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Fit for public safety: Informing attitudes and practices tied to the hiring of public safety personnel

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ABSTRACT
Recent recognition that public safety personnel (PSP) have a high prevalence of mental disorders has initiated a discussion around PSP mental readiness for their work. The discussions have raised new interest in potential protective factors or characteristics of PSP that may be identifiable at recruitment and used to mitigate mental disorders among high-exposure occupations. We draw on a pan-Canada study of mental disorder prevalence to understand the personal characteristics and factors that a sample of active PSP believe will impact the occupational success of recruits. We situate our work within the broader discussion of the expression of a shared responsibility between PSP recruits and PSP organizations, exploring how PSP perceive and describe hiring practices across public safety occupations. Our results indicate that accountability is currently placed on individual PSP to fully understand, in advance, the complexities and pressures inherent to their occupation. Accordingly, participants expressed a need for more scrupulous screening processes designed to recruit candidates who are ‘fit’ for the job, along with a belief that some recruits could be considered ‘unfit’ for employment, such as persons without an innate mental capability for PSP work. Cautions around unpacking the consequences versus ‘perceived’ need to properly screen individuals for their suitability as a PSP are discussed as well as the expressed co-responsibility of potential PSP and PSP organizations during hiring to learn about the job as a means to improve the mental health and wellbeing of the future PSP workforce.

Recently, the Ontario Provincial Police (OPP) commissioner set forth to combat death by suicide and promote mental health among OPP by assessing currently available supports and addressing the stigma around seeking
help (Burke, 2018; DeClerq, 2018). The initiative follows a series of officer deaths by suicide that compelled leadership to reexamine how the service conceptualizes mental health and responds to OPP needs. The initiative increased the mental health dialog and supported recommendation for systematic mental health screenings, which may be seen as a welcome addition for public safety personnel (PSP) who have reported a challenging history with mental health, organizational culture, and community culture (see Chan, 1996; Crank, 2014; Paoline, 2003). Beyond screening and increased awareness, other factors may benefit the broader conversation around increasing PSP mental readiness, developing resilience, and new recruit training for vocational rigors, with an ultimate goal of reducing mental disorders among, arguably at risk, PSP populations.1

Pre-employment characteristics and personal attributes, particularly resilience and self-efficacy, may act as buffers against the onset of post-traumatic stress disorder (PTSD), a trauma- and stressor-related disorder resulting from exposure to actual or threatened death, serious injury, or sexual violation (DSM-V; Davydov, Stewart, Ritchie, & Chaudieu, 2010). Focusing on the predictive power of personal attributes, pre-employment and pre-trauma characteristics may be useful risk factors for predicting post-traumatic stress or mental disorder (e.g., Schnurr, Friedman, & Rosenberg, 1993). For example, Heinrichs et al. (2005) found evidence that the combination of pre-existing high levels of hostility and low levels of self-efficacy may predict PTSD symptoms in firefighter recruits (regarding mental disorders more generally see Fjeldheim et al., 2014; Meyer et al., 2012). Identifying such risk factors could help build effective strategies for supporting PSP success and minimizing the development of mental disorders for occupations with high rates of exposure to potentially traumatic events (Heinrichs et al., 2005; Kraemer, Stice, Kazdin, Offord, & Kupfer, 2001), such as PSP (Carleton et al., 2019; MacDermid et al., 2019). Despite the potential benefits, relatively little attention has been directed toward identifying protective factors or characteristics in PSP, particularly at recruitment. Unfortunately, identifying personal attributes that may be risk factors (e.g., mental health status at occupational entry) involves significant research investments, carries discriminatory undertones (e.g., toward persons who experience compromised or diverse states of mental wellbeing), and raises ethical and privacy concerns (see the Report of the Standing Committee on Public Safety and National Security, 2016). The process of pre-employment screening may also reinforce barriers that prevent PSP from disclosing mental health needs or seeking intervention. Responses that bypass potentially discriminatory approaches and focus on solutions designed to build PSP resilience (e.g., evidence-informed coping skills), including new recruits, may better promote a healthier workforce; however, such solutions require understanding the
complex factors that influence PSP mental health throughout their employment, which requires longitudinally assessing diverse personal factors starting early in the hiring process.

Researchers have found evidence that PSP recruits embarking on their new careers already possess a range of anticipations, assumptions, and beliefs toward the occupational work (e.g., Buckley & Petrunik, 1995; Buerger & Mazerolle, 1998; Paoline, 2004). Some PSP assumptions appear realistic, such as realizing PSP work can be extraordinarily strenuous, while other assumptions appear less realistic, such as expecting routine acts of heroics and altruism (Lee & Olshfski, 2002). Such extreme assumptions can have a significant impact. For example, Chan (2003) found that pre-employment notions held by potential police recruits informed their occupational expectations, where recruit awareness of PSP vocational challenges led to presumptions about their future work. There is also evidence that PSP expectations and attitudes impact performance and careers, evolve over time, are shaped by work experiences (e.g., including becoming “burned out”, the “highs” experienced after responding to calls for service), and are moderated by the inherent work stresses and frustrations tied to the eventual realization that there are fewer promotional possibilities than originally expected (e.g., Heinrichs et al., 2005; Reiser, 1974; Singleton & Teahan, 1978).

