
Exploring the Lived Experiences of 911 Dispatchers: A Phenomenological Study Découvrir le vécu des répartiteurs et répartitrices au 911 : une étude phénoménologique

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ABSTRACT

Among the first responder profession, 911 dispatchers are considered the first point of contact for those in crisis. Despite existing literature concluding that 911 dispatchers experience rates of traumatic exposure similarly to other emergency service personnel, there is limited research regarding this population's specific experiences. The purpose of this study was to explore the lived experiences of 911 dispatchers to determine the consistency of their experiences with the limited existing literature. In this international study, a transcendental phenomenological research approach was utilized to describe the lived experiences and commonalities of the participants. Based on the findings from this study, five prominent themes emerged: (a) health issues, (b) trauma reactions, (c) strained interpersonal relationships, (d) job dissatisfaction, and (e) resilience. Limitations, recommendations for future research, and implications related to the counselling setting are discussed.

RÉSUMÉ

Dans la catégorie professionnelle des premiers intervenants, les répartiteurs et répartitrices au 911 sont considérés comme un premier point de contact pour les gens en détresse. Malgré la littérature existante qui établit que les répartiteurs et répartitrices au 911 subissent des taux d'exposition à des événements traumatiques semblables aux autres membres du personnel des services d'urgence, la recherche sur l'expérience vécue propre à ce sous-groupe est limitée. Fondée sur la littérature existante limitée, cette étude avait pour mission d'analyser le vécu des répartiteurs et répartitrices au 911 dans le but de déterminer son niveau d'uniformité d'un individu à l'autre. Cette étude internationale a adopté l'approche de la phénoménologie transcendante pour décrire les expériences vécues et les points communs des personnes participantes. D'après les résultats de cette étude, cinq thèmes principaux se présentent : (a) les problèmes de santé; (b) les réactions au traumatisme;

(c) les relations interpersonnelles tendues; (d) l'insatisfaction au travail; et (e) la résilience. Sont abordées les limites, des recommandations pour des recherches ultérieures et les implications pour le milieu du counseling.

Keywords: 911 dispatchers, traumatic calls, post-traumatic symptoms, lived experiences

First responders, including police, firefighters, paramedics, and 911 dispatchers, are exposed to a variety of traumatic events as they fulfill their occupational duties. Due to the nature of their work, these emergency service personnel are more likely to experience post-traumatic stress disorder (PTSD) or PTSD-related symptoms compared to the general population (Lewis-Schroeder et al., 2018; Pierce & Lilly, 2012). However, despite the evidence of traumatic exposure, the emergency service personnel population experiences stigma and other barriers preventing them from seeking mental health services, which ultimately can lead to delayed treatment and the possibility for chronic PTSD-related symptoms to develop (Haugen et al., 2017). Although 911 dispatchers are often the first point of contact for those in crisis (Baseman et al., 2018; Miller et al., 2017), there needs to be more research available related to the specific lived experiences of 911 dispatchers (Lilly & Allen, 2015; Steinkopf et al., 2018).

The purpose of this current study was to describe the lived experiences of 911 dispatchers to understand the impact of work on their lives. The idea of a phenomenological approach to research can be traced to Husserl (1931/1983), who contended an individual's reality or experiences regarding a phenomenon are a valuable source of data. Moustakas (1994) further substantiates that individuals construct their reality through their experiences and, therefore, are the experts of their experience. Although there is data documenting the increased risk of post-traumatic symptoms in professionals considered as first responders, there is a lack of transcendental phenomenological qualitative data specifically pertaining to the lived experiences of 911 dispatchers, so that is the purpose of this study. This research was guided by the question: "What is the meaning of the lived experiences of 911 dispatchers as a result of their work-related duties?"

In order to ground our study in the existing literature, it is important to start with a survey of the currently available literature. As previously mentioned, 911 dispatchers are typically the first point of contact for those in crisis and are often considered "the first of the first responders" (Baseman et al., 2018, p. 597). In a survey conducted in 2015, researchers concluded out of 154 participants in the Pacific Northwest region of the United States that 42% of 911 dispatchers rated the job as stressful to very stressful, and additionally, 60% reported the

job as either demanding or extremely demanding (Meischke et al., 2015). Lilly and Allen (2015) concluded nearly a quarter of their study's 911 dispatcher participants experience probable PTSD symptomology, often exacerbated by workplace stressors, such as "overtime, shift-work, ever-changing technologies, and negative work culture, including co-worker conflict" (Meischke et al., 2018, p. 570), which ultimately negatively impacts public health (Allen et al., 2016) and the physical health of 911 dispatchers (Meischke et al., 2018). According to the latest version of the Diagnostic and Statistical Manual (DSM-5; American Psychiatric Association [APA], 2013), Criterion A4 for PTSD includes "experiencing repeated or extreme exposure to aversive details of the traumatic event(s)," and it further clarifies that Criterion A4 "does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related" (p. 271). Kindermann et al. (2020) discussed how 911 dispatchers receive information about a crisis indirectly through the telephone compared to their fellow emergency service personnel experiencing the crisis directly at the scene, yet 911 dispatchers may still be emotionally impacted by these details.

