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The Lived Experiences of 911 Telecommunicators: Life Outside of the Call Center

Mary's Dariela Martinez

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The Lived Experiences of 911 Telecommunicators: Life Outside of the Call Center

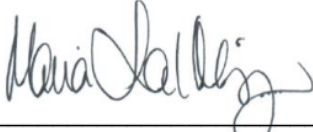
by
Mary's Dariela Martinez


An Applied Dissertation Submitted to the
Abraham S. Fischler College of Education
and School of Criminal Justice in Partial
Fulfillment of the Requirements for the
Degree of Doctor of Philosophy

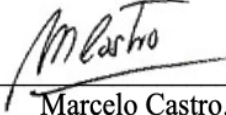
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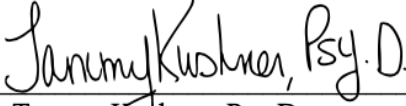
Approval Page

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I declare the following:

I have read the Code of Student Conduct and Academic Responsibility as described in the *Student Handbook* of Nova Southeastern University. This applied dissertation represents my original work, except where I have acknowledged the ideas, words, or material of other authors.

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Name

July 18th, 2023

Date

Dedication

I would like to dedicate this research to all call takers and dispatchers for their perseverance and the crucial role they play in keeping the public safe. Especially to the ones who had trust in me and participated in this study. I am privileged not only to work beside them, but also hear their stories through their voices of bravery and commitment. In addition, this research is dedicated to police officers, crime scene investigators and all other emergency responders/public servants who risk their lives and emotional wellbeing for the sake of others, their needs and justice.

Disaster Distress Helpline: Call/Text 1-800-985-5990

In Crisis? Call or Text 988

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I would like to thank my mother, Amarili, who since day one referred to me as “mi doctora” (term of endearment, translated in Spanish as ‘my doctor’), without knowing the motivation it brought me. I will forever be indebted for the sacrifices that you made to bring me to this amazing country so that I could receive an education.

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I would like to acknowledge the support of my Chair, Dr. Levi-Minzi and Committee Members, Dr. Castro and Dr. Telesco for your patience and dedication to my success.

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Abstract

The Lived Experiences of 911 Telecommunicators: Life Outside of the Call Center. Mary's Dariela Martinez, 2023: Applied Dissertation, Nova Southeastern University, Abraham S. Fischler College of Education, School of Criminal Justice. *Keywords:* 911 operators, stress, trauma, first responder, qualitative

911 operators are tasked with solving the caller's problem by promptly and efficiently decoding a cry for help, collecting pertinent information, quickly deciding its priority level, and dispatching the appropriate assistance. These employees are responsible for what happens on that line, internalizing their problems to solve those of the callers, which often result in stress disorders, trauma, and personal, professional, and social issues. Their job duties are extensive, the responsibility is vast, and the overall environment can be overwhelming. Aside from the environmental stressors, the details of each critical incident leave the employee susceptible to various risk factors and other adverse outcomes that could affect their lives and overall well-being.

Few studies have examined how deeply 911 operators are impacted by their career choice, specifically, how their lives off duty may have changed because of what they experienced while on the job. This study explored the lived experiences of 911 operators and the impact that the line of work has had on the personal, relational, and social areas of their lives by utilizing the Interpretative Phenomenological Analysis approach.

The results suggest that 911 operators are affected by chronic exposure to traumatic events and details, which has forced changes in their personal lives (family, mental and physical health, social, and behavioral). This study adds to the literature on 911 operators and the potential benefits of implementing trauma, stress, and therapeutic health services/benefits/training on an organization-wide basis, where these types of services are extended to civilian employees working in police organizations.

Recommendations for future research are also discussed.

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Chapter 1- Introduction

"911, what is the address of your emergency?" This crucial question is often followed by chaos, screams, and demands for help during what could be the caller's worst day. The sounds and pleas propel the 911 operator into fight or flight mode. Their focus narrows, their typing steps into high gear, and the months of extensive training kick in as the 911 operator gains control of the call in an effort to acquire the information needed to dispatch the appropriate response. Once the police arrive, the communications employee can finally exhale, and one would think that the work is complete. However, completing the call is not the end of the process, at least not for the operator, who rarely knows the outcome, if their actions were enough, or if those details will follow them home.

It is necessary first to recognize the demands of the 911 operators' role in emergency response. 911 operators are tasked with solving the caller's problem by promptly and efficiently sending appropriate assistance. Their job duties are extensive, the responsibility is vast, and the overall environment can be overwhelming. The details of each critical incident leave the employee susceptible to various risk factors and other adverse outcomes that could affect their lives and well-being. Graphic details, the feeling of helplessness, and the adrenaline dump of each incident can cause lasting effects and long-term consequences that ultimately bleed into life outside the call center.

Emergency work, in general, on the front lines or behind the scenes, is challenging due to the constant demands, having to work under pressure, forced multitasking, making rapid and effective decisions, and managing difficult emotions. Telecommunicators have it no different as their position requires collecting, decoding, and transmitting complex amounts of information to

determine emergency status, location, and whom to contact for ancillary emergency personnel (Burke, 2005). As a result, the job is considered difficult; 911 operators have to operate efficiently in high-stress environments while dealing with an influx of information that must be relayed quickly and efficiently while also putting aside any feelings or emotions.

The volume of the calls serves as an added stressor, as 911 calls often come without pause, forcing the operators to handle life-threatening events continuously. The National Emergency Number Association reports a staggering estimate of 240 million 911 calls in the U.S. each year (NENA- The 911 Association, 2019). The calls can increase or decrease depending on the needs of the residents and visitors of the agency's jurisdiction. While the workload depends on how many 911 operators the agency employs and who are "available" to handle calls at any given moment. The daunting task of answering 911 calls and dispatching emergency services is achieved seamlessly day in and day out by approximately 95,400 individuals who work within telecommunication centers across various agencies throughout the United States (U.S. Bureau of Labor Statistics, 2021).

