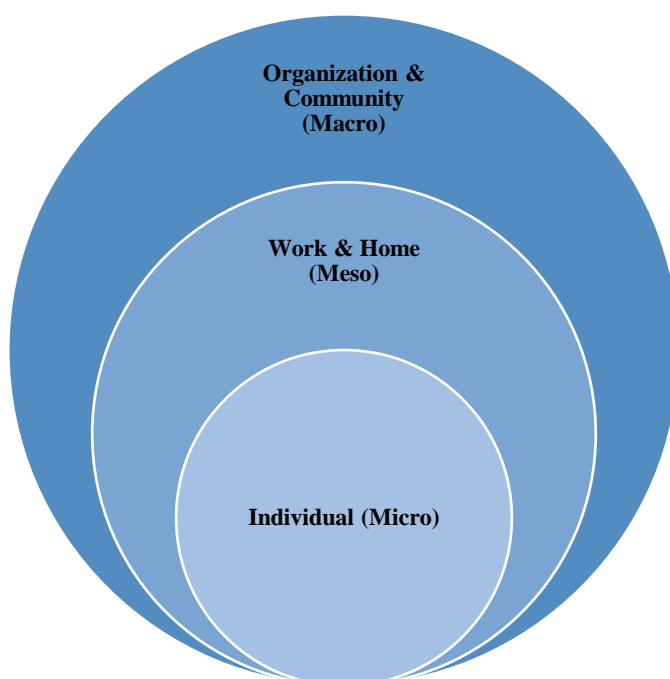
Note: Illustration adapted from Salazar, M., & Beaton, R. (2000). Ecological model of
occupational stress: Application to urban firefighters. *Workplace Health & Safety*, *48*(10),
470.

The ecological view asserts that solutions to mental health cannot be prescriptive as a

one-size-fits-all approach because no two individuals experience trauma or stress in the same

way, all individuals possessing their own capacities and unique contexts known only to them. To

recognize and accept that one size does not fit all is a major hurdle to overcome if any proposed

solution is to be viable and sustainable. Historically, many researchers have applied the

ecological model to the promotion of mental health care (Santos, 1995; Windley, 1992) and

occupational health-related issues (Blix, 1999; Conrad, 1994; Salazar, 1994; Samuels, 1998;

Tsuchiya, 1991, as cited in Salazar & Beaton, 2000).

This OIP is applying the ecological framework in two ways. The first application of this

OIP is in its approach to mental health, one that considers the individual within the individual's

immediate environments (home and work), as well as within the larger system of the community

and general public. The ecological framework allows diverse implications of mental health to be

considered from an overview of the big picture and suggests solutions that will be more

comprehensive, rather than managing just one or two aspects, as is traditionally done. The

second application of this OIP is the implementation of the Networked Improvement Community

(NIC) in response to the PoP. The vision is to start the change implementation at the micro level

within the organization, expanding to the whole organization and ultimately, to the community at

large including other fire departments and first responder communities as shown in Figure 1.3.

Figure 1.3. Applied Ecological Model to Change Implementation
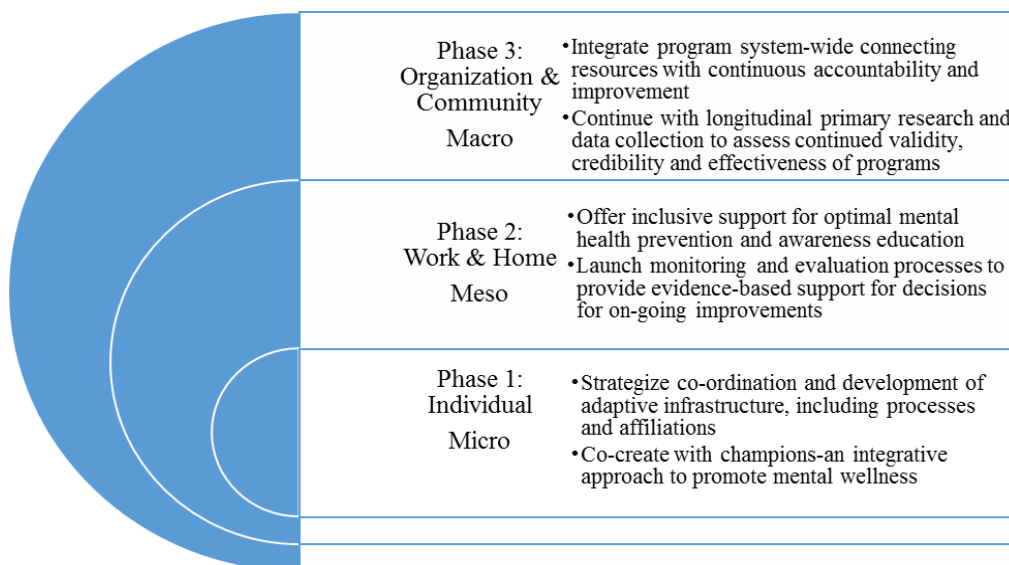
Note: Illustration adapted from Salazar, M., & Beaton, R. (2000). Ecological model of occupational stress: Application to urban firefighters. *Workplace Health & Safety*, *48*(10), 470.

Many current approaches and those of the past have approached the issues from more linear vantage points and thus responded to very specific individual issues as they seemed to arise, using a simplistic cause-and-effect approach, thus ignoring the many other factors and influencers that impinge on each other in all human lives. By understanding the PoP from a broader lens, it offers the opportunity to have impact on a larger scale and co-create interventions to address issues from many angles simultaneously, hopefully resulting in accelerated change and more positive results, which is definitely required with this growing issue. For example, LU leaders, with other collaborating partners, will be better placed to understand what conditions and connections within their specific context will best promote mental wellness, while also being responsive to the mental health needs of their members (Germain & Gitterman, 1980; Hobfoll, 2001). Historically, public health agencies, employers, and unions have operated from a three-point prevention and post-care position for their action planning for mental illness, as listed below (Norris and Thompson, 1995).

1. Reduce the frequency of new cases by lowering the risk and increasing resiliency and resources.

2. Focus on responding to target groups immediately following high-risk incidents.

3. Focus on recovery and maintaining mental health after the injury or diagnosis, trying to rebuild quality of life.

This approach has emphasized primary, secondary, and tertiary prevention aspects and is looking at mental health from a deficit lens by attempting to prevent, provide post-care, and focus on recovery. But there is another vantage point and opportunity that has not received as much

attention—the promotion of health and well-being (Regehr & Bober, 2005; Jarden & Jarden, 2017).

      Positive psychology theoretical framework. Positive psychology, founded in humanistic psychology, has gained traction over the past 18 years. Its momentum has accelerated in the past 10 years with new findings and evidence-based interventions from many new contributors. Martin Seligman, a past American Psychological Association President and one of the founders of positive psychology, encouraged researchers and psychologists to "turn toward understanding and building human strengths to complement our emphasis on healing damage" (Lambert, 2007, p. 3). Seligman defined the goal of positive psychology as the movement

> "...away from what is wrong with people to what is right with people—to focus on strengths (as opposed to weaknesses), to be interested in resilience (as opposed to vulnerability), and to be concerned with enhancing and developing wellness, prosperity and the good life (as opposed to the remediation of pathology)" (as cited in Luthans, 2002, p. 697).

      The science is grounded in a strong foundation of theory and evidence-based research, which is interpreted into practical applications and interventions to enhance quality of life and well-being. Areas of interest and research within the field of positive psychology include the topics of subjective well-being, happiness, positive emotion and the concepts of flow, creativity, and gratitude. The recent focus has been on how to build and develop positive emotions, hope, and optimism to enhance resilience and well-being within individuals, organizations, and communities. According to Seligman & Csikszentmihalyi, (2000),

"The field of positive psychology at the subjective level is about valued subjective

experience: well-being, contentment, and satisfaction (past), hope and optimism

(future), and flow and happiness (present). At the individual level it is about positive

individual traits--the capacity for love and vocation, courage, interpersonal skill,

aesthetic sensibility, perseverance, forgiveness, originality, future-mindedness,

spirituality, high talent, and wisdom. At the group level it is about civic virtues and

the institutions that move individuals toward better citizenship, responsibility,

nurturance, altruism, civility, moderation, tolerance, and work ethic" (p. 6).

The positive psychology lens has much to contribute to the organization discussed in the

OIP in terms of a newer perspective and approach to mental health—a shift from mental

illness to mental wellness. It will provide a fresh style of leadership and organizational

development and integrate an appreciative framework and process to navigate change at the

various levels of the organization as defined by the ecological model. Barbara Fredrickson

(2001) stated, "the mission of positive psychology is to understand and foster the factors

that allow individuals, communities, and societies to flourish" (p. 218). Gable and Haidt

(2005) suggested that:

"...the task of positive psychology is to understand the factors that build strengths,

outline the contexts of resilience, ascertain the role of positive experiences, and

delineate the function of positive relationships with others. Positive psychology

seeks to understand how all of these factors contribute to physical health,

subjective well-being, functional groups, and flourishing institutions. (p. 108).

Since the field of positive psychology is a relatively new emerging field, this OIP has the opportunity to contribute to the action-research literature related to firefighters' mental health utilizing positive frameworks, change strategies, and evidence-based interventions.

Mental health in the fire service. Evidence-based literature has demonstrated that the high levels of stress experienced by firefighters is not attributable to any one factor, per se. In fact, it is a result of many compounding determinants, such as organizational stressors (Stinchcomb, 2004) such as shift work and emotional labour (Blau et al., 2012), the incident itself, being a responder, the media, and public responses to the operations and outcomes of the incident. The accumulative effects of these, along with their regular life stressors and support levels, influence the physical and psychological well-being of firefighters. In addition to fighting fires, firefighters experience other hazards. In fact, their job requirements range far beyond what an average citizen experiences and may include extracting accident victims from motor vehicles and sometimes handling deceased persons, including children. It is easy to see that firefighters have an elevated exposure to potentially trauma-inducing events.

A firefighter's work is predominantly centered on rescue operations. Perceived negative aspects of this profession include working shifts, fatigue, lack of time to maintain a good physical condition, and not having enough time for family and friends. Research has revealed that prevalence rates of OSI (including PTSD) for firefighters often exceed those found in the general public and/or can resemble the effects of actual primary trauma victims (Corneil, Beaton, Murphy, Johnson, & Pike, 1999; Kessler, Sonnega, Bromet, Hughes, & Nelson, 2005; Wagner, McFee, & Martin, 2010). First responders who have an especially high-risk of OSI include those with pre-existing histories of mental illness, previous injuries sustained during prior rescue operations, and those who screen positive for symptoms of PTSD or other psychological

disorders in the initial aftermath of the event. Considering the prevalence of mental health consequences in first responders, developing prevention and intervention strategies must be seen as a core objective, alongside the promotion of mental wellness throughout one's education and career (Regehr, Hill, Knott, & Sault, 2003; Regehr & Bober, 2005; Jarden & Jarden, 2017). Given the high risk factor, it is paramount that LU work in collaboration with management to leverage the internal and external resources necessary to meet the growing needs of its members.

As suggested by the ecological lens, it is necessary to consider and explore all the organizational factors that are related to the individual, as well as those which extend to the family and life beyond the workplace. The occupational stress literature points to multiple factors that form work perceptions and experiences, such as the quality of connections and interactions, autonomy, demands of the job in relation to capacities and abilities, and connection between interests and job requirements (Beiser, 2005; Ettner & Grzywacz, 2001; Polanyi & Tompa, 2004; Wang & Patten, 2001). These findings are very much aligned with the research in positive psychology and speak to concepts such as optimism, high quality connections, self-efficacy, flow experiences, and the importance of having a sense of meaning and purpose. All of these are critical factors influencing one's sense of well-being within both personal and professional domains.

A study exploring job satisfaction in Japanese firefighters (Saijo et al., 2008) found that job satisfaction was influenced by role clarity, demands of the job, quality of social connections, and family support. In turn, these factors were significantly correlated to physical and psychological health outcomes. Other American studies (Beaton et al., 1997; Corneil, 1995; House, 1981) validate the significant role that both personal and professional social relationships play in mediating stress symptoms. It has been found, however, that in the first responder

culture, firefighters are more prone to turn their negative stress responses from work toward their families and personal relationships. This creates difficulties and conflicts within these relationships, resulting in strained interactions and preventing the required supportive aspects to be shared (Anderson & Lo, 2011). This has resulted in triple the number of divorces amongst firefighters when compared to the regular population (Barnes, 2000; Gagliano, 2009).

Overall, research has suggested that it is important to gain a full understanding of the mental health consequences experienced by first responders, specifically firefighters, stemming from undertaking man-made and natural disaster work (Regehr & Bober, 2005). Early detection and treatment of firefighters with mental illness, along with the removal or decrease of stressors, are important actions needed to decrease individual suffering, as well as economic burdens or other stressors on the family and society (Regehr & Bober, 2005). Given this evidence-based literature, this OIP intentionally uses the ecological model as a means of encapsulating the domestic and work environments as priorities in prevention and reintegration processes for dealing with OSI within the fire service.