Research supports notions that officer attitudes and perceptions evolve during their training and on the job, but the associated changes are diverse (Chan, 2003) and often modest (Haarr, 2001). Preexisting values, concepts of work, individual career expectations, personality traits, and experiences remain the most influential determinants of changes in officer attitudes toward their work (e.g., Chan, 2003; Haarr, 2001). There is also evidence that officers experience cognitive dissonance when incongruities emerge between their pre-employment perceptions of the job, personal experiences, and then the practical reality (Haarr, 2005). Such incongruities can lead to a deterioration of professionalism, competency, and ethical values (Sato, 2003). Collectively, the available results underscore the role of individual attributes when facing adversities and the need to maintain consistency between job expectations and actual job experiences for supporting PSP mental wellbeing. In this article, we explore the balance between self-responsibilization and organizational responsibility; specifically, how recruits are expected to understand the nuances of their occupational field and the ambiguity in where the responsibility falls for promoting said understanding of mental health risks associated with the professions. To this end, we centralize the voices of PSP in examining their interpretations of hiring processes; specifically, how participants conceptualize the personal characteristics and attitudes of PSP, including recruits. We believe the analyses will provide insights into PSP risk factors for mental illness, including
major mental disorders (e.g., PTSD), which may inform interventions to protect PSP.

**Mental health and wellbeing**

In a recent online survey of PSP in Canada, Carleton et al. (2018) drew attention to the prevalence of symptoms consistent with diverse mental disorders among PSP in Canada. The results indicated that 44.5 percent of PSP screened positive for one or more mental disorders based on established self-report measures, noting that clinical interviews were not conducted to confirm diagnostic prevalence. The PSP screened significantly higher than citizens in the general Canada population, where the frequency of diagnosed mental disorders is 10.1 percent; however, sample and data collection differences between the different studies make direct comparisons inappropriate (Statistics Canada, 2012). There is also now empirical support that PSP are at elevated risk for extremely frequent exposures to diverse potentially traumatic events (Carleton et al., 2019). Despite evidence that PSP are at risk for compromised mental wellbeing, many PSP also appear reluctant to ask for help (see, e.g., Crowe, Glass, Raines, Lancaster, & Waggy, 2015; Kronenberg et al., 2008; Ricciardelli, Carleton, Mooney, & Cramm, 2019; Watson & Andrews, 2017), or to receive professional mental health interventions (e.g., Greenstone, 2000).

International literature indicates a pervasive disinclination to declare psychological difficulties across PSP populations. For example, Asen and Colon (1995) surveyed police officers in New Jersey, finding that only 22% of their participants used the employee assistance programs for mental health. Similarly, a study conducted by Berg, Hem, Lau, and Ekeberg (2006) of Norwegian police officers found less than 10% of participants reporting suicidal ideation or depressive or anxiety symptoms had contacted a mental health professional. Papazoglou (2013) also noted that PSP organizational structures may create barriers to help-seeking and perpetuate a stigma around mental illness. For example, Papazoglou (2013) asserted that multiple policing occupational factors, including the promotion of hyper-masculine values and the discouragement of emotional expression, conjointly reinforce the help-seeking stigma. Researchers have evidenced perceptions that seeking mental health support can be interpreted as a sign of cowardice and an admission of incompetence by PSP (e.g., Miller, 1995; Ricciardelli, Carleton et al., 2019). As a result, officers may fear that admitting any sign of perceived weakness (e.g., psychological difficulties) may threaten their career development and limit promotional opportunities (Dowling, Moynihan, Genet, & Lewis, 2006; Ricciardelli, Carleton et al., 2019; Watson & Andrews, 2017). Concomitantly, such interpretations of
occupational norms affect new hires and trainees by increasing stigma and reducing help-seeking.

The extant research on PSP mental health and well-being underscores perceptions that the ability to cope successfully with a crisis and return to pre-crisis status quickly is potentially critical for mental/psychological resilience (for example, see Masten, 2001; Paton et al., 2008; Reich, Zautra, & Hall, 2010). Zellars, Justice, and Beck (2011) have defined resilience, a personal attribute tied to mental and physical wellbeing, as both a process and an outcome. Numerous studies have linked resilience to positive personal outcomes as well as professional outcomes; demonstrating that resilience is crucial for overall wellbeing as well as occupational efficacy (e.g., Avey, Luthans, Smith, & Palmer, 2010; Luthans, Avolio, Avey, & Norman, 2007). For instance, Deppa and Saltzberg (2016) in their study of firefighters, define mental resilience as consisting of three factors, namely realistic optimistic thinking, social support, and self-efficacy for coping. Deppa and Saltzberg asserted such factors have the potential to prevent or mitigate psychological distress following stressful or traumatic situations (see also Benight & Bandura, 2004; Regehr, Hill, & Glancy, 2000). Regarding military personnel, resilient personnel are thought better able to cope with the physical and mental demands faced during training or deployment and appear less likely to develop comorbidities in the long term (Szivak & Kraemer, 2015). Despite the prevalence and acceptability that higher resilience leads to lower mental health problems, there is a paucity of published studies providing substantive evidence to support the predictability of mental illness among PSP based on resilience as a personal attribute (e.g., Fjeldheim et al., 2014; Heinrichs et al., 2005; Meyer et al., 2012).