Although classified as a clerk, the position is far from it. Operators are frequently the first nonphysical contact with individuals in emergency situations (Molina, 2021). 911 operators often deal with the same traumatizing information as the responding officers and medical response teams, yet they are not categorized as first responders nor afforded the same benefits or services. Some would say it's unjust, given the enormous responsibility and the tense environment within the unit, which can impact the most resilient employee and their lives. These employees are responsible for what happens on that line, internalizing their problems to solve those of the callers, often resulting in stress disorders, trauma, and problems in their personal, professional, and social lives (see Wojciechowaka et al., 2021). Unfortunately, few studies have

examined how deeply 911 operators are impacted by their career choice, specifically, how their lives off duty may have changed because of what they have experienced while on the job.

Although subjective, the effects of exposure to trauma and any stress obtained remain a severe consequence of this position. It cannot simply be turned off, often causing 911 operators and dispatchers to be in a constant high-adrenaline/ fight-or-flight state of mind, subsequently leading to significant issues in their lives outside the call center. The 911 operator may be unable to separate their work experiences and personal lives, resulting in issues such as rifts in personal relationships, a diminished desire to live, the adoption of unhealthy coping mechanisms, and other inadequate psychological responses.

Hundreds of operators take on this enormous responsibility daily and assist individuals with emergencies, non-emergencies, and requests throughout their rather long shifts (also known as "Tour of Duty"). This means that the employee is dealing with high-stress situations, potentially traumatizing events, and the suppression of their feelings and thoughts for hours on end. As stated by S. Ramey, "It is part of this very difficult position, emergency telecommunications personnel must be emotionally prepared for traumatic events such as an unexpected injury, death of a child, suicide, domestic violence, officer shooting, or homicide" (Ramey et al., 2016).

These incidents can often negatively impact the employee, as stated by Cases and Benuto (2021):

Trauma exposure is a chronic and unavoidable aspect of their occupation, as outcomes may not always be positive, often resulting in 911 operators being the ones to hear a person's last breath, someone's cry for help, or the shallow words of an officer who is down.

As one can imagine, holding this position is not easy. Constantly dealing with society's worst day will naturally affect the individual answering these demands.

Some studies indicate that their proximity to trauma has led telecommunicators to experience secondary trauma (May & Wisco, 2016) and high-stress levels that most often spill into aspects of their professional lives; however, little is known about how deeply their personal lives may be affected. Both stress and the indirect trauma experience can be to blame for the development of many issues stemming from the adaptation of hyper-vigilance, depressive tendencies, the inability to cope, and emotional distress. In addition, the constant exposure to violence, emergency incidents, graphic details, and frantic encounters with the caller puts this population at high risk for problems such as depression, loss of human compassion/empathy, behavioral changes, cognitive function decline, and many others (See studies: Martin, 2016; Molina, 2021; Perez et al., 2021; Ramey et al., 2016; Turner, 2015; Vanderloop, 2021). And although this research has been groundbreaking, 911 operating remains classified as an administration position and excluded from receiving the same protections and benefits as their sworn counterparts, especially that of trauma treatment.

911 operators are commonly referred to as police dispatchers, call takers, or telecommunicators; these terms are often used interchangeably. Although some agencies combine the positions, the agency selected for the proposed study separates the titles by dividing the employees into groups of Emergency Dispatchers and Emergency Dispatch Assistants (also known as call takers). Although their positions are classified equally, their responsibilities differ. Call takers answer incoming emergency and non-emergency calls while solely speaking to the public. In doing so, the call takers determine the nature of the incident and the aid needed while

simultaneously entering all information into a computer system that routes all the details to the dispatcher.

In contrast, the dispatcher's primary responsibility is to disseminate the information obtained by the call taker to officers, medical, fire, and specialized units for rapid response. This work is conducted over radio equipment. The dispatchers are cross-trained and able to handle calls to the public when necessary, such as during critical incidents, an influx of calls, and staff shortages. Meanwhile, the call takers are solely trained on the telephone lines and cannot dispatch. Both positions are classified as essential-civilian within the selected agency. Their classification mandates the need for 24/7 shift work, including weekends, holidays, critical incidents, and natural disasters, mimicking the schedule of sworn police officers.

Given that both positions deal with significant demand and are exposed to the same stressors and graphic details, this study's population includes individuals holding both positions. To maintain consistency throughout the remainder of this paper, emergency dispatch personnel/communications employees will be referred to as "911 operators". The remainder of this paper will introduce the reader to the main point of the proposed research study, including the problem statement, which will outline the issue and the necessity for this research within the 911 community. Following this, the purpose statement will define a measurable goal and the future objectives of this study. The significance section will address the importance of a study on telecommunicators and how their work, social, and personal lives are impacted by the constant stress and exposure to trauma through 911 calls. Moreover, the final section of this chapter will provide the definitions of industry terms, allowing the readers to comprehend and become familiar with the wording used throughout the research.

Nature of the Research Problem

Although professionally categorized as 'clerks', 911 operators are far from a secretary or administrative aid, as they are frequently the first nonphysical contact with individuals in emergency situations. The operators are the first-first responders who collect and disseminate the pertinent information to bridge the gap between the person in need and those responding. Meanwhile, officers and other field employees depend on the dedication and attention to detail of 911 operators for their safety. Nevertheless, their work, lived 911 experiences, and the consequences thereof are often overlooked due to their clerical classification and misconceptions that the operators are not first responders simply because they do not physically respond to the scene. Although on-scene responders and operators experiences differ in regard to how they witness traumatizing events, it can be argued that either method of exposure can have an impact. As stated by Pierce and Lily, although operators are not physically present during traumatic events or have personal relationships with victims, exposure to duty-related aversive event details can be sufficient to induce PTSD symptomology severe enough to be consistent with a probable diagnosis (2012).