Internal data: The fire service and its LU have, in partnership with a local mental health association, conducted a Need and Capacity Assessment (NCA) in 2015. The resulting report and its findings have provided guidance and recommendations to both the fire service and LU on how each can participate in providing services and support to their firefighters (Union: Document, Needs and Capacity Assessment, 2015). This has further provided an opportunity for the LU and the fire service to collaborate to meet the needs of the membership. The Union: Report (2017) provided the following areas of focus for the recommendations:

- Staff Selection and Training

- Supervisor Education

- Peer Support

- Administration Supports

- Systems Supports

- Develop and implement a comprehensive wellness program

External data: The increasing mental health issues and trauma that plagues the first responder community (fire, police, and EMS) as a result of their regular and prolonged exposure to traumatic events has become increasingly apparent to a variety of constituents (e.g., mental health community, LU, and the fire service). This is evident by the increase in reports and media coverage in the local and national news where awareness and attention turned to the rising number of suicides and mental health incidences. The Tema Conter Memorial Fund (TEMA) (Savoia, 2017) reports that approximately 25% of the public safety suicides for first quarter of 2017 are by firefighters. This has increased from last year's total of 15% (Savoia, 2017) and has triggered a reactive response from the Centre for Addiction and Mental Health (CAMH) to assist with post-care Employee Assistance Programs (EAP) and Red Cross Services in an effort to reduce the effects of OSI and post-trauma symptoms (Union: Document, 2014). The public safety sector has been losing almost 70 personnel to suicide each year and growing for the past three years (Savoia, 2017).

There have been limited studies of OSI and PTSD in the firefighter population when compared to other populations. Corneil, Beaton, Murphy, Johnson, and Pike (1999) estimated that approximately 17% of Canadian firefighters presented with symptoms of PTSD, a finding that is comparable to that reported for American firefighters and Vietnam veterans (Mitani, 2008). Corneil et al. (1999) also demonstrated that Canadian firefighters with more than 15 years of service showed significantly increased odds for developing PTSD, supporting the premise of

the cumulative effects of exposure to trauma over the course of a firefighter's career. The

development of OSI and posttraumatic stress in the firefighter population often occurs when a

firefighter has experienced an event that has exhausted or exceeded his/her current coping

abilities (Flannery, 1999). Compared to the general population, firefighters are twice as likely to

suffer from PTSD (Wagner, McFee, & Martin, 2010; Savoia, 2017).

The pace of implementing needed interventions and prevention has not been meeting the

growing incidence rate, reported issues, and loss (Union: Personnel Communication, Union

Leader, 2017). The LU leaders need more support and resources to meet the needs of their

membership. This OIP offers strategies that seek to balance the essential hierarchical structure

necessary for fire service operations and a framework that supports and promotes firefighters'

adaptiveness and social connections through learning and continuous improvement strategies.

Drawing upon innovative approaches from the sciences of positive psychology, leadership, and

organizational change, this OIP will support LU leaders in their current endeavour to better

support the mental health of their firefighter members by creating a foundational group called the

Executive Wellness Collective (EWC^2), which is based on the Networked Improvement

Community (NIC^2) model discussed in Chapter 2. The function of the EWC will be to help co-

construct the broader vision of developing an infrastructure and network referred to as the

Wellness Learning Community (WLC^2), a network designed to promote a culture focused on the

promotion of mental wellness rather than solely focusing on mental health deficits.

Questions Emerging from the PoP

As this OIP progresses, it will seek to consider the above factors in its attempt to offer

viable sustainable inclusive approaches to help LU leaders to support its union members with

their mental health. Some of the emerging questions from this OIP include:

1. What are specific immediate resources and strengths internally and externally that the LU can leverage?

2. What are the immediate potential challenges or barriers? How can they be overcome or navigated?

3. How can the LU effectively respond and implement change given the accelerated need for action?

4. How can the LU address the fluid dynamics of mental health concerns and cultivate and sustain a culture of wellness?

This OIP will draw on educational leadership, positive psychology, and appreciative inquiry to provide insights to the above questions. By extracting the best from various disciplines and consolidating their benefits, this OIP hopes to contribute to solving this tenuous dilemma with co-constructing a foundation of positive strategies and champions for the fire service. The hope is to lay the groundwork for a whole systems approach through a series of incrementally growing group interventions.

Leadership-Focused Vision for Change

Present and future states. The current state of the approach to mental health with LU and the fire service is fragmented in some areas and duplicating services in other areas. Fortunately, both parties have a strong desire to find new ways to effectively address the mental health issues and evolving dynamics that are emerging in terms of their procedures and protocols. For example, the current procedures to obtain support are not as easy to navigate by persons that are going through crisis, making the path to access help or treatment efficiently inaccessible. Furthermore, there are no current strategies or protocols to assist members to return to work effectively and safely after a mental health leave. The OIP hopes to offer a supporting

structure and approach to align services and resources to work in tandem and assist in addressing some of these arising concerns.

According to Bolman and Deal (2013**),** emphasis should be placed on having a shared and cohesive culture rather than solely a clearly delineated structure. It is group dynamics that provide the force to propel people forward. Excellence and extraordinary performance are possible when teams are able to work together cohesively and, in doing so, elevate each other. This is consistent with the philosophy and theory behind Positive Leadership **(**Cameron, 2008, 2012, 2013) and Appreciative Inquiry **(**Cooperrider & Srivastva, 1987; Cooperrider et al., 1995; Cooperrider et al., 2005; Cooperrider, 1986), which will be discussed in Chapter 2 as part of the leadership approach and change methodology of this OIP. If the LU can create a cohesive Executive Wellness Collective (EWC), members of the Collective will act as champions for mental wellness within their immediate contexts with the intention of further advancing the concept of "mental wellness" to a broader audience as the WLC is expanded. More details on the communication strategies to champion mental wellness and grow the WLC are provided in Chapter 3.

It is imperative that the LU and EWC integrate and apply the tools and strategies to build their own resilience if they are to be effective in providing optimal services and support. Working with mental health within the arena of organizational dynamics is a delicate situation and requires a high level of sensitivity and care, which can be difficult during times of accelerated change and turbulence. Therefore, group and organizational resilience is a key factor to successfully navigate the transition at all levels of the organization. The skills and abilities that will be acquired by the LU leaders and EWC will be transferable and applicable to larger organizations and ultimately the community at large. Kleim and Westphal (2011) suggested that

the research of Burke (2000), Collins and Gibbs (2003), and Kirkcaldy, Kircaldy, Cooper and

Ruffalo (1995) support that "organizational characteristics need to be addressed when tailoring

prevention programs to specific first responder populations….Systematic study of the

preventative impact of these programs on first responders using longitudinal prospective design

has the potential to greatly advance our understanding of risk and resilience in first responders

and other populations working with trauma survivors" (p. 21). This OIP will present

opportunities for implementation of longitudinal research and measures to support the evaluation

and effectiveness of its plan, while concurrently applying a progressive tool to enhance

continuous improvement and assessment to accommodate the accelerated pace of change. This

will be outlined in Chapter 3.

Organizational Change Readiness

According to Armenakis, Harris, and Field (1999, as cited in Cawsey, Deszca & Ingols,

2016), the factors indicative of the readiness for change appear to be met by the LU and its

members.

1. The need for change has been clearly identified through the gap and needs analysis

   prepared by the third party collaborator. The findings and recommendations have been

   acknowledged and are under consideration.

2. Based on the grim consequences and tremendous loss of firefighter lives that the

   organization has seen over the past few years, there is an overwhelming support for

   change by the management, LU, and the members, who have been successful in gaining

   favour and resources at both the municipal and provincial levels.

3. Despite issues that can be associated with large scale transformational processes, LU

   leaders are still motivated to pursue change and open to collaborative opportunities to

assist with addressing the issues for its members and build confidence levels needed for
the associated changes.

4. Mental health has become one of the top priorities of the LU, its governing association,
   the fire services, and associated first responder communities. They have been focusing
   many of their resources to respond and help the increasing number of occupational stress
   reported cases coming forward by offering preventative and supportive services.

5. The benefits of collaborating with external partners offers the opportunity for the LU to
   add to their existing initiatives and resources to service more of its members. It also
   increases the possibilities of putting more preventative measures in place, while also
   building in new components to reframe the focus to promote mental wellness.

Implicit changes. The most prominent potential implication for the LU internally is the
use of its human resources to better support its own current infrastructure. Sensitivity and
confidentiality are critical considerations for LU workers, so the EWC, as an extension of the
LU, will uphold trust and respect for participants. By incorporating a more inclusive approach to
enhance its efforts in providing mental health education, supports, and resources to its members,
the LU is deconstructing its current limited reach and co-creating a system with more outreach
potential and impact.

Explicit changes. The LU anticipates undertaking a formidable task of initiating a large-
scale mental health transformation. The implication of embarking on this endeavour could have
mass appeal in the eyes of the public, its members, families, and other first responder
communities. It would demonstrate the dedication and commitment of the LU to creating a
culture and paradigm shift to a problem plaguing their current system. It would be addressing the
problem from all fronts and mitigating the influences of negative factors that are consistently and

unrelentingly part of the job. It proposes an opportunity to really integrate and educate the public

to the true diversity and nature of the profession, along with providing insights into the risks and

potential personal consequences that are part of firefighters' service for the greater good.

Communication Plan for Change

      Building awareness of need for change. Based on discussion with LU leaders,

firefighter members, and the management team, it is evident that they are all aware of the need

for change. There have been efforts to initiate change but all with specific elements or areas, as

discussed earlier. The current strategy is fragmented because the delivery and actions address

small pieces of the problem (case by case) thus having little or no impact on the big picture (the

approach to mental health). For example, the fire service is providing support through using

municipal resources while the union is offering similar services using internal resources. Neither

support is easily accessible by afflicted members and their families during times of crisis.

Members are required to navigate through very complex communication channels crossing

various departments and agencies, repeating their situation, leaving them exhausted and further

depleted from the process of attempting to access help. Services and processes need to be

streamlined to become more accessible and efficiently conducted (Union: Personal

Communication, 2017). The OIP, therefore, will support the current efforts toward change by

providing a mechanism and strategies for identifying and implementing changes that involves

engaging stakeholders and new potential collaborators as resources. This will begin by having

open conversations with LU leaders and members. It will include discussions with internal and

external teams to gain further insight into the current state of strengths and gaps. The dialogue

will consist of positive psychology language in an effort to start creating a shift from the current

deficit-focused strategies. Cawsey et al. (2016) emphasized the need for open engaging dialogue to facilitate the process and energize champions to become part of the drivers for change.

Another approach will be to engage LU leaders and members from a perspective of curiosity and inquiry through the Appreciative Inquiry process. This aligns with Katz and Dack's (2014) premise of collective curiosity as a means of motivating engagement and connection to the PoP and its goals. The AI approach and practices will be described in Chapters 2 and 3.

Communication strategies. A comprehensive communication strategy will be presented in Chapter 3, including the use of Cawsey et al.'s (2016) communication plan. Their plan structured the communication for change in multiple stages during the change process. Cawsey et al. (2016) articulated the following phases:

1. Pre-change phase.

2. Developing the need for change phase.

3. Midstream phase.

4. Confirming the change phase.

The pre-change phase will involve presenting the OIP to LU leaders and collaborating with them to identify areas of alignment between the intention of the plan and mental health initiatives they are already committed to addressing in their organization. Once the key leaders are on board to advance with the suggested (not definitive) strategies of the OIP, the focus will turn to engaging the key players to build and recruit an EWC, through mutual decision-making and collaboration, using the positive psychology principles and AI methodologies. The goal is to form an EWC to champion the cause of promoting mental wellness within the organization. Engaging others beyond the EWC will take place in the development of the "need for change phase" (Cawsey et al., 2016). The midstream phase will focus on creating energy behind

communicating small wins and sustaining change. The goal will be to keep leaders and

membership apprised of updates, successes, and areas of ongoing improvements. The importance

of continuing engagement is to maintain support and commitment, while minimizing the spread

of misinformation, ambivalence, and resistance to ongoing efforts (Cawsey et al., 2016). The

final phase will continue to communicate successful outcomes and reinforce the continuous

improvement aspect of the transformation. This structured communication plan will be

embedded within the Change Implementation Plan in Chapter 3.

In conclusion, the opportunity to explore the PoP through various lenses has led to a

better understanding of the dynamics and nuances LU leaders face when dealing with mental

health issues in a firefighting context. There are many levels of interaction and complexities that

need to be taken into account as well as the added challenges of finite resources, knowledge, and

human capital just to address the immediate priorities. The multitude of dynamics and growing

prevalence of poor mental health in this sector of the population supports the OIP's position of

initiating a transformation process to approach the problem at scale. The hope is to create and

integrate a solution process that will positively shift momentum and focus toward a mental

wellness culture.