Resilience studies in PSP remain largely at a nascent stage, with few exceptions, and more work needs to be done before an evidence-based approach is established that centralizes individual resiliency in pre-employment screening. For example, screening for resiliency as a measure of preparedness for traumatic incidents directly contrasts the current emphasis placed on addressing and evaluating critical incidents separately from “regular” job duties to better understand the ‘maximum physical efforts’ that may be required of PSP. Maximum physical efforts that may be required occupationally are assessed with police officers (Anderson, Plecas, & Segger, 2001) and paramedics (Brendon, Macphee, Socha, & Fischer, 2016) in preparation for physical demands related to critical situations, but analogous assessments are not in place for ‘maximum mental efforts’ associated with mental demands. The Police Officer Physical Ability Testing (POPAT) fares well for job-specific tests of abilities (Anderson et al., 2001), but evades the question of mental preparedness and the extent to which
Mental resilience is required of officers to perform their regular jobs as well as deal with traumatic and stressful incidents. Kurugati and Rickards (2004) detail the importance of Bona Fide Occupational Requirements (BFORs) in standardizing the physical requirements of the job, and in determining whether or not something is truly required. BFORs may be established using task-analysis or “content validation” for physical pre-employment testing criteria in which the testing criteria is grounded in the duties of the job. In order to set standards for employment, employers must first analyze the frequency and physical demand of typical tasks that make up a job position and must show that the task could not be safely or successfully carried out if accommodations were made, a requisite largely influenced by the Meiorin Decision (Jamnik, Thomas, Burr, & Gledhill, 2010; Kurugati & Rickards, 2004). For example, in provincial correctional services in Ontario, the Fitness Test for Ontario Correctional Officers (FITCO) is a pre-employment screening test for which the BFORs were created based on situations that were representative of correctional officer duties. Specifically, candidates were tested for their physical fitness by recording specific measurements of aerobic capacity (e.g., push-pull force in simulated scenarios), which formed the basis of a standardized pre-employment screening (Jamnik et al., 2010). The testing techniques focus on the physical pre-requisites for the job, but the process framework of task-analysis could be applied to test mental preparedness as well (see Janik, 1994).

To apply the similar framework and methods to mental requirements, specific mental health attributes, such as resilience, need to be identified that are needed to perform essential job functions as well as deal effectively with the repercussions of critical incidents (see Kleim & Westphal, 2011). The question remains: is it possible to identify such mental health attributes? To this end, we start to unpack how PSP interpret the preparedness of their colleagues for careers in public safety. Due to the scarce literature on pre-employment screening tied to mental resilience, in the current study, we first look at how PSP interpret their colleagues and their resilience, with a focus on their understandings of who is versus is not most prepared for such occupational work. Next, in light of Anderson et al. (2001) conversation about the awareness of police officers regarding the physical ability required to do their work (see also Brendon et al., 2016), our PSP participant voices showcase their views on the importance of addressing and evaluating critical incidents separately from “regular” job duties and in terms of mental health and wellbeing. We expected the results would inform the mental health needs of PSP and opportunities to meet those needs.
**Method**

An online survey was administered in French and English to PSP between September 2016 and January 2017 (for more information on the survey and nuance of the qualitative processes see Ricciardelli, Carleton, Cramm, & Groll, 2018; Ricciardelli, Carleton et al., 2019; Carleton et al., 2018). The survey gathered qualitative and quantitative data and was approved through the University of Regina Institutional Research Ethics Board (#2016-107). Participants were recruited either by emails sent through institutional listservs, a public service announcement put forth by the Canadian Minister of Public Safety and Emergency Preparedness, Honorable Ralph Goodale, and other efforts organized in collaboration with the Public Safety Stakeholder Committee (PSSC) of the Canadian Institute for Public Safety Research and Treatment. The PSSC included leaders from national public safety organizations including the Canadian Association of Chiefs of Police, Canadian Association of Fire Chiefs, Correctional Service of Canada, and Paramedic Association of Canada. In addition, social media, association websites, unions, and advocacy organizations were used to circulate the invitation to participate. All recruitment processes included instructions for accessing the survey alongside details about the survey content and purpose. However, the multifold methods used to recruit participants removes the possibility to confirm the size of the sampling frame. That being said, it is possible to confirm that raw data were collected for 9260 participants.

In addition to substantial quantitative data which has been analyzed and reported elsewhere (e.g., Carleton et al., 2018), participants were provided space to respond to open-ended items. The participant responses generated considerable amounts of qualitative data, with each response being very dense and purposeful. In this particular study, we focus on responses to the survey item: “If you have any additional information you would like to provide or additional feedback, please feel free to do so below.” Thus, participants put forth responses without an explicit thematic direction, did so by their own choice, and expressed their thoughts on topics that were on their mind. A total of 828 participants responded to this item, of whom 556 were males and 269 were females. There were three participants who did not report their sex. Respondents worked across the country, and roughly half \((n = 433)\) reported working in Western Canada (MB, SK, AB, or BC), \(n = 244\) in Ontario, and the remaining \(n = 148\) in Quebec, Atlantic/Eastern Canada (NB, NL, NS, MT, NU, PEI, or YT), or outside of Canada (three participants did not report their region of employment; missing data for three participants) (See Table 1).
Qualitative data were extracted from the larger data set and imported into NVivo Pro, a qualitative data analytic support software tool. The process by which these data were analyzed has been previously described (Ricciardelli, Groll, Czarnuch, Carleton, & Cramm, 2019); we used an inductive approach, consistent with a semi-grounded approach that draws from Glaser and Strauss (1967) and Charmaz (2006), to analyze emergent themes of salience. Data were repeatedly coded for emergent themes using the following process. First, data were coded line by line to identify all specific themes present in the dataset. This first stage of coding was iterative, and as new codes emerged from the data, previously coded material was reviewed to ensure completeness in the process. After this initial stage of coding was completed, and a comprehensive codebook of themes was created, we reviewed all codes to determine what themes could be organized together based on their similarities. Our approach allowed us to focus our findings and identify themes and topics that were most salient throughout the data. Our approach also ensured that all themes were not only identified, but organized in such a way that we were able to state with confidence that the subject matter discussed in this paper was emergent throughout the data set. Quoted comments were taken verbatim from the typed comments provided by participants; however, minor errors in spelling and punctuation were corrected when necessary for readability.

