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Sustainable Coping Among Experienced 911 Operators

Lisa Vanderloop, *The University of Western Ontario*

Supervisor: Brown, Jason, *The University of Western Ontario*

A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Education

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Abstract

Research has identified 911 operators to be at great risk for developing post-traumatic stress disorder, depression, anxiety, and burnout. In light of this finding, there is a need for preventive practices as well as and interventions for this population of emergency personnel. In the present study, the focus is on individual coping strategies of those with on-the-job experience.

To explore the coping strategies used by 911 operators, this study focused on a sample population of experienced workers. Data was gathered through qualitative semi-structured interviews conducted with a diverse sample of 911 operators from a Canadian police service. The interview data was analyzed using a qualitative content procedure. The resulting themes included personal traits and perspectives, support in the workplace, communication of feelings and needs, cultivating a work-life balance, taking time away from the problem, and addressing thoughts and feelings that arise in response to the problem. These themes are compared and contrasted with the available literature.

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Keywords: Coping strategies, emergency personnel, adults, telecommunicators
emergency dispatchers, sustainable coping

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Lay Audience Summary

Research has identified 911 operators to be at an increased risk for developing a variety of diagnoses and mental health symptoms. In order to understand how workers are able to mitigate these challenges and cope with the stressors associated with their position; the present study conducted interviews with experienced workers to gain insight into their use of coping strategies. Five 911 operators from a Canadian police service were interviewed about their experiences with stress and coping. Commonalities in their answers established six distinct themes of coping: personal traits and perspectives, support in the workplace, communication of feelings and needs, cultivating a work-life balance, taking time away from the problem, and addressing thoughts and feelings that arise in response to the problem. These themes offered insight into the various categories and methodologies of coping among 911 operators. The compiled data assisted in answering the research question: how have you coped with the stress of your position?

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Chapter One: Introduction

"... getting the despair straight into my ear, into my head, and it won't disappear " (Leonardsen et al., 2019, p. 4). These words, from a 911 operator, allude to the stress and trauma that crisis personnel are exposed to on a daily basis. Research in the past has focused primarily on the presence of trauma in first responders, overlooking 911 operators who are exposed to many of the same stressful situations as these frontline workers (Fraizer, 2019). Further, they are the first point of contact in emergency situations, compounding the demand and stress in their already critical role (Miller, Unruh, Zhang, Liu, & Wharton, 2017). Recent research has started to investigate links between 911 operators and diminished mental health, causally establishing connections between the profession and numerous mental health concerns (Fraizer, 2019). As a result of these findings, a need for further research in the area of coping and resilience among 911 operators has been identified. This chapter focuses on the challenges facing 911 operators, specifically delineating their experiences with duty-related stressors, environmental adversities, and organizational factors. These areas of difficulty individually and cumulatively impact the well-being of the workers experiencing them.

Duty-Related Stressors

911 operators are also commonly referred to as telecommunicators, communicators, or emergency dispatchers. These terms were referenced throughout participant interviews and can be observed in quotations from the results portion of the paper. To maintain consistency, the remainder of the paper will solely refer to the category of emergency personnel as 911 operators. 911 operators are tasked with a variety of demanding responsibilities. In their role they are responsible for gathering data, triaging calls,

responding to crisis circumstances, deciding the most effective course of action in time-sensitive situations, and providing ongoing support and assessment to both emergency workers and civilians (Klimley, Van Hasselt, & Stripling, 2018).

911 operators identify many enjoyable aspects of their role. The most common of these benefits include the provision of assistance to civilians and emergency personnel, as well as the experience of working in a stimulating environment under pressure (Jenkins, 1997). These two examples fall into the category of eustress, a form of stress interpreted positively by the individual experiencing the stressor(s). Alongside eustress is the phenomenon of distress. 911 operators face diverse forms of stressors, some interpreted as exciting and challenging, while others can overwhelm the individual and potentially lead to distress. These stressors have been identified and categorized by 911 operators, most falling into categories of distressing calls, challenging working conditions, and interpersonal difficulties (Baseman et al., 2018).

Upsetting calls are one of the most prominent and stress-provoking components of a 911 operator's job responsibilities. When reflecting on their received calls, 911 operators report the most difficult cases to be those involving the death of a child, an injured officer, or victims of suicide (Baseman et al., 2018). Further, these individuals identify that the amount of distress experienced from these calls is impacted by the degree of control they felt within the situation. If the 911 operator perceives they had limited control or ability to assist the caller, this interpretation tends to increase the distress they experience (Klimley et al., 2018). Cumulative experiences of decreased autonomy also tend to minimize the individual's perceived internal locus of control which can result in feelings of powerlessness and low self-efficacy (Klimley et al., 2018).

Compounding the challenge of coping with difficult calls is the method involved in minimizing communication difficulties. In order to effectively assist civilians and emergency personnel, many 911 operators utilize a visualization tactic when engaging in phone and radio communication (Adams, Shakespeare-Finch, & Armstrong, 2015). Through picturing the scenario being described over the phone or radio, 911 operators are able to more comprehensively understand the situation and assist the individual with navigating the appropriate next steps (Adams et al., 2015). A drawback of this tactic is the sense of realism instilled in the 911 operator. Visualizing a distressing scenario can magnify the negative effects of an already upsetting call (Adams et al., 2015). This method has also been found to increase the presence of intrusive thoughts for the 911 operator and can assist in prolonging their memory of the call (Adams et al., 2015).

Environmental Adversities

Following the introduction of stressors encountered through 911 operating responsibilities, one must understand these factors within the context in which they occur. 911 operators are typically scheduled for rotating twelve-hour shifts, remaining seated in front of a screen for a large duration of this work period (Baseman et al., 2018). Workers are required to remain in this workspace for the vast majority of their shift, a setting that tends to be dark, densely populated, and not conducive to physical activity (Anshel et al., 2013). 911 operators work in close proximity to one another and is each tasked with a stimulating workstation and heavy workload (Leonardsen, 2019; Adams, Shakespeare-Finch, & Armstrong, 2015). 911 operators also work long and shifting hours in this space. 911 communication centres offer limited opportunity for employees to take breaks away from their desk (Anshel et al., 2013). This sedentary and restrictive workspace can

limit a worker's ability to remove themselves from the environment following a stressful call.

Organizational Challenges

Adding to the stressful working environment, 911 operators work in close proximity to their coworkers and report judgement from colleagues and supervisors regarding call decisions (Miller et al., 2017). Scrutiny over individualized work quality and proficiency is a primary and recurrent complaint from 911 operators, causing considerable stress and worry (Shuler, 1997). In fact, research has found that 911 operators reporting the highest levels of stress attribute their affliction to organizational stressors rather than job-related tasks (Klimley et al., 2018).

Organizational stressors include perceived lack of support from management, conflict with coworkers, and disrespect from law enforcement personnel and civilians. 911 operators have identified inadequate support from supervisory personnel to include feelings of under-acknowledgement or disrespect (Anshel et al., 2013). Additionally, these workers report they are not equipped with adequate tools or training to properly complete their job responsibilities (Fraizer, 2019; Adams et al., 2015). Specifically, 911 operators emphasize a need for additional debriefing, as well as both positive and negative feedback from supervisors (Adams et al., 2015). 911 operators also report a high frequency of negative remarks from emergency personnel and civilians. These adverse interactions stimulate outcomes similar to those experienced from organizational stressors, with workers feeling undervalued and disrespected by those they serve and work alongside (Anshel et al., 2013). These altercations can create conflicting feelings

for the worker as they feel personally responsible for maintaining the safety of dispatched personnel as well as the general public (Baseman et al., 2018). This pressure comprises just one of the many covert stressors facing 911 operators. Organizational structures play a much larger role in the well-being of 911 operators than most would anticipate.

Upon reviewing job-related responsibilities and organizational stressors pertinent to 911 operators, it becomes apparent that the position hosts holistic challenges. As expected, tasks relating to the position have been found to negatively impact the mental well-being of 911 operators (Baseman et al., 2018). What has recently become more well recognized is the influence of organizational factors on the mental and physical welfare of its 911 operators. Combined, these diverse and cumulative stressors generate challenging consequences for 911 operators. These outcomes are covered in additional detail in the literature review.

Upon examining the arduous factors associated with 911 operating, it becomes clear how challenging this position is both mentally and physically. Research has only recently acknowledged the negative impacts of these stressors and outcomes, recognizing their ties to varying diagnoses, physical health concerns, and social supports. The difficulties associated with the position highlight a need for effective means of dealing with cumulative and recurring stressful circumstances. Apart from changes to problematic organizational and environmental factors, the most effective way to combat job-related challenges associated with 911 operating is through individual stress management.

Effective coping of 911 operators has not been well-studied. Much of the research to date addresses compromised health and functioning as a result of means chosen to cope. The present study helps fill a gap in knowledge on coping among 911 operators.

Participants are established and experienced workers in the field who offer insights about the ways that they cope and how those methods have been helpful to them. In the next chapter, the existing literature is reviewed.

Chapter Two: Literature Review

Following an examination of the stressors experienced by 911 operators, it is important to consider and study the results of these challenges. This chapter explores the negative outcomes that 911 operating can have on a worker's life and well-being. Special attention will also be paid to the theoretical orientation and identified practicalities involved with managing stressors associated with 911 operating. The literature illuminates varying ways in which 911 operators respond to job-related stressors.

Negative Outcomes

Given the expansive reach of job-related outcomes on a 911 operator's life, these effects are be divided into categories of general well-being, physical ailments, mental health, and relationship impacts. The concerns covered in each category also serve to illuminate the far-reaching influence of 911 operating on the well-being of an individual's life.

Aggregate Impacts

Before delving into the specific symptoms and outcomes associated with the stress of 911 operating, the comprehensive result of the position on an individual's well-being is examined. Research has shown stressors associated with 911 operating ultimately diminish an individual's overall wellness (Arble, & Arnetz, 2017). This is reflected through decreased life and job satisfaction as well as higher reported rates of helplessness, anger, and hypervigilance ("Emergency call handlers display signs of emotional distress and risk of PTSD," 2012; Shuler, 1997). 911 operating has also been linked to earlier retirement, increased physical and verbal conflict during interactions,

and poor overall concentration (Klimley et al., 2018; Baseman et al., 2012). These negative factors can be debilitating for some workers and may spill over to negatively influence other areas of their lives. The next sections will explore these influences in more depth, starting with the physical impacts on an individual's physical health.

Physical Wellness

The setting for 911 operating can impact an individual's physical wellness. Remaining seated in a confined space for twelve hours limits an individual's ability to participate in physical activity and increases the likelihood that they will meet the requirements of being overweight or obese (Arble & Arnetz, 2017). Workers are not only influenced by the physical expectations of the position, but also the challenging emotional labor experienced individually and cumulatively throughout their responsibilities. 911 operating has been linked to sleep disorders, psychosomatic complaints, chronic illness, heart attacks, migraines, and chronic fatigue (Arble & Arnetz, 2017; Anshel et al., 2013; Shuler, 1997). Additionally, and more generally, 911 operators have been found to host higher rates of sickness and poorer overall health (Anshel et al., 2013). Although a majority of these studies were completed in the United States, conditions remain similar in Canada, with findings illuminating the immediate and long-term physical consequences of 911 operating.

Mental Wellness

Given the traumatic experiences consistently encountered in this position, it comes as no surprise that 911 operating is linked with an increased rate of mental health challenges (Holton, Barry, & Chaney, 2016). The most common mental health struggles include Posttraumatic Stress Disorder (PTSD), Depression, Anxiety, burnout, and suicidal

ideation and/or behaviour (Fraizer, 2019; Anshel et al., 2013). These various disorders and mental health challenges directly and indirectly connect with the previously mentioned physical health problems, combining to magnify the distress experienced by 911 operators.

PTSD has specifically been identified as a wide-spread and critical issue for this population with rates falling between 18 and 24 percent for 911 operators (Fraizer, 2019). This diagnosis has been linked to increased difficulty with decision-making and ineffective response to crisis circumstances (Pierce & Lilly, 2012). These findings are particularly troubling as the two skills are paramount for the role of 911 operating. Given the overall negative impact on an individual's mental wellbeing, as well as the enhanced risk for mental health challenges and difficulties at work, it becomes apparent that this position takes a severe toll on an individual's mental health.

Relationship Impacts

Alongside the negative outcomes listed above are social impacts. Influences on relationships may occur as a side effect or symptom of the mental health concerns detailed above. For instance, spousal conflict and abuse as well as issues with effective communication are commonly found among 911 operators, understandably coinciding with higher rates of divorce for this population (Arble & Arnetz, 2017; Anshel et al., 2013). Research has also reported that 911 operators tend to recede from social support strategies throughout their career, leaving them relatively isolated in terms of relationships and social channels of coping (Arble & Arnetz, 2017). These difficulties in relationships connect back to the previously mentioned troubles with establishing a work life balance. It can be difficult for 911 operators to separate the challenges of their work

from their daily lives, ultimately impacting their communication patterns and relationships with others.

Coping

When faced with the stressors of 911 operating, two outcomes are possible. An operator may fall victim to the individual or cumulative stressors, mentally and/or physically deteriorating in some of the ways mentioned, or conversely; an operator may successfully navigate the stressors which provoke perceptions or feelings of discomfort (Hood & Carruthers, 2002). Coping occurs in two ways: handling the problem that created the distress or managing emotions that arise during and after the presentation of the problem (Folkman, Lazarus, Gruen, & DeLongis, 1986). The former of these two approaches is termed problem-focused coping, while the latter is a definition of emotion-focused coping. Both terms were identified and defined by Richard Lazarus and Susan Folkman, established leaders in the area of stress and coping research (Boekaearts, 2010; Somerfield & McCrae, 2000). Both forms of coping are typical responses to stressors and have remained a popular classification system for coping strategies since the 1980's (Thompson et al., 2010).

Throughout the years additional subcategories have been added to the literature to elaborate on certain aspects of both coping categories (Thompson et al., 2010). To maintain generalizability and simplicity, this study will refer to Lazarus and Folkman's two styles of coping. The next section examines stress management techniques utilized by 911 operators and other emergency personnel. This examination comprises commonly used tactics that minimize stress, evaluating the intention and outcome behind each. There will be no determination of effective or ineffective coping strategies given that

strategies are subjective to the individual implementing them (Laranjeira, 2012). Coping is uniquely personal and fluid, requiring the examination of stress management techniques to be equally diverse and open.

Common Strategies of Coping among Emergency Personnel

The unique and unremitting stressors experienced throughout a 911 operator's shift require the application of strong and effective coping strategies. It has been found that a solid foundation of these strategies can play a key role in the resilience and mental well-being of 911 operators, emphasised through the quote "Problems are not the problem; coping is the problem." (Steinkopf, Reddin, Black, Van Hasselt, & Couwels, 2018; Thompson et al., 2010). Research has linked effective coping with enhanced mental health and well-being, establishing it as an essential and preventable protective factor for 911 operators (Folkman, Lazarus, Pimley, & Novacek, 1987). Unfortunately, navigating distressing emotions and stimuli is not a topic widely discussed within the emergency services field. 911 operators are not equipped with training or knowledge in the area, leaving them to cope independently when faced with challenging or upsetting circumstances (Miller et al., 2017). Research reflects this lack of emphasis on effective coping, with few studies examining the presence of stress management techniques among 911 operators. Research predominantly centers around strategies used by emergency personnel as a whole, limiting the availability of literature specific to 911 operators and their experiences with stress management.

Reflecting common themes present in research, this study attends to the use of problem-focused and emotion-focused coping by emergency service professionals. Problem-focused coping behaviours include confrontation of the problem, escapism, and

instrumental social support. Strategies exemplifying emotion-focused coping consist of substance use, humor, storytelling, emotional social support, and escapism. Given that escapism and social support fall into both problem and emotion-focused coping, both variations of the strategies are examined together.