Chapter 2: Planning and Development

In Chapter 1, the Problem of Practice (PoP) was introduced using the ecological lens. Consistent with this multi-level perspective, research has shown that organizational change also occurs on multiple levels: the organization as a whole, departmental working groups, and the individual level (Burke & Litwin, 1992; Goodman & Rousseau, 2004). Organizational change also occurs in different areas and aspects such as individual tasks, organizational processes (including interpersonal interactions), organizational culture, attitudes, and strategic direction or structure (Conner & Lake, 1988; Bergquist, 1992). Chapter 2 will continue to build upon the frameworks introduced in Chapter 1 and select the models to facilitate the organizational change. This chapter will define the "how" and "what" to change, followed by a proposed solution for the PoP and leadership approach to change.

Bunker and Alban (1997) proposed that organizational/community changes (large group) should be inclusive of a critical mass of those people (internal and external) being affected by the change. This can be very difficult to do logistically and methodologically without a system in place or advocates facilitating the process. It is critical that people:

1. Understand the need for change (current reality);

2. Analyze and decide what needs to change; and

3. Co-create how to change.

Including the population affected in the planning and implementation of change results in more support for the change, making it more likely to succeed and be sustainable (Bunker & Alban, 1997). For large organizational changes and interventions to be sustainable, it is essential that benefits for all levels within an organization are clearly articulated and valued (Bunker & Alban, 1997). In an attempt to achieve as much alignment with the Local Union's (LU) current mental

health initiatives and issues, this OIP uses collaborative models such as Appreciative Inquiry

(AI) to engage as many stakeholders in the process as possible. It is hoped that by applying

positive psychology-infused practices, such AI and Positive Leadership (PL), organizational

change and development will be facilitated through strategic solution-focused thinking and

commitment (Cameron et al., 2003).

Frameworks for Leading the Change Process

Organizational change theory has experienced its own evolution as multiple models have

been developed and proposed. One of the initial models was introduced by Lewin (1947).

Organizational change was described as a three-step process (illustrated in Figure 2.1). This

model is still applied today in various scenarios and with minimal resistance.

Figure 2.1. Lewin's (1947) Stage Theory of Change

Note: Illustration adapted from Cawsey, T. F., Deszca, G., & Ingols, C. (2016). Chapter 9:
  Action planning and implementation. In *Organizational change – An action-oriented toolkit*
  (pp. 297–334). Thousand Oaks, CA: Sage Publications, Inc.

The unfreezing stage involves a disruption of beliefs and assumptions as a motivation to

break away from the status quo. This can be represented in a crisis or a break in the norm. The

change stage is marked with ambivalence and fluctuation and involves action, research, and

refinement. The refreezing occurs once the changes have been implemented and put into place.

The Refreeze is a stage intended to establish a new norm(s). It is important to note that Lewin's

(1947) model demonstrated that organizations that become too inflexible are not able to adapt to

a changing world (Cawsey et al., 2016).

Kotter (1996) expanded upon Lewin's model by prescribing a more detailed process consisting of eight sequential steps. His model provided specific actions and indicators that illuminated when to progress to the next step. Kotter's (1996) process is listed below:

1. Establish a sense of urgency about the need to achieve change;

2. Create a guiding coalition;

3. Develop a vision and strategy;

4. Communicate the change vision;

5. Empower broad-based action;

6. Generate some short-term wins;

7. Consolidate gains and produce more change; and

8. Anchor new approaches in the corporate culture (as cited in Cawsey et al., 2016).

Kotter (1996) saw the pace of organizational change had accelerated and recognized that, based on globalization, technological advances, and social trends, it was not going to slow down. Such factors could ultimately not only represent sources of disruption but also of opportunities. These disruptive opportunities can provide leaders with the circumstances to create and sustain successful transformation in order to remain relevant and competitive in their respective sectors and markets (Kotter, 1996).

In response to both process and prescription, Cawsey, Deszca, and Ingols (2016) devised the Change Path Model, a five-phase change model. This model provides more detail than Lewin's but is less prescriptive than Kotter's. It also takes into consideration the significance of identifying gaps and considering the emotional impact of change. The Change Path Model is presented in Figure 2.2.

Figure 2.2. The Change Path Model
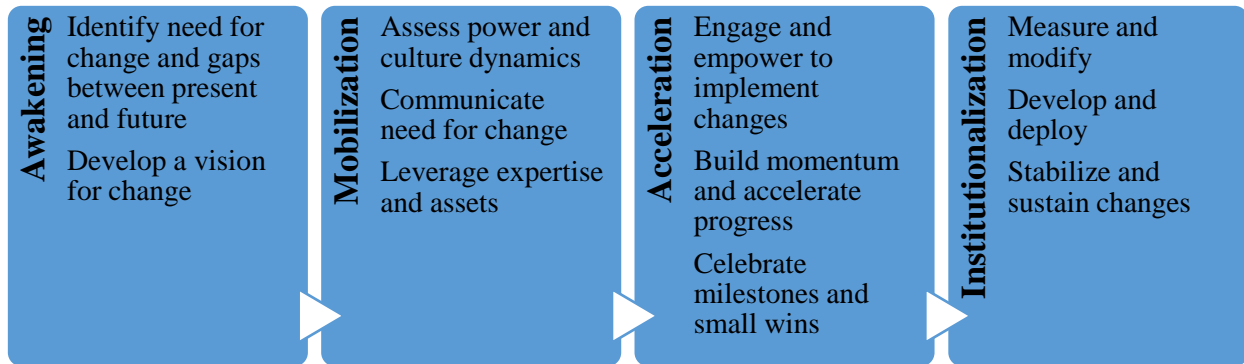
Awakening	Mobilization	Acceleration	Institutionalization
Identify need for change and gaps between present and future / Develop a vision for change	Assess power and culture dynamics / Communicate need for change / Leverage expertise and assets	Engage and empower to implement changes / Build momentum and accelerate progress / Celebrate milestones and small wins	Measure and modify / Develop and deploy / Stabilize and sustain changes

Note: Illustration adapted from Cawsey, T. F., Deszca, G., & Ingols, C. (2016). Chapter 9: Action planning and implementation. In *Organizational change – An action-oriented toolkit* (pp. 297–334). Thousand Oaks, CA: Sage Publications Inc.

For this OIP, the Cawsey et al. (2016) Change Path Model has been adapted from a four-step change model to a five-step process. This was done to demonstrate sensitivity towards mental health terminology and to use language that is more aligned with the affirmative processes. For example, the word 'institutionalize' was replaced with the words 'adapt' and 'adopt.' For the purposes of this OIP, the adapted Cawsey et al., (2016) Change Path Model will be referred to as the A5 (Awaken, Aspire, Accelerate, Adapt and Adopt) Model (A5), illustrated in Figure 2.3.

Figure 2.3. The A5 Model

Awaken	Aspire	Accelerate	Adapt	Adopt
Analyze internal and external environments for supportive and resistant forces influencing change.	Build leadership coalitions to advocate and communicate change vision moving initiative forward.	Engage and empower others (acquiring more strengths and resources) in continuing momentum towards milestones.	Monitor with measures and modify processes for continual improvement	Integrate changes as part of the system and culture, refining for sustainability

Note: Adapted from Cawsey, T. F., Deszca, G., & Ingols, C. (2016). Chapter 9: Action planning and implementation. In *Organizational change – An action-oriented toolkit* (pp. 297–334). Thousand Oaks, CA: Sage Publications, Inc.

The A5 model will provide an organizational structure through a flow of tasks and progress markers. It will be complemented with the Appreciative Inquiry framework to improve the quality of interactions, accelerate the process, and provide an affirmative context described in the next section. Chapter 1 introduced the first and second stages of the A5 change model: Awaken and Aspire. It analyzed the organizational environment internally and externally, identifying the factors that would support and challenge change. Having this understanding of the existing organizational culture and structure informs the OIP, the LU leaders, and the Executive Wellness Collective (EWC) of how to plan and co-create an effective and sustainable mental wellness initiative. Chapter 3 will suggest how applications like Appreciative Inquiry can be used to Accelerate, Adapt, and Adopt proposed changes with monitoring and evaluation tools in place for continual improvement and growth.

Appreciative inquiry. Traditionally, organizational development was focused on fixing the issues or problems within an organization. The time and resources were spent in unraveling causes and then developing solutions to these problems. Appreciative Inquiry (AI) approaches organizational development from a different angle. It focuses on extracting information about the successes and strengths of the organization though the use of strategically formed questions (Cooperrider & Srivastva, 1987; Cooperrider et al., 1995; Cooperrider et al., 2005; Cooperrider, 1986). The premise of AI is that energy, time, and resources are best spent discovering and leveraging the strengths of what is working within an organization (rather than what is not working) to further enhance the ability to execute and communicate new outcomes and goals.

To facilitate and accelerate transformation, the AI approach is inclusive in its process and seeks

opportunities to engage all stakeholders (internal and external) at all levels for input and

collaboration (Ludema, Whitney, Mohr, & Griffin, 2003). For the purposes of this OIP, the

stakeholders would include the LU leaders, firefighter members, representation from the fire

service management, family members, and community mental health and educational

professionals. The Appreciative Inquiry Summit can serve as a platform to bring together these

stakeholders for a three- to five-day process to participate in the Appreciative Inquiry 4-D

process (Holman, DeVane, & Cady, 2007; Ludema et al., 2003). The AI 4-D process consists of

four stages for the participants to engage and collaborate: Discovery, Destiny, Dream and

Design, as shown in Figure 2.4.

Figure 2.4. Representation of the Appreciative Inquiry 4-D Cycle
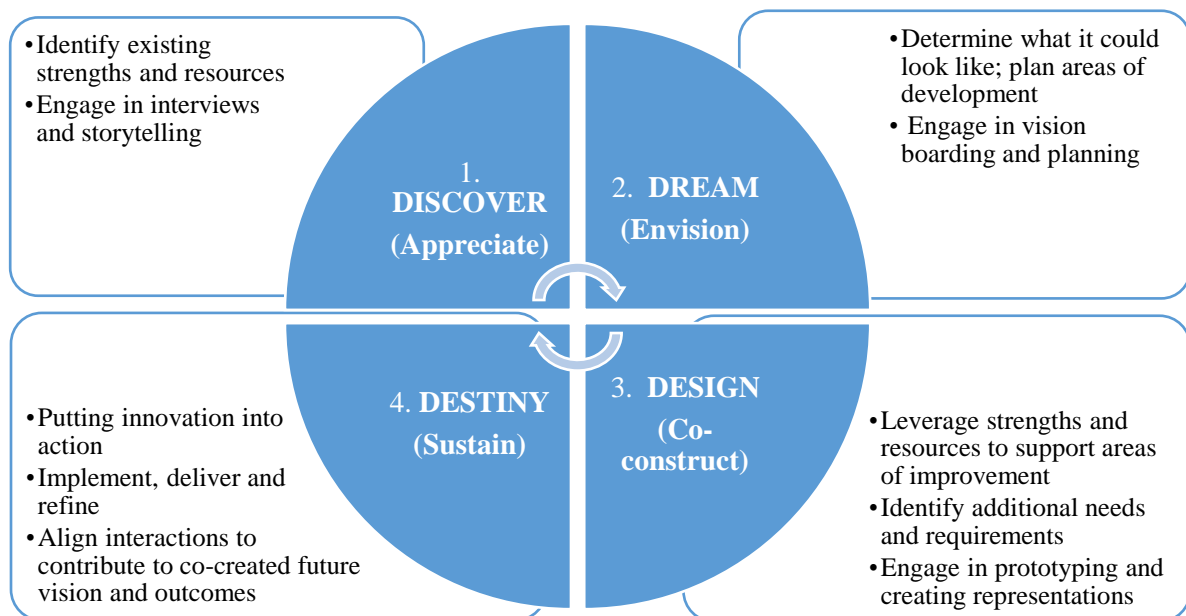
Note: Illustration adapted from Cooperrider, D., & Whitney, D. D. (2005). *Appreciative inquiry: A positive revolution in change*. Berrett-Koehler Publishers.

The AI process has been proven to be an effective method for engendering trust and engagement in teams and organizations through the use of creativity and the pursuit of excellence (Ludema et al., 2003). According to Rogers and Fraser (2003), AI has been developed based on the concept that people and organizations will gravitate toward conditions that provide energy and life; this is called the heliotropic principle (Rogers & Fraser, 2003). This principle will be discussed in more detail in the positive leadership section of this chapter. The AI approach will assist LU leaders in identifying the values of its firefighter members and prioritizing how to go about building a system that will best support their mental health needs. This aligns with a social constructionism view that truth is not a single reality, but one that is comprised of the multiple contexts in which one exists (Coghlan, Preskill, & Catsambas, 2003), which is also consistent with the ecological perspective of this OIP.

In their research, Cuichi, Bragaru, and Cojocaru (2012) found that AI was successful in achieving rapid organizational change through the use of more affirmative language, which positively influenced the way participants viewed and described their organization. McNamee (2003) studied AI within academic settings and found that its application was able to improve interpersonal interactions and humane characteristics of the programs being delivered. These findings suggest that AI would be of value to the firefighter population given that the LU is operating under pressure to respond to the increasing needs of its affected members and are in need of collaborative solutions. For example, LU leaders must navigate and mediate many related interpersonal conflicts, resistance to additional training programs, and many other politically and emotionally charged issues. As a result of the multifaceted demands, LU leaders are not always in a position to respond sensitively to the needs of its members due to the constraints on human capital and other resources, as described in Chapter 1. Utilizing AI

strategies would provide opportunities for firefighters to voice support and contribute to co-constructed interventions and implementation, as well as have direct agency and impact on how mental wellness can be promoted within the fire services.