Participants had diverse employment histories as well as experiences, which confirms the substantial diversity among PSP in Canada (see Table 2).

### Results

In the current study we address the issues, regarding hiring processes and fitness of officers for public safety, that were put forth by a significant number of PSP regardless of their organizational background. We focused specifically and exclusively on emergent themes found across (rather than within) PSP groups. We outlined the results in accordance
with the broad emergent themes evinced across PSP perceptions toward aforementioned issues as well as their attitudes toward their fellow colleagues. Perceptions of PSP hiring practices across current participants in diverse public safety occupations included a focus on concerns regarding “political correctness,” referring to hiring oriented toward fulfilling institutional mandates and government ideologies rather than focusing on the needs of front-line staff. Recognizing this overarching theme, we begin by unpacking how participants interpret if their colleagues are suitable or ‘fit’ versus not suitable or ‘unfit’ for occupational work as a PSP.\(^2\) Next, we look at how hiring practices and processes are understood within the parameters of successfully ensuring that those hired into careers in public safety are prepared for, and thus ‘set up’ to be successful in the job. Specifically, we unpack participants’ perceptions of pre-employment screening and the apparent ambiguity regarding how select PSP candidates understand the PSP occupations versus the actual nuances of the occupation.

**‘Fit’ or ‘unfit’ for public safety work**

Interpretations of PSP personal attributes considered necessary for fitness for the job was a pronounced theme across participants. That is, PSP from multiple sectors reported seemingly well-formed ideas regarding PSP who were deemed ‘fit’ versus ‘unfit’ for PSP work. Central to being ‘fit’ for the job is the notion that potential PSP must understand what the job will entail, specifically what they will encounter when working in public safety, and must be ready and able to see and intervene in challenging circumstances as they unfold. For example, echoing other participants, an Ontario firefighter reiterates the importance of being aware of what the different

<table>
<thead>
<tr>
<th>PSP occupational group</th>
<th>Total (n = 820)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call center dispatch/operator</td>
<td>26</td>
</tr>
<tr>
<td>Canadian Border Services</td>
<td>10</td>
</tr>
<tr>
<td>Other (coast guard, coroner, nursing, administrative, USGE)</td>
<td>12</td>
</tr>
<tr>
<td>Correctional work, administrative</td>
<td>21</td>
</tr>
<tr>
<td>Correctional work, operational</td>
<td>92</td>
</tr>
<tr>
<td>Pre-medicine (paramedic, EMR, EMT)</td>
<td>146</td>
</tr>
<tr>
<td>Firefighter</td>
<td>103</td>
</tr>
<tr>
<td>Other fire (fire/paramedic, volunteer, search and rescue)</td>
<td>25</td>
</tr>
<tr>
<td>Municipal police</td>
<td>142</td>
</tr>
<tr>
<td>Provincial police</td>
<td>30</td>
</tr>
<tr>
<td>RCMP</td>
<td>208</td>
</tr>
<tr>
<td>Other police (transit, special constable)</td>
<td>5</td>
</tr>
</tbody>
</table>

EMR: emergency medical responder; EMT: emergency medical technician; RCMP: Royal Canadian Mounted Police; missing data for eight participants.
public safety jobs entail, stressing the importance of one’s ability to be able to handle stressful or potentially traumatic events:

I just want to say one thing about PTSD. When you apply for a job, you should have knowledge of the stuff you might/will see in your job. If that stuff bothers you, DO NOT APPLY!!!! These things should be part of the hiring process. The only people that should be suffering from these things are the civilians who witness these things (6011, male, firefighter).

Participants expressed that exposure to potentially traumatic events is inevitable, acknowledged that such exposure can lead to the development of mental disorders, and emphasized that potential recruits need to be made aware of the potential for traumatic exposure during the hiring process. More subtly, participants believe some people are ‘unfit’, or not capable of handling such exposures and, as such, should not be hired. Conversely, others were deemed ‘fit’ or to have some form of innate capacity to handle the challenges of the job and, as such, are more suited to the occupation.

To be ‘fit’, the assertion of having the mental capability for public safety work was ubiquitous across PSP responses and regarded as the most requisite personal characteristic to possess. Some PSP identified more specific attributes within mental faculty, such as stress- and trauma-management ability, that they viewed as necessary for the work. For example, a paramedic from Alberta described the need for a hiring process that did a better job of testing capacity to manage stress:

There needs to be better controls on the front end of the hiring process for EMS providers. Too many people get involved in EMS who lack the capacity to constructively manage the stresses they will inevitably face in the course of their career (8746, male, paramedic).