Varieties of Coping

The appraisal and management of stressors is a complex and subjective process. There is no appropriate method of coping designated for any problem or situation. This requires researchers to instead examine the overall efficacy and application of coping styles. As previously mentioned, two popular approaches to coping include problem-focused and emotion-focused (Somerfield & McCrae, 2000). Both have been extensively studied since their introduction in the 1980's with researchers actively seeking to determine which variety of coping is more effective, healthy, or adaptive (Laranjeira, 2012). The uncovered strengths and weaknesses of these approaches are outlined through a detailing of their tenets, applications, and findings. The purpose of this comparison is to distinguish between the two forms of coping and understand their purposes and functions.

Problem-Focused Coping

The purpose of coping is to alleviate stress and maintain adequate functioning on an individual level (Jeong & Kim, 2018). This can be achieved through directly confronting the issue that is generating the stress or through managing the feelings that arise as a result of the stressor (Folkman et al., 1986). Problem-focused coping is the former of the two, employing the use of thoughts or behaviours to reduce or rectify the problem that is causing the undesirable effects (Allen et al., 2016). This variety of coping can occur both intrinsically and extrinsically, involving both overt and covert forms of problem-solving

to lessen the effects of a stressor (Baker & Berenbaum, 2011). Problem-focused (PF) coping presents differently depending on the individual and situation in which it is used; however, there are some commonalities in its application. Research has revealed that problem-focused coping is most effective when applied in situations that require immediate action or decision-making (Karanci, Alkan, Aksit, Sucuoglu, & Balta, 1999). It is also efficacious with problems perceived as changeable by the individual experiencing the stressor (Folkman et al., 1986). A belief in self-efficacy is an important mediating factor in the use of problem-focused coping to manage a stressful situation (Dillard, 2019).

Engaging in problem-focused coping can be an internal or external process, varying depending on the individual and their personal coping style. The most common forms of problem-focused stress management include confrontation of the stressor, engaging in social support, and avoiding the stressful stimuli (Steffen & Smith, 2013; Chao, 2011; O'Brien & Delongis, 1996). Given the varying purposes and outcomes of each strategy, their efficacy is not uniformly known. Research has instead examined problem-focused coping as a whole, determining that the coping subtype generally generates positive outcomes. Primarily, the application of problem-focused coping behaviours is linked with increased personal well-being and achievement (Howlett, Doody, Murray, Leblanc-Duchin, Fraser, & Atkinson, 2015). Studies have also drawn conclusions that problem-focused coping can decrease emotional exhaustion, depersonalisation, burnout, and psychiatric symptoms (Doley, Bell, & Watt, 2016; Howlett et al., 2015; Karstoft, Armour, Elklit, & Solomon, 2015). The reduction in psychiatric symptoms was

specifically cited with PTSD, making the coping subtype especially relevant for individuals employed as 911 operators (Karstoft et al., 2015).

Emotion-Focused Coping

Similar to problem-focused coping, emotion-focused (EF) coping has the purpose of alleviating negative effects of stress through the implementation of specific thoughts and actions. EF stress management varies from its coping counterpart in that it achieves this goal through focusing on shifting emotions associated with the stressor rather than shifting the stressor itself (Karanci et al., 1999). Through attending to one's emotions rather than directly addressing the problem, the individual is able to regulate their feelings and deescalate the negative reaction they were experiencing (Allen, Mercer, & Lilly, 2016). This can include engaging in behaviours such as detachment, minimization, storytelling, humor, isolation, or substance use. Contrary to problem-focused coping, EF coping is most effective when applied to stressful situations that are unchangeable and stable (Folkman et al., 1987). Problem-focused coping is relatively ineffective for these situations, necessitating an alternative response that focuses on what can be changed, namely, the individual's emotions (Jeong & Kim, 2018; Steffen & Smith, 2013). This objective of emotion regulation and adjustment is achieved through consciously shifting perceptions or feelings towards the stressor or through actively avoiding the reaction that it generates (Allen et al., 2016).

Emotion-focused coping has received harsh criticism in the literature with many studies labelling the coping subtype as ineffective or maladaptive (Doley et al., 2016; Karstoft, Armour, Elklit, & Solomon, 2015). These labels were established following research indicating that EF coping leads to increased stress levels, negative outcomes,

Posttraumatic Stress Syndrome symptoms, burnout, depersonalization, and emotional exhaustion (Allen et al., 2016; Howlett et al., 2015; Chang, 2012; Walsh, Fortier, & Dilillo, 2010). It is hypothesized that these adverse results occur when emotion-focused coping becomes the primary and predominant coping style utilized by the individual. By consistently focusing on emotion regulation rather than problem-solving, an individual may diminish their ability to address and work through problems that provoke a coping response (Chang, 2012). This pattern of passively accepting problematic situations may result in feelings of inefficacy and lead the individual to feel helpless when faced with problems that are fixable (Leiter, 1991).

Criticisms surrounding EF coping's effectiveness are numerous but overall findings have remained contradictory and inconclusive. Some studies have reported that emotion-focused coping is effective for handling stressful situations and reducing stress levels, findings which directly conflict with previously mentioned research conclusions (Rodrigues, Kaiseler, Queirós, & Basto-Pereira, 2017). There is also debate about the presence of this form of coping within the position of 911 operating. Some argue that EF coping strategies such as detachment, emotional suppression, compartmentalizing, and social support seeking enable 911 operators to objectively and effectively manage challenging tasks (Steffen & Smith, 2013). Further, these workers typically face stressors outside their control which are situations that best suit the use of emotion-focused coping strategies.

Evaluating Emotion-Focused and Problem-Focused Coping

When reviewing existing literature on these two coping approaches it is evident that both serve important functions in stress management. Neither approach of coping is

inherently ineffective or maladaptive, but rather, specific to the purpose in a particular setting (Karanci et al., 1999). Problem-focused coping is more effective for managing and reducing flexible stressors, while emotion-focused coping is more helpful for handling emotions surrounding stressors that are stable (Jeong & Kim, 2018). These two varieties of coping are both necessary for stress management given that stressors are diverse and require unique interventions.

Successful stress management tends to combine both emotion-focused and problem-focused coping (Doley et al., 2016). Utilising exclusively problem-focused coping may lead to ineffective decision-making if the individual is too emotionally escalated (Folkman, 1984). An individual must also employ EF coping strategies to reduce existing emotional distress that may influence their problem-solving capabilities (Karanci et al., 1999). Finally, the application of either coping subtype does not determine the stress management outcome. Many factors contribute to successful coping, including cognitive appraisal of the situation, efficacy beliefs about one's ability to cope, and personal history of coping strategy use (Doley et al., 2016; Karanci et al., 1999; Folkman et al., 1986). The diverse EF and PF strategies utilized by emergency personnel are examined in the following section, focusing on the most prominent strategies observed by these professionals.

Problem-Focused Coping Strategies

The predominant problem-focused coping strategy used by emergency personnel is confrontation of the stressful stimuli. This involves directly addressing the problem, seeking out information, and collaborating with others to determine how to move forward. These tactics can be further subdivided under the umbrella of PF coping,

however, given the limited literature on these subcategories, confrontation of the problem is examined collectively.

Individuals primarily employ a problem confrontation approach in situations where the stressor is changeable or malleable (Steffen & Smith, 2013). Emergency personnel report this approach enables them to utilize strengths and skills to overcome problems, ultimately enhancing their feelings of self-efficacy and self-determination (Abraham et al., 2018). Directly addressing stressful stimuli also assists with improving perceptions towards problem-solving and recognition of personal strengths and skills (Kirby, Shakespeare-Finch, Park, 2011). This PF coping strategy also reduces the likelihood of developing burnout and feelings of helplessness when faced with stressful circumstances (Abraham et al., 2018). Additionally, problem confrontation enables the user to assume alternative perspectives which can be useful for further understanding the problem and how to work through it (Arble & Arnetz, 2017). Finally, this PF approach is recommended for situations where there is a risk of residual trauma following the experience of the stressor. Confrontation of the problem can assist with the development of posttraumatic growth and assist in dissipating the negative effects of the trauma (Arble & Arnetz, 2017). Research has indicated that this variety of coping can be cultivated through education and training, variables which can be implemented by organizations and supervisory staff (Abraham et al., 2018). The ability to foster problem-focused coping behaviours is an important consideration in the prevention of burnout and other negative outcomes among 911 operators and other emergency personnel.

Emotion-Focused Coping Strategies

Coping techniques surrounding emotion management range in application and presentation. In this section the most frequently employed emotion-focused coping strategies utilised by emergency workers are described. These include substance use, humour, and storytelling. The intentions, implementations, and varying outcomes of these techniques are delineated in reference to their use by 911 operators.

Substance Use

Substance use is a common coping strategy employed across a variety of populations. Within the field of emergency services, substance coping is most commonly engaged in by males and novice personnel (Sterud, Hem, Ekeberg, & Lau, 2007). The consumption of alcohol and substances enables the individual to reduce the tension they are experiencing and numb strong emotional responses to stressful stimuli (O'Brien & DeLongis, 1996). Additionally, substance use diminishes the presence of intrusive thoughts and feelings; symptoms commonly experienced by emergency workers who have endured trauma (Sterud et al., 2007). This function of drug and alcohol coping naturally connects with the finding that substance consumption often cooccurs with traumatic experiences and diagnoses of PTSD (Boden et al., 2014). For this reason, the adoption of alternative coping strategies is a predominant focus for therapies targeting individuals diagnosed with PTSD and comorbid substance use (Martin, Tran, & Buser, 2017).

Utilizing alcohol and substances as a method of coping can aid the individual with immediate emotion regulation but may result in long-lasting negative outcomes. Research has indicated that substance coping can lead to long-term struggles with alcoholism and

substance use disorder (Sterud et al., 2007). There are also strong connections between substance coping and obesity, sleep issues, low self-esteem, marital conflict, reduced work productivity, and Depression (Arble & Arnetz, 2017; Martin et al., 2017). In addition, emotional dysregulation has been linked with substance use, a troubling finding considering that most individuals use substances with the intention of managing emotions and coping with stressors (Arble & Arnetz, 2017).

Substance use has a strong impact on individuals diagnosed with PTSD, a predominant population within the emergency services field (Boden et al., 2014; Ullman, Relyea, Peter-Hagene, & Vasquez, 2013). It has been reported that PTSD tends to exacerbate the use of substances to cope with stressors, which in turn worsens the symptoms of PTSD and complicates treatment outcomes for the diagnosis (Boden et al., 2014). Finally, a negative outcome especially relevant for 911 operators who engage in substance coping is physical well-being. Physical concerns are further magnified or impacted if the worker engages in substance use to cope with the demands of the profession (Anshel et al., 2013). Substance use is effective for alleviating emotional tension and distress following a stressor but may result in long-term physical and/or mental consequences with prolonged use.

Humor

The expression of humor is commonplace among law enforcement and emergency personnel (Shuler, 1997). Many workers identify sarcasm and laughter as helpful for relieving stress and tension in difficult situations (Phua, Tang, & Tham, 2005). Humor is a communicative method of emotion-focused coping, serving a variety of functions depending on the intention of its expression (Sliter, Kale, & Zuan, 2014). Emergency

workers have cited these intentions in research, identifying the expression of humor to serve both intrinsic and extrinsic purposes (Rowe & Regehr, 2010).

Intrinsic benefits of humor include the ability to manage emotions, reframe the troubling circumstance, emotionally distance oneself from a situation, and differentiate victims from the self (Sliter, Kale & Zuan, 2014; Rowe & Regehr, 2010). Emotion management is achieved through detailing work-related stressors in the form of black humor or gallows humor. This comedic format allows the employee to reflect on their experience and share the instance with coworkers, providing a space for common understanding and potential reframing (Sliter et al., 2014). The ability to reframe an upsetting circumstance is an additional motivator for utilizing humor as a coping strategy, serving the function of shifting the worker's view of the situation (Kruczek, Basinska, Sobie, & Humor, 2018).

Through sharing a humorous anecdote with a co-worker, an opportunity arises for alternative interpretations of the situation to impact the individual's original perception. Additionally, jokes about emotion inducing stimuli assist emergency workers with desensitization and enable them to establish a barrier between their feelings and the difficult subject (Bizi, Keinan, & Keinan, 1998). Repeated exposure to the stimuli through storytelling can aid in reducing its impact on the storyteller (Tangherlini, 2000). Further, placing a comedic lens on the situation enables the worker to reduce the realism of the situation and detach themselves emotionally from the event (Kruczek et al., 2018). This barrier also assists in the process of victim differentiation. Through establishing a comedic narrative where the victim is depersonalised and at times even blamed for the event, emergency workers are able to assure themselves that they will not be plagued by

the same fate (Rowe & Regehr, 2010). These positive outcomes, combined with the social acceptability of this coping strategy, make humor one of the most widely used stress management techniques among emergency personnel and law enforcement (Rowe & Regehr, 2010).

Given that humor is predominantly used to connect with other individuals, there are naturally social and extrinsic benefits that coincide with its expression. Research has shown that shared humor can reinforce the strength of a group and ultimately improve social cohesion and morale (Sliter et al., 2014). Group bonding also benefits the individuals involved, improving individual well-being through shared experiences and enhanced social ties (Craun & Bourke, 2014). Individual and collective benefits identified by emergency personnel support the popular use of humor to cope with work stressors yet neglect to address the empirical validity of the coping strategy. Research has revealed that jokes and sarcasm can serve as a protective factor against stress but demonstrate no measurable impact on an individual's overall health and wellness (Craun & Bourke, 2014). Simplified, the use of humor as a coping strategy can assist in managing short-term stress but does not impact long-term outcomes of stressful occupations. In fact, studies have cautioned the application of the strategy, reporting that overuse can result in unhealthy detachment and a loss of empathy (Rowe & Regehr, 2010). There is also a risk of the individual diminishing healthy communicative coping strategies that involve direct emotional expression such as "venting".

Storytelling

Many 911 operators frequently utilize the coping tactic of storytelling, often without recognition of its application. Storytelling in the context of emergency professions often

involves relaying experiences to other individuals with the intention of alleviating unresolved emotions or stress (Laranjeira, 2012). This coping strategy is typically utilized among coworkers but also applies to stories shared with alternative formal and informal supports (Minnie, Goodman, & Wallis, 2015). Alleviation of negative rumination is further broken down into positive outcomes of validation, rapport building, sharing of knowledge and experiences, and emotional closure.

Relaying work stressors and experiences can be an effective form of emotion-focused coping for all those involved. This stress management tactic has been used across roles and communicative formats. Storytelling as a coping strategy has even spread online, evolving to incorporate reciprocal or stand-alone blogs detailing struggles faced by 911 operators and other emergency personnel (Burnett, Pedersen, Smith, & O'Neill, 2012). This sharing of experiences allows involved parties to re-examine the events they endured while studying their actions and potential areas of improvement (Tangherlini, 2000).

Storytelling serves as an informal debriefing tool, providing space for workers to enhance their practice or receive validation that they acted appropriately in a given situation (Taylor, Aspinwall, Giuliano, & Dakof, 1993). This appraisal and examination of stressful circumstances can assist the individual with working through their emotions and eventually achieving closure (Tangherlini, 2000). Sharing stories can also assist with rapport-building among colleagues and provide validation of normalcy surrounding actions and feelings (Minnie et al., 2015). Finally, storytelling provides a format for experienced workers to share their knowledge with new employees and can assist all parties in diminishing feelings of frustration through its expression (Burnett et al., 2012).