911 operators handle countless calls throughout the length of their shift, ranging from non-emergencies to major incidents such as assaults, murders, police-involved shootings, and sexual assaults. Their priority is to send help; to do so, they have to ask a series of questions and be mentally prepared for the responses, regardless of how gruesome they may be. Then, at the end of their shift, they 'unplug' from the console and go home without the chance to emotionally decompress from the common-emotion packed-high, paced shift.

Although most research has been conducted on first responders that are physically present on the scene, it has become apparent that the 911 position and its job-related responsibilities host its challenges despite being in a call center. Whether 911 operators are

affected or not is no longer a doubt. Modern research has demonstrated that 911 operators are under consistent stress and that their wellness is in jeopardy, given the repeated, consistent exposure to traumatic details throughout their tenure often without treatment (Adams et al., 2015; Allen et al., 2016; Baseman et al., 2018; Dicks, 2014; Jones et al., 2018; Mann, 2016; Pierce & Lilly, 2012; Troxell, 2008; Weibel et al., 2003). The untreated aftermath of these critical incidents may manifest itself in various states of anxiety, depression, substance abuse disorders, and even subsequent violence (Flannery, 2001). Research has only recently acknowledged the negative impacts of these stressors and outcomes, recognizing their ties to various diagnoses, physical health concerns, and social supports (Vanderloop & Brown, 2021). Despite these findings, little is known about the impact of trauma and stress acquired on the job, especially among 911 operators, specifically, how deeply their social, familial, and personal lives are disrupted.

Problem Statement

The available literature suggests that stress, trauma, and the consequences that come with it have become the norm within the law enforcement community (see police culture). It is an inescapable, unpreventable part of the job, which is almost acceptable to those who work in this field; occupational stress is generally accepted as a routine component for police officer careerists (Madonna, 2002). This field has inadvertently normalized feeling under stress and the practice of ignoring the warning signs of possible mental health issues, unstable emotions, and interpersonal problems. Officers and other first responders handle the call and "clock out" without considering the repercussions of the stress and trauma exposure or how their lived experiences may affect them on a personal level.

Similar to physically responding first responders, 911 operators have also reported experiencing high levels of stress and trauma even though they are not physically on the scene or experiencing the traumatic incident firsthand; their exposure is in hearing the distress of others. A study conducted in 2019 by Fraizer states that the emotions related to the trauma occurring on the other end of the phone line put the 911 operator at risk for developing a host of mental and emotional health problems such as anxiety, posttraumatic stress disorder (PTSD), burn-out, and depression. Previous literature illustrates that this population is under much pressure and, like their sworn police counterparts, is dealing with constant exposure to the disturbing details of each incident. Due to the parallel stressors that police and 911 operators share, these employees are likely to develop many of the adverse physical and psychological consequences of stress (Pierce & Lilly, 2012). Yet, most agencies (including the agency proposed for this study) have yet to classify the operators as first responders and grant them the trauma-specific services needed to 'heal' from this constant exposure.

Countless medical research pieces and studies on law enforcement have stated the importance of treating stress, trauma, and its causes, as leaving them untreated can diminish an individual's overall wellness and wreak havoc on their physical and mental health (Arble & Arnetz, 2017; Kohm et al., 2019; Makasheva et al., 2016; Newell et al., 2021; Smith et al., 2019; Swider et al., 2010; University of Phoenix, 2017). Failure to engage mental health issues resulting from frequent exposure to traumatic and violent events will lead to negative psychological/ physiological outcomes and externalized behavior problems (McMahon et al., 2009), such as depression, anxiety disorders, posttraumatic stress disorders, divorce rates, and loss of ability to cope.

Despite numerous studies examining first responders (police officers and firefighters) who physically arrive at the scene of an incident (Anderson & Lo, 2011; Warren, 2015; Swider et al., 2010), most lack mention of 911 operators. A study conducted by Warren (2015) is one of many that focuses exclusively on police officers. The study titled "The Effects of Frequent Exposure to Violence and Trauma on Police Officers" surveyed 65 officers with the intention of examining the relationship between officers' frequent exposure to violence and traumatic events/images and its effect on long-term mental health issues and significant decreases in cognitive empathy or human compassion. The study states that police officers who maintain negative or traumatic information in long-term memory are vulnerable to mental illness, can become unstable emotionally and behaviorally, and develop interpersonal problems and impaired social relationships (Warren, 2015). These findings illustrate evidence of the adverse psychological, physical, and behavioral consequences associated with responding to traumatic incidents.

Studies on the exposure to trauma and stress among police officers are abundant, as hundreds of papers have detailed the negative impact on the responding officers (Newly et al., 2021; Raian et al., 2021; Warren, 2015). However, a connection has yet to be made that the calls hurting the officers are the exact traumatic incidents being handled by the 911 operators in the call center. Traumatic experiences, regardless of the exposure route, can negatively affect the individual and cause long-term issues if not addressed.

Research conducted by Addis and Stephens found that police officers who internalize psychological distress as a result of frequent exposure to traumatic and violent events or images will externalize it by displaying symptoms of posttraumatic stress, depression, moderate levels of human compassion, physical aggression, excessive alcohol use, insomnia, health issues and

thoughts of suicide (Addis & Stephens, 2008). These symptoms impact the individual and undoubtedly spill over into personal relationships. As important as this research has been for the sworn law enforcement population and their health, it helps to illustrate the lack of research where 911 operators are the population under study. Although the above-referenced research has been groundbreaking, it is difficult to apply these results to 911 operators who are classified differently due to their responsibilities, duties, and performance requirements.

The literature available that is explicitly associated with 911 operators is few and far between, as most publications focus on the formal aspects of the position, the demand for working hours, and the specific demographics of those who have worked critical incidents and major disasters (Carmassi et al., 2018; Garrett et al., 2016). Of this available literature, few have considered the effects of occupational stress, the exposure to trauma and stress through and during everyday duties, or how the 911 operators handle these pressures "off duty." Nor have they specifically explored how the experience as a 911 operator influences how they live their day-to-day lives, how they handle personal relationships, their social lives, or if there have been any significant changes in these relationships.