Thus, the proposed remedial-incremental (Tushman & Romanelli, 1985) transformation outlined in this OIP has organization-wide impact for the future. But being consistent with Bartunek and Moch's (1987) description of first-order change, this OIP suggests its intention to first establish the EWC by engaging a few members of the organization before involving the organization as a whole. This initial change is currently happening at an individual and small group level. The second order of change will be demonstrated when the EWC co-constructs the transformational systems to be implemented organization-wide, as part of their overall evolution (Levy & Merry, 1986).

Critical Organizational Analysis

As described in Chapter 1, the fire services have maintained a rigid hierarchical structure to provide a clear line of command and procedures, especially necessary to function effectively during emergency calls. Given the nature of people who are required to work under such linear power and control, it is likely that there will be resistance to the notion of change or transformation, as there is a respect and appreciation for tradition and history for the fire service culture (Daft, 2001). Even though the intended proposal does not infringe on the existing organizational structure or that of the LU, it does involve creating an extension to support the current configuration.

Networked improvement communities. Based on the current Problem of Practice (PoP), LU leaders are faced with myriad complexities associated with mental health that are beyond the scope of their regular duties, abilities, and knowledge. This creates the need for

external knowledge, skills, and resources that are readily available but not always currently accessible. To address this vital need, the OIP proposes the development of a Networked Improvement Community (NIC) as introduced by Bryk, Gomez, and Grunrow (2011). "A networked improvement community is a distinct network form that arranges human and technical resources so that the community is capable of getting better at getting better" (Englebart 2003, as cited in Bryk et al., 2011, p. 6). By creating an NIC, the LU stands to gain access to a breadth and depth of required knowledge and expertise that can assist in providing essential solutions and services (Bryk et al., 2011). It is also a means of creating opportunity to cultivate internal relationships and understandings for current members within the organization. Participating in a collective of professionals, with a like-minded mission to promote mental wellness, would be an attractive opportunity for those with altruistic or professional values to engage and exercise their expertise for the greater good.

Renaming the NIC to the Executive Wellness Collective (EWC) for this OIP opens the opportunity to participate in a collaborative community-focused initiative with potential for social and professional recognition for its members — the champions for the project. The purpose of the EWC is to participate in a transformational AI process to identify key areas to address the PoP. This process will facilitate collaborative decision-making regarding who to engage based on position, resourcefulness, and expertise to further develop interventions and establish a broader NIC called the Wellness Learning Community (WLC). Members of the Wellness Learning Community will co-construct a framework to best enable them to achieve the desired measureable outcomes in promoting a mental wellness culture.

Using the model of an NIC is appropriate for the LU and fire services as this model has been designed specifically for those situations that do not conform to a specific approach but

rather require a method that embraces diversity and complexities (Bryk et al., 2011).The strategic use of the NIC approach at both levels, EWC and WLC, is to maximize commitment of time, resources, and knowledge on a network of people, without overextending their energies and interests, in achieving a common goal (Bryk et al., 2011). The creation of a common goal is central to the formation of the EWC, as it influences who decides to participate, as well as facilitates the ability to harmonize the group to work effectively and efficiently as a unit (Bryk et al., 2011).

HERO model. As discussed throughout this OIP, the emphasis for mental wellness must be addressed at multiple levels; individual, group, and organizational. Consistent with this train of thought, Salanova, Llorens, Cifre, and Martinez (2012) offered a model that will not only resonate with our population but also align with the ecological philosophy: The Healthy and Resilient Organizational Model (HERO). The HERO Model promotes positive health and well-being through integrating practices and resources at each level. The HERO model has been developed based on theoretical and empirical evidence (Llorens, del Líbano, & Salanova, 2009; Salanova, Llorens, Cifre, & Martínez, 2011; Vandenberg, Park, DeJoy, Wilson, & Griffin-Blake, 2002) and suggests that the combination of three key elements cultivates a resilient organization, as illustrated in Figure 2.5:

1. Healthy organizational resources and practices, including leadership;

2. Healthy employees (OIP adapted to include Seligman's (2011) Pillars of Well-being); and

3. Healthy organizational outcomes, including aspects like performance (Salanova et al., (2012).

Figure 2.5. The Integrated HERO Model (Healthy and Resilient Organizations)

Note: Illustration adapted from Salanova, M., Llorens, S., Cifre, E., & Martinez, I. M. (2012). We need hero! Toward a Validation of the Healthy and Resilient Organization (HERO) Model. *Group & Organization Management*, 37, 785–822.; Seligman, M. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.

The HERO Model takes into consideration the fact that the health of the organization's members extends beyond the scope of the work environment, which is an ecological view. It regards its healthy practices and resources as investments positively influencing the community, again supporting and aligning with the growth of this wellness initiative.

Both the Networked Improvement Community Model (Bryk et al., 2011) and the HERO Model (Salanova et al., 2012) embrace and apply the frameworks presented in OIP; Ecological (Bronfenbrenner, 1977); Positive Psychology (Seligman, 1999; Cameron, 2008) and Appreciative Inquiry (Cooperrider, 1986). Through the application of the tools and strategies provided by these models and frameworks, the LU will be able to best devise and customize the most effective methodology to address the PoP.

Possible Solutions to Address Problem of Practice

Mental health is a complex topic that encompasses a wide range of issues and conditions, and there is just as wide a range of approaches for the associated concerns. The LU cannot possibly address each issue as its own problem and come up with individual solutions. Nor is it beneficial to implement a cookie-cutter, one-size-fits-all approach when it comes to mental health. This section will present three potential strategies, followed by a single recommendation by taking into consideration the current state and measures the LU has taken, as described in Chapter 1along with the proposed frameworks and models described above. Each solution will be briefly described, including a description of the resources required to implement it, and a summary of benefits and disadvantages. The recommended solution will then be the central topic for Chapter 3.

Maintain the status quo. This first option requires the LU to continue with the current initiatives and training they currently have in place. They can continue offering the peer support services and respond to the reported cases using current practices. This option does not require any additional costs, time, or human resources. Benefits include not having to expend time trying to find additional resources to facilitate change. The risk of continuing with the status quo, unfortunately, may lead to exhaustion of current resources, time, human, and fiscal, as the demand gradually increases beyond the manageable capacity.

Focus on those affected. This second option would suggest that the LU strictly focus its energies and resources toward those members who are reporting and requiring treatment and recovery. The intention would be to refine the line of protocols and procedures for those who are seeking support in order to streamline and expedite access to treatment. New resources that would be required include additional time, human, and fiscal support. Possible new technology

and training may also be required. The downside to this solution is that many members do not report mental health issues and would fall under the radar. Additionally, the LU does not deal only with mental health issues and, as a result, it would have limited human capital and resources to focus on this as a primary area. This approach may also have vicarious impact on LU leaders themselves, as they would only be focused on the mentally afflicted. There would be missed opportunity to capitalize on what is working within the organization and the members that are thriving, despite the challenges and hazards of the fire service as an occupation.

Promote mental wellness with founding an Executive Wellness Collective. This final option calls for the LU to try an innovative approach by seeking resources in a collaborative way. It provides opportunity for LU leaders to engage with internal and external partners with diverse skill sets and expertise to address mental health. The goal would be not only to assist those that currently require support (reactive) but also to emphasize the promotion of mental wellness as a means of mitigating the effects of occupational stress injuries (proactive). The benefits to this strategy include sharing the burden of required resources (time, human, fiscal) across community partners and enhanced optics to the membership and general public by servicing of the membership as a whole, rather than segregating and attending to those afflicted members only. It could be an easier way to open the dialogue around mental wellness versus the current emphasis on mental illness. This could also be considered a new innovative way of approaching mental health within the emergency services, and the LU could stand to be a recognized exemplar. This solution also provides the potential for improving the quality of life for firefighters, professionally and personally. Some of the disadvantages of this solution are that it requires time and commitment from a number of stakeholders. This a long term project with

huge potential impact; however, the culture may be difficult to penetrate when one takes into account its traditional values and beliefs.

Based on the three options provided, it becomes evident that the third option offers the most inclusive and potentially impactful solution to the PoP. Although it seems that it may be a daunting project, Chapter 3 will provide a structure and tools to help facilitate the first phase of establishing an Executive Wellness Collective, which in turn will assist the LU in championing forward the mental wellness initiative, building momentum toward the ultimate goal of optimal mental wellness culture.

Leadership Approaches to Change

According to Li (2010), being an open creative leader is an essential art form because of the need to communicate and interact with people and provide guidance with influence and purpose. Having an open leadership approach by balancing humility and confidence develops better levels of commitment from people toward common goals (Li, 2010). These will be key attributes needed from LU leaders in gaining buy-in for the recruitment of members for the EWC. Moreover, these attributes will be necessary throughout the AI process as it shares control, allowing for other voices to be heard.

Northouse (2016) defined leadership as "a process whereby an individual influences a group of individuals to achieve a common goal" (p. 6). Northouse (2016) also stipulated that leaders have an ethical responsibility to be attentive towards the needs and concerns of their followers. This is demonstrative of the action and lobbying LU leaders have taken in order to bring the mental concerns of their membership to the forefront. Communicating messages and concerns about mental health and wellness effectively, is part of developing the leadership skills necessary for change with LU leaders; which can be refined over time (Marques, 2008). The

ability to integrate the diverse skillsets and attributes of an effective leader will strongly

influence the capacity to reduce resistance and increase acceptance to proposed change

(Kotlarsky, van den Hooff, & Houtman, 2011). Reducing the resistance can be achieved through

co-constructing interactions between two or more parties (Marques, 2008). The notion of co-

constructing is not familiar within environments in which hierarchy and chain of command are

valued, especially when leading in dangerous situations. Leaders in the fire service are

frequently operating under high pressure in dangerous situations. This has unique implications

on the psychological, physical, and social aspects of their lives and health. As a result, it is even

more vital that they have stronger leader-follower relationships, trust, and cohesion than

organizations not under such high-stress situations. The art of leadership has evolved and entails

the ability to recognize when to use various styles — formal versus the unconventional — to

maximize the quality of interactions and outcomes (Sweeney, Matthews, & Lester, 2011).

Sweeney, Matthews, and Lester (2011) proposed that having a more holistic system

approach to leadership would be more conducive to managing high-risk occupational

environments, like fire services, military, and other emergency services. A more holistic

approach allows for the flexibility needed to lead within the wide range and diversity of contexts

that fire service personnel experience. A holistic approach to "understanding the impact of

context provides leaders with an appreciation of how the unique challenges of leading in

dangerous contexts influence the interdependencies between leaders, followers, their

relationships, and organizations" (Sweeney, Matthews, & Lester, 2011, p. 373). Their model (see

Figure 2.6) aligns and integrates many of the aspects of the ecological and positive psychology

frameworks discussed throughout this OIP.

Figure 2.6. Holistic Development Model for Dangerous Context Leaders and Organizations
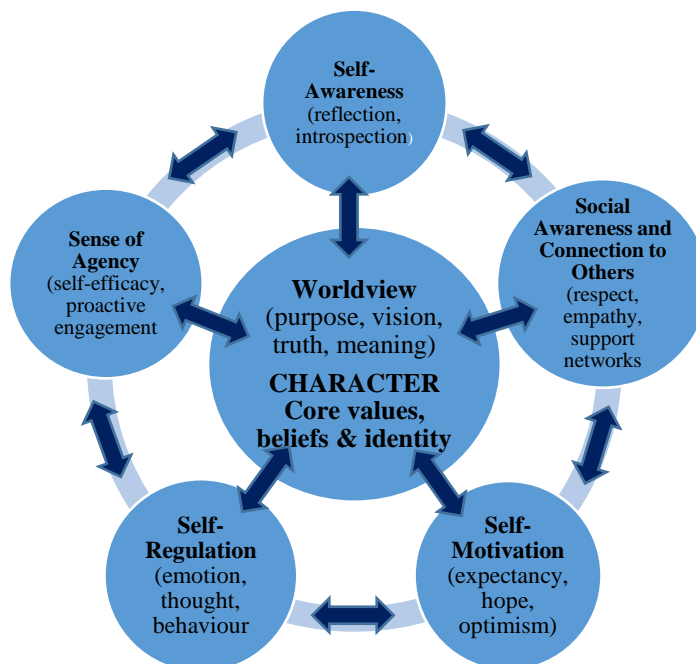
Note: Illustration adapted from Sweeny, Hannah, and Snider, 2008, p. 64 as cited in Sweeney, P., Matthews, M., & Lester, P. (2011). *Leadership in dangerous situations: A handbook for the Armed Forces, emergency services, and first responders*. Naval Institute Press.