Social Support

Perhaps the most widely studied coping strategy among emergency personnel is the use of social support to buffer stress (Boland et al., 2019). The procurement of external support by emergency personnel centers around the individual's personal and organizational resources (Tangherlini, 2000). Personal supports are composed of spouses, family, and friends of the worker (Minnie et al., 2015). Organizational resources typically include coworkers, managerial assistance, and employee assistance programs (Minnie et al., 2015). Both channels of support are frequently accessed by emergency workers, assisting with alleviation of emotional distress and frustration that exceed the independent coping skills of the individual (Hood & Carruthers, 2002). More specifically, in the case of PF coping, social support functions as a means of acquiring and sharing information about a stressor and how to alleviate its pressure (Heppner, Cook, Wright, & Johnson, 1995). EF social support differs in that individuals share feelings and experiences surrounding a stressor in order to alleviate the negative emotions it stimulated (Minnie et al., 2015). Regardless of their coping intention, interviews with emergency workers revealed their primary and most frequently used support system to include spouses and direct family members. The second layer of their chosen support network typically contains close coworkers and formal therapeutic supports. Most emergency personnel report managerial staff to be their last resort for assistance when struggling with a challenging situation. (Minnie et al., 2015).

Literature has revealed the power of a positive support system, finding lower levels of burnout among workers who report strong social networks (Boland, et al., 2019). Accompanying this finding is the interplay of the individual's perception of support. It

has been found that the worker's perceived social support has a greater influence on their positive outcomes than their actual level of support (Setti et al., 2016). Finally, the presence of strong supervisory and peer relationships at work has been found to mitigate the effects of burnout among emergency workers (Boland et al., 2019).

Social support serves a variety of functions for the individual enacting its use and can be moulded to suit the communication style of its user. Emergency workers most often utilize the coping strategy in the form of storytelling and emotional expression, both methods achieving the same EF outcome through differing expressions. Research has infrequently distinguished the effectiveness of EF and PF social support use, instead collapsing the categories and emphasising the overwhelming positive effects of social support as a coping strategy. It has been found that social support can increase individual well-being, assist in the management of occupational stress, and encourage a positive attitude towards stressors (Boland et al., 2019; Laranjeira, 2012; Baker & Berenbaum, 2011). These positive effects are likely why social support is the most commonly used coping strategy by emergency personnel (Rodrigues et al., 2017).

Escapism

The polar opposite of seeking social support is engaging in escapism. Escapism can be implemented both internally and externally as a coping strategy. Internally an individual may dismiss or detach from their emotions, while external avoidance strategies entail leaving the undesired environment or distracting oneself with an alternative stimulus. Escaping the stressful atmosphere of 911 operating takes varying forms both mentally and physically. Mentally, 911 operators and emergency personnel report withholding their emotions surrounding an event, instead focusing on the task at hand and

viewing the situation from a technical perspective (Rowe & Regehr, 2010). This is considered a problem-focused method of coping in that the individual is employing the strategy to increase their efficacy with handling the stressor (Heppner et al., 1995).

Emotional avoidance is also expressed through “sucking it in”, a tactic utilized to conceal emotions such as sadness or fear in order to appear composed in front of civilians and coworkers (Shuler, 1997). Emotionally focused escapism techniques serve the benefit of remaining objective and professional on the job but positively correlate with poor mental health and high stress levels (Minnie et al., 2015; Boden et al., 2014; Laranjeira, 2012). Problem-focused avoidance techniques such as removal from the stressful situation also tend to lead to negative outcomes, increasing the likelihood of intrusive thoughts, unfavorable emotions, and psychosomatic symptoms (Jenkins, 1997; Genest et al., 1990). Both formats of this distraction and avoidance technique aid in enhancing the worker’s objective performance and reputation in the workplace but can result in detrimental short-term and long-term consequences for the individual.

Conclusion

Emergency service workers employ a variety of emotion-focused and problem-focused techniques to combat work-related stressors. Responses to stressful stimuli are unpredictable given the individuality of personal coping, however, commonalities have emerged in the literature. Social support and humor are frequently used by emergency personnel, especially 911 operators, receiving positive praise for their efficacy and generally positive outcomes. Substance use and escapism are also commonly employed in this field, strategies which receive less endorsement and recognition in mainstream literature. Regardless of the categorization of the coping strategy, as well as its potential

negative consequences, coping efficacy is subjective to the individual experiencing the stressor. It is possible for an individual to engage in substance use coping and maintain adequate functioning in their profession and daily life. Researchers cannot label a strategy as maladaptive or ineffective on the behalf of the individual using it. For this reason, the present study focuses on identifying sustainable coping strategies rather than classifying stress management techniques as adaptive or maladaptive. This study utilizes the emotion-focused and problem-focused coping framework to highlight commonalities among 911 operators' experiences with stress and coping.

Chapter Three: Research Methodology

Qualitative research best captures the covert and interactive aspects of coping in a high stress career. This methodology yields rich data from in-depth exploration of diverse coping strategies. This methodology is outlined according to the study's design, regional context of the sample, study participants, research procedures, and data analysis processes.

Qualitative Research

Qualitative research entails the use of descriptive data collection methods to answer a research question (Taylor, Bogdan, & DeVault, 2015). Contrary to quantitative research, "Qualitative research is designed to explore the human elements of a given topic, while specific qualitative methods examine how individuals see and experience the world." (Given, 2008). This descriptive variety of research is often utilized to better understand a topic or experience from the participant's point of view (Taylor et al., 2015). Qualitative researchers are encouraged to assume a subjective lens when conducting their research, using this approach to appreciate and comprehend the unique experiences of the sample population (Taylor et al., 2015). Further, a qualitative approach is often engaged when studying novel and emotion-laden stimuli, the open and flexible nature of the methodology providing ample opportunity for elaboration and thorough exploration (Given, 2008).

These identified advantages paired well with the topic which was to understand factors which enable experienced 911 operators to cope with the demands of their position. The adaptable and individualistic nature of the selected approach coincides with the idiosyncrasies of coping behaviours, facilitating opportunities for open dialogue

between participant and researchers. Additionally, the variable and covert essence of coping best correspond with descriptive rather than quantitative data collection methods. Engaging participants through flexible and tailored questions allows rich and comprehensive data to be collected.

Regional Context of the Sample Population

The sample was composed of 911 call operators from varying platoons within a central Canadian police service. To obtain employment as a 911 operator for this police service, individuals must surmount a seven step screening process. These steps serve to evaluate the applicant's performance on a variety of job-related tasks and skills. Namely, the individual must be proficient in typing, multitasking, information retention, and hearing. Applicants must also pass a psychological evaluation, background check, and panel interview before being accepted into the role of a 911 operator.

Upon completion of these requirements, newly hired 911 operators undergo four weeks of in-class training. This education introduces workers to protocols, procedures, and job-relevant data. The topic of individual stress management is not addressed during this time. Following completion of in-class training, workers are paired with a trainer. Workers observe their trainer in the role for a few shifts before receiving non-emergency calls under the supervision of the trainer. The intensity of received calls is slowly increased until the worker is deemed competent to manage the calls independently. The entire training process spans approximately four months. Additional instruction is required if a 911 operator wishes to be trained for emergency dispatching.

911 operators within this police service are scheduled for 12-hour rotating shifts. Workers receive a 1.5 hour and thirty minute break throughout their shift, permitting

adequate staffing. Multiple calls are fielded each minute, half of these contacts being emergency calls and the remaining half receiving designation as non-emergency calls.

Participants

Study participants were recruited from a central Canadian police service. An advertisement for the study was emailed to all platoons within the police service. Participants were recruited from the period of June-July, 2020. All 911 operators within this police service were eligible to participate permitted they were employed in the position for five or more years. This criteria reduced the number of eligible 911 operators to twelve workers. Seven 911 operators replied to the recruitment letter, with five opting to pursue participation in the study. All five applicants met the study's criterion and were selected to comprise the sample population. The 911 operators composing the sample were exclusively female and of Caucasian ethnicity. Participant ages ranged from 27 to 57, with an overall average age of 39.4. Years of service spanned from 5 years to 23.5 years, with the 911 operators working between 30 and 60-hour weeks on average.

Procedure

Participant recruitment was facilitated through poster advertisements emailed to 911 operators within the specified Canadian Ontario police service. Interested applicants contacted the researcher via telephone or email to gain more information about the study. If the applicant decided to proceed with their participation, an interview was then scheduled for a later date of the individual's choosing.

Prior to the interview, a consent form was recited to each participant, with each individual granting their assent to continue with the interview process. This consent

outlined the purpose and risks associated with the study, acknowledged the individual's voluntary participation, and affirmed their right to decline questions or withdraw their participation in the study at any point in time. Additionally, this document outlined the limits of confidentiality associated with the study and provided contact information should the participant have any further questions. Finally, the consent form contained a check-box option verifying whether the participant consented for the interview to be audio recorded. In the case that a participant did not wish to have the interview recorded, the interview would be documented through written notes instead.

A semi-structured interview was implemented with each participant, designed with three topic areas seeking to support the main focal question "How do you cope with the stress of your position?". The interview commenced with the acquisition of demographic information, obtained through questions regarding the participant's age, identified gender, and employment history as a 911 operator. The participant was then asked to detail encountered stressors in their position, acquired through questions such as "What would you consider to be the common stressors in your role?" and "What do you find to be the most challenging stressors in your position?". The final section of the interview focused on the participant's experiences with personal coping strategies. These stress management techniques were identified through asking "What strategies work for you?" "What have you found does not work?" "Have your coping strategies remained static or have they shifted over time?". If the participant had a difficult time determining the techniques they use to overcome stressors, prompting questions such as "What do you normally do after finishing a difficult shift?" were used to tease out potentially covert strategies. Following these areas of questioning, the interview was closed by

summarizing the topics discussed and providing each individual with a handout outlining mental health and well-being services available in their geographical area.

Each interview lasted approximately thirty minutes, fluctuating depending on the individual and the detail of their answers. The interviews commenced with rapport establishment, followed by questions regarding demographic information, prominent stressors, and identified coping strategies. Following the completion of the interview questions, participants were debriefed and provided with a list of mental health and well-being resources. Part of the debriefing process included notifying the participant of the next steps of the study, including the timeline and method for dissemination of results.

Data Analysis

A qualitative content analysis was employed. It allows for a holistic examination of content themes, as well as inclusion of specific statements to support interpretation of results (Elo & Kyngäs, 2008). The qualitative content analysis was applied to the data in this study following the transcription of the conducted interviews. The data within these interviews was first divided into meaningful words or phrases. For example, Participant Three's narrative on the utilization of coworkers for social support was delineated from:

...all you do is pass back and forth what crappy calls you've taken. And yes it's a great coping mechanism, it's a great venting strategy cause you need to be able to vent to somebody who understands that and find that comfortable person, but you can't just keep going back and forth or else as I said you get sucked in. And it becomes your full identity...

into meaning units of: pass back and forth what crappy calls you've taken / venting strategy / need to be able to vent to somebody who understands / find that comfortable

person / you get sucked in / becomes your full identity. These units were then coded into categories, formulated based on words and phrases that repeated in the data or shared common ideas. The units identified above were organized into categories such as: talking to people who “get it”, cultivating self-identity, and separating work and home life. The categories of codes were then examined and used to establish six themes which arose from the collected data. These themes were used to answer the study’s research question, addressing and identifying specific coping strategies present among experienced 911 operators.

The qualitative research design of this study, combined with the application of a qualitative content analysis to its results, allowed for thorough exploration of intricacies in the coping experiences of five seasoned 911 operators. The three areas of focus in the semi-structured interviews facilitated comprehensive coverage of participant demographic data, stressors encountered in the role of 911 operating, as well as the methodologies used to overcome varying challenges. The results of the thematic analysis are presented in detail in the following chapter.

Chapter Four: Results

Throughout the process of data collection and analysis, several themes became apparent. These areas of commonality are described in this chapter. Themes include individual traits and abilities, support in the workplace, communication of feelings and needs, cultivating a work-life balance, taking time away from the stressor, and addressing thoughts and feelings that arise as a result of the stressor. Each theme is divided into subsections in order to illustrate particular aspects and functions of each. Direct quotes and examples are cited to clarify specific coping strategies utilized by the 911 operators who participated in this study. General connections between the identified themes and their connections with problem-focused and emotion-focused coping receive examination in Chapter Five.

Personal Traits and Perspectives

911 operating is not for everyone. The responsibilities connected with the role fit best with certain personality traits and capabilities, ultimately weeding out individuals incompatible with the intensive demands of the position. 911 operators within the study identified traits and abilities which enable them and their coworkers to cope with the demands of the position, specifically labelling attributes which fell under the umbrella of having the “right” personality for the job. Participants also frequently cited factors consistent with an inherent interest in aspects of the position, resulting in the ability to overcome negative components of the role. Both varieties of personal traits and perspectives are examined in this section, with a special focus on how these traits enable 911 operators to maintain their position and manage stressors.

Personal Traits

There is no uniform or solitary personality profile for 911 operating. Individuals host a variety of backgrounds and education histories, pursuing diverse pathways to arrive at the career. Despite divergent pasts, many 911 operators hold stable traits which enable them to sustain their well-being in the face of work-related stressors. 911 operators in the present study listed these traits as: alpha personalities, thick skin, and an ability to separate emotions from work-related tasks.

Personality traits and types can be difficult to label and categorize. Matching these intangible concepts to specific positions, such as 911 operators, can be even more challenging. Some individuals avoid attempting this feat altogether, instead identifying that some individuals just generally possess the “right” personality for 911 operating. This was reinforced through conversations surrounding the determination of individuals who are a "good fit" for the position. Participant Three explained most new workers are able to quickly ascertain whether they are suited for the position, often coming to the realisation "this job is not for me, I'm getting out of this." (Participant Three). Some participants delved deeper into the identification of personality traits present in long-term 911 operators, reporting that most of them possess an alpha personality type (Participant Two). A common trait associated with alpha personalities and 911 operators is “toughness”. The phrases "thick skin" and "tough" were frequently used by participants when describing successful 911 operators, exhibited through phrases such as "if you can turn it [your emotions] off and develop a thick skin then you're going to get through it." (Participant Three). Participant Three further illustrated this point through an observation of her experience with long and short-term employees:

Over time you have to develop a really thick skin to keep doing the job. And a lot of people can't do that. A lot of people can't take the emotion out of it sometimes and they look and they say 'I don't want to live with this the rest of my life. Just hearing these calls and things.'

Participant One mirrored this sentiment, stating that employees “have to be able to hear and deal with a lot.”. Some participants identified this trait within their own personalities, describing themselves as having “a pretty tough skin” (Participant Three) and being “tough as nails” (Participant One).

Connected with the perspective of toughness is the phenomenon of desensitization among 911 operators. Participant Five described her experience with the process of desensitization, stating “[...] what may have bothered me or what I may have found shocking or upsetting maybe 6 years ago when I first started, you kind of become numb, I guess, a bit to some things. [...] You just become desensitized.”. She went on to describe how the development of this mechanism has aided in maintaining her position

I think it is a coping mechanism, you can't let every single call get to you or you'd never be able to do the job. So that, I think, changes over time. You just kind of hold out your emotions for the really big things.