Only a limited amount of information is available that explicitly explores the burden carried by 911 operators and what symptoms they may experience post-trauma exposure. The lack of information referencing the effects of frequent exposure to traumatic events on the operators' lives is inadequate. Society must recognize the extreme demands that the 911 operator is under and acknowledge the need for research on the risk factors experienced while on the job and how the employee is being negatively affected (Birze et al., 2020; Jenkins, 1997; Lentz, 2020; Makasheva et al., 2015; Martin, 2016; Molina, 2021; Perez et al., 2021; Ramey et al.,

2016; Smith et al., 2019; Vanderloop, 2021). This is of particular importance, given that 911 operators are not afforded the needed services to manage these challenges.

There is still much left to explore with 911 operators, including the actual effects this type of exposure has on the operators' personal lives and relationships and how they are affected as employees and community members. The problem explored in this study is twofold; although there is plenty of research on first responders, there is a limited amount of research on 911 operators, and of that research, close to none focus on the lived experiences of the operator and if this position has altered their worldview and personal life.

The available research has made it clear that 911 operators deal with high levels of stress and experience trauma and that it should be addressed; it is unclear exactly how deeply their lives have been affected. It is known that exposure to traumatic events can be a stressful component of the job that is likely impacting other critical aspects of their lives; however, these specifics remain unclear. This study focused on the depth of the impact of this position by exploring the traumatic exposure and lived experiences (of being a 911 operator) and the potential influence this may have in different areas of their lives.

Purpose Statement

Although first responders who are physically on the scene experience distress associated with their position, operators are often overlooked due to their clerical designation. A limited number of studies have focused on 911 operators and the work they do; among these, only a handful have thoroughly explored the long-term consequences of their acquired stress, while none have researched how this impact may harm different areas of the operator's life (outside of the call center). There is a significant gap in the research regarding 911 operators, their traumatic experiences, and how the exposure has impacted their lives outside of the call center. Therefore,

the purpose of this phenomenological study was to understand the lived experiences of 911 operators; specifically, how the experience of being a 911 operator has impacted personal, relational, employment, and social areas of their lives.

To achieve this, the study addressed the significant gap in the literature as it pertains to professional civilian police employees who work in the capacity of 911 operators through 1) documenting the perceived experiences of on-duty 911 operators, 2) gaining a better understanding of how deeply the lived experiences of 911 operators are affecting personal, professional and social lives, and lastly, 3) exploring how their world view has changed since the beginning of their career.

Background and Significance

Every day, thousands of calls are made to 911 requesting emergency assistance from firefighters, law enforcement, and other public safety providers. And while plenty of attention and research has been allocated towards understanding the needs of those responders, a group of less recognized officials goes virtually ignored; those professionals are 911 operators. Formally known as law enforcement telecommunicators, 911 operators hold a challenging and stressful occupation (Perez et al., 2021). Throughout every shift, police officers, other law enforcement employees, residents, and visitors depend on their ability to work efficiently, accurately, and under pressure. The 911 operators are the support staff that keeps everyone in order, responding accurately and helping those in distress. However, after constant exposure and chronic stress, they may become the ones who need assistance.

Depression, violence, failed relationships, hypervigilance, diminished empathy, desensitization, unhealthy coping mechanisms, and mental health diagnosis are only a few consequences of exposure to on-the-job stress and trauma. It is no longer a question of whether

the employee is being affected but how deeply they are being affected and how it translates into their personal lives, behavior, and health. A study conducted by the American Psychological Association titled "Breaking the Silence: A Qualitative Analysis of Trauma Narratives Submitted Online by First Responders" reports that first responders are exposed to trauma on the job that significantly alters their work and home lives (Casas & Benuto, 2021). Although the narratives submitted by the first responders did not include 911 operators, the participants describe the immense amount of stress and pressure from the details of each call that they then take home; these responders describe the exact details obtained by the operator during the initial call to 911.

Relevant research on the first responder population has also provided insight into how on-the-job trauma and stress may cause individual issues. Jones et al. (2018) found that 14% of first responders, in general, reported experiencing depression, 28% reported anxiety, 26% reported symptoms of PTSD, 34% indicated a high risk for suicide, and 93% reported significant sleep disturbances. Daunting results were also reported by the University of Phoenix, which conducted a study of first responders in 2017; results state that 84% of first responders experienced a traumatic event on the job, and 34% of them received a mental health diagnosis compared to 6% of the general population (University of Phoenix, 2017). From that sample, approximately 27% of overall first responders reported being diagnosed with depression, and 47% attributed the diagnosis to work incidents and exposure (University of Phoenix, 2017).

Other research has documented that despite not being physically present on the scene during a traumatic event or having a personal relationship with the victim, exposure to duty-related aversive event details can be sufficient to produce secondary traumatic stress. Secondary traumatic stress refers to a set of psychological symptoms that mimic posttraumatic stress disorder but is acquired through exposure to persons suffering the effects of trauma (Baird &

Kracen, 2006). Figley (1995) described STS as a disorder experienced by those supporting or helping persons suffering from trauma, PTSD, or that are dealing with trauma themselves and often referred to as the 'cost of caring' because it is experienced most often by service workers. By definition, "it is a state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways including reexperiencing the traumatic event, avoidance/numbing or reminders of the event, and persistent arousal" (Figley, as quoted by Troxell, 2008, p13). In addition, posttraumatic stress and depressive disorders, amongst others, can result in reduced concentration and decision-making capacity (Allen et al., 2016). Needless to say, impairments in these capacities can be fatal and may place the general population at risk, given the reliance on the 911 operator's quick, calm, and efficient skill set that coordinate emergency responses.

These employees live through the rigors of stressful work conditions through the penetration of violence, death, burn-out, lengthy shifts, and the potential for psychological effects from long-term exposure to emergency conditions. The secondary traumatic stress that these employees are experiencing from the sense-heightening information received through the phone is causing more long-term damage than once believed or understood. This type of exposure to trauma can be comparable to the trauma experienced by the on-scene responders, as both parties often witness panic, screams, crying, and hysteria from the victims.