In several instances, as evidenced by the paramedic’s words, respondents link their perceptions of being occupationally ‘fit’ to their ideas of what makes someone conversely ‘unfit’ for the job. In expressing the characteristics they attribute to occupational fitness, participants clarify characteristics or personality traits that they consider to be associated with one who is ‘unfit’. For example, the paramedic identifies being able to handle stress and trauma as attributes indicative of being able to handle the job that should be screened for during hiring processes. Such a proclamation implies that anyone who suffers does so because that person lacks one or more specific capacities; thus, not being able to handle stress and trauma makes a person ‘unfit’. The idea of being ‘unfit’ appears common and may reveal the nuances of the stigma surrounding PSP mental health, such as suggesting that there is something wrong with, or lacking about, PSP who develop a mental disorder.
Participants also suggested that the hiring of persons considered unsuitable for PSP work may be unintentional – a latent effect of systematic hiring practices based on governance policies that tie job allocations to candidate characteristics. Some participants reported feeling that instead of hiring the most qualified and suitable candidate for a position, some positions may fall to persons based on other traits or characteristics that, although valuable, are not central to their occupational role. For example, an RCMP officer (9055, male) expressed that in his view “political correctness and hiring is bringing sub-standard workers into the RCMP… if the person does not meet the requirements, then they need not be hired. Otherwise the competence of the workforce is diluted.” The officer’s words suggest that a perceived consequence of hiring people who perhaps are ‘unfit’ for the occupation is that hires are more likely to be impacted by occupational stressors or experiences, which can compromise (i.e., “dilute”) the overall capacity of the workforce. Such perceptions reveal, at least notionally, the potential for discriminatory practices, a fact echoed by diverse PSP (most commonly paramedics, then fire, and police in our sample):

“I was diagnosed with PTSD over two years ago, was taken off of active duty for a few months, came back to work and then was told that police officers who have PTSD are an officer safety concern and should be looking for work other places. I filed a complaint, was told nothing could be done then was transferred to the middle of no where. Now at this detachment my back up is over 100km away and we constantly go to high risk calls by ourselves due to the delay in back up (3823, male, RCMP).

The RCMP officer’s words imply that perceptions of ‘unfitness’ may be determined by forces acting upon or within institutions; for example, when officers are seen as ‘unfit’ due to operational stress injuries, such as PTSD, various institutional forces may undermine mental health and facilitate an “out of sight, out of mind” approach. This officer’s description of a working environment that isolated him with a diagnosed mental disorder in a remote detachment under working conditions that were geographically isolating and potentially more likely to result in further mental injury. In sum, participants reported feeling that when PSP are not prepared or lack insight into the realities of the occupation, their occupational expectations will fail to line up with the actual demands. The idea of being ‘fit’ for the job was expressed by PSP as being a characteristic of people that can also be used to identify those who will prove to be ‘unfit’ and will fall prey to occupational stressors. Notably, our participants often reported that ‘unfit’ recruits could be screened if more scrupulous hiring processes or early employment training and assessments were employed to ensure hired PSP were able to cope with and manage the nuances of their occupational...
work. Participants somewhat contradictorily suggested that forces acting upon or within institutions could unfairly label a PSP who experienced some form of trauma as ‘unfit’, unintentionally making PSP susceptible to working conditions that ignore the underlying occupational incident that led to their compromised wellbeing and increase the likelihood of further exposure.

**Hiring processes**

**Pre-employment screening**

Participants, in discussing colleagues whom they interpret as being ‘unfit’ for duty, often referred to the hiring and training process that led individuals to secure PSP employment. A male firefighter (2297) put forward that more rigorous hiring practices and screening could make significant strides toward ensuring that only candidates suitable to the occupation are hired:

> Just maybe, they might be able to mitigate some of the emergency services stress reactions by better psychological employment pre-screening. You have to ask yourself, could I draw my weapon and kill another human being, could I crawl under a subway train to disentangle a body from the undercarriage. If you answer ‘no’ that’s OK. Find a line of work better suited to your personality. We all have dreams, I wanted to be an astronaut, well it wasn’t going to happen. Successful emergency operations depend on teamwork both at the incident and back at the station, especially after a traumatic call. If you are not a team oriented individual, find a more suitable line of work. The best debriefings we had were the ones with the individuals who were there. We discussed the event over the course of the next few shifts and if anyone needed further assistance the EAP [Employment Assistance Program] team was made available to help (2297, male, firefighter).

His words indicate a perception that not all individuals are suited to PSP work and that adequate pre-employment screening – for capacity to handle difficult elements of PSP employment (i.e., terminating another life; dealing with death) – may mitigate the probability of mental health injuries among PSP. To extend this discussion, some PSP felt that pre-employment psychological screening that could identify candidates pre-disposed or more likely to develop mental illnesses was warranted to improve the psychological safety of the public safety organization and the individual PSP. As one paramedic from Alberta discussed, both mental and physical screening are necessary in the hiring process:

> We need to focus more on professionalism and how to compassionately communicate with people and less on ‘heroism’. We also need a better recruit screening process that may identify whether the candidate is a ‘fit’ for this profession, both physically and mentally (6910, female, paramedic).
Her words echo previous quotes and emphasize the prevalence of participant perceptions that both physical and mental attributes should be considered during the hiring process. However, she stops short of a specific call for mental health screening and instead suggests that whether it be mental or physical, new hires and recruits should understand the job and be able to demonstrate the capacity to fulfill their role as a PSP.