Helpful Perspectives

Our perspectives construct and shape how we interpret and interact with our environments. Participants in this study identified their personal outlooks and detailed how these perspectives enabled them to maintain their positions within an environment that would typically be labelled as stressful. Many of the 911 operators referenced their initial attitude towards the job as helpful, recalling memories such as: “When I first

started, I was very excited about my job. I thought it was really interested and exciting. (Participant Five). Participant Four detailed a comparable sentiment, explaining how the novelty of the job assisted her with combatting stressors: “When I first started, I was super excited. I'd say for probably the first 6 or so years. I didn't care what they were calling about, I was just super excited.”. Initial enthusiasm also appeared to facilitate coping for new workers, Participant Five recalled how her positive perspective shifted the interpretation of stressful stimuli “I don't really remember feeling overwhelmed, I remember thinking ‘well I have this great exciting job now,’ so I remember being really excited about it. I think even just the excitement over it kind of surmounted the stress.”. Participants also reported a continuation of this excitement into their present experiences with 911 operating, stating “you might be sitting there full of anxiety or your blood pressure’s through the roof, but it’s how you learn to be I guess, it’s how you adapt. It’s what you have to do to help people.”. Though perceived as less exciting in later years, it appears that the high intensity role continues to instill workers with energetic emotions.

Stimuli interpretation also connects with personal values and preferences, variables touched on by 911 operators throughout interviews. Participant Five provided her personal perspective of a busy shift:

...those are kind of the days where you're challenging yourself the most and that's when you're probably doing your best work because you're called to do your best work to get the job done. So as much as those can be exhausting and overwhelming, there's also a level of satisfaction that comes with those too.

She went on to share insight into how her coworkers are able to endure challenging workdays, stating “...as far as dispatching, if it's really overwhelming, I think you'll find

that a lot of the dispatchers you speak to - they kind of thrive on that environment...”.

Participant Five also cited stressful circumstances as a learning experience which can challenge her to “do better next time”.

There are a wide variety of interpretations and personal philosophies which can aid workers in harnessing the good in arduous circumstances. Whether it be the excitement, intensity, or learning gained from the experiences; 911 operators report workplace stressors to be a helpful inciting aspect in their coping responses.

Support in the workplace

Following an examination of coping characteristics that are inherent or developed through individual cultivation and practice, it is important to investigate stress management strategies that can be enhanced through a manipulation of systemic and organizational factors. The most commonly cited of these factors being practical and emotional support in the workplace. Though diverse in nature, both varieties of support are malleable and influenced by the structure and unity within a police service, especially within its communication department.

Practical Support in the Workplace

Throughout the interview process, as well as a review of existing literature, inadequate organizational support was noted as a key stressor in the role of 911 operators. Specifically, workers felt they would benefit from having additional tools at their disposal to assist with combating the mental and emotional strain of the position. These tools include the availability of sufficient resources, adequate staffing, and targeted training in the area of coping and resiliency. Participants cited wellness initiatives enacted with the intention of reducing stigma and isolation in the workplace, such as peer

support teams and dialogue during orientation shifts. Participant Two spoke to the dedication of the wellness committee, testifying “if you take a rough call then you usually will get an email, they'll even text you at home, and basically they're on top of it.”. These initiatives are helpful and utilized; however, workers still indicate a need for formal training in the area of stress management and long-term coping. Participant Three detailed the concise coping training received during orientation “...they briefly touch on it but I think that when you're actually in the live environment with your trainer, I think it's up to your trainer to kind of give you some tools and talk you through that.”. Beyond the request for additional resources, staffing, and training; settings and responsibilities within the workplace are also cited as an influential factor in coping. Workers state that the availability of diverse tasks and responsibilities within their position aids in their capacity for coping and stress management. “it's just kind of nice sometimes to have a break from calls.” stated Participant Three.

When considering workplace settings and their influence on the coping abilities of workers, they prefer calm and diffusely populated communication centers. Holistically, these centers tend to be loud, tense, and densely spaced. This setup bolsters the emotional tension experienced in the room as call-takers are often overhearing the calls taken by surrounding coworkers. “the whole room, because of the setup, is full of vicarious trauma. Cause I see the calls and I hear them all.” detailed Participant Three. Workers reported a noticeable reduction in stressors, as well as an increased ability to cope with these stressors, following a restructuring of the communications department in response to COVID-19. The pandemic required workers to be spaced further apart, necessitating the use of an additional room to accommodate six feet of space between workers. It was

reported that this distribution of staff members had a positive influence on the work environment as well as the employees within it.

The volume has become significantly less. We don't hear as much of the screaming or the yelling or the trying to get their attention. So we're quite happy with it, we kind of enjoy it, because you don't have that background noise.

(Participant Three).

Although separate and less influential than individual coping abilities, workplace factors play a part in an individual's ability to surmount stressors. Through ensuring adequate staffing, sufficient resources, training on coping and resiliency, as well as calming workspaces, employers can assist in establishing a work environment that reduces stressors where possible and facilitates optimal circumstances for individual coping strategies to develop.

Emotional Support in the Workplace

Emotional support can be offered in various ways. The most prominent of which being the communication of needs and feelings with others. This form of emotional support is widely practiced in coping and will be covered in detail in a succeeding theme to fully flush out its benefits and intricacies. This subsection will instead examine lesser-known varieties of emotional support that occur in the workplace and facilitate coping on an individual and community level. These factors include cohesion among coworkers, supportive supervisory staff, and platoon camaraderie. The individual and collective strength of these three protective factors will be explored under the umbrella of emotional support in the workplace.

Frequently cited as a prominent source of stress in 911 operating is the experience of conflict among coworkers. There are varying reasons behind these instances of disagreement, most of which were covered throughout Chapter Two. Instead of concentrating on the reasons behind why 911 operators experience conflict with coworkers, this section will shift focus to the benefits of a cohesive and healthy team dynamic within a communications department. Participant One describes this phenomenon, stating “when push comes to shove, it's a very team-oriented job.” Collegial social support is often unsolicited, taking place throughout shifts through recognition of stressors that coworkers may be experiencing. Participant Four explains the unspoken ways in which coworkers look out for one another “[...] you can see the call that's coming in and everyone kind of looks up who's taking it, so we kind of keep an eye on that person.” Participant five elaborates on this experience, detailing the ways in which difficult calls are monitored and handled across colleagues and management staff “The supervisor and probably your coworkers will check in on you and ask if you're okay after that call. Everyone's very understanding that way.”

Supervisory support is especially valued and desired by workers, illustrated through an expressed appreciation for management intervention in the face of complaints and conflict “I just want to feel supported because the job's already stressful enough on its own.” (Participant 4). This quote also ties closely with the frequently affirmed benefit of platoon camaraderie. Many 911 operators spoke to the presence of strong fellowship among platoon members, relaying stories of communal outings:

We'd go out as a group. Like with the guys on the road and us. So we'd pick a location and go for a drink and something to eat or whatever, and that was good because you might've hashed things out. (Participant One).

This participant explained the benefits of these group outings, citing informal settings and events as a way to restore and strengthen bonds among officers and 911 operators. The care and concern between both roles were evident throughout interviews, noted especially through stories that took place during the Covid-19 pandemic. Participant Four explained “I worry when I dispatch the officers, am I sending them into a house where there's covid and they're going to get sick and bring it home to their families?”. Participant Three detailed a similar concern, stating that 911 operators “have to get the information for the officers, we've got to get as much as we can to keep them safe.”. This “family” dynamic, identified by Participant Two, enables 911 operators to feel secure in their work environment, increasing their abilities to perform their jobs effectively and ultimately enhancing their ability to cope with work-related stressors. Participant One stressed this frequently throughout her interview, stating “You have to work together as a team. You have to get the job done.”.

Emotional support in the workplace was cited as a predominant trend and necessity among 911 operators. Workers testified to the benefit of cohesion among platoon members and management staff, specifically articulating the power of healthy relationships among 911 operators. These three levels of staff individually and collectively culminate in the establishment of a safe and secure workspace, either heightening or diminishing the ability of workers to manage stressors that arise.

Communication of feelings and needs

As mentioned in the preceding theme, emotional support often presents in the form of sharing feelings and experiences with others. This communicative form of coping can involve adopting an alternative delivery system such as sarcasm or gallows humor, talking to people who “get it”, accessing formal supports, and advising coworkers of personal needs. These stress management channels share the motivation of imparting experiences and emotions to others in order to reduce one’s stress levels.

Gallows Humor

Gallows humor is commonly practiced among emergency responders and medical professionals. The variety of comedy involves expressing humor in reference to grim or unpleasant circumstances. Workers indicate the necessity of this often-misunderstood form of humor, explaining that civilians may react negatively to gallows comedy, while coworkers tend to reciprocate and understand its expression. Participant Three articulated this through first illustrating a typical reaction to gallows humor, followed by a rationale of its use “[...]‘oh my gosh did she just really say that?’ But a lot of people in the room totally understand, because this is what we deal with. This is a coping mechanism.”. This quote alludes to the purpose behind gallows humor; permitting 911 operators to communicate challenging workplace experiences without the typical solemnity that accompanies these stories.

Informal Supports

The division of understanding between workers and civilians is not exclusive to comedic expression. Situations of disconnect occur often and exist among diverse

channels of communication. 911 operators report feeling “different” at times, a perception exemplified by Participant Five through the statement “I feel like to a lot of people who aren't in emergency services, you might come off a bit cold or callous when things don't bother you that would normally upset the average person.”. This separation between worker and civilian demonstrates the motivation behind 911 operators seeking out individuals who “get it” when engaging in communicative coping strategies.

Participants reported debriefing or venting with their partners or spouses after a difficult day on the job. Participant Two explained the benefit of communicating her feelings and experiences with her spouse, commenting “Sometimes when I come home my spouse can see that I've had a long day and I'll just completely vent and get it all off my chest.”.

Participant Five shared a similar experience when relaying the advantages of venting to her police officer partner:

I would just kind of debrief my day to him or talk to him about a call that, you know, was bothering me or the stress of the day or whatever else was going on. Because of what he does, he gets it, he's very understanding.

Participants also universally cited their coworkers as a frequently accessed support outlet in times of stress. Given the shared stressors and recognized emotional strain of the job, it is understandable that 911 operators reach out to coworkers when needing to talk “they totally know what you're going through, they know what calls you've taken [...]” (Participant Three). A participant [4] elaborated on the benefit of engaging in collegial social support, recalling

We used to have what we called the parking lot crew. It was just 4 or 5 of us and we would just sort of vent everything in the parking lot for twenty minutes before we go home so we didn't kind of vomit all over our loved ones.

It was noted that coworkers are an effective sounding board for work-related stressors, their insight and mutual understanding offering reassurance to the 911 operators who is seeking to bolster their coping. "...sometimes you just talk to somebody at the end of the day. It's somebody who knows, who's in the room, and who understands what you're dealing with." (Participant Three).

911 operators also identified channels of support outside of spouses and coworkers, less commonly accessing family members and friends to share their thoughts and feelings. Participant One and Four reported finding these two support networks helpful in communicative coping, "My dad used to be a police officer so he's a big resource for me because he kind of understands it internally. So it's easy for me to turn to him." (Participant Four).

A recurrent theme among participants was the necessity of speaking to somebody who "gets it". Whether this individual is a partner, coworker, friend, or family member, the overarching requisite was established that the person needs to understand what the 911 operator is going through. Participants listed this variety of coping throughout their interviews, stressing the benefit of communicating with individuals who hold an awareness of the stressors they are experiencing. This variety of communicative coping is cited by 911 operators as one of the most prominent and helpful stress management strategies. When reflecting on advice that she would offer to a new coworker, Participant Four stated "I would just make sure that you have a strong support system. Someone you

can turn to who's not just going to let you talk but actually, like, work through it with you.”

Formal Supports

With the latter section addressing chosen individuals within a 911 operator’s support network, this section will cover supports accessed through more formal channels. Specifically, the resources that have been put in place by the police service with the intention of facilitating coping among their emergency services employees. These resources include a wellness committee, peer support team, and psychological services. Though acknowledged as helpful resources by participants, “I find that they’re doing a great job.” (Participant Two), most participants reported never having accessed their services. Referring to the Peer Support Team, Participant Four stated “I think most people are like me where they have their supports lined up, so they don't really need a stranger.”. That being said, Participant Four illustrated the benefit of accessing formal support channels if informal supports are unavailable, advising:

if you don't have a support like that then try to make a connection through EAP so you already have that bond. So if something happens, you know exactly where to turn to and you're not scrambling in the time when you're hurting. That step's already done.

She summed up the advice, stating “Line up your supports before you need them, because you will need them.”.

Though pursued much less frequently than informal supports, it was hypothesised half of 911 operators utilize formal coping resources throughout their career (Participant

Four). Formal assistance is cited as a helpful resource by 911 operators, exemplified through Participant Two's journey through a distressing experience

About a year and a half ago I took a call, but it was a really bad one. [...] I don't know why, it just triggered me and when I got off the phone I just started crying. And, I don't know, it was the first time I cried at work and I realized 'something's wrong'. I was having trouble sleeping after that for a couple days and I knew right away "I need help with this". So I actually started seeing a psychologist. I saw him for a few months and it just kind of helped me get over that little hump.

Through speaking with participants it became apparent that a strong preference exists for engaging informal supports when utilizing communicative coping. That being said, workers that opt to pursue formal resources such as counselling report the services to be helpful for stimulating coping.

Communicating Needs with Coworkers

Though connected with the concept of employing informal supports to overcome stressors, the communication of needs with coworkers is a distinct subcategory of coping. Participants indicated the function of this strategy in the workplace, offering examples of its application in the face of challenging situations. Participant Three recalled:

...One lady on my shift had two small children and every night on the shift, when it allowed, I would hear her read. She had a bed-time story for them memorized and she would read it to them from memory at her desk. And the staffing sometimes wouldn't permit for her to leave the floor, but she would just quickly sit at her desk and just read the story. And you have to support your coworkers to do that right? Cause that's what's going to get them through it.

This anecdote alludes to the small but significant steps taken by 911 operators to support their coworkers throughout a shift. The scenario outlined an instance of unsolicited assistance from surrounding workers that ultimately enabled the referenced mother to fulfill her parenting duties and continue to cope with shift-related challenges.

Support may also be solicited by the worker seeking to elicit their coping abilities, often following a difficult call on shift. Participant Two provided an example of this:

If I'm stressed at the time I will ask to take a break. [...] and then I'll just go for a walk. And if I'm just getting a breather, just getting out of the room for a couple minutes, kind of resets everything.

This variety of coping is often used in combination with other stress management strategies. For instance, the two scenarios detailed above allowed the worker to temporarily remove themselves from the stressful situation and instead engage in a preferred method of coping (ex. communicating with family members or exercising). For this secondary coping to occur, a worker must first communicate their needs with one or more coworkers. The purpose of this communication is to activate practical or emotional support from others in order to reduce negative effects from existing stressors.

Cultivating a work-life balance

The stressors experienced throughout a 911 operator's shift necessitate a respite. A break away from the environment of the communication center, as well as the mental and emotional labour required to navigate a typical shift. This break looks different for each 911 operator, with exact strategies varying to tailor to the needs and preferences of the individual. Though diverse in nature, each recounted strategy shared common themes in relation to coping. The predominant overarching themes included mentally separating

work from home, engagement in hobbies, and the practice of self-care. All three categories serve the need of maintaining a work-life balance.

Separating Work and Home

When reflecting on their career in 911 operating, many participants identified the establishment of a work-life balance as an influential factor in their coping. The importance of this strategy was emphasised upon contemplation of the question “What advice would you give to a new employee about ways of coping?”. Participant Three shared

I would just tell them not to center their life around that place. [...] Because I kind of got sucked into the whole place and then I started to be excluded from things like, say, because I couldn't go on weekends or I couldn't take a day off there. But you've got to maintain those outside friendships and get some coping mechanisms. And I wish we would teach that sooner so people know what to do.