This model recognizes the influence that the ecological view (individual, group, and organization) has on the development and quality of interactions between leaders and followers (Sweeney, Matthews, & Lester, 2011). This model can be used in the development of a leadership education and training program, to prepare the EWC to champion the organizational transformation in promoting mental wellness.

Allio (2012) asserts that changing a systematic process requires the development of new patterns of action through the creation and putting into motion of an initial step. This is the scope of the OIP, to initialize a transformation by founding the Executive Wellness Collective (EWC), who, as a group of leaders, will devise a plan of action, consisting of goal-oriented objectives, program development and delivery, and monitoring and evaluation for continual improvement.

Utilizing a leadership strategy that enables the LU and EWC to cultivate a culture that embraces the required transformation will ease the transition and assist in navigating resistance and obstacles.

Positive leadership. Cameron (2012) provides a positive leadership model that is grounded in principles and concepts from foundational leadership theories and the application of principles from positive organizational scholarship (Cameron, Dutton, & Quinn, 2003), positive psychology (Seligman, 1999), and the positive change literature (Cooperrider & Srivastva, 1987). Positive leadership is an integrative, affirmative application and leadership style that leverages the strengths of individuals and groups. The objective of positive leadership strategies is to "enable levels of performance that dramatically exceed expectations and reach extraordinary levels of excellence" (Cameron, 2012, p. x). The position of this OIP is not to fix a broken system but to further enhance what the LU already has in place and leverage what is currently working well. The point is not to ignore the negatives or deficits but to transform these into opportunities for growth and learning.

Cameron (2012) described positive leadership as 'heliotropic' in much the same way as Rogers and Fraser (2003) described the AI process, further confirming the harmonious nature of the two approaches. Based on his own experience and empirical evidence, Cameron (2012) postulated that through practicing positive leadership, organizations enable an environment for their people to thrive and perform "positively deviant" (p. 2). Positive deviance is defined as "intentional behaviours that depart from the norm of a reference group in honourable ways" (Spreitzer & Sonenshein, 2003, 209 as cited in Cameron, 2012, 3). Cameron (2012) referred to three necessary leadership stances to promote extraordinary outcomes:

1. Facilitating positively deviant performance —aim to enable exemplar levels of achievement.

2. Having an affirmative bias —focus on positive communication, strength and optimism, giving value and opportunity to areas of concern or issue.

3. Focusing on virtuousness —fostering goodness for its own sake and as an intrinsic value (p. 3).

These attributes of positive leadership foster an environment for interpersonal flourishing, virtuous behaviour, positive emotions, and a sense of thriving at work as well as potential for building energizing networks (Cameron, 2012). These leadership mindsets and behaviours are used in action when applying Cameron's (2012) four positive strategies (illustrated in Figure 2.7) to cultivate organizations that produce life-giving outcomes and exceptional positive performance. Cameron's (2012) four positive leadership strategies include:

- Cultivating a positive work climate

- Fostering positive relationships

- Engaging in positive communication

- Reinforcing positive meaning

LU leaders can cultivate a more positive climate by practicing compassion, forgiveness, and gratitude. They can facilitate positive relationships by encouraging the recognition of strengths of members and creating opportunities to build positive energy networks, such as the EWC and WLC. Positive communication can be exercised when interacting one-on-one, as well as in group or organization-wide opportunities, through the use of sensitive, affirmative language and supportive delivery. LU leaders can reinforce positive meaning by connecting organizational objectives to a greater good and aligning initiatives to resonate with personal values.

Figure 2.7. Cameron's Four Positive Leadership Strategies that enable Positive Deviance
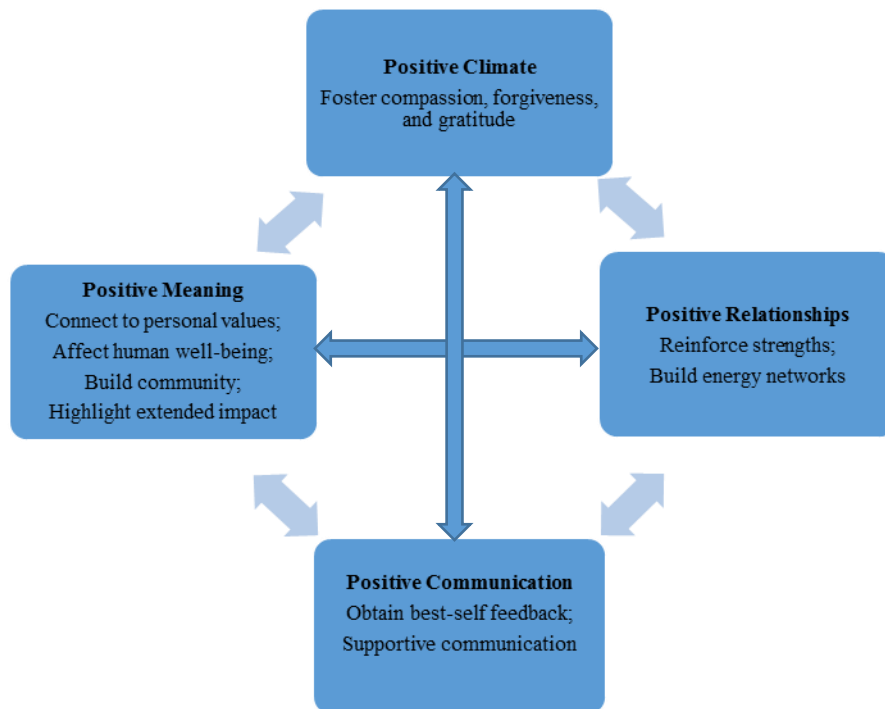
Note: Illustration adapted from Cameron, K. (2012). *Positive leadership: Strategies for extraordinary performance* (2nd Ed.). Berrett-Koehler Publishers.

Cameron's positive leadership model and behaviours have been empirically validated through other studies that have focused on examining, enabling, and supporting positive outcomes in organizations, as well as on how leadership behaviours influence the dynamics of workplace positivity, well-being, positive psychological capital, and performance outcomes (Avey, Avolio & Luthans, 2011; Cameron, 2012, 2013; Fredrickson, 2003; Kelloway, Weigand, et al., 2013; Peterson, Luthans, et al., 2011). Research conducted by Kanov, Maitlis, et al., (2004) demonstrated that leadership behaviours, such as compassion, positive reinforcement, safe expression, and encouraged sharing, proved to be critical during incidences of trauma. Findings such as these are encouraging the use of unconventional yet innovative leadership approaches and strategies for tradition-based organizations like the emergency services.

In conclusion, Chapter 2 has provided an overview of the change frameworks, transformative models, and leadership approaches grounding this OIP. In Chapter 3, the OIP proposes the use of various tools based in these frameworks and theories that will support the vision of promoting mental wellness within the fire services. The practices are developed from Appreciative Inquiry (Cooperrider, Sorensen, Yaeger, & Whitney, 2005) and positive organizational psychology (Cameron, et al., 2003) and will be used to further explore the potential of a whole systems approach to addressing the mental health PoP.

Chapter 3: Implementation, Evaluation, and Communication

While Chapter 2 provided a framework and potential approaches to the problem of

practice, Chapter 3 presents an innovative solution, one that combines various change

implementation approaches and tools. The proposed solution will creatively address the stated

problem of practice: how can firefighter union leaders effectively address the increasing

prevalence of occupational stress injuries affecting their members? If the Local Union (LU) does

not address the larger issue of psychological effects of continuous exposure to trauma and related

occupational stress injuries on firefighters, the current membership and new recruits entering the

system remain at high and increasing risk for occupational stress. These effects include

declining well-being, the dissolution of relationships, and potentially ultimately suicide, as

discussed in Chapter 1. Chapter 3 proposes a solution that is not only proactive in preventing

these effects, but simultaneously lays a foundation for the establishment of an Executive

Wellness Collective (EWC) the task of which will be to collaboratively co-construct an

organizational infrastructure for a Wellness Learning Community (WLC). It is anticipated that a

WLC will support and enhance the well-being and social connectivity of firefighters served by

the LU and create a culture that actively embraces mental wellness.

The Wellness Learning Community (WLC) offers opportunities for a variety of sectors to

collectively enhance their social, educational, and collaborative efforts, which will be discussed

in Chapter 3. The WLC approach offers the ideal platform for positive leadership through the

development of positive relationships, the search for meaning, and collective communication.

This strategy supports the co-creation of a positive network while simultaneously addressing the

sensitive topic of mental health (i.e., wellness). As discussed in previous chapters, the vision of

creating change on such a large scale requires a group of advocates and champions to co-create

and steer the transformation process. This founding group is referred to as the Executive

Wellness Collective (EWC).

Chapter 3 provides practical steps for building the EWC as a collaborative network aimed

at improving and aiding the current efforts to support firefighters' mental wellness. The

formation of the EWC is the first iteration of the change phase and will be the primary focus of

the OIP. Therefore, the implementation, evaluation, and communication plan described in this

chapter corresponds specifically to this first phase. This chapter will also, however, include plans

for further elaboration of the WLC, which includes both organizational and community

development. These later phases will be implemented once the intentions of this OIP have been

implemented successfully. As with any major transformation, ethical considerations (discussed

later in the chapter) and potential challenges must be examined to best design and effectively

actualize pathways to success.

In an effort to make Chapter 3 accessible and practical, various figures and illustrations

are provided to support and facilitate the understanding of the implementation process. The goal

is to deliver a substantial amount of information in a concise and purposeful way, making

integration and replication straightforward for current and future members of the WLC.

Change Implementation Plan

As mentioned earlier, this OIP focuses on the first change phase of the system-wide

transformation and network building initiative. The primary goal is to establish an Executive

Wellness Collective (EWC) the priority of which will be to energize and champion the

transformation process and ultimately the development of the Wellness Learning Community

(WLC). The EWC members will be the driving force behind the mental wellness initiative. They

will act as contagions for promoting mental wellness and advancing the creation of the WLC.

Collaboratively, the EWC and WLC will co-create and accelerate positive changes at the scale of the whole organization and culture. The change implementation plan will align with the aforementioned A5 Transformation Model adapted from the Change Path Model by Cawsey et al. (2016) and Cameron's (2012) Positive Leadership framework, both discussed from an ecological lens. Through the integration of Appreciative Inquiry (AI) (Cooperrider, 1987, 2001, 2005), the frameworks are connected by an actionable process with a built-in continuous improvement tool using the Plan-Do-Study-Act (PDSA) cycle to advance the monitoring and evaluation system.

The development of the EWC has been divided into three separate stages to describe the acquisition of human, financial, technological, logistical, and informational resources in a micro-change strategy (Kang, 2015) that will be incrementally developed and refined to co-create systems and products that will be scalable for the future macro-level (Kang, 2015). These three stages are shown in Table 3.1. Each stage involves the interconnectedness of the systems (social and organizational) and players (individual and groups) to achieve a co-constructed plan in advancing the mental wellness initiative. However, the interconnectedness of these systems and players can produce unpredictable dynamics; the proposed plan, therefore, represents a fluid guideline rather than a rigid plan that, can be modified and refined to respond and adapt to evolving needs (Schein, 2012).

Table 3.1. Executive Wellness Collective (EWC) Stages and Foci

Laying the Foundation Stages	Primary Focus
1. On-Boarding the Collective	**Work with individual-level well-being practices and plans** • Introducing the concept, benefits, implementation plan, and

	outcomes to key players
	• Engaging union leaders, peer support, and strategic partners to co-create a vision and communication campaign
2. Building the Collective Initiatives	**Develop group-level well-being practices and plans** • Designing initiatives, programs, and assessment protocols • Communicating vision and needs to members and potential partners • Exploring expanding services to meet the needs of firefighters & families
3. Transforming a Culture Planning	**Explore organizational-level well-being practices and plans** • Creating a system of continuous improvement plans and projects • Proliferating success by being exemplars and communicating wins • Extending networking strategy plan to organization

These requirements and refinements will be established at each stage of the process based on identified goals, objectives, and needs analyses that will be identified using PDSA tools.

Organizational structure. Chapter 1 provided an overview of the current organizational structure. The proposed change plan does not seek to modify the structure but to co-create a new extension of the organization's established structure. Figure 3.1 describes how each population is represented at each phase of the overall organizational transformation. Ultimately, it is the intention that each phase will represent an expansion and become more inclusive, eventually

attaining the proposed long-term goal of system-wide integration and change. As stated above, this OIP will focus on the specifics of the first change phase only and provide some overview of the future phases for informational purposes so as to give a vision of the longer term plans.