Furthermore, May and Wisco (2016) substantiated in a systematic review of changes to PTSD criteria and influences of varying levels of exposure and proximity to trauma, that PTSD can develop out of indirect exposure. In a cross-sectional research design study utilizing the Potentially Traumatic Events/Calls measure, Posttraumatic Stress Diagnostic Scale (PDS), and Peritraumatic Distress Inventory (PDI), Pierce and Lilly (2012) concluded that 911 dispatchers are at risk for developing PTSD despite indirect exposure to the trauma. Steinkopf et al. (2018) identified "between 13.34% and 15.56% reported symptoms consistent with a PTSD diagnosis, and 16.67% indicated sub-threshold PTSD symptomology" (p. 398) in a study assessing the stress and resiliency among 911 dispatchers.

McCann and Pearlman (1990) originally developed vicarious trauma (VT) to be understood as how exposure to intense subject matter can negatively influence another's cognitive schemes. More specifically, the areas of cognitive schemes impacted by VT included dependency/trust, safety, power, independence, esteem, intimacy, and frame of reference (McCann & Pearlman, 1990). Constructivist self-development theory (CSDT) was developed around this definition of VT in which acute symptoms are addressed and treated through combined techniques of object relations, self-psychology, and social cognition theories (McCann & Pearlman, 1992). Saakvitne and Pearlman (1996) recognized that the alteration of cognitive schemes and struggling to navigate painful emotions are common among helpers subjected to the traumatic experiences of others. In a literature review seeking to specify the characteristics of VT, Branson (2019) summarized that VT can have somatic, affective, cognitive, and spiritual effects manifesting in four personal and professional

areas: “intrusive imagery, arousal, avoidance behaviors, and negative changes to cognitions” (p. 3).

Originally defined by Figley (1995), compassion fatigue (CF) is defined as becoming psychologically overwhelmed out of a desire to help traumatized individuals. Further research extended this definition to include emotional and physical exhaustion due to the reduction of the ability to express compassion when repeatedly hearing worst-case scenarios of human life (Adams et al., 2006; Benoit et al., 2007; Sodeke-Gregson et al., 2013). With the perception of personal responsibility for the outcome of the call and protection of the dispatched personnel, 911 dispatchers can overextend their commitment psychologically and emotionally, resulting in a greater prevalence of stress-related symptomatology (Carleton et al., 2018; Meischke et al., 2015). Frequently, 911 dispatchers have to suppress their emotional reactions to callers in distress, while extending empathic feelings toward distressed callers, increasing the likelihood of developing CF, which can negatively impact job performance (Miller et al., 2017).

Burnout is another pathology experienced by 911 dispatchers as a result of their work. In fact, one study concluded that 911 dispatchers experience burnout at similar rates compared to other first responder occupations (Bevan & Wild, 2007). Originally defined by Maslach and Jackson (1981), burnout is stated as the product of increased emotional exhaustion coupled with decreased feelings of personal accomplishment, as well as increased depersonalization of clientele. More specifically, it can produce feelings of cynicism, high turnover rates, absenteeism, low morale, and increased substance use or family problems (Maslach & Jackson, 1981). In the workplace setting, 911 dispatchers may experience intense workloads with a finite amount of control over the call and minimal supervisory or colleague support, which can contribute to the development of burnout over time (Miller et al., 2017; Troxell, 2008).

Previous research has sought to quantify the rate of PTSD and related pathologies among 911 dispatchers to further understand their prevalence and associated afflictions within this population. Kindermann et al. (2020) conducted a cross-sectional study employing measures quantifying secondary traumatic stress (STS), PTSD, depression, anxiety, as well as adult attachment style. The researchers concluded of the 911 dispatcher participants 8.5% experienced moderate STS, 2.8% experienced severe STS, and 11.3% were positively screened for PTSD (Kindermann et al., 2020). Contrarily, minimal qualitative research exists to specifically conceptualize the lived experiences of 911 dispatchers. In one key study, Ricciardelli et al. (2018) conducted a thematic analysis of feedback responses at the end of an online survey regarding the prevalence of mental disorders among public safety personnel, of which 3.2% of the 828 participants across Canada were 911 dispatchers. Based on the responses, themes that emerged from the data included physical manifestations

of trauma and compromised well-being, experiences of compromised mental health, and fatalistic attitudes (Ricciardelli et al., 2018). In a systematic analysis and narrative synthesis of available research investigating psychological health and stressors of 911 dispatchers, Golding et al. (2017) specified stressors to be related to exposure to trauma, unfavourable working conditions, and lack of organizational support, which were later substantiated by a literature review conducted by Smith et al. (2019) examining physical and mental health concerns among 911 dispatchers.

Method

A transcendental phenomenological research approach describes the lived experiences and commonalities of several individuals who have experienced the same phenomenon (Moustakas, 1994). Specifically, the beauty of a transcendental phenomenological approach is the researcher's intentional and conscious effort to set aside any beliefs, biases, preconceived notions, and personal or professional experiences and knowledge to fully let the participants' voices about the phenomenon be heard (Moustakas, 1994). Moustakas' (1994) seven broad questions uniquely enable rich, in-depth descriptions of the phenomena to be obtained.