The consequences of exposure to stress and the trauma experience on personal life factors have not been exclusively examined within the population of 911 operators. What has been learned from other groups, primarily mental health professionals, crisis workers, nurses, and other emergency personnel, is that this exposure can result in physical illness, comorbidities such

as depression and anxiety, substance abuse, changes in personnel turnover patterns, absenteeism, low morale, poor job performance and disruption of social relationships (Troxell, 2008).

Although many studies have not been generated to specifically examine the nuanced impact of these experiences on the 911 operator's life, several studies have touched on the resulting negative impacts, such as mental illnesses, physical health issues, and lasting effects on other factors pertaining to social lives and professional performance (Dicks, 2014; Molina, 2021; Pierce and Lilly, 2012; Perez et al., 2021; Troxell, 2008; Vanderloop, 2021). One particular study, and the only one of its kind, was conducted on the families of the first responders by Camaro et al. (2020), who asked the partners, parents, siblings, offspring, and friends to provide instances where they knew their 911 operator family member brought the work home. The results were similar to other law enforcement studies that depict a sad, troubled, and stressed police employee. Many loved ones reported common themes such as crying, gruesome details, violence, substance abuse, venting about child deaths, feeling of helplessness, and lack of control (Camaro et al., 2020).

Any impact that may be had on the 911 operator and their health is not solely their problem (personal or familial) but a problem for the agency, those who depend on their work, and a public health concern. Ultimately, healthy and mentally stable individuals who can cope and limit the impact on their personal lives are physically-mentally-and-psychologically healthy 911 operators who efficiently and effectively answer emergency calls. Therefore, it is imperative to acknowledge the impact this exposure has had on this population and their lives, not only for the sake of the study's participants but also for everyone who depends on their work. In documenting this impact, we are also in a better position to advocate for mental health and other needed resources afforded to other first responders.

The information gained from this study has provided a foundation for further exploration of risk in this population, has added to existing literature, has brought attention to the need of changes in policy, and ultimately enhanced the information available related to the psychological and overall well-being of the operators on and off duty. This was accomplished through a qualitative study consisting of interviews with a small group of 911 operators currently employed at a police agency in a major city located in the Southeast continental United States. Given the small sample size, my approved access to the population, my relationship with the staff within the department, and my training in research methods and data analysis, as expected this project was successfully accomplished.

Barriers and Issues

There is a culture within law enforcement where most do not share their weaknesses. Whether out of fear of being judged or lack of knowledge, the employee often pushes through without asking for help or using available resources (if any/when available). They continue to work while ignoring the body's warning signs, often convincing themselves and others that nothing is wrong (see police culture). This culture can be to blame for issues presently found in studies covering sensitive topics such as trauma and stress within this field.

The first expected barrier to this study was social desirability bias which is the tendency to under-report socially undesirable attitudes and behaviors and over-report more desirable attitudes, often to fit the needs of what is being asked of the participant or to appease the researcher. Participants of the study may feel pressured to lie or to exaggerate and similarly may feel embarrassed to admit the truth about their individual experiences. This is most common in research on issues that participants find sensitive or controversial and in situations where there are widely accepted attitudes, behaviors, or norms (Grimm, 2010). Social desirability bias is

problematic because it can lead to overestimation of the positive and diminished heterogeneity in responses, resulting in the questionable appearance of consensus (Bergen & Labonté, 2019). This behavior was a concern of this study because the 911 operator may deny or embellish what they have experienced and skew the results.

Secondly, potential bias exists in this study as the researcher previously held the position of a 911 operator at the same agency. Although the researcher's personal experience helped build rapport with the participants, if not careful, the bias could create a personal point of view from the researcher's perspective, affect how a question was asked, how the data was analyzed, and impact the participant's ability to feel safe enough to participate. Although having held this position allows for insight into the job, it can cause a lack of trust amongst the current 911 operators resulting in a lack of participation due to the researcher's current position within the agency and risking being identified. Participating in an interview that covers a sensitive topic may bring attention to those "issues" and cause some participants to hesitate, become guarded, and refuse to participate out of fear of being labeled as "unfit for duty ."This distrust can stem from fear of repercussions, as 911 operators who display signs of distress cannot actively work in the unit until the concerns are addressed (counseling, mental evaluation, medical clearance, etc.).

In order to minimize the chances of social desirability bias and reluctance to participate, anonymity and confidentiality was ensured throughout the entire process. Doing so allowed the participant to answer freely and openly without being worried about judgment or repercussions. A private room outside of the call center was used for the interviews and not accessible to anyone other than the researcher and the participant. This private room was used to ensure that the participant was not identified or overheard during the interview.

Prior to the beginning of the interview, a consent form was reviewed, and time allowed for questions. The consent form served as confirmation that all interview material will be stored safely and their identities will remain anonymous. The consent also served the purpose of ensuring that the participant knew and understood their rights. This document also reiterated that the interview was completely voluntary and that the participant could choose to not answer a question and withdrawal from the study at any time without any penalty. The digital recordings were transcribed and then uploaded onto a password protected external hard drive. The transcripts were placed and remain in a password-protected external hard drive. Any/all identifying information disclosed was omitted from the transcripts by the researcher.

Due to the previous position held (911 operator), specific precautions were taken, so that researcher bias is not an issue. Bracketing is a method used in qualitative research to mitigate the potentially deleterious effects of preconceptions that may taint the research process (Tufford & Newman, 2012). Gearing (2004) explains that bracketing is a process in which a researcher suspends his or her presuppositions, biases, assumptions, theories, or previous experience to see and accurately describe the phenomena, in this case, the lived experience of the 911 operator (Gearing, 2004). Acquiring rich, in-the-moment data can only occur when personal interpretation based on the researcher's own experiential world does not sabotage the inquisitive and explorative process of data collection (McCormack & Joseph, 2018). In order to implement bracketing and limit any influence, special attention was placed on the interview guide and the analysis method in order to allow results to emerge naturally and without the researcher's influence. In addition, members of the dissertation committee had access to the transcripts and assisted in reviewing themes (member checking).