Participant Three described how this imbalance between work and home can form, focusing on the hazards of exclusively using co-worker support as a coping strategy:

You tend to identify with your coworkers, and they become your friends [...]. So all you talk about is police stuff. And again, it's vicarious trauma. So all you do is pass back and forth what crappy calls you've taken. And yes it's a great coping mechanism, it's a great venting strategy cause you need to be able to vent to somebody who understands that and find that comfortable person. But you can't just keep going back and forth or else, as I said, you get sucked in. And it becomes your full identity.

Participant Five imparted her experience with the subject, recalling

When I first started I was very excited about my job. [...] I almost didn't like being away from work. Like, I didn't want to miss anything. So when I had days off I would sometimes pick up overtime or, like, I couldn't wait to go back to work. Which is a good feeling to have but I think I should've also taken more time to appreciate my days off and kind of unwind and spend that time with my family and my friends who I don't see at work.”.

The participants’ narratives explore the reasons behind why a work-life balance is important, as well as some of the ideas behind why an imbalance may develop between the two. Participants also offered personal strategies utilized to combat this problem, many centering around mindset and identity formation. Participant Two described the mentality she cultivated to maintain a divide between work and home life:

It's once you walk out the door it's home life and once you walk in the door it's back to work. [...] When you're done, you're done. You don't take work home. And when you come it's a new day and you leave home life at home.

This perspective was shared by Participant Three as well, who acknowledged the necessity of cultivating a separate identity from work.

Over the years I've had to shift it back so there's a balance. So that my life doesn't center around the comm center. Because that can't be my only identity cause then I'm totally entrenched in it.

Participant Two described the influence of COVID-19 on this coping avenue, explaining

On my days off I like to do things. I like to go places [...] Cause I find that working five 12 hour shifts, your whole life is work for those five days. And then

on days off I'm like I just want to actually do things, and since COVID I feel that I'm stuck at the house just doing nothing cause nothing's open.

Despite the challenges presently posed by COVID-19, many participants reported a conscious effort to maintain a divide between work and home life. This separation allows 911 operators to disconnect from stressors at work and remain present for activities and relationships that they pursue in their home lives. More than half of the 911 operators in this study provided the advice of maintaining a work-life balance to amateur 911 operators.

Hobbies

911 operators reported recreational activities to be an effective means of coping, specifically citing examples of gardening, crafting, working out, knitting, listening to music, and playing on recreational sports teams. Each 911 operator reflected on their personal pastimes, describing the influence they have on their wellbeing and offering connections to their engagement and the resulting stress reduction.

Exercise and recreational sports were frequently mentioned by 911 operators throughout interviews. Physical activities were reported to serve a variety of purposes, promoting both short-term and long-term coping. Participant One offered insight into her experience with exercise as a form of short-term coping during a shift, stating:

I think my biggest coping mechanism would have been to go to the gym. I used to go every lunch hour. When I was at work I'd go work out and lift weights and things like that. [...] So, that would keep you on an even keel, exercise.

Unfortunately, the present pandemic of COVID-19 resulted in gym closures which removed this form of coping as an option for workers. Participant Four commented on the situation:

On nights, especially my last night shift, I just sat in my car for an hour and a half. And then, you know, I didn't go back to work refreshed or energised or like I had a break. I just felt more tired.

This statement illustrates the influence of exercise on short-term coping, allowing 911 operators to separate their minds and bodies from work responsibilities during breaks. Participant Four also reported additional benefits of this coping variety, stating that engaging in exercise during a break provides physical and mental stimulation which enables her to return to the job feeling reinvigorated.

Less intensive hobbies were also revealed to be helpful for 911 operators, especially when undertaken throughout a shift. Participant One explained the benefits she received from engaging in these activities during a slow shift

if you had something to knit or crochet or something like that we could do that during the downtime. It kept you awake and alert and focused. [...] it was a stress relief and kept you alert and things like that on a night shift when you were tired.

Unfortunately, the increasing call volumes throughout the past several years have reduced the accessibility of this coping strategy. Participant Three reported “now there's no real downtime. You can bring a magazine or a book to your desk but you're not going to touch it.”.

A final coping strategy cited by Participant Four included entertainment pursuits such as music or movies. She explained that after a challenging shift she would “listen to

music and podcasts and maybe watch like a movie or a funny tv show or something.”. She cautioned, however, “I don't want to listen to certain music because I don't want to associate it with that [difficult shift] later. Like I don't want it to stick, you know?”.

Reports from participants indicate that engaging in activities which enhance a 911 operator's personal identity has proven to be helpful. These activities and their efficacy in stress reduction differs depending on the individual and their respective interests; however, the underlying tenets hold true. Endeavors independent from work responsibilities can enhance identity development and provide workers with a physically or mentally stimulating outlet for stress.

Taking Care of Oneself

Self-care has become a buzzword in recent years. The concept is often preached to those within helping professions, especially positions with high turnover and burnout rates. 911 operators in the study identified instances of self-care, typically referring to the acts without directly applying them a label of self-care. Examples of personal care strategies fell into two different categories. The first involved consciously ensuring tasks of daily living were adequately completed, and the latter entailed engaging in activities which promote stress reduction or stimulate positive emotions in the individual.

High-stress positions can alter an employee's ability and ambition to attend to personal activities of daily living (ADL). Especially within the position of 911 operating, workers are faced with 12-hour rotating shifts which can interfere with their ability to sleep, eat, and maintain their daily functioning. These barriers to personal care can be combatted through deliberate attention to individual needs. Participant Five shared her routine after a difficult shift, stating “I'd make my lunch for the next day, make dinner,

and then have a glass of wine.”. A variety of coping strategies lie within this statement; however, the predominant theme of this statement revolves around meeting personal needs through deliberate actions. Participant Five’s inclusion of meal preparation into her after-shift routine indicates a commitment to nutrition. Further, the consumption of wine can be argued as an additional example of self-care, demonstrating the participant’s effort in creating a relaxing evening at home.

An additional and frequently cited aspect of daily living was sleep. Sleep was mentioned as a necessary and helpful component of a healthy work-life balance, often engaged after a long shift when participants were feeling “exhausted mentally” (Participant One). This constituent of self-care is typically interrupted in times of distress, generally requiring the worker to employ an alternative coping mechanism in its place until their sleeping pattern returns to its equilibrium. Participant Two identified disrupted sleep as an indicator of conscious or unconscious stress: “I was having trouble sleeping after that for a couple days and I knew right away ‘I need help with this.’”.

Taking time away from the stressor

A sign of personal strength and awareness is the ability to determine when a break is necessary. A period of hiatus can allow workers to take a step back from the stressor, process the event(s) they endured, and/or move on to another activity. These three outcomes will be disassembled and examined to investigate their ability in assisting 911 operators in the facilitation of individual coping.

Taking Breaks

Respite from activities is necessary, regardless of whether the activity is perceived as enjoyable or stress provoking. Breaks are especially necessary during emotionally or

physically taxing activities, illustrating the frequency of their use in a 911 operating setting. Each study participant cited this coping strategy as helpful, often referring to it in the phrasing “take a walk” (Participant 1,2,3,4, and 5). The physical aspect of the activity was not cited as the helpful center of the strategy but rather the break away from the stressful stimuli. Participant One alluded to the benefit of taking breaks throughout the workday, labelling them as an “escape” or a method of “getting away from it”.

Participant Two explained that this escape strategy is broached during 911 operator training,

I'm a trainer there and I've had trainees and I'll look over at them at their desk when they're done and they're crying cause something just upset them. And I go for a walk with them and help them talk through it.

This anecdote demonstrates the ingrained nature of the coping strategy, initiated from the outset of a 911 operator's emergence into the profession. The coping strategy is also built into the structure of 911 operating, permitting workers to balance their time between call operating and dispatching throughout their shift. Participant Three detailed the intention behind this scheduling format, stating that after dispatching for half the shift, “the other half they like to get us to do call-taking, just so you're not doing one job for twelve hours. [...] It's just kind of nice sometimes to have a break from calls.”.

The use of breaks in a 911 operating setting is often implemented proactively to prevent the escalation of stress or emotional distress. Conversations revealed that this method is also used retroactively, with 911 operators employing the strategy to combat stressors that overwhelm their typical defenses. When asked for examples of strategies utilized immediately following a challenging situation, Participant Four reported “I will

put myself in 'not ready' so I don't get another phone call. And I'll go for a walk...".

Participant Three shared a similar story in reference to coping with upsetting circumstances, describing the impact of a break on her wellbeing. "As soon as I disconnected, I realized. I just told my boss, I said 'I need to go for a walk after that one.'" She explained workers will at times initiate the strategy for a co-worker who has evidently experienced a stressful situation "...if you've taken a tough call they'll send you a message and say 'hey, I've got you, you go for a walk'". The benefits of this strategy, as well as the frequency of its use, were emphasised repeatedly throughout each interview.

Processing Events

Removing oneself from a stressor provides the opportunity for perspective taking and cognitive processing. 911 operators in this study cited the ability to engage in reflection and analysis as a helpful tool in progressing through difficult tasks. Specifically, participants reported using compartmentalization when experiencing or processing a stressful job-related task. Decompression was also listed as a valuable cognitive coping tool, often applied after the event or shift had concluded. Contrary to the cited use of compartmentalization, decompression is a helpful tool in promoting both long and short-term coping. Its application is engaged to assist workers in processing their daily experiences; however, a stressor or negative emotion does not have to be present in order to prompt its use. When describing their experiences with decompression, most workers mentioned their vehicles or homes to be the environment that stimulates this variety of coping. Participant Three elaborated on this, stating that during her daily commute she will "drive home and there's no radio, it's a quiet drive home. Because you just want to enjoy the silence." Further, she explained that the quiet drive enables workers to

“decompress from all the stress and noise...”. Participant Two concurred with this appraisal, adding that driving enables her to “zone out” and unwind.

Compartmentalizing can be both an unconscious and conscious process. 911 operators in the study described their experience with the coping tool as a mentality, Participant Two explained this phenomenon:

It's not like a job where you have to take it home, like how teachers have to take report cards home and all that stuff [...] It's once you're done, you're done. And then when you come in the next day it's a whole new ball game.

Clarifying this statement, it was asked “So you can kind of compartmentalize a bit that way? and just kind of leave it there, go home, and then not worry about it till you walk back in?”. Participant Two verified this analysis, stating “Yeah, exactly.”. Participant Three detailed how her inherent compartmentalization, combined with the training she received, enables her to cope in the moment of a challenging situation “we're trained to know what we need to get. We have to get the information for the officers, we've got to get as much to keep them safe, so the adrenaline just kicks in.”. This attestation also rings true for Participant One, who likened the mentality of compartmentalizing to a filing system. She compared her compartmentalizing ability with a short-term 911 operator who had difficulty activating this skill.

...this person is still living this every day because she hasn't been able to deal with it, while mine's buried underneath the heap in the back. And yeah, I can bring it forward when I want, but I just I have one of those brains, I think, where I deal with it and I forget bad things and I remember better things.

She went on to explain how an inability to compartmentalize can at times lead to long-term distress for workers “she was carrying a lot of things with her still, and mine were buried in the back filing cabinet.”.

Engaging in cognitive processing is mentally draining but essential. Whether conscious or unconscious, direct or indirect, mentally processing and analyzing events is essential for moving through and forward from challenging circumstances.

Moving on to Alternative Tasks

Diverse variables influence an individual’s method of coping. Depending on the stressor and its interpretation by the person experiencing it, an individual may choose to examine their encounter with the stress-provoking stimuli or avoid this process altogether. The former coping strategy will be studied in a later section, while the latter will be investigated through examining a 911 operator’s advancement onward in job-related tasks and engaging in the process of “letting things go”. Both coping strategies share the commonality of moving forward without directly addressing thoughts and feelings that may have been provoked by a stressful experience.

911 operators in this study reported advancement into alternative job responsibilities as one of the primary reactions to arduous circumstances. “When you're done on the call you kind of have to force yourself to move on because you've done what you can in the moment and you literally can do nothing after you hang up the phone.” (Participant Four). Participant Five recounted a complementary account, offering insight into how this strategy aids in her process of coping with difficult calls

I've just always moved on to the next one. Which might be kind of helpful in a way, cause then you've moved on to the next one and you're focusing on the next

call and in that moment you can't really think or process what you were just hearing.

Linked with compartmentalization is the process of moving on and letting go. Though difficult to describe or fragmentize, many 911 operators noted this ability as essential for daily and long-term career progression. Participant Five emphasized its necessity through stating “you can't let every single call get to you or you'd never be able to do the job.”. Letting go is a skill that appears to be inherent or improved through practice, attested to by two different 911 operators who have reported success with this particular coping strategy. Participant One detailed her abilities in this area: “I have one of those brains where I'm able to, you know, let things go. I just, I don't know, you just kind of deal with it.”. Her quote also provides insight into the intangible nature of the skill, with the actual process of “letting go” remaining a mechanism that is difficult to articulate. Participant Three reports a similar experience through different means of acquisition “over the years I've learned I have to let a lot of stuff go.”. Elaborating on her experience with releasing uncomfortable memories and experiences, Participant Three provided an example of how this strategy has eased its way into her daily life

...people hear you're a 911 operator and the first question is always “what's the weirdest call you've ever taken?”. and I used to know the answer but now it's all kind of blended together because I let a lot of it go.

When prompted to delineate her process of letting go, Participant Three pondered before replying

I think it's just over time. It's the repetitive nature, right? It's one thing to take your first call where somebody's passed away unfortunately, but over time you just

kind of, you strangely, it's hard for someone who doesn't work the job to understand, but you get used to it.

Her explanation of the concept mirrored the key points of the aforementioned coping skill desensitization. Interviews revealed both varieties of cognitive processing to be prevalent in the coping of 911 operators; however, workers had a challenging time articulating how these strategies initiated or developed. Despite this difficulty, it was made evident that “letting go” is an essential skill for 911 operators.

Addressing Thoughts and Feelings which Arise as a Result of the Stressor

It has been established that 911 operating is an emotionally stimulating and draining position. Individuals deal with their activated emotions differently, applying either an active or avoidant stance. This section will be focusing on workers who utilize a direct and active approach to emotional arousal, taking a close look at the use of information gathering and emotional awareness in this process.

Emotional Awareness and Expression

Emotional awareness assumes many forms. Study participants cited this overarching skillset as valuable in their process of coping, specifically referring to the use of emotional expression and a recognition of personal limits when faced with workplace adversities.

Although referenced infrequently, instances of emotional expression were prevalent throughout participant interviews. The most commonly noted form of emotional expression included crying. While workers report this act to be relatively rare, it was still referenced during interviews more often than any other variety of observable emotion. Expressions of anger were also indicated infrequently, with Participant One recounting “I

know that people would get off the phone and slam something down on the desk or whatever...”. The scarcity of displayed emotions mentioned throughout interviews indicates that this form of coping is either not used often by workers or its use is not discussed.

A component of emotional awareness is being attuned to one’s mental and physical limits. Workers tie this cognizance to their overall wellbeing, reporting that a recognition of one’s personal boundaries and limitations enable them to remain competent in their position. Speaking to the dichotomy of her after-work routine, Participant Two explained “some days I come home and I’m fine, and some days I come home and I just want to sit there, relax, and just kind of get over the work day.”. Participant Five concurred with the importance of allowing oneself to relax, reporting that she attempts to “not put so much pressure” on herself after a long stretch of shifts. She explained:

I try to just be easier on myself and just say “oh it doesn't really matter if the kids have more screen time today or if we just order pizza for dinner”. I don't want to add any more pressure to my day when I'm already hanging by a thread kind of thing.

She further elaborated, “I just try to teach myself to pick my battles or not put so much pressure on myself to always be entertaining my kids or have a home-cooked meal, that kind of thing.”. This emphasis on personal boundaries and giving oneself permission to relax connects closely with the concept of self-care. Self-care often initiates with the recognition of one’s own limits as well as physical and mental capacities. Participants in the study cited both the skill of emotional awareness and the action associated with mental and emotional release as an important contributor to their overall wellbeing.