Moustakas' (1994) modification of the Van Kaam phenomenological analysis method was used to organize and analyze data. Although transcendental phenomenology shares commonalities with ethnography, grounded theory, hermeneutics, and empirical phenomenology, it was determined that transcendental phenomenology would be the best approach to allow 911 dispatchers' common lived experiences to be portrayed and represented from an unbiased view. Specifically, the data analysis and trustworthiness procedures of transcendental phenomenology are designed to allow researchers to bracket their biases out of the research process. This research was also important to conduct because 911 dispatcher research is scarce in counselling literature and the 911 dispatcher literature that does exist in other disciplines seldom utilizes transcendental phenomenology.

Participants

The lead researcher contacted the moderators of closed Facebook and Reddit 911 dispatcher groups. After the group leaders were informed about the study, permission was granted to the lead researcher to recruit participants from the respective groups. To be included in the study, participants were required to have been employed as 911 dispatchers for a minimum of six months. The time frame of six months was chosen because this is the minimum amount of time needed for a person to meet the full DSM-5 criteria of PTSD (APA, 2013). Additionally, the duration of the disturbance had to last for at least one month to meet DSM-5 criteria (APA, 2013). Any potential participant who

could not self-identify post-traumatic symptoms nor had a PTSD diagnosis from a medical or mental health professional was excluded from the study. The participants in this study ($n = 10$) comprised eight females and two males. All participants were 911 dispatchers whose work duties led to the experience of post-traumatic symptoms. There were seven participants from the United States and three participants from Canada. Likewise, eight participants identified as White and two identified as Hispanic. The breakdown of highest education obtained was: three with high school or GED equivalents, three with associate's degrees, two with bachelor's degrees, and two with master's degrees. The length of employment ranged from 10 months to 21 years ($M = 10$ years and 10 months). Half of the participants ($n = 5$) answered various types of calls each day, while one participant each answered non-emergent, medical/EMS, medical trauma, non-medical calls, and calls related to medical or burglary instances. There were seven participants who worked as 911 dispatchers in the past, while three participants were working as 911 dispatchers for the first time in their current positions. Three participants worked in provincial facilities, two worked for county facilities, two worked for city facilities, and one worked for a town facility. Additionally, only one participant worked for a state facility, while only one worked at a regional facility. Lastly, seven of the participants reported that their facility offered debriefing after traumatic calls, whereas three of the participants reported that their facility did not. Participants' demographic information and work experience are summarized in Table 1 and Table 2, respectively. IRB approval was obtained from the IRB Committee before data collection began.

Table 1
Participant Demographics

Participant	Gender	Country	Race	Education
1	F	USA	White	Associate's
2	F	CAN	White	Associate's
3	M	CAN	White	Associate's
4	F	USA	White	HS/GED
5	F	CAN	White	Bachelor's
6	F	USA	White	Bachelor's
7	M	USA	Hispanic	HS/GED
8	F	USA	White	Master's
9	F	USA	White	Master's
10	F	USA	Hispanic	HS/GED

Note. Participant demographic information was gathered from a background information form participants completed before interviews were conducted.

Table 2
Participant Work Experience

Participant	Length of Employment	Types of Calls	Previous Work as 911 Dispatcher	Type of Facility	Organization Offers Debriefing	Sought Counselling for Work-Related Issues
1	19 years	Non-emergent	Yes	County	Yes	Yes
2	20 years	Varies	Yes	Province	Yes	Yes
3	21 years	Med/EMS	Yes	Province	Yes	Yes
4	15 years	Non-threat Medical	Yes	Town	No	Yes
5	9 years	Medical Trauma	No	Province	No	Yes
6	21 years	Med/Burglary	Yes	Regional	Yes	Yes
7	3 years	Varies	No	City	Yes	Unknown
8	12 years	Varies	Yes	State	No	Yes
9	9 years	Varies	No	County	Yes	Yes
10	10 months	Varies	Yes	City	Yes	Yes

Note. Participant work experience was gathered from a background information form participants completed before interviews were conducted. The last column (Sought Counselling for Work-Related Issues) was gathered from participant interviews and follow-up questions sent to the participants. Participant 7 was the only participant to not respond to follow-up questions, so the information is unknown.

Data Collection and Analysis

Participants engaged in an informed consent process and signed the consent form. Participant interviews began with a statement that they could withdraw from the study at any time without penalty (No participants withdrew from the study). Then, the research question was stated to help focus the participants on the purpose of sharing their experiences as 911 dispatchers.

Participants were asked to answer the interview questions. Interview questions were often followed up by grand tour questions to gather more specific information than was given from the original interview question. After each interview, the recordings were transcribed verbatim by a third-party transcription service. After transcription, analysis for thematic content was done by hand using Moustakas' (1994) adaptation of the Van Kaam method. Under this procedure, the seven steps were enacted to develop codes that then became a part of a comparative analysis process to formulate themes.

In horizontalization, everyone's responses were compared by placing them beside each other and eliminating any redundant information in an attempt to make the participating 911 dispatchers equal. Next, during reduction and elimination, the extent that 911 dispatchers did or did not share a common experience was determined to assess fit or non-fit on the horizon to create themes. Codes that began to cluster and emerge from horizontalization, reduction, and elimination were given labels that became the core themes as identified by 911 dispatchers' work duties. Validation of the newly identified themes provided checks and balances for the existence of themes. Direct quotes and other non-verbal observations from 911 dispatchers were used to support the themes that emerged from this study. Individual textural descriptions were aided by the use of low inference descriptors. Regarding individual structural description, the participants' expressions of the phenomena were described and analyzed for how the themes connect through the use of thick descriptions. In the final step of the analysis process, textural and structural descriptions were used to create the essence of 911 dispatchers' work duties.