The emergent interpretation among respondents in our study was that if the organization was stricter on pre-employment screening, the employment of persons who they felt were not prepared or suited to the occupation would have been terminated in early days. The latent motivation appears to focus on protecting mental health; however, despite notions of potential benefits, even accurate mental health screening in the hiring process could lead to unwarranted discrimination.

**Ambiguity in the expectations and realities of occupational responsibilities**

Our participants indicated that PSP organizations presented their expectations of employees in ways that, although seemingly understood by organizational members, were rather ambiguous for job candidates. Participant 6910, the formerly-quoted paramedic, expands on this idea in saying:

> Although the whole issue of mental health is definitely valid, I also feel that some of it is generated by the misperception that First Responders are ‘heroes’ and everyone else in society is less important in terms of their contribution. This job is simply that; a job. Some are equipped to do it and some are not.

> It would be similar to hiring a mechanic with no mechanical aptitude just because he/she wants to be a mechanic. We teach our paramedic students that their sole purpose is to ‘save lives’ when in fact that is a very small percentage of what they do. We need to put things in perspective for people entering this field in terms of what they will come across and what their roles are (6910, female, paramedic).

Her words suggest occupational nuances may not be sufficiently understood by PSP recruits or early career employees. Thus, individuals may be hired possessing unrealistic vocational expectations and, once actually on the job, not be fully comfortable with the occupational requirements. Such interpretations were particularly pronounced in discussions about mental health and well-being; specifically, the notion that PSP recruits need to understand that they will be deployed to or encounter many diverse incidents on duty, some traumatic, some difficult, and others more gratifying. The concerns voiced across participants, such as a self-identifying female paramedic with prior experience in firefighting, implies a critical need for PSP to understand that exposure to potentially traumatic incidents is part of the job rather than an exception:

> Everyone who comes into the First Responder Profession needs to know they will have exposure to multiple tragic events… These professions are not for everyone!
People need to understand that you can’t cry PTSD just because you went to one bad call (4552, female, paramedic)!

The paramedic is reporting a perception that specific traits may differentiate persons who are more or less suited to PSP work activities. The quote appears to imply a level of frustration that may also be facilitating stigma and impeding help-seeking for PSP who hear such comments and feel unjustified in how they are experiencing the effects of exposures to potentially traumatic events. Such interpretations were echoed across occupations. For example, an RCMP member volunteered:

We must not fall into the trap of making excuses for or the enabling of people who should not be first responders. It is a difficult profession and some people simply cannot do it. I personally know people who have all kinds of issues relating to their work about things that don’t bother others in the office but do bother these people. Where do we draw the line between people that are simply not equipped to handle the job and those that have faced extraordinary trauma (359, male, RCMP)?????

In the former quote, the paramedic reflects on the need to hire what she defines as qualified and suitable candidates, explicitly people who understand what they will be exposed to on duty and who feel prepared to cope with such occupational experiences. She extends beyond this notion of the potentiality for such exposures and, instead, confirms that PSP will be exposed to difficult and potentially traumatic events at work. As such, she, like others, acknowledges that failing to be prepared and aware of the job, and therein be ready and able to manage responding to calls for service that are difficult, can compromise the overall safety of PSP. The RCMP officer’s words compliment hers by simply saying that some people cannot do PSP work because of insufficient coping skills or absent individual attributes (e.g., they are bothered by incidents) perceived by the participant as vital for successful candidates.

A common argument across current participants was that hiring candidates poorly disposed for PSP work, as a result of insufficient understanding, training, or inherent attributes, may produce inappropriate or avoidable reports of mental health injuries (note this does not infer that such claims are either premature or incorrect).

I find I can get frustrated seeing people off on medical-related leave for stress injuries while the rest of us are left to continue to deal with the same situations that continually affect us. If stress-related issues and PTSD were to allow people to not come to work, I am sure any police officer in a busy department such as a city would be able to be on leave after 7 years of work. Such would not be possible and the ones that do the job day in and day out don’t necessarily have some minor form of PTSD or work-related stress, they just handle the same to a better degree and move forward. Not a popular opinion for this topic I am sure but that is how I see it (121, male, municipal police officer).
The police officer’s words imply a perception that inappropriate or avoidable claims are being made and that those claims dilute the legitimacy of suffering by individuals who are suited to the work and have experienced a legitimate trauma. Such perceptions then lead to questioning the legitimacy of any potentially traumatic event and therein of any associated suffering. The implication is that hiring processes should be more effective at screening out applicants who may not be well-suited to the occupational role because of vulnerabilities to events perceived as illegitimate to be considered potentially traumatic. The homogenization across participants of individual endurance capacities as the key to managing mental health is remarkable. The underlying connotation is that a trauma is only legitimized by way of social consensus or majority of PSP conspecifics. Like the paramedic, the RCMP officer also seeks to qualify potentially traumatic exposures as including only “extraordinary” events, implying that persons exposed to other potentially traumatic events, defined by an undetermined set of criteria, are somehow less deserving of help. Therefore, instead of recognizing the possibility that individuals all have their own, often unpredictable responses to potentially traumatic events, the current participants appear to be advocating for one or more threshold standards to gatekeep mental health capacity (i.e., what one should be able to endure) for PSP and to restrict the provision of mental health care resources. Reflective of larger organizational cultures, a consequence from such perspectives is that stigma is facilitated and help-seeking is lessened, both by creating barriers for identifying mental health injuries, and by reducing willingness to seek care when needed. For example, PSP may fear being viewed as not suited to the occupation or have concerns about being discriminated against in the future (e.g., negative social consequences from peers; being barred from promotional opportunities).