Having held the very position under study and having lived many of the consequences of this long-term exposure to constant stress and secondary trauma ignited the desire to learn more about this population. Particularly how other 911 operators may be affected and whether my individual experiences show across the existing literature or are applicable to a larger, more diverse group. Additional implications about my current role as a researcher, after having lived my own experiences as a 911 operator, will be discussed further in chapter 3.

Definition of Terms

The following definitions are provided for key terms that are used in this dissertation:

911 operator: Answers incoming calls from the public, determine the nature of the incident and the aid needed, enter all information into a computer system, and dispatch/routing appropriate response teams to the scene (works interchangeably with call taker and dispatcher depending on the agency).

Acute Stress Disorder: The DSM-5 describes acute stress disorder as the development of specific fear behaviors that last from 3 days to 1 month after exposure to a traumatic event. Interchangeable with PTSS (Post Traumatic Stress Syndrome), where the symptoms are consistent with PTSD but occur within 30 days of the trauma experience.

"Burn-out": A multidimensional condition consisting of emotional exhaustion, depersonalization, and a reduced sense of accomplishment or desire to accomplish. This type of occupational stress results when the balance of deadlines, demands, working hours, and other stressors outstrip the rewards.

Call Taker: Call takers answer incoming emergency and non-emergency calls while solely speaking to the public. In doing so the call takers determine the nature of the incident and

the aid needed, while simultaneously entering all information into a computer system that routes all the details to the dispatcher (works interchangeably with "911 operator").

Civilian or "non-Sworn" positions: Do not carry a firearm, nor have arrest power. Most often placed in the "support" category, even in investigative work. They have not taken an oath to support the constitution, their state, or the laws of the jurisdiction in which they work.

Communications Personnel/Telecommunicators: Employees who work within the agency's communications center; 911 operators, call takers, and dispatchers (1 category for multiple positions).

Crisis: A time of intense difficulty, trouble, or danger.

Dispatcher: The dispatcher's primary responsibility is to disseminate the information obtained by the call taker to officers, medical, fire, and specialized units for rapid response. This work is conducted over the radio equipment. The dispatchers are cross-trained and able to handle calls to the public when necessary, such as during critical incidents, an influx of calls, and staff shortages (works interchangeably with "911 operator").

Exposure: The fact of experiencing something or being affected by it because of being in a particular situation or place (Cambridge Dictionary)

Frequent Exposure: Defined as the contact or interaction with violent or traumatic events that exceed the duration for a period that a person would consider as 'average.'

Job Stress: The harmful physical and emotional responses that occur when the job's requirements do not match the capabilities, resources, or needs of the worker (Center for Disease Control and Prevention, 2020).

Occupational Stress Injuries: Would include but are not limited to depression, anxiety, PTSD, and substance abuse.

Police Culture: A police-made objective that increases the probability of survival.

Psychological Debriefings (also known as 'Debrief'): Psychological debriefing is a technique that has been used for several years to minimize the negative effects of potentially stressful events on police officers, and defined as a single-session, semi-structured crisis intervention technique. It is usually applied shortly after a traumatic event in order to prevent post-traumatic reactions (Tuckey, 2004).

Secondary trauma: The indirect exposure to traumatic events usually occurs through work, in which a person suffers from the consequences of those events (Beck, 2011).

Secondary Traumatic Stress and Disorder: Also known as compassion fatigue. This applies to individuals who are not directly exposed to a traumatic event but who express symptoms of PTSD similar to those of injury victims through the recount of the incident (therapists, emergency workers, etc.) (Wojciechowska et al., 2021).

Shift work: An employment practice that is designed to make use of or provide service across all 24-hours of each day of the week and performed in rotations (Eads, 2023).

Sworn: State-certified officers who have taken an oath to support the constitution, their state, or the laws of the jurisdiction in which they work.

"Tour of Duty": Their scheduled shift, including weekends, holidays, over-nights, and mobilizations. Hours vary by agency, usually between 8-24 hours per shift.

Trauma: Defined by the American Psychological Association, it is an emotional response to a terrible event like an accident, rape, or natural disaster; immediately after the event shock and denial are typical. Longer term reactions include flashbacks, strained relationships, unpredictable emotions and physical symptoms like headaches.

"Unfit for Duty": An employee who is unable to perform duties normally assigned to them without any limitations.

Chapter 2- Literature Review

911 operating (receiving the call, collecting pertinent details, and disseminating the information) is vital to the emergency response. Given the responsibility of these employees, agencies should be concerned about their employee's well-being and how it may or may not be impacting them outside of the call center, as lingering issues could affect the employee both on and off duty. The experience of 911 operators, including the stress and trauma obtained while on duty, affects their lives and is thereby significant to the scholarly and law enforcement world.

This literature review serves to justify the importance of examining the lived experience of 911 operators by providing the reader with an in-depth analysis of relevant research related to trauma, stress, and 911 operators. In particular, there is a focus on how on-duty experiences can affect their personal, professional, and social lives. The researcher's goal was to provide a comprehensive summary of the stress and trauma experienced by the 911 operators, how it spills over into their lives, and, ultimately, how it affects them outside of the call center.

This literature review begins with defining stress and explaining the different types of stress and their application to 911 operators. Following is a simplified explanation of three stress models/theories, which hypothesize that the trauma and stress experienced by an individual can affect various life areas, including the way they cope; coping skills can dictate how deeply individuals are affected. Trauma and its different categories will also be explained, with an emphasis on the experience of secondary or vicarious trauma, the most common form of trauma applicable to 911 operators. Further, there is a discussion of the common ramifications of post-stressful or traumatic experiences within emergency call centers (as documented throughout modern research via common themes). Many studies report similar reactions, coping mechanisms, and mental health diagnoses involving 911 operators and on-the-job stressors. This

literature review will conclude with the methodological framework and qualitative research questions orienting the proposed study.