To ensure trustworthiness, many methods of triangulation were used. Each participant was emailed and asked to participate in member checking. Member checking gave participants the opportunity to check the accuracy of the transcribed interview and to evaluate if the themes captured their lived experiences. This process was anticipated to take about 30 minutes of each participant's time. All of the participants engaged in member checking, and only one participant had corrections. Each researcher maintained a reflexive journal which they used to guide their debriefings. Consultation with an expert peer reviewer, a non-interested peer with qualitative research experience in the topics of compassion fatigue and vicarious trauma, was sought to check the credibility, comprehensiveness, and dependability of the results

based upon the researchers' data gathering and analysis process. Follow-up questions were also sent to all participants and were answered by all of them except for one participant.

Results

The participants' ($n = 10$) lived experiences of serving as 911 dispatchers were captured by the following five themes: (a) health issues, (b) trauma reactions, (c) strained interpersonal relationships, (d) job dissatisfaction, and (e) resilience. Health issues and trauma reactions were experienced by all of the participants. The majority of participants experienced strained interpersonal relationships ($n = 8$), job dissatisfaction ($n = 7$), and resilience ($n = 6$). Participants' own words are used to describe their experiences through the use of low inference descriptors or direct quotes.

Health Issues

A strong theme that was present in all of the participants' experiences ($n = 10$) was that of health issues. The experience of being impacted by health issues, as described by all of the participants, was categorized as either mental health or physical health symptoms. Common mental health post-traumatic symptoms that were experienced among the participants included feelings of "depression," "anxiety," "anger," "overwhelmed," and "frustration." A participant gave an example of how these symptoms still currently impact her, "I have PTSD and all the symptoms that come with that. It was paralyzing. It really affected me to the point where I was in bed for days...I became depressed, anxious, crying...Super sensitive, edgy." Nightmares also tended to be prevalent for some 911 dispatchers. Another participant described how, over the years, her job impacted her sleep and resulted in her recounting traumatic events from the past:

I start to get haunted by traumatic incidents, things that I listen to, people that I talk to throughout the years, calls that happened, work-related stress... I feel like I'm suddenly in a vacuum sometimes at night, and that's difficult because you kind of get sucked in.

Some participants acknowledged that they were "in denial" and that they were slow to admit that they needed help. For instance, a participant admitted, "there are times where I have struggled and it has taken me...a long time to acknowledge the impact of the job...there were times where it affected my daily life in terms of mood and lack of coping." Likewise, some participants stated that they responded differently from the 'normal' population. For example, one participant said, "I don't feel like I have normal reactions to things that other

people have. Like, I cry about dumb things and I don't cry about things that other people cry about. It's kinda weird. It's like I'm flipped."

Participants' physical health was similarly negatively impacted by their occupation. A 911 dispatcher's job is mainly sedentary. Many of the participants shared they experienced many physical ailments such as: gastrointestinal, (GI); gastroesophageal reflux, (heartburn); bruxism, (grinding of the teeth); and sleep disorders (such as insomnia). A participant gave an overview of the GI and insomnia symptoms that either she or her colleagues experienced and how those connected to other health issues:

Every single one of us...somebody has stomach problems – whether it's ulcers, whether it's Irritable Bowel Syndrome symptoms, constipation...But that constant being tense stuff, the way we are, it affects people's digestion, their hearts. We've had lots of people with high blood pressure and heart problems...chronic pains. Sleep issues. Insomnia or people who just are exhausted all the time. Weight gain.

Another common physical health issue is the connection of stress to chronic health diagnoses, such as Multiple Sclerosis (MS). A participant recounted her years as a 911 dispatcher, "I started when I was 20. I was healthy...I was diagnosed with MS in 2002 and it's gone downhill...Lot of muscle issues, stress being held in your neck and shoulders, back issues." Likewise, one participant even highlighted dental issues she experienced as a health concern. She said, "I have some dental problems because I grind my teeth, and I clench my jaw a lot." Another physical ailment that presented itself was wrist issues. A participant said, "I also have wrist problems and a lot of my co-workers have wrist problems from all of the typing, which I wore wrist braces for a while." Thus, many of these health issues probably extend from shift work. A participant stated that "the 12-hour shifts are rough on the body. I'm not going to lie. And the seats are so uncomfortable...my back hurts." Furthermore, being tired and exhausted also takes its toll in addition to physical pain. Another participant described herself as "exhausted. You're just tired." Thus the participants in this study experienced a gamut of post-traumatic mental and physical health symptoms that resulted from their position as 911 dispatchers.

Trauma Reactions

All of the participants (n = 10) discussed how exposure to trauma through their work negatively affected them. Based on the interviews with participants, there were parallels to vicarious traumatization, burnout, and compassion fatigue. Participants mentioned how their experiences resulted in them feeling "jaded," "bitter," and "cynical," and they sometimes have difficulty relating to other people in social settings. Also, participants explored how they were

wary of others and felt “guarded” in public places, and they described feeling a general lack of safety in certain situations. For example, one participant reflected on being more hypervigilant when taking similar calls from the same neighbourhood, “so if I’m someplace where I’ve taken a bunch of shootings and stabbings and whatnot...I’m more aware of what’s going on around me.”