Figure 8. New Strategic Organizational Chart

Phase 1: (EWC) Union Leaders, Peer Support, Strategic Partners

(8-15 members) 2 Union, 2 Peer Support Team, 4 Firefighters, 2 Educators, 2 Clinicians, 2 Family Reps, External Supporting Agency

Phase 2: Firefighters, Peer Support Teams, Families, Community Services

150 Peer Support, 1000 Firefighters, 300 Families

Phase 3: Other Fire Departments, Post-Secondary Institutions, Introduction to High-Risk Sectors (Emergency)

4 Local Unions, 8 Fire Departments, 4 Post-Secondary Institutions

Wellness Learning Community

The proposed EWC will consist of leaders, members, and influencers from the LU; peer support teams; members of the fire service; firefighter family representatives; mental health professionals/educators; and, government agents. The initial recruitment process will include selecting people with needed skillsets, experience and the availability to participate on a voluntary basis. These individuals will be invited to join the EWC through scheduled meetings and presentations given at LU and partner events. The objective is to have an array of voices and provide a variety of lenses through which to view the issues. The AI approach is built on the premise of the exploration and discovery of new potential possibilities through the collaboration of strengths, economic power, and human values (Cooperrider & Whitney, 2005) and therefore, is appropriate for this diverse audience.

Much like the health and education sectors discussed in Bryk, Gomez, and Gunrow

(2011), the emergency services are very complex and dynamic. Their existing comprehensive system is heavily reliant on human and social resources. The majority of decision makers are external, as there are accountabilities to municipal, provincial, and federal stakeholders and regulators. The purposes of establishing an EWC which will later build a WLC with diverse expertise and professionals —is to pool together a network of extensive knowledge and human capital to drive accelerated improvement and impact, as well as advancing the services and goals required to mitigate the identified problems and challenges that surround mental health in the fire services.

Managing the transition. Since the primary goal of the EWC is to shift the emphasis from a disability perspective with emphasis on prevention and recovery to one that focuses on the promotion of wellness, three levels (aligned with the ecological systems model discussed in Chapter 1) need to be considered in the development of a vision: the individual, the group, and the organization. Consideration of these levels will necessitate implementing practices and strategies that individuals work on themselves, with others and as an organization as a whole (Jarden & Jarden, 2015). Engaging in practices that fuel individual resources and capacities better equips the cycle of building and developing new supporting assets towards well-being (Hobfoll, 2002). The individuals who are able to facilitate this process in others ultimately contribute to a culture of well-being, which is an effective and proactive response to the continual exposure to trauma and other factors resulting in Occupational Stress Injuries (OSI).

As part of the on-boarding and recruitment process, members of the EWC and LU leaders will be educated in the science of well-being through an introduction to the practices of positive psychology practices and interventions. These will be introduced during meetings as interactive components. Topic areas to be covered are positive emotions, engagement, relationships,

meaning, and achievement which comprise the pillars of well-being presented by Seligman (2011). It is important for the LU leaders and members of the EWC to understand and experience the benefits of well-being practices and interventions in order to provide support and education to the fire services. The teaching and learning process will also serve as a way of creating bonds within the group to facilitate communication for enhanced team-building and motivation (Cawsey et al., 2015).

As a group, the EWC will engage in building the collective's initiatives using SOAR, an AI strengths-based strategy referring to Strengths, Opportunities, Aspirations, and Results (Stavros & Hinrichs, 2009). This process can be used in place of traditional deficit-focused analysis tools. Its primary benefit is that it permits the collective to focus on the identification of opportunities and strengths within the organization that can be "exploited" in the interests of building wellness initiatives. As such, it presents a means of determining existing supports and resources that are accessible to LU leaders both internally and externally and which can assist in dealing with obstacles and potential resistance. It will help guide the process of setting goals for LU leaders and identifying potential limitations of the EWC. The SOAR application recognizes that, while it may be difficult to have every stakeholder at the table, however, it is nevertheless important to have representation from each of the various stakeholder groups. Having the diversified EWC structure, as described above, equips the EWC to use the proposed strategic planning framework to:

- identify and develop strengths from the various stakeholder groups involved;
- connect and clarify the EWC values, vision and mission;
- discover opportunities to pursue;
- determine and align goals and objectives;

- co-construct strategies, systems, and processes to support the goals; and

- implement plans to guide actions and achievement (Stavros & Hinrichs, 2009).

The SOAR approach provides a structure for the EWC to develop its vision for the later

expansion into the WLC, the organization, and the community. The significance of forming and

engaging the EWC in the earliest stage of the OIP is supported by Supovitz's (2006) statement

about the purpose of learning communities, that it's "more about doing things together, rather

than learning things together" (as cited in Katz & Dack, 2013, p. 31). There is value in both the

"learning" and "doing" experiences, and as a result, the proposed education of union leaders in

positive psychology integrates both processes. Through SOAR's five stage process illustrated in

Figure 3.2, the EWC will have experienced elements of positive psychology and appreciative

inquiry while putting into action the foundational development for the WLC (a network learning

community).

Figure 3.9. The Five Stages of SOAR
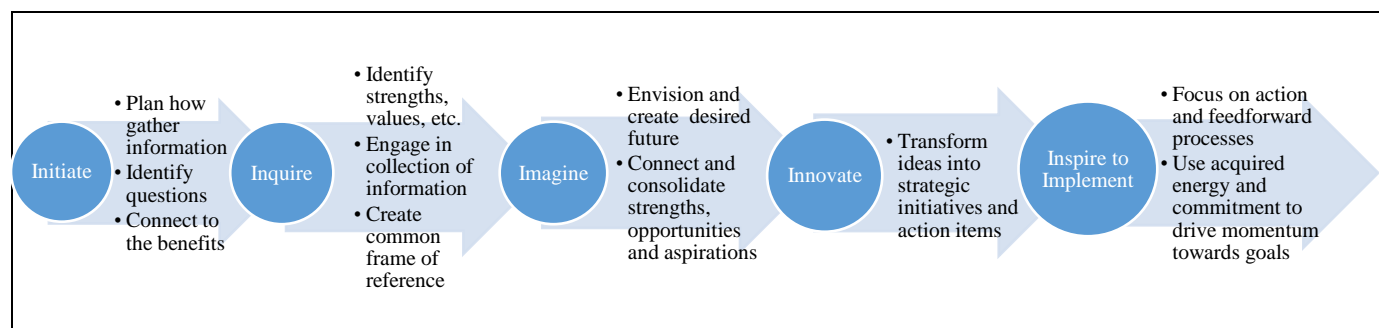
Note: Illustration adapted from Stavros, J. M., & Hinrichs, G. (2011). *The Thin Book Of® SOAR: Building Strengths-Based Strategy*. Thin Book Publishing.

During the implementation of SOAR, the EWC will have opportunities (i.e., union

meetings, firefighting and emergency services conferences, planned social events, and

community partner events) to engage in building rapport and relationships with each other but

also with members within the organization, thus creating energy and curiosity around the

initiative. They will have many occasions to discuss the platform and vision with a broader audience, thereby enlisting greater interest and collaboration from a larger audience. As a result, there will be the necessary propulsion and natural transition toward the significant stage of transforming a culture planning for the EWC.

Figure 3.3 visually represents the movement and momentum of each phase of the overall organizational transformation as it is mobilized. It describes the key players and their focus on goals and priorities. This OIP, in establishing the EWC, ultimately plays a vital role in the launch and creation of momentum for the overall transformation to a mental wellness culture. As discussed earlier, it is important to note fluidity of the change process and the multiple dynamics that come into play when initiating such large-scale change involving so many contributors. As each phase comes into play and key players begin to exercise their purpose and voice, these plans may be modified to suit the desired outcomes and transitions.

Figure 3.10. Strategic Organizational Priorities for Overall Transformation

- **PLAYERS:** Firefighters, Peer Support Teams, Families, Community Services
- **GOAL:** To integrate and engage firefighters, families and communities in participating to inform the vision and execution of the WLC
- **PRIORITY:** To educate, deliver and evaluate new initiatives strengthening mental wellness resources and relationships to the fire services

Phase 3: Transforming to a Mental Wellness Culture

Phase 2: Building the Wellness Learning Community (WLC)

OIP FOCUS

Phase 1: Laying a Foundation

- **PLAYERS:** Other fire departments, post-secondary institutions, other high-risk sectors (emergency and community services)
- **GOAL:** To proliferate the programs within other institutions to capitalize on the benefits of continual of mental wellness education
- **PRIORITY:** Replicate, expand and continue to refine, collaborate, share resources/data and best practices

- **PLAYERS:** Union leaders, peer support, strategic partners
- **GOAL:** Recruit EWC to build momentum and design a new learning community to promote mental wellness
- **PRIORITY:** Develop an inspiring vision for the role peer support services play as part of a larger resource collective for the promotion of mental wellness among emergency responders

Building momentum. Firefighters, who risk their lives in the line of service, may also compromise their own well-being by being exposed to the risk of OSI, such as PTSD, depression, stress, and the diminished capacity to cope effectively (Alvarado, 2013). The intent of this plan is to prepare and enable the LU to effectively influence the provision of essential wellness services to its members on a continuous basis.

The priorities comprise initiating a cultural shift toward a work environment that cultivates a positive climate, positive relationships, and meaning through positive communication practices. Utilizing positive leadership strategies integrated throughout the change process will encourage performance and sustainable transformation (Cameron, 2012), starting with the founding members comprised of LU leaders and the EWC, as discussed above.

When considering designing a large organizational change plan, it is advisable to examine the problem and potential solutions utilizing a driver diagram, as introduced by Bryk, Gomez, and Gunrow (2011), as a schematic tool at various phases. This schematic tool provides a way of identifying primary drivers and secondary drivers, which then enables leaders to make connections that may influence potential solutions and interventions. Figure 3.4 articulates the main target or aim, which is then linked to the identified causes of the problem. It is by recognizing these issues, challenges, or limitations that potential solutions can be identified.

Figure 3.11. Example of a Proposed Phase 1 Driver Diagram
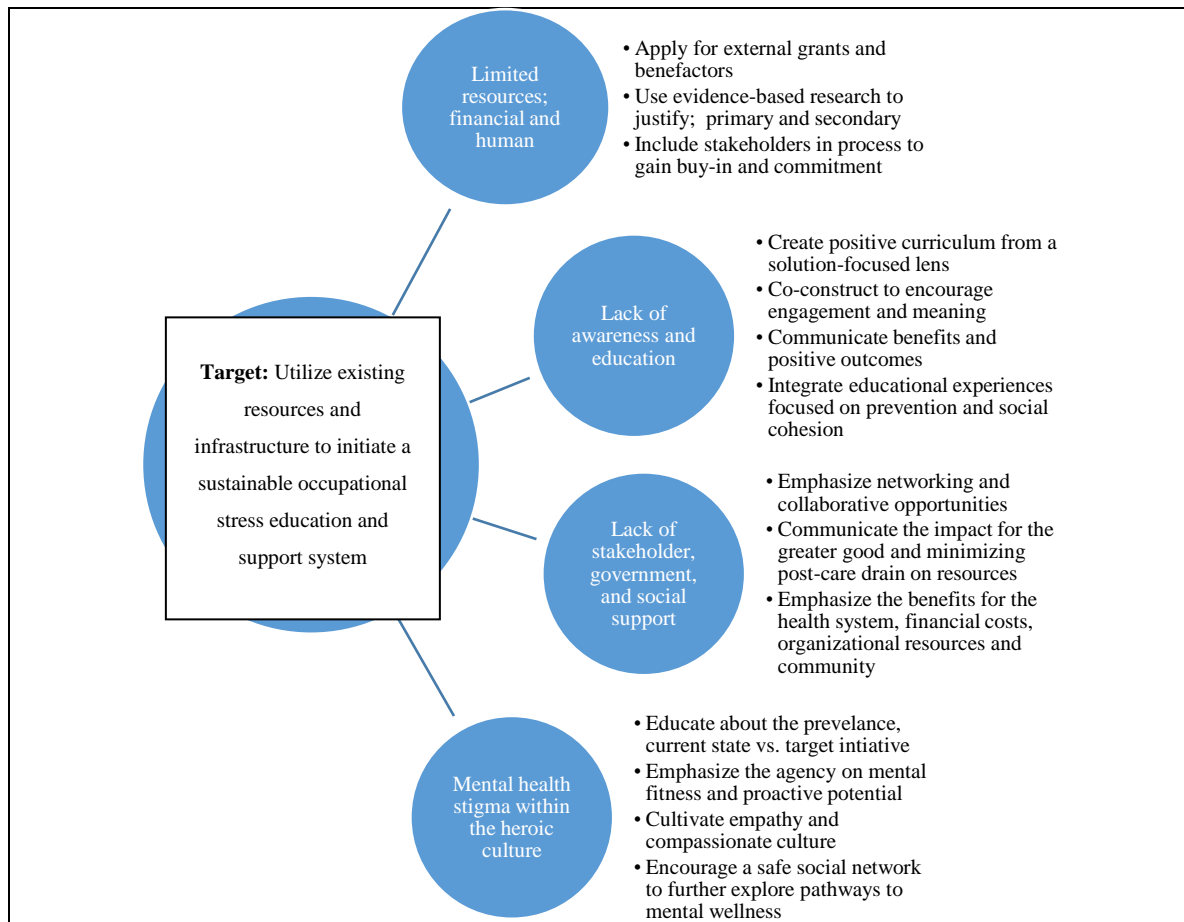
Once primary and secondary drivers have been determined, the EWC may explore

relevant targets, goals, and outcomes for each phase. This facilitates the process for establishing

SMART goals (Conzemius & O'Neill, 2002) that are clearly linked to the intended vision and

purpose of the initiative. The list below outlines example preliminary goals, which are intended

to be assessed using validated measurement tools, a standardized evaluation plan, and a

longitudinal primary research study (to be determined by the EWC in relation to negotiated goals

and outcomes).