Stress

The World Health Organization (WHO) defines stress as any change that causes physical, emotional, or psychological strain and as an individual's response to anything that requires attention or action (2021). Although everyone experiences various degrees and levels of stress throughout their lives, not everyone experiences it the same way. Stress refers to an array of cognitive, emotional, physiological, and behavioral reactions to perceived undesirable situations (Harrington, 2013). In other words, stress occurs when a person appraises a situation as a threat that exceeds his/her available coping resources, which can trigger negative emotions such as anger, anxiety, fright, guilt, shame, envy, jealousy, disgust, and sadness (Klainin-Yobas et al., 2021).

Stress is more than just a feeling of being overwhelmed; It encompasses different forms, each with its own consequences for health and performance. There are many different kinds of stress, all of which are described throughout the research. For the purpose of this review, there is a focus on stress studies from the field of psychology. The following sub-section will introduce the three primary types of stress, 1) Acute Stress, 2) Episodic Acute Stress, and 3) Chronic Stress (Schneiderman et al., 2015; Thorn, 2021).

Types of Stress

Acute stress results from the body's reaction to a new or challenging situation. It is the thrill that a person may experience when a deadline is fast approaching, during a car accident, or while achieving a personal goal. The word 'acute' does not mean that the type of exposure is minimal or non-important; this terminology simply means the symptoms develop quickly and do

not last long. Following the perception of an acute stressful event, there is a cascade of changes in the nervous, cardiovascular, endocrine, and immune systems; these changes constitute the stress response and are generally adaptive in the short term (Selye, 1956). This type of stress is short-term because the body and its emotions return to normal after exposure. Symptoms of this response may include recurrent dreams or flashbacks, anxiety, low mood, irritability, poor concentration, wanting to be alone, emotional, reckless, or aggressiveness (Shah & Tidy, 2016).

Episodic acute stress can be physically and mentally exhausting as the episodes occur regularly. Similarly, to acute stress, episodic acute stress develops quickly and most often resolves itself rapidly; its difference is that the episodes continue occurring (often from specific triggers). Every call is a new opportunity and the possibility of trauma, which can be stressful. Each call can translate into a stress-inducing episode via new details or triggers from past incidents. The accumulation of stress and lack of recovery between calls and after the end of the shift can cause other non-work-related issues.

Chronic type stress occurs when the acute stress response becomes maladaptive when it is repeatedly or continuously activated (Selye, 1956). Chronic stress transpires when the body experiences stressors with such frequency and intensity that the autonomic nervous system does not have an adequate chance to activate the relaxation response on a regular basis causing the body to remain in a constant state of physiological arousal (Scott, 2020). In simplest terms, the body internalizes the pressure during the continuous call-taking (like in episodic stress) but lasting long past the shift and into "off duty" time (i.e., during off time, family time, social interactions, etc.).

This stress can be caused by everyday pressures such as work, personal issues, and traumatic situations. Today's demands, life stressors, and constant exposure to graphic details can

be to blame for the 911 operator's stress levels and resulting ailments. The constant pressures, the host's overall health, the environment, and the support system are a few factors that can affect chronic stress and how the body fights back.

Because the stress factors are experienced so frequently, chronic stress starts to feel routine and convinces the host that it is functioning healthily. When in reality, the body is self-destructing due to the high amounts of stress and its inability to 'relax.' With chronic stress, the intensity is higher, and its reoccurrence is continuous, causing the stress to have more of an impact on the individual because there is no time for the body to recuperate. Chronic stress is a prolonged and constant feeling that can negatively affect the individual's health if left untreated. Chronic stress is also a well-known risk factor for psychopathology, as the experience of chronic stress (real or perceived threat) has been linked to both the development and the maintenance of several mental disorders (Lutin et al., 2022).

Duty-Related Stressors Specific to 911

Duty-related stressors cause stress while at work and are specific to the employee's role as opposed to life stressors that affect each person individually (i.e., death in the family, marriage problems, and health issues). And although specific factors impact each call center and position individually, there is a considerable amount of research on work-related stress in high-stress occupations that have similar responsibilities to 911 operators that can provide insight (Dautovich et al., 2022); Davey et al., 2019; Robinson et al., 1997).

The perceived stress experienced by 911 operators at work typically affects the employee directly (such as staff shortages, high call volume, or low-level support) and often stems from significant demands but few resources. The conditions at the call center can also significantly contribute to the stress that the employee experiences. These stress-causing factors can range

from feeling unappreciated compared to sworn personnel to the stress of shift work.¹, poor financial compensation, the pressure of dealing with life-and-death situations rapidly and adequately, and high workloads with frequent overtime.

Although duty-related stressors are usually specific to the field/position, some factors may be interchangeable or applicable at different 911 call centers. For example, every call center is faced with countless-possibly traumatic- calls (as no one calls 911 on their best day), a high-pressure environment with little downtime, often inadequate psychological debriefings after stressful calls; inappropriate training for mental-health-related calls; and exposure to verbally aggressive callers (Smith et al., 2019). The following are different factors that, through research, have proven to affect the stress levels of 911 operators while on duty and can generally be applied to communications call centers nationwide.

Work Environment

Duty-related stressors must be understood within the context in which they occur. 911 call centers are often cold, highly secured, and closed off from the outside world. For example, for security purposes, most call centers are secluded from the rest of the agency. The room is kept at uncomfortably low temperatures to protect the specialized computer and other equipment from overheating. Workers are required to remain in this workspace for the majority of their shift, a setting that tends to be dark, densely populated, and not conducive to physical activity (Anshel et al., 2012). Depending on the agency, lack of movement may be due to a lack of staffing (phone lines must be monitored at all times) or simply because of the sedentary nature of

¹ The term shift work refers to any work schedule that falls out of the hours deemed "normal"; evening, overnights, weekends, etc.

the job and having to remain "connected" to the headset jack. Also, depending on the agency and the layout of the call center, the 911 operator may be surrounded by other operators who are also speaking and handling their own incidents.