Moreover, participants described their proclivity to “catastrophic thoughts” due to knowing how some situations that may seem safe or docile can end in tragedy. In the words of one participant,

I would rather let the dishes sit there and be with my kid and watch him because I’ve seen how quickly things can go south. So, I tend to be a little bit more heightened about awareness and what can happen as opposed to a normal person ‘cause normal people don’t really function that way.

Another participant described her catastrophic thinking when it came to her pregnancies when she mentioned, “I loved my pregnancies but I hated them at times ‘cause I was waiting for it to happen. I’m going to miscarry. Something’s going to happen. You’re just always waiting for the worst to happen.” Participants also discussed their attempts to maintain a sense of control in their lives, which is another aspect of vicarious trauma. In general, participants mentioned their abstinence from watching the news to avoid the compounding catastrophe on their already emotionally heightened day. As one participant stated, “and just cutting the news out, cutting the social media out took a little bit of that edge off. I was able to control when I saw or heard things. So it gave me a little bit of control back in my life.”

When it comes to burnout, participants described how they feel as though they are maybe inadequate at their job and have mixed success with their callers. The participants described how this wore on them over time resulting in a feeling of “discouragement” and “helplessness.” A participant substantiated the feeling of the work environment wearing on him when he stated, “traumatic calls, they can linger, but it’s honestly the daily grind that I think is more impactful overall and longer-term. Even when you leave this job, I think it stays with you longer. It’s that feeling of learned helplessness.” Also, one of the participants described the draining nature of 911 dispatcher work when she mentioned, “hopelessness. That’s like the biggest one, hopelessness. Helplessness would be a good one. It’s draining. It’s really draining.” Burnout can also lead to engaging in substance use and exacerbating family problems. A participant described how burnout had affected her office space when she stated, “their family lives usually start to get tumultuous...they start engaging in a bit higher risk behaviour, so they’ll start drinking a bit more, using recreational pharmaceuticals, missing work.” Another participant described this phenomenon when she stated, “I think that a lot of what I experienced too was the burnout of the shift work and the nights and the days and the holidays. I

was just done. I felt defeated.” Based upon participants’ responses, it appears that 911 dispatchers’ work environments naturally exacerbate burnout due to constant shift work and continuously feeling drained. As a result, close personal relationships are often impaired, and trauma reactions are augmented by physical and emotional symptoms as well as addictive behaviours.

Furthermore, participants described how their work as 911 dispatchers diminished their emotional capacity to display compassion toward callers. For example, one of the participants mentioned, “the non-emergent calls that come in, they’re just more of an annoyance because you know how serious that 911 line usually is. And so, when they’re non-emergent...a lot of things go through your head that you want to say to them that you don’t.” However, their diminished capacity to display compassion is not limited to the callers. For example, one participant described her reaction to her husband’s unpleasant emotions when she stated,

You always want to look at it like why are things so bad for you? All you do is, you know, sit at a desk all day and I take 911s and save lives every day. So why are you acting like I’m acting? And, you know, you should be the happy one.

Another participant echoed similar feelings when she mentioned, “I’m not as compassionate...I’m not as sympathetic to people as I used to be because I kind of sit there and go okay...Well, you could have it a lot worse, so suck it up, move on.” A participant stated, “they kind of see me as this, for lack of a better term, ‘coldhearted’ person,” when she described how her husband and children viewed her emotional state and expression toward them.

Strained Interpersonal Relationships

Many of the participants discussed how their work as 911 dispatchers had impacted their relationships with others in their lives. Strained interpersonal relationships are a theme that emerged from the data, with eight participants identifying this theme. Based on the quotes provided by participants, it appears the primary relationships that have been affected are spousal relationships, relationships with children, and the family unit as a whole. Participants generally discussed their lack of ability to be available for their families due to their irregular work schedules. Also, participants mentioned their lack of emotional availability for the people in their lives due to the emotionally taxing work as a 911 dispatcher. A participant described how her work impacted her relationship with her husband when she mentioned, “it has caused some issues between me and my husband emotionally. It’s hard for me to see that I’m not showing any kind of emotion, caring, any love or anything like that towards my husband, but he’s definitely feeling it.” Other participants discussed having previous failed relationships or alluded to co-workers under similar circumstances due

to the strain of this work on communication and emotional availability with significant others. Further, another participant discussed how her anxiety and emotional state has caused some issues with her husband when she stated,

My husband, he's gone through the struggle of this with me...Him seeing how absolutely traumatized and devastated I have been after certain incidents, he's seen it. So it's been really hard on him...but the way it's affected my emotions and my mental health has obviously had a negative impact on him.

The participants' responses regarding the strain their work has put on their relationships with their spouses or significant others indicate the impact it has on their emotional availability.

Further, the lack of emotional availability the participants experienced was not limited to their significant others. This was made clear in some of the participants' relationships with their children, as well. For example, one of the participants stated, "my son...he was kind of unsure of if this is how parents are supposed to be... he'll go to his friends' house and, you know, the moms are dotting on the children and whatnot, and I'm just not that way." Other participants mentioned their general lack of energy to be available for their children when needed. An example of this is when one participant stated, "I also found that I would avoid addressing some of my children's bad behaviour just because I was overwhelmed. I felt unable to deal with more conflict...that I just felt too overwhelmed to deal with it." Moreover, participants generally discussed how they do not let their children participate in seemingly "normal" activities. As one of the participants mentioned, "I don't let them do things that other parents let their kids do, and my kids are starting to notice that." The participants who experienced this with their children discussed how there was a misunderstanding between them and their children since their children could not understand their rationale.