Gaining Information to Ease Emotional Distress

One of the most frequently cited stressors in the role of 911 operating is the challenge associated with answering difficult calls. The traumatic nature of these calls as well as the coordination of appropriate action and decision-making are often referenced in literature; however, what tends to remain overlooked is the lack of closure obtained with each call.

Operators are typically involved with the first portion of an emergency situation, leaving the intervention and conclusionary work to the appropriate emergency personnel. This deficient narrative often requires the worker to move “on to the next one” without knowing how the preceding situation concluded. Participant Four summarised this struggle through stating “...one of the hard parts is we don't know how anything ends. So, we hear the drama while it's happening and then we usually just make up an ending or wonder about it.”. Participant Three also emphasised challenges associated with inadequate closure while simultaneously cautioning its overuse in 911 operating: “[...] there are some calls where you need closure. You can't worry about every one though cause you'll drive yourself crazy. You'll just keep reliving them trying to figure out how they ended.”. Fortunately, if a 911 operator happens upon a call where they feel closure is necessary, they are usually able to obtain it through information seeking. Participant Four explained how this can be achieved: “if you're lucky, you'll know the officer that went or the detective that got assigned and they can give you closure.”. Though often mentioned as necessary and helpful in the coping process, the procurement of call information tends to diminish over the course of an operator's career. Participant Three referenced this in her statement “I used to think ‘oh I wonder how that call ended’, before explaining that her need for answers has decreased over time.

Though popularly used by 911 operators to achieve closure, information gathering is not solely connected to this purpose. 911 operators report a benefit to analyzing past actions and decision-making, using this data to enhance their future practice and call navigation strategies. Participant Five detailed this process and its necessity through stating:

you're making mistakes, it's inevitable. You can't ever do the job perfectly. And then hindsight's always 20/20, so you can look back and analyze what you did and go "oh I should've dispatched this person instead" or "I should've dispatched this call first"...

She went on to detail the advantage she experiences through examining these situations and her corresponding actions:

[...] you just kind of go back and analyze those situations and then, yeah, I would think how I could do it differently next time. Kind of like - try to just do better the next time. Apply your knowledge to the mistakes.

This reflection process enables workers to minimize future mistakes and feel more confident that they are assisting civilians and fellow platoon members to the best of their ability.

Summary

The process of coping is intangible, individualistic, and dependent on multiple factors. Despite these challenges, interviews conducted with experienced 911 operators revealed common themes in areas of coping. These themes include personal traits and perspectives, support in the workplace, communication of feelings and needs, cultivating a work-life balance, taking time away from the problem, and addressing thoughts and

feelings that arise in response to the problem. These six identified themes varied greatly in nature but share deeper underlying connections. Each coping category hosts distinct intentions and consequences; however, a thorough exploration of the topics revealed similar presentations and patterns of coping. The connection between each category and its relationship with problem-focused and/or emotion-focused coping is examined in the following Chapter.

Chapter Five: Discussion

The themes resulting from interviews with 911 operators included personal traits and abilities, support in the workplace, communication of feelings and needs, cultivating a work-life balance, taking time away from the stressor, and addressing thoughts and feelings that arise as a result of the stressor. In this chapter the connections between these themes are explored in relation to theory and existing research. Each theme's relationship with problem-focused and emotion-focused coping is discussed. In addition, the themes are compared and contrasted with existing literature.

Personal Traits and Perspectives

Participants in this study emphasised the need for a type of personality in order to assume a long-term role in 911 operating. This personality type was described as "alpha", "tough", and one that thrives in high intensity situations. An ability to remove one's emotions from events was also cited as helpful, often referred to as "numbing" or becoming desensitized to emotional material. These individual traits and abilities culminate in a unique personality that supports workers to cope with the challenging demands of the profession.

"Numbing oneself" can be achieved through diverse pathways. Participants in this study reported the phenomenon to occur organically over time, with 911 operators experiencing desensitization through repeated exposure to distressing stimuli. Other participants reported this "tough" or "numb" personality to be inherent and a component of what enables 911 operators to remain in their position long-term. Shuler's (1997) study touches on this perspective through detailing the concept "sucking it in". This problem-focused escapism tactic enables workers to conceal their emotions and focus on the task

at hand. An additional method of shifting one's perspective through numbing involved the use of substances. Substance use and abuse among 911 operators is extensively studied in the literature, many studies reporting the emotion-focused coping strategy to be common among 911 operators (Anshel et al., 2013; Sterud, et al., 2007). Though substance use and "sucking it in" were not often mentioned during participant interviews, emotional numbing through alternative methods was mentioned. It is possible that participants in this study did not report high rates of substance use or emotional escapism because of the stigma attached to both strategies.

Although many of the discussed traits and perspectives which enable 911 operators to maintain their position entail avoidance and numbing, study participants also identified positive perspectives which embrace their emotions. 911 operators in this study identified a drive for high intensity work, viewing the role as exciting and conducive for personal growth. Existing data has not yet thoroughly examined the influence that this individual mindset may have on personal coping abilities in the profession of 911 operating.

Overall, this theme contained varieties of coping which were predominantly emotion-focused. Parallels were drawn between this study and previous literature, with both detailing the high presence of emotional numbing in the coping repertoire of 911 operators. Precise examples of this desensitization varied between past and present data; however, it was cumulatively agreed upon that emotional numbing is helpful to workers. Conversely, although insufficiently studied, positive outlooks on role responsibilities in 911 operating appear to be conducive to individual coping abilities.

Support in the Workplace

The need for various channels of support was strongly reinforced by participants in this study. Practical support, such as appropriate resources, adequate staffing, calm and varied working environments, relevant training, and sufficient time to take care of personal needs were all cited as important factors in the facilitation of coping on an individual and collective level. Emotional support factors were also highlighted by workers, with the strength of platoon camaraderie, coworker cohesion, and supportive supervisory staff influencing a worker's abilities to combat stressful stimuli. Both practical and emotional factors combine to establish a strong support network for workers, creating an environment that minimizes controllable stressors and promotes coping abilities.

Support can entail problem-focused or emotion-focused means. In the literature, specific support strategies relating to problem-focused and emotion-focused coping are often categorised under practical or emotional social support. Both instrumental and emotional assistance often assume an emotion-focused perspective of coping, with the aid centering around a reduction of personal discomfort and distress (Boland et al., 2019). Emotion-focused support in the literature involved the use of personal resources such as spouses, family members, and friends (Minnie et al., 2015). These findings coincided with results from the present study, with workers identifying their family, significant others, and close friends to be their most commonly accessed channel of support. Minnie et al. (2015) listed secondary emotional supports to include coworkers, managerial staff, and employee assistance programs. These sources of assistance were also noted by participants in this study, with the additional cited source of platoon camaraderie. Healthy

and strong relationships between coworkers and management staff were identified by 911 operators in both previous and present research to strongly influence a worker's coping abilities (Boland, et al., 2019). Additionally, past and present studies have identified coworkers as a frequently used stress reduction channel, with organizational emotional support remaining the last resort for stress management (Minnie et al., 2015).

The present study also explored the use of instrumental social support strategies to buffer stressors and long-term coping. The instrumental strategies listed are categorised as emotion-focused coping, given that workers identified the methods as helpful in reducing emotional discomfort. 911 operators in this study identified a variety of work-related support factors which, if enacted, could promote coping and mental wellbeing in workers. Namely, it was stressed that sufficient resources, staffing, targeted training, quiet environments, and diverse role responsibilities can individually enhance a worker's ability to combat stressors. Literature has discussed the benefit of targeted training programs, specifically physical health interventions, and identified insufficient resources as frequent sources of stress for 911 operators (Abraham et al., 2018; Klimley et al., 2018). Limited research exists on the link between instrumental support strategies and their influence on the coping abilities of 911 operators.

Boland et al. (2019) reported the most commonly studied coping strategy among emergency services workers to be the utilization of social support. This section predominantly focused on environmental, collective, and individual factors which promote this support, leaving the actual content of the support to be examined in the section *Addressing Thoughts and Feelings that Arise in Response to the Problem*. Past research and the present study relatively paralleled each others' findings, with the present

study directly citing instrumental strategies as facilitative to coping rather than solely identifying them as stressors.

Communication of Feelings and Needs

The expression of emotions and personal needs was noted by 911 operators. Whether enacted through humor, speaking with formal/informal supports, or a communication of one's needs, each participant identified one or more varieties of communication to be instrumental in their ability to cope.

Coping tactics in the literature which included a presentation of feelings and individual needs were predominantly emotion-focused (Minnie et al., 2015). These varieties included storytelling, emotional social support, and humour. Tangherlini (2000) defined storytelling as the relaying of experiences to others in order to reduce its emotional impact. This communicative method of coping closely parallels the engagement of formal and informal social supports, a coping tactic indicated by participants in the present study. Contrary to previous findings (Fraizer, 2019; Adams et al., 2015), participants in this police service identified numerous formal supports at their disposal. Despite this availability, and similar to existing data (Minnie et al., 2015), 911 operators preferred to access informal channels of social support instead.

This study also identified the strong presence of emotional support in a 911 operator's coping inventory, a method closely tied to previous literature's identification of the strategies storytelling and engagement of social supports. Emotional support's purpose and methodology closely mirror both varieties of coping. Regardless of the label it is assigned, these three emotion-focused coping strategies all serve to dissipate emotional distress through the sharing of feelings and experiences. Humor also fits in with these

emotion-focused coping methods, using comedic expression to relay experiences and feelings to others. The use of humor was emphasised in the literature, with numerous studies identifying the various benefits of its expression (Sliter et al., 2014; Rowe & Regehr, 2010; Phua et al., 2005; Shuler, 1997). Humor was also mentioned by 911 operators in the present study; however, when compared with previous findings, the strategy was not as frequently identified or deconstructed in interviews. Study participants specifically listed the subcategory of gallows humor in their coping inventory, a finding consistent with similar studies (Craun & Bourke, 2014; Sliter et al., 2014).

An alternative communicative and emotion-focused method noted by 911 operators in the present study was the expression of personal needs. 911 operators cited this strategy as helpful in the facilitation of coping, especially when used in combination with other coping strategies. Limited data regarding this phenomenon was present in the literature, studies often indicated an apprehension to express personal and emotional needs with others (Boden et al., 2014; Laranjeira, 2012; Shuler, 1997).

Ultimately, the communication of feelings and needs in the area of coping is predominantly emotion-focused. Coping strategies in this area tend to present similarly and serve the common purpose of relaying one's emotions and experiences to another individual. This finding was consonant with contemporary research (Minnie et al., 2015), with a larger emphasis on emotional expression being reported by participants in this study.

Work-Life Balance

Neglecting to establish boundaries between one's personal and professional life can result in negative consequences, one notably being a reduced capacity to cope with stressors. 911 operators in this study shared their strategies for cultivating a healthy work-life balance, which included engaging in hobbies, separating work from home, and practicing self-care. Whether used separately or collectively, these emotion-focused strategies share the objective of placing one's wellbeing and personal needs before their job responsibilities.

The concept of a work-life balance was referenced frequently throughout interviews. Participants stressed the importance of drawing a line between work and home, detailing examples of how this emotion-focused umbrella of coping was achieved in their own lives. It was emphasised that inadequate separation can lead to a loss of identity and diminish one's mental and/or physical health. This point was also stressed in previous literature, with studies identifying poor work-life balance as a typical outcome of 911 operating (Arble & Arnetz, 2017). Limited data presently exists on the establishment of a work-life balance and its connection to coping with the role of 911 operating. That being said, indirect examinations of the topic exist, with studies reporting physical health interventions to be a helpful aid in the coping of 911 operators (Shuler, 1997). This finding was matched in the present study, most participants identifying physical activities as essential and prevalent aspects of their coping repertoire. Participants also cited proper care for personal needs as an important area of consideration for 911 operators.

Overall, although its presence in past 911 operating literature remains predominantly under negative outcomes, this study has found work-life balance to be a helpful factor in

the facilitation of emotion-focused coping. Participants cited this factor as their most important recommendation for new workers in the field.

Taking Time Away from the Problem

When a stressor is causing significant distress or appears to be insurmountable, a break may be necessary. 911 operators described this stress management strategy as helpful for processing emotions and managing challenging workplace tasks. Specifically, they cited the use of decompression, compartmentalizing, taking a break, moving on to another assignment, and “letting go”. Each of these strategies serve diverse purposes but provide the overall need of distress minimization.

Interview data relating to the removal of an individual or stressor from a challenging situation strongly mirrored results found in existing literature. Past qualitative studies have emphasized the presence of escapism coping strategies among 911 operators, utilizing both internal and external methodologies to regulate one’s emotions or reduce the impact of a stressor (Boden et al., 2014; Rowe & Regehr, 2010). Both varieties of coping were present in interview answers, with 911 operators citing similar examples and intentions behind their emotion-focused and problem-focused escapism strategies.

Past research has identified two popular internal emotion-focused coping strategies to include emotion concealment and detachment (Steffen & Smith, 2013; Shuler, 1997). Both escapism approaches are relatively consistent with data from the present study, with participants placing heavy weight on the need to compartmentalize, decompress, and “let go” of stressors. Compartmentalization also ties in with problem-focused coping, allowing workers to continue achieving work-related tasks without their emotions interfering. Jenkin’s research revealed additional problem-focused coping strategies to

include vacating the undesired environment and distracting oneself through alternative stimuli (1997). These two strategies presented frequently throughout interviews, often referred to as “*taking a walk*” and moving “*on to the next one*” [call]. Distracting oneself with different tasks was also referenced in the structure of a 911 operator’s day, which is often fragmented into two different roles of call operating and dispatching in order to proactively engage problem-focused coping. It has been proposed by researchers that problem-focused avoidance techniques often lead to negative short-term and long-term outcomes (Minnie et al., 2015; Boden et al., 2014; Laranjeira, 2012); however, testimonials from 911 operators in this study indicated a different finding. Workers reported removing oneself from a stressor, often through walking away from their desk, is an essential and commonly practiced coping strategy that allows workers to “*reset*” themselves. It has been stated that 911 operators routinely practice this strategy and report positive outcomes through its application.

Escapism, whether problem-focused or emotion-focused, appears to be a fundamental component of a 911 operator’s coping process. Escapism strategies remained relatively consistent across literature and this present study’s findings; however, outcomes of the coping category were rated more adversely by past researchers (Minnie et al., 2015; Boden et al., 2014; Laranjeira, 2012). Participants in the present study strongly recommend the use of problem-focused escapism to all 911 operators and often cite the strategy as conducive to successful coping.

Addressing Thoughts and Feelings that Arise in Response to the Problem

Contrary to the previous section which touches on escapism strategies, 911 operators report that directly addressing the problem and its resulting effects can be an effective

means of coping. Precise strategies included obtaining closure, knowing one's limits, gathering information about the problem, crying, and remaining aware of one's emotions. Although diverse in nature and presentation, these strategies share the overall achievement of acknowledging a problem and its outcomes. This impact is explored through examining the problem-focused and emotion-focused presentation varieties of this coping theme.

Abraham et al.'s research highlights stressor confrontation as the predominant problem-focused coping method utilized by 911 operators (2018). This strategy is further delineated through identifying its varying forms, those including: addressing the problem, seeking out additional information, and collaborating with others to find a solution (Arble & Arnetz, 2017; Kirby et al., 2011). These concepts also tie in with problem-focused social support, which involves discussing a stressor with the intention of solving or reducing its impact (Heppner et al., 1995). These subthemes of stressor confrontation were present in interview answers from this study, with many participants placing great value on the acquisition of additional data to gain closure and learn from one's mistakes. Past research and personal insight from a participant in this study indicate that this approach encourages feelings of competency and self-efficacy (Abraham et al., 2018). Different from the literature, participants in this study stressed the importance of establishing personal boundaries and limits to prevent emotional and physical burnout when facing recurring stressors.