Difficulties with help-seeking appear to be compounded by reports of insufficient resources, complicated systems for accessing care, and insufficient support for PSP left to manage when their colleagues are absent for health care (Ricciardelli, Carleton et al., 2019). The frustration and workload burden that may arise for colleagues, in turn, places a new level of scrutiny on the care-seeker, who is left susceptible to stigma, maltreatment, and the associated psychological harms – even discrimination. Such processes become most pronounced when PSP put forth that some of their colleagues are simply not suited to the occupation, rather than taking the stance that the organizations have failed to prepare people for the realities of the work and provide accommodations for those seeking care and those who remain short-staffed at work.
Discussion

Our study is an exploration of PSP interpretations of potential factors for consideration throughout the process of recruiting and training candidates that could help to ensure PSP are equipped for their inevitable exposure to potentially traumatic events throughout their careers. The relatively small number of PSP in our qualitative sample overwhelmingly expressed concerns that people come into the job without being fully informed and that new hires are able to get through training and recruitment without being made fully aware that exposures to potentially traumatic events is part of the job. Participants described the absent awareness as a critical factor for PSP mental health and wellbeing. The perception that unprepared or unfit recruits and trainees are allowed to work as PSP may be facilitating an environment that places blame on the injured and uses help-seeking as an indicator of inherent weakness (e.g., the interpretation of help-seeking behaviors as an admission that one is not suited to the job, and, thus, should not have been working in the field in the first place). Despite the prevalence of such perceptions, the discourse of self-responsibilization and the consequential victim blaming was not pervasive across participants.

Rather than engage in the practices of victim blaming in isolation, participants also shared the responsibility of preparing candidates for the realities of their occupational endeavors in light of the systematic occupational structures that shape hiring practices. Personal accountability was placed upon the individual for understanding the realities and pressures that come with the job they are considering entering, and for being somewhat aware of the necessary preexisting skills to cope with trauma and minimize the potential for mental injuries; however, the degree of self-responsibilization was largely embedded in the belief that PSP should be prepared for what the job entails by the organizations. The organizations were seen as having an obligation through screening or training to ensure new hires understand all aspects of PSP work, including exposures to potentially traumatic events. Importantly, perceptions of organizational responsibility and success appeared to vary substantially.

Some participants attributed high rates of mental illness among PSP to lenient hiring processes that failed to properly screen individuals for their suitability to a career as a PSP. In this way, the organization was considered to be at fault for allowing unsuitable candidates to enter the profession. The burden of these candidates’ perceived inadequacy is understood, then, as falling upon these PSP who are considered suitable for the work; that is, those who can perform in their career without experiencing adverse mental responses. The PSP organizations appear to have capacity for facilitating a clear understanding of the work, and for providing trainees with evidence-informed mental health education. In addition, as
evidence-informed or evidence-based resilience building tools become increasingly available, organizations may have the capacity and the obligation to provide such tools. In the interim, organizations and their members may benefit by incorporating evidence-informed mental health education as part of clarifying the inherent challenges with creating lists of legitimate potentially traumatic events (e.g., Carleton et al., 2019), the current evidence regarding risk factors, early warning signs and symptoms associated with mental health, best practices for self-care, and what mental health resources are available. Providing such education may help to reduce stigma, attrition, and length of time mental health injuries go unaddressed (e.g., Carleton et al., 2019), all without the potential liability of employing discriminatory approaches that currently lack evidence.

By promoting mental health awareness and resiliency among trainees, organizations also show a dedication to mental health and begin to alleviate in small part the stigma surrounding help-seeking behaviors. More research is needed to connect what is already understood regarding PSP hiring processes with what is still an evolving understanding of mental resilience in the context of PSP work. For example, the concept of task-analysis could be considered across PSP groups as a possible starting point toward creating evidence-based strategies for building and strengthening mental resilience and self-efficacy, as is substantiated in building physical resilience (Anderson et al., 2001).