Given how participants described the impact of their work on their spouses and children, it is clear how the family unit is impacted as well. Participants discussed how inconsistent shift work, long hours, and working holidays have kept them from participating in family activities or gatherings over the years. In the words of one participant,

I sort of became the black sheep of the family and not intentionally. I just was never around, and I couldn't be. My job demands far too much: 12-hour shifts, rotating schedules, nights, holidays, weekends. So, I didn't really attach myself to the family during family-set events. I was not available.

In another example as to how the participants are unavailable for their families, one of the participants mentioned, "my husband had to pick up a

lot of the slack of daily living around me for that time period because I would just come home and, like, go in the bathtub for three hours or just zone out on the couch for two or three hours.” Also, there appears to be a misunderstanding from the family as far as what the participant does for work. Based on the participants’ responses, this has caused some strife in the family if the participants’ experiences are not taken seriously. For example, one participant discussed her experience with her family when stating,

It’s kind of made us a little bit distant at times because she doesn’t understand why are you feeling this way...I think it’s just because she doesn’t understand why I am the way I am, why I’m so anxious and why I’m having these symptoms...They don’t know what it is that I do. So that’s most likely why we’ve had a bit of this frustration with each other.

Job Dissatisfaction

Another theme present for 911 dispatchers (n=7) was job dissatisfaction due to issues that did not directly involve work duties, such as toxic environments and lack of organizational support. “Toxicity” was used by many participants to describe cliques, strong “personalities,” “targets” for bullying, and “gossip.” A participant described toxicity as evident with co-workers who grew up together and functioned as a clique, “it was a very toxic environment, very toxic... If you work and live and you’re with all the people you grew up with, that tends to get its own toxicity.” The same participant also stated that administration can increase the toxicity that already exists on the floor by how they respond to the staff, “I do think that the personalities are tough...when they’re challenged a little bit, it can go south quick.” Seemingly, to avoid attracting negative attention from administration, some co-workers will choose a colleague to target and bully. A participant said, “if we make one person the focus, like this person’s consistently doing things wrong, the spotlight’s on them...we do have someone who is consistently making errors and underperforming, so ‘she’ is kinda like a real easy target.” Another participant also acknowledged co-workers intentionally targeting fellow co-workers. That participant stated, “A lot of gossip, lot of backbiting...And that’s part of the toxic, it’s always somebody’s trying to get something.” Additionally, another participant said that new employees are often targets of bullying. There is an attitude of “I’m not gonna be nice to you until you prove you can do this.” Thus, the ‘bullies’ fail to realize the trauma that could result from the toxic work environments that they created. According to many of the participants, many toxic environments were perpetuated by a lack of organizational support. A participant described her dispatch center as, “Not healthy places, but we haven’t been helped to make them healthy.”

Besides toxicity being enabled in the workplace, there is also a lack of organizational support regarding training, debriefing, and mental health. Many participants spoke about feeling “forgotten” and deemed as “weak” and

“stigmatized” for seeking mental health services. Several participants spoke about how they feel a special bond with police officers, callers, etc., yet those feelings do not seem mutual. A participant spoke about the lack of respect:

We are the forgotten entity, and we are the redheaded stepchildren in public safety...Even the cops aren't good to us, the firefighters aren't good to us. We deal with it from all sides. We're not just getting it from the civilians, we get it from out in the field.

Seemingly, 911 dispatchers deal with stress within their work environment, yet there is no psychoeducation to prepare them for how to cope with the rigour of the position. The non-promotion of mental health develops into mental health stigma. As one participant reflected upon past work experiences at 911 dispatch centers, “there is just such a stigma, at least in most of the centers I've ever been affiliated with, where if you take a bad call, you've got to deal with it and answer the next one, and that's it.” Moreover, admitting that one's mental health is waning is considered a weakness. The same participant also said, “so, if somebody has a hard time afterwards, they're just weak. They don't belong here if they can't handle it. That's pretty much the consensus.” Another participant similarly shared,

You don't talk about it because there's this whole thing of, you're not fit for duty...You can't do that because that means you can't do your job, or you can't do your job well enough. And people make fun of people for it.”

Therefore, no one wants to be shamed for admitting they are struggling and need to seek counselling, so 911 dispatchers often suffer in silence. The lack of administrative encouragement to seek counselling seems to portray that mental health is not important. As one participant stated, “nobody has ever said, Yeah. You need to go talk to somebody.” After an incident, one participant said, “there was no follow-up from the administration supervisors or anything. And so you were just kind of left hanging and if you wanted to talk to someone, take it upon yourself... That's the kind of attitude that we had from our supervisors.” Although some dispatch centers did offer debriefing, many participants complained about the inconsistent debriefings that followed various types of traumatic events. Although seven of the ten participants' 911 dispatch centers offered debriefing, many of the debriefings were employee-led. There were employees who volunteered their time and initiated debriefings instead of debriefings automatically being a part of the organization's protocol. Since no work environment is perfect, the participants in this study adapted to their work environments, but they did not let these shortcomings prevent them from being resilient and performing their job duties.