The acknowledgement of thoughts and emotions which arise as a result of a stressor is categorized as emotion-focused coping. Examples of this specific subtheme arose throughout interviews, including the procurement of closure, engaging in crying, as well

as the monitoring and acknowledgement of one's emotions. Tangherlini (2000) and Taylor et al. (1993) discussed the benefits of achieving closure, identifying that its acquisition is typically achieved through storytelling to coworkers and other supports. Statements from 911 operators in the present study corresponded with this finding, adding an additional avenue of information gathering to achieve emotional closure. The use of crying and emotional awareness was not frequently discussed in the literature. Study participants often neglected to discuss their emotions when referencing stress management and coping. 911 operators in the present study briefly touched upon personal thoughts and feelings, often identifying crying as a common form of emotional expression.

Overall, the present study and existing literature shared corresponding data. Both mentioned similar problem-focused and emotion-focused coping strategies under the bracket of addressing one's emotions which arise in response to a stressor. Though similar, this study differed in its findings that 911 operators endorse the use of personal boundaries and emotional expression in order to combat and prevent burnout.

Contrast and Congruity

Holistically, the data yielded in this study exhibited close links to similar studies conducted in the past. Coping strategies listed during interviews matched with previously identified strategies in the literature, at times receiving a slightly different label or area of categorization. The vast majority of themes which emerged in accordance to participant answers were emotion-focused, a pattern consistent with previously acquired data. Emotion-focused coping strategies appear to prevail over problem-focused coping methods in number, however; the quality of both coping categories remains equal.

Existing literature often debates the efficacy of both varieties of coping, critiquing the benefits and drawbacks of emotion-focused and problem-focused stress management (Doley et al., 2016; Laranjeira, 2012). Participants in this study did not indicate a preference for either category, instead identifying a wide array of coping strategies which fall under both umbrellas.

Of the copious coping tactics identified by participants in this study, areas of commonality emerged. Although labelled differently across participants and previous studies, past and present 911 operators have indicated social support and the sharing of one's thoughts and feelings to be the paramount coping strategy of this profession. The precise methodology of social support engagement varies depending on the 911 operator, however; the majority of past and present participants identified their close family and friends as their primary source of assistance.

Another unanimous strategy identified by 911 operators in the present study and existing literature is the removal of the problem (Abraham et al., 2018). This is also referred to as escapism, entailing a variety of differing tactics to achieve stress management. One of these tactics includes distraction through physical activities. The practice of exercise has proven to be an effective stress management channel in past studies, a finding also shared by participant reports in the present study (Anshel et al., 2013).

Finally, participants in the present study have strongly emphasised the necessity of cultivating a work-life balance to promote healthy and sustainable coping. This strategy was reported to be more common among those in the role for a long period of time, with less experienced workers being advised of the hazards that can arise if one neglects to

separate work from home. Work-life balance has remained relatively unexamined by previous research. Most studies have held focus on coping strategies that can be initiated in the workplace.

Although many comparisons have been drawn between past and present literature, results in this study have highlighted novel coping strategies. Previous studies have delineated stressors which can initiate the necessity for coping, often listing factors which arose in interview answers from this study's participants. These answers reframed the stressors as helpful factors in coping, shifting their identification from problems to solutions. Integrating these factors into the environment and structure of a 911 operating role can assist workers with establishing and maintaining personal coping strategies that promote sustainable stress management.

Implications for Future Practice

This study confirmed findings from previous research while simultaneously expanding existing knowledge. Data acquired in this study shone light on new channels of coping, citing novel stress management strategies within these categories. Further, the qualitative methodology of this study provided valuable insight into the reasoning behind why experienced 911 operators find these strategies to be helpful or harmful to their wellbeing. Finally, and contemporarily relevant, participant interviews revealed the varying ways in which Covid-19 influenced the coping abilities of 911 operators. The unique perspectives and behaviours outlined throughout interviews point to future areas of research which merit further examination.

Workplace Policy

This study confirmed several areas of existing research while illuminating new directions for future studies and practical applications. Primarily, it was reinforced that coping is individualistic and unique, varying from worker to worker. Interview answers suggested areas of improvement both structurally and practically in the field of 911 operating. Specifically, adjustments to the work environment may reduce the impact of stressors and increase an employee's ability to overcome challenges. This can be achieved through minimizing noise where possible, offering instrumental and emotional support to workers, and increasing the availability of formal training opportunities on the topic of coping. Police services would benefit from examining identified areas of difficulty for workers and implementing initiatives and accommodations to promote healthy coping among dispatchers. Examples of this include facilitation of healthy working relationships and support among all platoon personnel, providing opportunities for breaks and physical activities where possible, and encouraging and educating all levels of workers on stress management and work-life balance. Through establishing a working environment conducive to coping and seeking out employee feedback to inform these decisions, employers can ensure they are supporting their employees on a variety of dimensions.

Future Research

Although there was substantial overlap between the present study and existing literature, some novel topics were raised. Primarily, existing studies have outlined the negative impact of role-related stressors in 911 operating, neglecting to examine how a reduction of these factors can influence a 911 operator's coping abilities. Participant's

answers pointed out a variety of these factors, identifying them as critical to their coping process. Namely, participants emphasised the importance of maintaining a work-life balance and receiving practical support from management while in their role. Given that the impact of these two factors have remained relatively unexamined in relation to coping, future research may benefit from examining their function in stress management.

Forthcoming studies may also consider the impact of gender, ethnicity, and years of experience on the coping abilities of 911 operators. This study's sole focus on experienced Caucasian female 911 operators leaves a wide range of alternative demographics unstudied. The results of this study indicate a variety of dependent and independent variables which would benefit from further exploration.

Applications to Clinical Practice

A main takeaway from this study is the influence of social support on a 911 operator's coping abilities. This coping category was frequently raised during interviews, encompassing a wide variety of formal and informal supports. This finding is especially relevant to counsellors who may work with 911 operators, as they are a component of the 911 operator's formal support network. A clinician must have an awareness of struggles that face distinct client populations, using this information to guide their practice and explore pertinent areas of stress and resource in a 911 operator's life. This is especially necessary when working with 911 operators, as many participants in this study indicated they prefer to talk with individuals who "get it".

This study also provided an overview of general coping areas that are prevalent among experienced 911 operators. Clinicians may use these broad categories to help clients explore their own personal strategies. Alternatively, the numerous tangible coping

techniques outlined by participants may offer 911 operators options to pursue in their own journey through stress management. Finally, through reading and/or discussing the results and narratives of this study, stigma surrounding individual coping may reduce, permitting workers to discuss their experiences with stress management more openly.

Limitations

Limitations for this study mostly revolve around its sample and survey methodology. The limited number of participants included in the sample reduce the generalisability and external validity of results. Further, participants were solely recruited from the one police service, which may have influenced the content of their answers and not comprehensively addressed stressors and resources available within alternative police services. The final sample variable which may impact the study's findings was the heterogeneity of participants. Given that all participants were Caucasian females, findings are likely less applicable to 911 operators who are not.

The structure of the qualitative semi-structured interviews allowed for flexibility and clarification in the interview process. Further, the direct communication between participant and researcher over the phone may have influenced the forthright and candid answers of the interview subjects. Holistically, the study gathered rich data which adequately addressed the research question. In the future, a broader and more populated study may be beneficial for fully flushing out intricacies on the topic of sustainable coping among experienced 911 operators.

References

- Abraham, L. J., Thom, O., Greenslade, J. H., Wallis, M., Johnston, A. N. B., Carlström, E., ... Crilly, J. (2018). Morale, stress and coping strategies of staff working in the emergency department: A comparison of two different-sized departments. *EMA - Emergency Medicine Australasia*, *30*(3), 375–381. <https://doi.org/10.1111/1742-6723.12895>
- Adams, K., Shakespeare-Finch, J., & Armstrong, D. (2015). An Interpretative Phenomenological Analysis of Stress and Well-Being in Emergency Medical Dispatchers. *Journal of Loss and Trauma*, *20*(5), 430–448. <https://doi.org/10.1080/15325024.2014.949141>
- Allen, C. E., Mercer, M. C., & Lilly, M. M. (2016). Duty-Related Posttraumatic Stress Symptoms in 911 Telecommunicators: The Roles of Childhood Trauma Exposure and Emotion-Focused Coping. *Journal of Aggression, Maltreatment and Trauma*, *25*(7), 686–701. <https://doi.org/10.1080/10926771.2016.1175534>
- Anshel, M. H., Umscheid, D., & Brinthaup, T. M. (2013). Effect of a Combined Coping Skills and Wellness Program on Perceived Stress and Physical Energy among Police Emergency Dispatchers: An Exploratory Study. *Journal of Police and Criminal Psychology*, *28*(1), 1–14. <https://doi.org/10.1007/s11896-012-9110-x>
- Arble, E., & Arnetz, B. B. (2017). A Model of First-responder Coping: An Approach/Avoidance Bifurcation. *Stress and Health*, *33*(3), 223–232. <https://doi.org/10.1002/smi.2692>

- Baker, J. P., & Berenbaum, H. (2011). Dyadic moderators of the effectiveness of problem-focused and emotional-approach coping interventions. *Cognitive Therapy and Research*, 35(6), 550–559. <https://doi.org/10.1007/s10608-011-9386-7>
- Baseman, J., Revere, D., Painter, I., Stangenes, S., Lilly, M., Beaton, R. Calhoun, R. Meischke, H. (2018). Impact of new technologies on stress, attrition and well-being in emergency call centers: The NextGeneration 9-1-1 study protocol. *BMC Public Health*, 18(1), 1–9. <https://doi.org/10.1186/s12889-018-5510-x>
- Bizi, S., Keinan, G., & Beit-Hallahmi, B. (1988). Humor and coping with stress: A test under real-life conditions. *Personality and Individual Differences*, 9(6), 951–956. [https://doi.org/10.1016/0191-8869\(88\)90128-6](https://doi.org/10.1016/0191-8869(88)90128-6)
- Boden, M., Kimerling, R., Kulkarni, M., Bonn-Miller, M. O., Weaver, C., & Trafton, J. (2014). Coping among military veterans with PTSD in substance use disorder treatment. *Journal of Substance Abuse Treatment*, 47(2), 160–167. <https://doi.org/10.1016/j.jsat.2014.03.006>
- Boekaerts, M. (2010). Coping with stressful situations: An important aspect of self-regulation. *International Encyclopedia of Education*, 6(1), 570-575.
- Boland, L. L., Mink, P. J., Kamrud, J. W., Jeruzal, J. N., & Stevens, A. C. (2019). Social Support Outside the Workplace, Coping Styles, and Burnout in a Cohort of EMS Providers From Minnesota. *Workplace Health and Safety*, 67(8), 414–422. <https://doi.org/10.1177/2165079919829154>

- Braaten, E. (2018). *The SAGE encyclopedia of intellectual and developmental disorders* SAGE.
- Burnett, S., Pedersen, S., Smith, R., & O'Neill, A. (2012). Venting, joining and educating: Motivations for knowledge sharing in the UK police blogosphere. *Business Information Review*, 29(1), 57–63. <https://doi.org/10.1177/0266382112438689>
- Chang, Y. (2012). The relationship between maladaptive perfectionism with burnout: Testing mediating effect of emotion-focused coping. *Personality and Individual Differences*, 53(5), 635–639. <https://doi.org/10.1016/j.paid.2012.05.002>
- Chao, R. (2011). Managing stress and maintaining well-being: Social support, problem-focused coping, and avoidant coping. *Journal of Counseling and Development*, 89(3), 338–348. <https://doi.org/10.1002/j.1556-6678.2011.tb00098.x>
- Chenoweth, T., Gattiker, T., & Corral, K. (2019). Adaptive and maladaptive coping with an it threat. *Information Systems Management*, 36(1), 24-39.
[doi:10.1080/10580530.2018.1553647](https://doi.org/10.1080/10580530.2018.1553647)
- Craun, S. W., & Bourke, M. L. (2014). The use of humor to cope with secondary traumatic stress. *Journal of Child Sexual Abuse*, 23(7), 840–852.
<https://doi.org/10.1080/10538712.2014.949395>
- Creswell, J., & Creswell, J. (2013). *Qualitative inquiry and research design : choosing among five approaches / John W. Creswell*. (3rd ed.). SAGE Publications.

Dillard, D. M. (2019). *The transactional theory of stress and coping: Predicting posttraumatic distress in telecommunicators.*

Doley, M., Bell, D., & Watt, D. (2016). An Investigation Into the Relationship Between Long-term Posttraumatic Stress Disorder Symptoms and Coping in Australian Volunteer Firefighters. *The Journal of Nervous and Mental Disease*, 204(7), 530–536. <https://doi.org/10.1097/NMD.0000000000000525>

Elo, S. and Kyngäs, H. (2008), The qualitative content analysis process. *Journal of Advanced Nursing*, 62: 107-115. doi:10.1111/j.1365-2648.2007.04569.x

Emergency Call Handlers Display Signs of Emotional Distress and Risk of PTSD. (2012). *Nursing Standard*, 26(35), 15.

Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986). Appraisal, Coping, Health Status, and Psychological Symptoms. *Journal of Personality and Social Psychology*, 50(3), 571–579. <https://doi.org/10.1037/0022-3514.50.3.571>

Folkman, S., Lazarus, R. S., Pimley, S., & Novacek, J. (1987). Age differences in stress and coping processes. *Psychology and Aging*, 2(2), 171–184. <https://doi.org/10.1037/0882-7974.2.2.171>

Fraizer, A. (2019). 911 For Emergency Dispatchers. *Public Management*, pp. 31–32.