The notion that some new trainees are inherently ‘unfit’ for the rigors of the job, and thus will be more likely to be negatively impacted by traumatic exposure was clearly expressed. Participants reported perceptions that help-seeking interacts with the perceived ‘legitimacy’ of any given potentially traumatic event (Ricciardelli et al., 2018, Ricciardelli, Carleton et al., 2019), with judgements regarding legitimacy potentially made by social consensus. Such judgments, and the associated stigma, emerged from the expressed perception that some new hires and trainees are not adequately prepared for the inevitable trauma that they will experience, and thus should be screened out, or discouraged from joining the organization in the first place. These assertions bring us into an extremely delicate domain which must be attended to with great caution lest the solutions proposed, forthrightly so by the PSP, should pose an infringement of PSP’s privacy, human rights, or make them vulnerable to discrimination based on perceived interpretations of any characteristic or attribute. Indeed, humans cannot choose how they react—only how they act—they do not choose to be negatively impacted, particularly in debilitating ways, by trauma. While the views expressed by the participants are invaluable and provide us with a lens to look critically at the pre-employment screening and hiring practices, judging the processes or proposing solutions, to counter the above-stated issues, at this time would be a bit premature. In addition,
researchers have yet to empirically document if prior experiences with mental illness and overcoming mental illness better prepares PSP for their occupation or if it comprises their potentiality on duty. Said another way, are persons who have overcome major depressive disorder more or less likely to have better coping strategies and thus better prepared for the occupational experiences inherent to working in public safety? The challenge here, then, becomes that such thought processes introduce the idea that a history of mental illness, as well as the attempts to measure predisposition to mental illness, may be positioned to serve as a disqualifier to said careers—a clear example of discrimination. Our study opens future avenues for researchers to investigate this direction.

Many current PSP participants appeared to convey a shared belief that capacity to manage most or all of the work-related challenges, including repeated exposures to potentially traumatic events, should be a bonafide job requirement. In addition, there appears to be a perception that only exposures to extraordinary potentially traumatic events should be precursors to allocating resources for mental health. This external judgement as to whether or not an experience has been traumatic enough to warrant assistance adds to an already pervasive stigma surrounding mental health access. In response, additional mental health education may offer a partial solution. PSP leadership and membership can be made aware that perceptions of unsuitability with no independently reviewed evidence-based support may be 1) incidentally stigmatizing care-seeking because of beliefs that capacity for enduring trauma is an individual characteristic that can be identified as part of the selection process; 2) facilitating victim blaming and a protracted discourse attempting to disentangle the proportion of symptoms resulting from a priori unsuitability from the proportion resulting from exposure; and 3) reducing the likelihood PSP will promptly seek evidence-based mental health care.

**Limitations**

Our study has several limitations that provide important opportunities for future research. First, in the current study as well as that by Carleton et al. (2018) there remains the possibility of self-selection bias. In addition, there is the possibility of potential bias inherent to generalizing from the relatively small sample of survey takers (i.e., the total qualitative sample was only 8.9 percent of the total study participants and of these respondents we focused only on those that focused on hiring practices and ‘fit’ for the occupation) who chose to respond to the open-ended items. However, as is typical for qualitative studies, this limitation is contrasted by the fact that results are not intended to be generalizable and caution must be taken.
when making inferences. We did not describe or assess recruitment screening processes (or PSP knowledge of their organization’s screening processes) in the current study. Recruitment screening processes differ within and across PSP sectors and organizations; as such, we recommend future researchers assess recruitment screening processes within and across PSP sectors to determine intent behind such processes, how screening processes impact PSP hiring outcomes, and whether there are links between screenings and PSP attitudes about occupational fitness and policies/practices. Doing so may help to inform discussions about capacity to screen for ‘fitness’ or ‘lack of fitness’, the effectiveness of different hiring practices, and the realistic capacity to screen for mental health risk. Future researchers might also use semi-structured interviews with new PSP to better understand how to interpret the mental health risks that appear inherent to PSP work. We further suggest researchers have PSP define their understandings of being occupationally ‘fit’ and what this means for hiring, recruitment, and training. The results of such investigations may provide critical context for understanding the participant reports presented in the current study.

**Conclusion**

Across Canada, the potential for beliefs about inherent mental health risk and resiliency can stigmatize, delegitimize, and discredit persons seeking care (Goffman, 1963). Efforts to provide evidence-informed education, reduce discrimination, and prepare persons for work in public safety may be particularly beneficial for PSP mental health. Concordantly, focusing on human rights concerns (e.g., avoiding discriminatory hiring practices), occupational preparation (e.g., modifying risk factors through training and preparation), and recruitment processes (e.g., ensuring recruits are fully aware of what the job will entail) may also be beneficial. The current evidence suggests mental health may be best protected when viewed as a shared responsibility between both potential PSP, serving PSP, former PSP, and PSP organizations. Ensuring PSP job candidates are accurately informed about the realities associated with PSP work may also prove beneficial; in the current study, participants conveyed beliefs that PSP organizations are responsible for identifying factors that will allow candidates to be appropriately prescreened during the hiring process, ensuring those requiring additional supports and understanding will acquire such in preparation for their occupational work and the associate exposure to potentially traumatic events (see Carleton et al., 2019). Such practices are one avenue that may positively impact the mental health and wellbeing of the public safety workforce.
Notes

1. For example, the technology-based military prevention programs such as STRIVE (Stress Resilience In Virtual Environments, see Rizzo et al., 2012) or CHARLY (Chaos Driven Situations Management Retrieval System, see Wesemann et al., 2016) could be helpful for PSP.

2. At first glance PSP appear to hold rather polarizing views toward occupational ‘fitness’; nevertheless, the views expressed here are not intended to suggest that PSP have ‘either/or’ or ‘black/white’ styles of thinking. Instead the clear emergent themes across PSP groups fell into rather polarized positions, which may be because those who chose to comment did so because they had stronger views about ‘fitness’ and hiring practices that, as a result, fell into extremes rather than the middle ground.

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