Resilience

Despite the ebbs and flows that accompany the job of a 911 dispatcher, participants in this study ($n = 6$) were able to remain resilient and dedicated to their job tasks. The 911 dispatchers displayed dedication to “serving” and “helping” their callers. The participants spoke fervently by using words such as “love,” “care,” and “calling” to describe their satisfaction with attempting to help callers who are currently experiencing pain.

A participant emphasized that she loved and cared for all of her callers, regardless of the circumstance that was being faced, “I love them...Even the drug addict that’s overdosed for the fourth time that day...I want them to hang up and have that feeling that I’ve been heard and this person cares about whatever it is I’m going through.” Likewise, another participant acknowledged the challenges of being a 911 dispatcher but stated that she loves her job because of the work that she does, “I just love it, even when it is horrible and traumatic...I like being able to help people.” Additionally, a participant shared similar sentiments when reminiscing about the easy and hard times, “it’s a love/hate relationship. I do really like what I do. It’s sometimes really stressful, and sometimes I really hate it. But, it gets in your blood, and it’s a calling. You’re either meant for it or not.” Thus, this direct duty of serving others unites 911 dispatchers to make the job worthwhile.

Another undercurrent that contributed to 911 dispatcher resilience was the support of colleagues who often felt like “family.” A common description of this family support was “tight.” For example, one participant stated, “we’ve become more than co-workers. We really are a family. We support each other, we look out for each other...when we’re at work, it’s not like an office situation... We’ve become a very, very tight-knit group.” As one participant explained, “we end up spending more time with our co-workers...like waking hours at least, with our co-workers than we do with our actual family most times.”

Lastly, participants remained resilient by taking the initiative to seek counselling. The majority of the participants expressed seeking counselling services as a means to manage their stress (see Table 1). Mainly, participants mentioned “talk therapy” or “biofeedback” as particularly helpful for managing and coping with their experiences. As one participant stated, “the talk therapy allows me to talk about issues that I have, in other words, ‘get it off my chest.’ Talking about your problems does wonders for a person’s mental health.” Other participants mentioned working on “mindfulness” techniques and “cognitive-behavioural therapy” (CBT) were helpful for managing anxiety and irrational thought patterns. Also, participants generally expected their therapists to ensure a “confidential” and “non-judgmental” relationship.

Consequently, the job duties of 911 dispatchers often lead to health issues, trauma reactions, strained interpersonal relationships, and job dissatisfaction. Yet despite these suboptimal experiences, 911 dispatchers are sustained with

resilience through a sense of purpose, relationships with co-workers, and seeking counselling when needed. Thus, the five themes revealed from this research create an essence of the lived experiences of 911 dispatchers' job duties.

Discussion

The purpose of this study was to explore and understand the meaning of the lived experiences of 911 dispatchers' work-related duties. Participants were recruited from closed 911 dispatcher Facebook and Redditt groups. In this context, "closed" meant that members who wanted to join those groups must answer a few questions related to their request for joining and then be officially admitted by the moderators. There were five themes gathered from the data: (a) health issues, (b) trauma reactions, (c) strained interpersonal relationships, (d) job dissatisfaction, and (e) resilience. These themes encapsulate the stressors 911 dispatchers often experience and how this stress potentially compounds their health, interpersonal relationships, and job dissatisfaction, yet 911 dispatchers were found to be resilient. With the participants having both positive and negative experiences related to their work, it appears there is an element of ambivalence about their experiences as 911 dispatchers. Samuels et al. (1986) reiterate Jung's definition of ambivalence as "referring to a fusing of positive and negative feelings about the same entity (person, image, idea, part of the self). These feelings derive from the same root and not from a mixture of qualities in the person to whom they are directed" (p. 15). In the counselling session, it may be worth exploring with 911 dispatchers who have this ambivalent experience about the root of their ambivalence and how to differentiate between the positive and negative aspects of their role. Additionally, inherent within the many emotional and physical facets of post-traumatic symptoms experienced by 911 dispatchers is often a conflict of wanting to 'fix every situation,' yet being unable to do so (Smith-MacDonald et al., 2021). This conflict results in a type of moral suffering that can easily develop into moral injury, a type of trauma syndrome characterized by many of the same symptoms mentioned previously (Smith-MacDonald et al., 2021). 911 dispatchers often feel a sense of responsibility of not meeting job expectations when the incident becomes out of their control (Lilly & Pierce, 2013). Furthermore, the mitigating factors derived from the themes and the participants' responses, such as resilience and supportive co-worker relationships, can be utilized in the counselling process to strengthen defense mechanisms and make clients aware of resources at their disposal to combat the adverse impacts of their work.