1. Improve subjective well-being of LU leaders and peer support teams.

2. Improve peer support teams' effectiveness and broaden their role to encapsulate wellness ambassador functions among and within the firefighter community.

3. Improve perceived social connections and quality of relationships within the LU and peer support teams.

4. Integrate a philosophy and culture of mental wellness, prevention, and awareness in both the professional and personal domains of LU and peer support teams.

Table 3.2 further elaborates upon the SMART goals by associating them with visible outcomes. This enables the EWC to determine the degree to which each milestone and benchmark has been achieved.

Table 3.2. Change Outcomes and Goals

Laying the Foundation Stages	Outcomes and Goals
1. On-Boarding the Collective **(Short-term)**	• Identify key stakeholders and strategic partners • Meet and share passion for the initiative • Establish strategic affiliations and partnerships • Form the EWC to propel the vision with advocates and champions • Create an operational infrastructure • Plan and develop curriculum and events
2. Building the Collective Initiatives	• Develop and define the EWC vision and mission • Communicate EWC's vision and purpose to potential partners, affiliates, firefighters, and community

(Mid-term)	• Expand to a broader network • Incorporate multi-level social support system • Deliver and refine curriculum and educational events • Integrate continuous improvement protocols and primary research to establish evidence based support
3. Transforming a Culture Planning	• Find pathways to decrease the stigma of mental health at scale • Cultivate a culture of agency in fostering a mental wellness paradigm • Attract new industry and organizations to adapt and adopt EWC's vision and system • Integrate mental wellness training into post-secondary emergency services preparatory programs • Dedicate resources for growth and continuous improvement to meet evolving needs and change

Plan for transition. The characteristic of learning-through-doing (a major component of the networked improvement community approach), requires fluid and softer transitions through each proposed phase of the overall transition. As depicted in Figure 3.5, the plan is intended to maintain momentum and create interwoven connections between each phase so that there is overlap in progress. This serves the purpose of contributing to continuity, creating the ability to refine and redefine processes, and propelling the advancement towards goals. This eliminates the pressures of hard stops and disconnected systems. This interlaced strategy to change

implementation creates opportunities to embed operational procedures into the fabric of the new

co-constructed culture and ways of functioning (modus operandi) so that procedures and

processes feel natural.

Figure 3.12. Strategic Transformation Phase Transitions
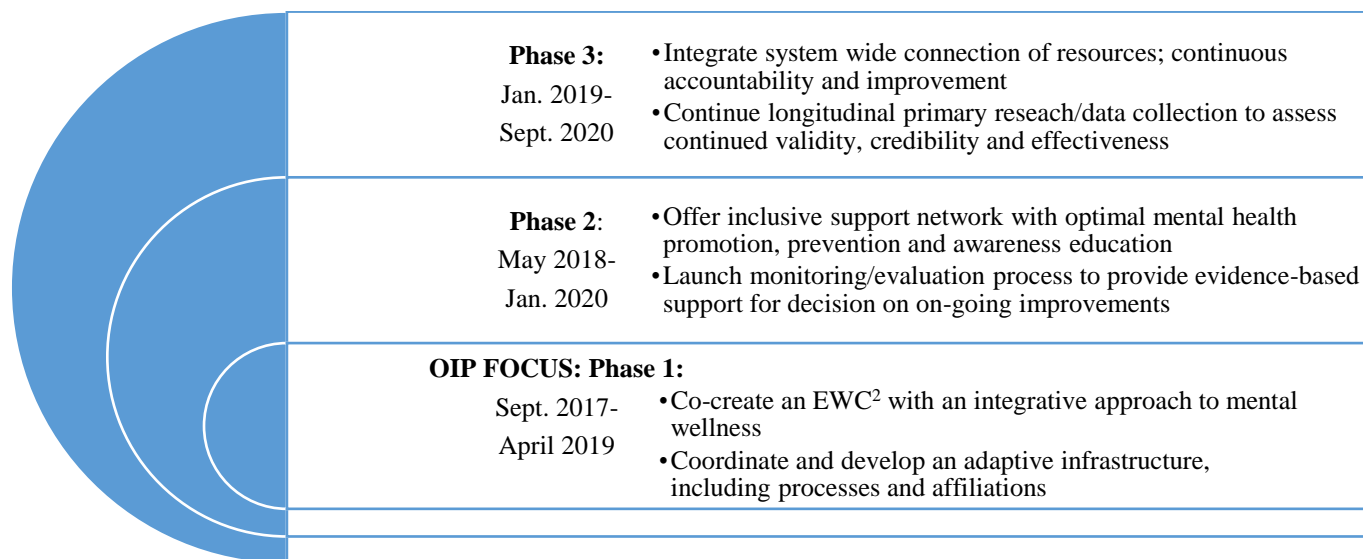
It is imperative to develop an approach that will encourage participation that is authentic and

open, while taking into consideration the sensitivities, perceived stigma, and vulnerabilities

associated with mental health within this 'macho' population. By incorporating a positive

leadership and educational delivery, the hope is to initiate a reframing of the current perceptions

and misconceptions surrounding preventative education and the importance of the promotion of

mental wellness for future opportunities and greater impact in the first responder communities.

Potential challenges and limitations. To help align the vision of the EWC, it is

necessary to explore and dissect the problem of practice and proposed solution into manageable

components. To facilitate this process, a tool discussed by Bryk, Gomez, and Gunrow (2011)

called an Illustrative Program Improvement Map was adapted to examine the various potential

challenges at each phase of implementation (see Table 3.3). By identifying the potential

limitations and challenges at the onset of the process, specific strategies and solutions can be

built into the plan to overcome the barriers, allowing for higher performance and success for

improvements. It encourages the various players to collaborate and coordinate their efforts to

best utilize resources in focusing on the EWC's priorities.

Table 3.3. Executive Wellness Collective's Potential Limitations and Challenges

Laying the Foundation Stages	Potential Challenges
1. On-Boarding the Collective	• Acquiring volunteer champions and advocates • Having external partners accepted within firefighter community • Navigating potentially tense atmosphere between agencies • Addressing a topic that is currently politically charged • Clearly communicating the value and vision meaningfully for a variety of audiences regarding their potential roles • Creating an appreciation for the evidence based approaches and innovative strategies • Gaining commitment of time and resources
2. Building the Collective Initiatives	• Securing resources and potential funding • Organizing logistics in timing, space, and availability of members • Minimizing the perception of duplication of services and/or

	programs
	• Fostering a positive perception of the value added by new initiatives and strategies
	• Combating existing stigma and heightened sensitivities around mental health
	• Overcoming current impressions of existing services and perceived consequences of using them
	• Gaining acceptance for the radical integration of mental wellness initiatives
3. Transforming a Culture Planning	• Creating broader generalization to broader communities due to limitations in research findings
	• Maintaining an adaptable system; avoiding rigidness while sustaining structure
	• Securing resources and potential funding for continued growth at scale
	• Creating and maintaining alliances
	• Enforcing accountability and continuous improvement
	• Stewarding central data collection, storage, and sharing processes
	• Integrating incentive programs for continuous improvement

As Guthrie and Schuermann (2010) discuss, policy and politics are central to any
organized structure or institution and have an impact on the outcome of any initiative for

transformation. The emergency services are not immune to politics and are, in fact, subject to higher levels of scrutiny and protocol with myriad of obstacles and challenges. They are governed at multiple levels--federal, provincial, and municipal--in addition to their own internal management hierarchy and Union. It will be the responsibility of the EWC to implement critical thinking in "acquiring sensitivity to context: recognize changes in meaning resulting from shifts in speakers' intentions or purposes" (Lipman, 2003, p. 432) to identify and strategically navigate through and/or around impending difficulties.

It is possible to overcome some of these challenges by implementing some of Higham et al.'s (2009) suggestions, such as developing collaborative and strategic partnerships through a shared vision of innovating and improving practices; building bridges with other organizations or groups that are encountering similar challenges or successes; and, creating an approach that encourages and integrates multi-domain participation —extending to bigger and broader communities. These activities create further justification for a network improvement community approach, like the WLC, for addressing mental health issues. The EWC can further engage and sustain the transformational growth within the organization by freely exchanging and sharing information and knowledge on the provision of best practices at each level of the change process to boost confidence in the process.

According to Bryk, Gomez, and Grunow (2011), by assessing the anticipated system-wide challenges described above, the EWC can prepare to effectively deal with the realities a project of such magnitude entails. It provides an opportunity to accurately assess the landscape to determine the potential benefits and shortcomings regarding how and when to expand into a WLC. It should be noted that Table 3.3 does not provide an exhaustive list of challenges. It is a living document that can and should be modified and enhanced once the EWC is formed in order

to fully utilize the variety of lenses brought by the diverse membership. It emphasizes the need for an adaptive and fluid approach in the change process and opens up the platform for solution-focused discussions around implementations and interventions.

Some of the current limitations to consider when proceeding with this change implementation plan is that not all fire departments have established peer support teams. The LU has a well-established peer support system in place —delivering its own training programs and supports. It would be prudent to consider that each department will be unique in its peer support team status, ranging from non-existent to well-established. Another limitation is that this initiative will be predominantly volunteer driven, and many members are already overburdened with respect to available time and resources. Training and meeting co-ordination will have to be sensitive to these factors.

Change Process Monitoring and Evaluation

As discussed earlier, it is the intention for the EWC to expand to include multiple fire departments and other emergency services in later PDSA cycles. However, later phases of the transformation must assess and maintain the integrity of EWC mission and purpose, so it is essential to create a monitoring and evaluation protocol to ensure accountability and continuous improvement in the early stages. The objective is not solely to measure effectiveness on a single intervention but to determine "what works, when, for whom, and under what set of circumstances" (Bryk, Gomez & Gunrow, 2011, p. 25). To facilitate these outcomes, it is imperative to integrate a monitoring and evaluation process that complements the fluidity and dynamics of a large organizational transformation, while making the collection of data and applicability to diverse contexts easily feasible. In the adapted version of Cawsey et al. (2016) Change Path Model, this OIP's process of monitoring and evaluation aligns with the stages of

Adapt and Adopt. The two areas emphasize the importance of tracking and gauging progress toward articulated outcomes, while modifying and refining processes as required to reduce risk and enhance results. This also includes the development of new mechanisms, systems, and strategies to support growth and sustainability.

Langley et al. (1996) state that the PDSA tool, mentioned earlier, permits the functions of monitoring and evaluation to occur in a variety of conditions while still contributing to the aggregation of a body of knowledge. This tool supports the EWC's opportunities to assess progress, decipher best practices, and provide a flexible platform to address spontaneous needs for areas of study or inquiry. As stated by Bryk, Gomez, and Gunrow (2011), the PDSA offers opportunities to explore four points of inquiry:

1. How is the presenting problem understood within the organizational system?

2. What is trying to be accomplished?

3. What changes can be considered in order to facilitate the desired outcomes?

4. How will these changes be evaluated for effectiveness? (p. 26)

Table 3.4 below is a proposed iteration of a potential PDSA for the EWC to consider when building the collective initiatives. Using a PDSA strategy enables the EWC to be responsive to the need for change or implementation of interventions quickly, while also demonstrating adaptability to the context of each problem within the context of refining the process dynamically. Table 3.4 illustrates how the PDSA can be used in guiding potential practice or research studies in establishing baselines in a variety of contexts.

Table 3.4. PDSA Example for Redefining the Function of Peer Support Teams

PLAN: Currently, peer support teams are perceived as solely post-care intervention trauma. They are underutilized, even when services are needed, because of associated stigmas and

perceived lack of knowledge.
DO: Provide more comprehensive preventative education and training for peer support teams to share. Bolster peer support team confidence to interact with members outside the scope of post-care in an educational social context. Increase the level of interaction and engagement, so that post-care becomes a more natural state and perceived as an extension of services and support.
STUDY: Implement an Appreciative Inquiry process engaging the EWC and various members of existing peer support teams, identified firefighter advocates, educational experts, and leaders to co-create a program that facilitates a redefined Peer Ambassador Program.
ACT: Monitor and evaluate changes in peer support outreach, perceptions and preventative outcomes. Adapt and adopt improved practices. Refine and re-test. Continue PDSA protocol as an assessment vehicle to conduct formal and informal studies.

The intention of integrating the PDSA cycle fully supports the embedded frameworks because it aligns with the philosophy of continuous improvement, embracing the dynamics of complex and fluid systems, and the collaborative engagement of multiple stakeholders. This iterative concurrent practice-to-research-to-practice application fosters the ability to gather a quantity of data in shorter periods of time when compared to the conventional methods of research. It does not require organizations to hold still or pause while testing. Instead, it emphasizes the effectiveness of putting theories into practice and allows plans to be modified and adopted expeditiously. It is responsive and flexible to the needs of a variety of change models, stages of transformation, and organizations. These attributes contribute to the rationale for utilizing PDSA with frameworks that embrace these types of characteristics (Moen and

Norman, 2009).