Genest, M., Bowen, R. C., Dudley, J., & Keegan, D. (1990). Assessment of strategies for coping with anxiety: Preliminary investigations. *Journal of Anxiety Disorders*, 4(1), 1–14. [https://doi.org/10.1016/0887-6185\(90\)90020-A](https://doi.org/10.1016/0887-6185(90)90020-A)

- Given, L. (2008). The Sage encyclopedia of qualitative research methods [electronic resource] / Lisa M. Given, editor. SAGE.
- Heppner, P. P., Cook, S. W., Wright, D. M., & Johnson, W. C. (1995). Progress in Resolving Problems: A Problem-Focused Style of Coping. *Journal of Counseling Psychology, 42*(3), 279–293. <https://doi.org/10.1037/0022-0167.42.3.279>
- Holton, M. K., Barry, A. E., & Chaney, J. D. (2016). Employee stress management: An examination of adaptive and maladaptive coping strategies on employee health. *Work, 53*(2), 299–305. <https://doi.org/10.3233/WOR-152145>
- Hood, Colleen & Carruthers, Cynthia. (2002). Coping skills theory as an underlying framework for therapeutic recreation services. *Therapeutic recreation journal, 36*.
- Howlett, M., Doody, K., Murray, J., LeBlanc-Duchin, D., Fraser, J., & Atkinson, P. R. (2015). Burnout in emergency department healthcare professionals is associated with coping style: A cross-sectional survey. *Emergency Medicine Journal, 32*(9), 722–727. <https://doi.org/10.1136/emered-2014-203750>
- Jenkins, S. (1997). Coping and social support among emergency dispatchers: Hurricane andrew. *Journal of Social Behavior and Personality, 12*(1), 201.
- Jeong, I. Y., & Kim, J. S. (2018). The relationship between intention to leave the hospital and coping methods of emergency nurses after workplace violence. *Journal of Clinical Nursing, 27*(7–8), 1692–1701. <https://doi.org/10.1111/jocn.14228>

- Karanci, N. A., Alkan, N., Aksit, B., Sucuoglu, H., & Balta, E. (1999). Gender differences in psychological distress, coping, social support and related variables following the 1995 Dinal (Turkey) earthquake. *North American Journal of Psychology*, *1*(2), 189–204. Retrieved from <http://psycnet.apa.org/psycinfo/2000-16045-004>
- Karstoft, K. I., Armour, C., Elklit, A., & Solomon, Z. (2015). The role of locus of control and coping style in predicting longitudinal PTSD-trajectories after combat exposure. *Journal of Anxiety Disorders*, *32*, 89–94.
<https://doi.org/10.1016/j.janxdis.2015.03.007>
- Kirby, R., Shakespeare-Finch, J., & Palk, G. (2011). Adaptive and Maladaptive Coping Strategies Predict Posttrauma Outcomes in Ambulance Personnel. *Traumatology*, *17*(4), 25–34. <https://doi.org/10.1177/1534765610395623>
- Klimley, K. E., Van Hasselt, V. B., & Stripling, A. M. (2018). Posttraumatic stress disorder in police, firefighters, and emergency dispatchers. *Aggression and Violent Behavior*, *43*(August), 33–44. <https://doi.org/10.1016/j.avb.2018.08.005>
- Kruczek, A., Basińska, M. A., Sobie, R., & Humor, P. (2018). *Radzenie sobie przez humor dla relacji między stresem w pracy a satysfakcją zawodową*. *69*(6), 621–631.
- Laranjeira, C. A. (2012). The effects of perceived stress and ways of coping in a sample of Portuguese health workers. *Journal of Clinical Nursing*, *21*(11–12), 1755–1762.
<https://doi.org/10.1111/j.1365-2702.2011.03948.x>

- Leiter, M. P. (1991). Coping patterns as predictors of burnout: The function of control and escapist coping patterns. *Journal of Organizational Behavior*, 12(2), 123–144.
<https://doi.org/10.1002/job.4030120205>
- Leonardsen, A.-C., Ramsdal, H., Olasveengen, T. M., Steen-Hansen, J. E., Westmark, F., Hansen, A. E., & Hardeland, C. (2019). Exploring individual and work organizational peculiarities of working in emergency medical communication centers in Norway- a qualitative study. *BMC Health Services Research*, 19(1), 1–9.
<https://doi.org/10.1186/s12913-019-4370-0>
- Martin, C. E., Tran, J. K., & Buser, S. J. (2017). Correlates of suicidality in firefighter/EMS personnel. *Journal of Affective Disorders*, 208(August 2016), 177–183. <https://doi.org/10.1016/j.jad.2016.08.078>
- Miller, A., Unruh, L., Zhang, N., Liu, X., & Wharton, T. (2017). Professional quality of life of Florida emergency dispatchers. *International Journal of Emergency Services*, 6(1), 29–39. <https://doi.org/10.1108/IJES-01-2017-0001>
- Minnie, L., Goodman, S., & Wallis, L. (2015). Exposure to daily trauma: The experiences and coping mechanism of Emergency Medical Personnel. A cross-sectional study. *African Journal of Emergency Medicine*, 5(1), 12–18.
<https://doi.org/10.1016/j.afjem.2014.10.010>
- O'Brien, T. B., & DeLongis, A. (1996). The Interactional Context of Problem-, Emotion-, and Relationship-Focused Coping: The Role of the Big Five Personality Factors.

Journal of Personality, 64(4), 775–813. <https://doi.org/10.1111/j.1467-6494.1996.tb00944.x>

Phua, D. H., Tang, H. K., & Tham, K. Y. (2005). Coping responses of emergency physicians and nurses to the 2003 severe acute respiratory syndrome outbreak.

Academic Emergency Medicine, 12(4), 322–328.

<https://doi.org/10.1197/j.aem.2004.11.015>

Pierce, H., & Lilly, M. M. (2012). Duty-related trauma exposure in 911 telecommunicators: Considering the risk for posttraumatic stress. *Journal of*

Traumatic Stress, 25(2), 211–215. <https://doi.org/10.1002/jts.21687>

Rodrigues, S., Kaiseler, M., Queirós, C., & Basto-Pereira, M. (2017). Daily stress and coping among emergency response officers: a case study. *International Journal of*

Emergency Services, 6(2), 122–133. <https://doi.org/10.1108/IJES-10-2016-0019>

Rowe, A., & Regehr, C. (2010). Whatever gets you through today: An examination of cynical humor among emergency service professionals. *Journal of Loss and*

Trauma, 15(5), 448–464. <https://doi.org/10.1080/15325024.2010.507661>

Setti, I., Lourel, M., & Argentero, P. (2016). The role of affective commitment and perceived social support in protecting emergency workers against burnout and

vicarious traumatization. *Traumatology*, 22(4), 261–270.

<https://doi.org/10.1037/trm0000072>

- Shuler, S. (1997). *Emotion 911: Communication and emotion at a county emergency communication center* [Doctoral Dissertation, University of Kansas]. ResearchGate.
- Sliter, M., Kale, A., & Yuan, Z. (2013). Is humor the best medicine? The buffering effect of coping humor on traumatic stressors in firefighters. *Journal of Organizational Behavior*, 35, 257-272. <http://dx.doi.org/10.1002/job.1868>
- Somerfield, M. R., & McCrae, R. R. (2000). Stress and coping research: Methodological challenges, theoretical advances, and clinical applications. *American Psychologist*, 55(6), 620–625. <https://doi.org/10.1037/0003-066X.55.6.620>
- Steffen, L. E., & Smith, B. W. (2013). The influence of between and within-person hope among emergency responders on daily affect in a stress and coping model. *Journal of Research in Personality*, 47(6), 738–747. <https://doi.org/10.1016/j.jrp.2013.06.008>
- Steinkopf, B., Reddin, R. A., Black, R. A., Van Hasselt, V. B., & Couwels, J. (2018). Assessment of Stress and Resiliency in Emergency Dispatchers. *Journal of Police and Criminal Psychology*, 33(4), 398–411. <https://doi.org/10.1007/s11896-018-9255-3>
- Sterud, T., Hem, E., Ekeberg, O., & Lau, B. (2007). Occupational stress and alcohol use: a study of two nationwide samples of operational police and ambulance personnel in Norway. *Journal of Studies on Alcohol and Drugs*, pp. 896–904.

Tangherlini, T. R. (2000). Heroes and Lies: Storytelling Tactics among Paramedics.

Folklore, 111(1), 43.

Taylor, S. E., Aspinwall, L. G., Giuliano, T. A., Dakof, G. A., & Reardon, K. K. (1993).

Storytelling and Coping With Stressful Events. *Journal of Applied Social*

Psychology, 23(9), 703–733. <https://doi.org/10.1111/j.1559-1816.1993.tb01111.x>

Taylor, S., Bogdan, R., & DeVault, M. (2015). Introduction to Qualitative Research

Methods: A Guidebook and Resource. In Introduction to Qualitative Research

Methods (4th ed.). John Wiley & Sons, Incorporated.

Thompson, R. J., Mata, J., Jaeggi, S. M., Buschkuhl, M., Jonides, J., & Gotlib, I. H.

(2010). Maladaptive coping, adaptive coping, and depressive symptoms: Variations across age and depressive state. *Behaviour Research and Therapy*, 48(6), 459–466.

<https://doi.org/10.1016/j.brat.2010.01.007>

Toronto Police Service. (2019). Communications Services Training & Recruiting.

Ullman, S. E., Relyea, M., Peter-Hagene, L., & Vasquez, A. L. (2013). Trauma histories,

substance use coping, PTSD, and problem substance use among sexual assault victims. *Addictive Behaviors*, 38(6), 2219–2223.

<https://doi.org/10.1016/j.addbeh.2013.01.027>

Walsh, K., Fortier, M. A., & DiLillo, D. (2010). Adult coping with childhood sexual

abuse: A theoretical and empirical review. *Aggression and Violent Behavior*, 15(1),

1–13. <https://doi.org/10.1016/j.avb.2009.06.009>

Appendices

Appendix A: Recruitment Letter

Appendix B: Letter of Information

Appendix C: Consent Form

Appendix D: Interview Guide

Appendix E: Debriefing Form

Appendix F: Ethics Approval

Appendix A: Recruitment Letter



**PARTICIPANTS NEEDED FOR
RESEARCH IN COPING WITHIN THE PROFESSION OF EMERGENCY
DISPATCHING**

We are looking for volunteers to take part in a study examining the coping strategies utilized by veteran emergency dispatchers. This research will examine the strategies used to maintain well-being and employment in a high-stress position. Individuals who have held employment in the area of emergency dispatching for five or more years are invited to participate.

If you are interested and agree, you would be asked to participate in a telephone or video (Zoom) interview with a researcher regarding your experiences with stress and coping in your position.

Your participation would involve one interview at a mutually agreeable time, lasting 30-60 minutes.

For more information about this study, or to volunteer for this study,

please contact:

Lisa Vanderloop

Appendix B: Letter of Information



Coping with Chaos: Adaptive Coping Among Veteran Emergency Dispatchers Letter of Information

Dr. Jason Brown, Principal Investigator

You are being invited to participate in this research study about coping strategies of 911 call operators who have been in the role for over 5 years.

The purpose of this study is to understand how veteran emergency dispatchers cope with the stress of the role.

Interviews will include some demographic questions (e.g. age) followed by open-ended questions concerning stressful experiences and coping strategies.

This information will be used by the student researcher, Lisa Vanderloop, for her master's thesis.

Only the student researcher and her thesis supervisor, Jason Brown, will have access to this information. Participants may be quoted directly in the publication of results, but no identifying information will appear.

Participation will take approximately 30-60 minutes. With your consent it would be audio-recorded.

If you agree to participate you will be asked to engage in a telephone or video interview via Zoom at a mutually agreeable time.

It is possible that engaging in this interview could be distressing to some. A list of local supports will be provided by the researcher.

Due to the small sample size of the study and types of demographic information collected, researchers will only report the data in aggregate (i.e., group level) to avoid indirectly identifying any participants upon dissemination.

The possible benefit to you may be to have your experience reflected in research about positive coping. The possible benefit to society may be increased wellbeing for individuals working in emergency response services.

A copy of results will be emailed to participants who provide an email address for this purpose.

You may withdraw from the study and have your data withdrawn at any point prior to publication.

Representatives of Western University's Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

The researcher will keep any personal information about you in a secure and confidential location for 7 years. A list linking your study number with your name will be kept by the researcher in a secure place, separate from your study file. If the results of the study are published, your name will not be used.

You will not be compensated for your participation in this research.

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your professional or employment status. You do not waive any legal right by consenting to this study.

If you have questions about this research study please contact Jason Brown, Principal Investigator,

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics. The Research Ethics Board is a group of people who oversee the ethical conduct of research studies. The Non-

Medical Research Ethics Board is not part of the study team. Everything that you discuss will be kept confidential.

This letter is yours to keep for future reference.

Appendix C: Consent Form

**Coping with Chaos: Adaptive Coping Among Veteran Emergency Dispatchers
Consent Form**

Dr. Jason Brown, Principal Investigator

Have you read the Letter of Information and had the nature of the research explained to you?

Have all of your questions been answered?

Do you agree to participate?

Yes

No

Appendix D: Interview Guide

Interview Questions

Overarching Question: How do you cope with the stress of being an emergency dispatcher?

Demographics

1. Gender?
2. Age?
3. Ethnicity?
4. How long have you been employed as an emergency dispatcher?
5. How many hours per week do you work at this job?

Coping

6. What is a typical day on the job like for you?
7. What are the challenges you experience on the job?
 - a. What makes them challenging for you?
 - b. How have these changed over time?
 - c. What would you say are the most significant challenges you experience?
8. How do you cope with the challenges of this job?
 - a. Do you cope differently with some challenges versus others?
 - i. Why? Why not?
 - b. Have the ways you cope changed over time?
 - i. Why? Why not?
 - c. Have you found that some ways of coping no longer work for you?
 - i. Why? Why not?
9. How do you cope with a particularly challenging shift?
 - a. What do you do to cope at the time of the challenge?
 - b. What do you do to cope before you leave the workplace at the end of your shift?
 - c. What do you do to cope after you leave the workplace?
 - d. What do you do to prepare for your next shift?
10. What have you found to be the best ways for you to cope with the challenges of this job?
11. Are there any ways of coping that you know are not helpful to you?
12. What advice would you give to a new employee about ways of coping? Why?

Appendix E: Debriefing Form



DEBRIEFING FORM

Project Title: Coping with Chaos: Adaptive Coping Among Veteran Emergency Dispatchers

Principal Investigator: Lisa Vanderloop, University of Western Ontario,

Thank you for your participation in this study. The purpose of this study was to identify strategies utilized by veteran emergency dispatchers to maintain their well-being and employment in a high-stress position. We predicted that participants would be able to identify and share strategies that have assisted them in managing challenging stressors throughout their employment. This process was carried out through conducting semi-structured interviews with this experienced population. Through an analysis of the interview answers, focusing on pertinent stressors as well as challenges and successes with coping, information regarding this phenomenology will be drawn and disseminated.

Resources

HERE 24/7 1-844-437-3247 (1-HERE247)

Access to addiction, mental health, and crisis services provided by local agencies

Connex Ontario 1-866-531-2600

Free and confidential information about mental health services and supports in communities across Ontario

Canadian Mental Health Association (CMHA)

67 King St East, Kitchener, ON

519-744-7645

Canadian Mental Health Association (CMHA) : Distress Centre of Waterloo Region

ON, Canada

519-745-1166

Carizon Family and Community Services

400 Queen St. S., Kitchener, ON

519-743-6333

KW Counselling

480 Charles Street East, Kitchener, ON

519-884-0000

Mosaic Counselling - a Program of Carizon Family and Community Services

400 Queen St. S., Kitchener, ON

519-743-6333

Self-Help Alliance of Waterloo Wellington

67 King Street E., Kitchener, ON

519-570-4595

Woolwich Counselling Centre

65 Memorial Ave., Elmira, ON

519-669-8651

Thank you,

Lisa Vanderloop

University of Western Ontario

Appendix F: Ethics Approval



Date: 14 May 2020

To: Dr. Jason Brown

Project ID: 115131

Study Title: Coping with Chaos: Sustainable Coping Among Veteran Emergency Dispatchers

Application Type: NMREB Amendment Form

Review Type: Delegated

Full Board Reporting Date: 05/Jun/2020

Date Approval Issued: 14/May/2020 16:09

REB Approval Expiry Date: 12/Mar/2021

Dear Dr. Jason Brown,

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the amendment, as of the date noted above.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
LOI_R3_Clean	Written Consent/Assent		
Poster_2_Clean	Recruitment Materials	08/May/2020	2

REB members involved in the research project do not participate in the review, discussion or decision.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Katelyn Harris, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Curriculum Vitae

Name: Lisa Vanderloop

Post-secondary Education and Degrees: Nipissing University
North Bay, Ontario, Canada
2010-2015 B.A. Honours

The University of Waterloo
Waterloo, Ontario, Canada
2017-2019 B.A. Social Work

The University of Western Ontario
London, Ontario, Canada
2019-2021 M.A. Counselling Psychology

Honours and Awards: Carl Sanders Scholarship
2010 & 2013

Renison President's Scholarship
2018

Norma Brown Award
2018

Social Science and Humanities Research Council (SSHRC)
Master's Fellowship
2019-2020

Related Work Experience Research Assistant
The University of Western Ontario
2019-2021

Crisis Respite Worker
Thresholds Homes and Supports
2017-Present