The previously reviewed pathologies of vicarious trauma (VT), compassion fatigue (CF), burnout, and general mental health symptoms paralleled to post-traumatic stress disorder (PTSD) often have an overlap that causes confusion (Branson, 2019). It is helpful for counsellors to first understand

the differentiation of these pathologies and how they are manifested through clients' experiences. With this solid understanding, counsellors can help 911 dispatcher clients make sense of their experiences and assist them in recognizing how their experiences have impacted their mental health, affect, and cognitions. Additionally, participants mentioned the impact their work has on their physical health. Smith et al. (2019) note the work environment of 911 dispatchers places this population at a unique risk for developing physical health issues, such as obesity, headaches, body aches, sleep issues, and general illness. Counsellors can work with 911 dispatcher clients by informing them of how their work setting can dually impact both physical and mental health and helping them understand the psychosomatic issues to provide holistic improvement and identify protective factors. Moreover, participants made it clear in their responses that their interpersonal relationships were impacted by their experiences and that they often felt misunderstood by family members or others outside of the 911 dispatcher field. Something worth exploring in counselling would be to include family members in sessions to provide a space in which 911 dispatcher clients can work to have their experiences understood with the help of the impartial counsellor. Ricciardelli et al. (2018) identified the impacts on interpersonal relationships to include social exclusion, avoidance, and cynicism towards others, and feeling misunderstood can increase a sense of loneliness and isolation.

Limitations

A transcendental phenomenological study was determined to be the best qualitative approach to gain insight into the lived experiences of 911 dispatchers. The ten participants in this study were selected based on criterion selection that reflected their work experiences. There was no particular protocol for asking grand tour questions, so the participants were not asked the same ones consistently. It must be acknowledged that the findings obtained from this research may not necessarily reflect or resonate with all 911 dispatchers, especially those from diverse racial and ethnic backgrounds, age groups, and gender identities. The participants in this study mainly represented a relatively homogeneous group of Caucasian females who have worked for 9+ years as 911 dispatchers. The facilities that most of the participants worked at offered debriefing.

Thus, interviewing 911 dispatchers from various sized 911 organizations with various levels of resources (i.e., debriefings, access to counselling paid through benefits, EAP sessions, unionization, non-unionization, etc.) could have inconsistently impacted the results. Furthermore, participants from this study worked in either Canada or the United States. Although 911 dispatcher organizations function similarly, 911 dispatcher organizations from two different countries

will enforce labour codes/standards differently. These differences could have inconsistently impacted the results. Some participants voluntarily disclosed they sought counselling due to work issues. Since some participants made this disclosure, the primary researcher emailed follow-up questions regarding their counselling experiences. All participants answered the follow-up questions except for one participant.

Additionally, the transcendental phenomenology research design used in this study does not provide generalizability but instead provides transferability. Likewise, because all of the participants voluntarily participated in the study and did not withdraw their participation, it could be assumed that these particular participants were comfortable reminiscing and discussing their experiences working as 911 dispatchers. This may not be true for all 911 dispatchers.

Implications

The research findings from this study have considerable implications for the counselling profession. There is little research available on 911 dispatchers in counselling journals, with the majority of dispatcher research located in journals related to public health, psychology, and criminal justice (Baseman et al., 2018; Boothroyd et al., 2019; Carleton et al., 2018; Lilly & Allen, 2015; Lilly & Pierce, 2013; Steinkopf et al., 2018). More research is needed on 911 dispatchers' experiences on the job because they do experience PTSD even though they have indirect exposure to callers' trauma (May & Wisco, 2016; Pierce & Lilly, 2012). Thus, indirect exposure to trauma cannot be overlooked because there are systematic reviews about the prevalence of PTSD in 911 dispatchers despite working in a computer-based setting (May & Wisco, 2016). Additionally, it is important that counsellors assess and treat moral injury, which is inherent in the experiences and symptomology 911 dispatchers face (Smith-MacDonald et al., 2021). Koenig and Al Zaben (2021) note various scales and questionnaires developed over the past decade designed particularly to measure the severity of self-directed symptoms and outwardly-directed symptoms of moral injury among military veterans, which can also be used to track symptom severity over time in response to treatment interventions. The researchers further delineate secular and spiritual/religious interventions, or a combination of the two, that can be utilized in treating moral injury (Koenig & Al Zaben, 2021). There were eight participants in this study that reported routinely meeting with a counsellor, which helped them to manage the stress and other impacts of job-related duties. Knowing the experiences of 911 dispatchers can assist counsellors and other mental health providers in understanding what common issues 911 dispatcher clients may struggle with.

Recommendations for Future Research

This study was conducted with a small sample size, which was expected due to the usage of a transcendental phenomenological approach to provide the perspectives of 911 dispatchers. While this approach served this study well, more insight could be gained by also employing quantitative measures or qualitative studies with larger numbers of participants. Combining mixed quantitative and qualitative methods could increase the likelihood of obtaining funds to directly employ many of the strategies and approaches described in the implications of this study. Because this study represented a mostly homogenous group, it will be important for future research to include a more diverse sample to represent as many 911 dispatchers' perspectives as possible that can further promote transferability of experiences and expectations amongst the field and policies to be developed to promote health and wellness in their workplaces. While moral injury was briefly mentioned as an implication of this current study, further research is needed to understand the aspects of moral injury among 911 dispatchers.

Conclusion

The findings from this study provide understanding and meaning of 911 dispatchers' work-related duties and their health, trauma reactions, and interpersonal relationships, as well as ways in which mitigating factors can be utilized to combat adverse experiences. Based on the literature review, the participants' experiences appear to substantiate the limited research available that has sought to quantify and identify ways in which 911 dispatchers are affected by their work-related duties. Two specific conclusions derived from the results that warrant further attention regarding this population are the experiences of ambivalence and moral injury. Counsellors can work with 911 dispatcher clients to help them understand how their work-related duties have impacted them negatively and recognize resources at their disposal to mitigate negative experiences.

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