It is important to note that, when considering the use of the PDSA protocol, it is expected that ethical conduct and integrity are applied at each execution. When assessing whether the problem needs to be investigated, the LU and EWC should exercise due diligence in probing the following questions:

1. How will the results of the study contribute to the proposed inquiry?

2. Will the plan and methodology produce insights into the proposed inquiry?

3. What measures are being used to ensure fair and just inclusion processes?

4. What steps are in place to minimize risks? Are risks justified? How?

5. Does the inquiry process respect all populations affected?

6. Does this inquiry require a formalized ethics review and informed consent?

Due to the sensitive nature of mental health issues and various related implications, LU leaders, management, and stakeholders must consider integrating ethical standards within the change plan. These considerations should be in place to protect the organization, stakeholders, and members and demonstrate the awareness of mutual human respect and confidence required in dealing with mental health subject matter.

Ethical Considerations

During any impending organizational transformation, leaders must consider their ethical obligations in ensuring the process is respectfully cognizant of human and employment rights prior to any implementation and related studies. There could be opportunity to collaborate with post-secondary institutions and researchers in obtaining evidence-based findings on the long-term impact of promoting mental wellness within fire services. The co-constructed plan could involve conducting a longitudinal study as part of the monitoring and evaluation protocol using

validated measurement tools. If so, it is suggested that leaders adhere to the following eight

principles identified by the Tri-Council Policy Statement (CIHR, NSERC, & SSHRC, 2010):

- Respect for Human Dignity--creating opportunities for equal input and

  participation.

- Respect for Free and Informed Consent-- written and verbal information to gain

  informed consent; rights for refusal or to withdraw participation at will.

- Respect for Vulnerable Persons--special considerations for those that may be

  currently incapacitated or compromised.

- Respect for Privacy and Confidentiality--have protocols for ensuring privacy and

  protecting sensitive information.

- Respect for Justice and Inclusiveness--have a review process in place that ensures

  fair and equitable practices in addressing issues such as gender representation and

  accessibility.

- Balancing Harms and Benefits--goals should be oriented towards producing

  beneficial outcomes while mitigating harmful ones.

- Minimizing Harm--ensuring that participants' physical, psychological and

  professional well-being are preserved.

- Maximizing Benefit--identifying the existing resources and strengths in co-

  creating programs and processes to benefit the organization and community.

By using the above eight principles as an ethical guide at all phases of planning and

implementation, there will be evidence of due diligence ensuring leaders are being ethically

accountable, while maintaining credibility and trust during the change process (Cawsey et al.,

2016), all the while concurrently leaving the opportunity open to participation in future research

studies. Although these principles are more often utilized within a research context, they also

speak to the principles discussed by Northouse (2016); respect others, serve others, show justice,

manifest honesty, and build community. These principles are embedded within the intentions and

practices used to develop this OIP.

An example of an ethical checkpoint was introduced within the Adapt section to support

the development of an ongoing improvement process utilizing the PDSA cycle. This is to ensure

the rights and interests of all parties are consistently taken into consideration at each phase. The

EWC will need to be ensure it is able to demonstrate ethical considerations, such as practicing

fairness and transparency, in moving forward with the overall transformation, so as not to

damage the credibility and trust they will strive to build in the early stages (Cawsey et al., 2016).

Change Process Communications Plan

In any organizational change plan, the role of communicating effectively is essential and

requires structure and planning. Cawsey et al. (2016) provide four phases that were explored and

discussed in Chapter 1;

1. Pre-change approval--meet with LU leaders and management to offer complementary

   approaches to their shared problems surrounding mental health;

2. Creating the need for change--present a strong and credible case for the new

   strategies and approaches as viable frameworks and opportunities for their issues;

3. Midstream change--through a series of meetings, education, and intervention, support

   EWC through self-assessments and program evaluation to co-construct service

   expansion for organization-wide delivery;

4. Confirming and celebrating successes--acknowledge the potentially precarious topic

   of mental health and mark progress and success to sustain commitment and reduce

stress and anxiety associated with the ambivalence to change.

These phases have been used as a foundation to further expand and build the OIP's communication plan in more detail below.

Situational analysis. In an effort to design the most effective communications plan which carefully navigates the potential resistance and sensitive nature of topics addressed by the EWC, Kotter and Schlesinger's (2008) Strategic Resistance Continuum is employed.   Figure 3.6 shows how Kotter and Schlesinger's (2008) model weighs the rate of acceleration for change against the level of anticipated resistance.

Figure 3.13. Application of Kotter's Strategic Resistance Continuum

Clear path and plan; Autonomous execution; Strategies to surmount resistance   Overarching plan; Details for execution required; Multiple contributors and players; Need to reframe context to minimize resistance   **Key Situational Variables**
There is going to be some anticipated resistance due to the nature of and sensitivities toward mental health, peer support services, associated stigma, and preconceived notions.
The undefined relationship/role distinctions of management and union in relation to mental health services. There is lack of confidence and trust in the relationship between union and members over support and services related to mental health (post-care and recovery).

There is current momentum on the political scene with legislation. Heavy media coverage and responsiveness to recent related tragedies. Other like-minded initiatives recently launched in US and locally, so there is pressure to be responsive in the public eye.

The stakes are high as it involves life and death situations, as well as emotionally charged situations, and it is on the minds of people and the media. It has become an organizational priority both politically and practically, with the increasing suicide rates.

Based on the overall proposed change plan and the underlying frameworks of positive leadership, network improvement communities, appreciative inquiry, and the ecological perspective, it is evident that a moderate and deliberate approach for the communication plan would be most beneficial and strategic. A focus on reducing the anticipated resistance to the initiative would allow for higher possibility of success and sustainability. A strategy emphasizing participation and clarity will encourage engagement and positive impacts, which is well aligned with the carefully selected frameworks.

Communication objectives. Cawsey et al., (2016) state that for a change plan to be successful, it is important to establish a sense of connection and transparency through regular communication. This decreases the chance of inconsistent perceptions and misinformation that may in turn create distrust or ambivalence about the change. Having clear communication objectives provides a structure to support developing a strategic plan. This OIP presents the following objectives as key to initiating the proposed change plan for the EWC:

1. Raise awareness that the LU is dedicated to taking action to create change that mitigates OSI among members and improves the quality of life at work and home.

2. Co-create a culture embedded with knowledge and compassion joined with a

vision of mental wellness.

3. Position organization as an exemplar and potential future model for external high-risk services.

These objectives will serve not only to recruit and build the EWC, but also serve the EWC in being able to translate its vision in a meaningful way to its audiences; comprising fire service employees, and in later phases, families and communities

Target audiences. When developing a communication plan, it is imperative to have knowledge of the targeted audience. This helps to frame the key messages in a meaningful way, one that will capture the audience's attention. Having a sense of how to appeal to the variety of audiences is essential for successful communication plans. Using language that will resonate with particular audiences that are being addressed is critical to make a connection with the message. The objective for this communication plan is to create interest, boost awareness, and share knowledge to motivate and drive transformation. As indicated by Table 3.5, initial communications will be targeted toward the EWC with the very intentional purpose of cultivating interest and recruitment of the EWC members, as discussed earlier. It is critical that potential recruits for the EWC truly understand the vision and are also able to effectively translate it for their immediate audiences, as champions and advocates for the overall mental wellness culture transformation during the process. As the EWC evolves, the audience population also expands to include the fire service, LU members, families, and communities, which will necessitate broadening the scope and context of the messages being communicated. These considerations must be reflected in modified communication plans as the initiative moves forward to subsequent stages of growth.

Table 3.5. Demographics of Target Audiences for Overall Organizational

    Transformation

Audience	Demographics
OIP FOCUS Phase 1: Union Leaders, Peer Support Ambassadors, Strategic Partners	Predominantly male Very few female, transgender, other Average age 30-50 Years of firefighting experience 10+
Phase 2: Firefighters, Peer Support Teams, Families, Community Services	Predominantly male More representation of female, transgender, other Average age 30-50 Years of firefighting experience 10+ Higher representation of external populations
Phase 3: Other Fire Departments, Post-Secondary Institutions, Introduction to High-Risk Sectors (Emergency)	Broader mixed population Broad age spectrum All genders and other represented Mixed professional background-mainly helping professions Students and educators Potential cultural and language specifications

      Key messages. For key messages to have impact, it is important they resonate with the target audience by appealing to their emotions, thoughts, and actions. Key messages must not only be informative, they must relay a time-sensitivity for action; connect on a personal level;

and be sensitive to diversity. The purpose of key messages is to motivate action. Below are some

suggested key messages for Phase 1: Laying the Foundation, which will have to be modified

moving forward once the EWC is formed in order to align with the co-designed vision and plans.

Some suggestions include

- Advancing awareness and resources toward promoting mental wellness

- Enhancing existing resources through continuous preventative education from

  pre-recruitment through to retirement

- Enabling and encouraging a climate of safety through cultivating meaning and

  relationships, internally and externally

Communication tactics and timelines. While there is a large variety of communication

media and tactics, an effective communication plan will take into account its intended audiences

and stages of deployment. Each stage aims to deliver a different kind of message and this will

influence the choice of medium. Table 3.6 outlines each phase of the overall transformation with

the associated question and focus of the message. It then further points out the specific media or

tactics available to deliver and share the messages best suited to that interval, with proposed

accompanying timelines. As the EWC continues to modify the proposed plan outlined, it will

identify and utilize the best forums to execute its communication plans at each phase.

Table 3.6. Proposed High-Level Communication Tactics and Timelines

A5 Model	Awaken	Aspire	Accelerate	Adapt	Adopt
Framework	HERO Model	Holistic/Positive Leadership	Network Improvement Community (Executive Wellness Collective) Appreciative Inquiry	PDSA Reports, Research Study	Appreciative Inquiry

Question	What?	Why?	Who? When?	How?	What Works?
Focus of Message	Articulate vision, mission, and goals	Relate to values, emotions, and principles	Highlight key players, benefits, and impact	Emphasize innovative processes and resources	Celebrate what worked and what was learned
Tactic	████████	████████	████████	████████	████████
OIP FOCUS Phase 1: Audience: Union Leaders, Peer Support Ambassadors, Strategic Partners	Desk sides Meetings Presentations Email Phone	Meetings Videos PowerPoint Newsletters Print Intranet Email	Conferences Classrooms Social Media Print	Feedforward Sessions Focus Groups Assessment Tools	Progress Reports Media Celebration
Phase 2: Audience: Firefighters, Peer Support Teams, Families,	Meetings Videos Print Newsletters Desk sides Meetings	Meetings Videos PowerPoint Newsletters Print Intranet Email	Conferences Classrooms Social Media Print Resource	Feedforward Sessions Focus Groups Assessment Tools	Progress Reports Media Celebration

Community Services	Presentations Email Phone		Desk Sessions		
Timelines					
Phase 1	Sept. 2017	Jan. 2018	May 2018	Sept. 2018	April 2019
Phase 2	May 2018	Sept. 2018	Jan. 2019	June 2019	Jan. 2020
Phase 3	Jan. 2019	June 2019	Oct. 2019	Feb. 2020	Sept. 2020

Conclusion

This chapter outlines how LU leaders can effectively implement positive organizational change necessitated by the growing number of mental health issues arising from their members. It also provides a vision of how these new practices and interventions can be used to impact their culture and influence related communities on a greater scale. By considering the problem from a comprehensive perspective, LU leaders will be able to utilize and modify the tools used in their initial change implementation plan (i.e., SMART goal setting, communication plan, PDSA) to suit the expanding needs of broader applications and audiences as the initiative grows and improves.

Next Steps and Future Considerations

Findings demonstrate that educational training and changes in job-related stress inducers have a positive impact on the affected population and lessen the prevalence of adverse mental health symptoms. In hopes of promoting well-being in firefighters and protecting them from the cumulative effects of exposure to trauma and work-related stress, Reynolds and Wagner (2007) support multi-dimensional approaches, an example of which is provided in this OIP. Among the

many benefits of utilizing a multi-dimensional strategy, providing a platform to connect with diverse individuals with multi-faceted needs and values is a priority. In an effort to address the increasing OSI and the prevalence of PTSD, LU leaders must consider interventions across the entire continuum of its membership's careers. There is opportunity to partner with post-secondary pre-service programs to begin the promotion of mental wellness as part of the curriculum in preparing future firefighters. This opportunity becomes more likely with the foundation provided by this OIP.

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Footnotes

[1] Personnel Communication with various union leaders and members were obtained through

requested meetings and informal conversations.

[2] List of Acronyms Used

EWC-Executive Wellness Collective

LU-Local Union

NIC-Network Improvement Community

OIP-Organizational Improvement Plan

OSI-Occupational Stress Injuries

PoP-Problem of Practice

PTSD-Post Traumatic Stress Disorder

WLC-Wellness Learning Community