This inactive and restrictive workspace can limit an employee's ability to remove themselves from the environment especially following a traumatic or stressful call. These conditions can add stress to the 911 operator because of how uncomfortable this environment may be to work in, especially after an extended tour of duty. Often resulting in added stress just from being in the room. Being able to walk away from the phones or have a safe place to decompress after a tough call could make the difference between being negatively affected or finding a healthy coping method before any issues develop.

Demanding Schedules

911 operators follow shift work, remaining seated in front of screens for a considerable duration of this work period (Baseman et al., 2018). Agencies throughout the United States implement different scheduling methods, ranging from eight to twelve-hour shifts with combination days off. An example of how the scheduling works is as follows: The operator will work five- 8-hour shifts with two days off a week, with different combinations for the days off. The days assigned remain that way for the entirety of the year, meaning that most often, 911 operators will have to work weekends, holidays, and special occasions because they land on their scheduled day to work.

The schedules become more complicated when there are staffing shortages. If there are not enough operators to cover the shift, the operator will be 'drafted' into mandatory overtime. Being drafted means that the 911 operator must remain at work and cover a second shift. Depending on the agency, this can result in shifts lasting 16-24 hours. Working overtime shifts

without breaks can cause the 911 operator to be tired, overworked, and chronically stressed, thereby impacting relationships with loved ones.

Responsibility and High Liability

The position of 911 operator, like all law enforcement, holds much responsibility. The work that 911 operators conduct is considered high liability due to its nature and the pressures that come with it. 911 operators work inside the call center, and every call (nonemergency and emergency) response begin with them. They are the first to answer the call, determine the facts, and have the discretion to send help into harm's way (Imbens-Bailey & McCabe, 2000). There are zero margins for error. The well-being of the caller and the responding personnel depends on the operator's work, the questions they ask, and how responsive they are to the information. If the operator fails at the tasks, there is a high probability that there is loss of life, property, and overall safety, a detail they are always cognizant of.

Triggering Calls

911 operators prioritize and triage incoming telephone calls from the public that are unpredictable in volume, length, and content (Meischke et al., 2015). Upsetting calls are one of the most prominent and stress-provoking components of a 911 operator's job responsibilities (Vanderloop & Brown, 2021). Aside from the unpredictability of each call, emergency callers are reasonably distraught, panicked, and upset; 911 operators must remain calm and professional while collecting adequate information. Regardless of how horrid the call may be, the operator must remain calm and process the emergency without any hesitation or display of emotions.

When reflecting on the calls received, 911 operators often report that the most challenging calls to deal with are those involving the death of a child, an injured officer, or the victims of suicide (Baseman et al., 2018; Pierce & Lilly, 2012). A study conducted by Pierce and

Lilly surveyed 171 operators throughout 24 states across the United States; when asked the types of calls from most to least distressing, the participants identified: a child's unexpected injury or death (accounted for 16%); callers considering or threatening to commit suicide/self-harm (accounted for nearly 13%); police-involved shootings (accounted for approximately 10%); and the unexpected death of an adult (accounted for 10%) (Pierce & Lilly, 2012).

Although the distress experienced is subjective and can only be measured by the operator who handled the incident, one can imagine the impact of fielding any one of these call types.

Stress Responses

The stress response is the emergency reaction system of the body that warns of any possible threats; when this response is turned on, the body releases substances like adrenaline and cortisol that activate an adequate response (Center for Integrated Health Care-- V.A. Healthcare, 2013). In simplest terms, the stress response is adaptive and simply prepares the body to handle the challenges presented by an internal or external environmental challenge. The problem lies in the exposure to a stressor that is actually or perceived as intense, repetitive (acute stress), or prolonged (chronic stress) (Chu et al., 2021). In turn, if the stress response becomes maladaptive it can be detrimental to physiology because exposure to chronic stressors can cause maladaptive reactions including depression, anxiety, cognitive impairment, and heart disease (Chu et al., 2021).

For 911 operators who are constantly handling calls, turning off their response and continuing to take calls can ultimately backfire as they may not notice they have been negatively impacted by the adrenaline and cortisol dump. A 2014 report by the Office of the Auditor in Denver showed that the average response time for a 9-1-1 call was just under 13 minutes, meaning that in that time frame, the caller provides the information, responders arrive, and

render aid (Lamplugh, 2016). The report goes on to describe how 911 operators have no time to process or recover from a call. By the time a scene was cleared, the 911 operator had already taken a dozen more crisis calls with no time in-between to decompress their adrenaline and emotions (Lamplugh, 2016). The stress acquired indirectly from the caller's trauma, compounded with the stress from the repeated calls and the pressures to perform, often leads to an overabundance of issues, many of which go unnoticed by the operator, who has become desensitized. The higher exposure rate often comes with sizable implications for the health and well-being of workers, such as increased rates of depression, anxiety, and posttraumatic stress becoming the norm (Klimley et al., 2018; Lilly & Pierce, 2013; May & Wisco, 2016).

Mayo Clinic recognizes that stress does not only affect the physical body and divides the signs and symptoms into categories of changes that may be noticeable in the operator's body, mood, and/or behavior (Mayo Clinic Staff, 2021).

Physical responses:

- headaches,
- muscle tension or pain,
- chest pain,
- fatigue,
- stomach upset,
- insomnia (Mayo Clinic Staff, 2021).

Behavioral responses:

- overeating or under-eating,
- angry outbursts,
- drug or alcohol use,

- tobacco use,
- social withdrawal (Mayo Clinic Staff, 2021).

Emotional and thought responses:

- anxiety,
- restlessness,
- lack of motivation or focus,
- feeling overwhelmed,
- irritability or anger,
- sadness or depression (Mayo Clinic Staff, 2021).

Stress Related Theories

There are various reasons why 911 operators may be experiencing stress from their work and how it could affect areas outside the work environment. Although stress is a natural reaction, it can transform into many issues that span many parts of individuals' lives. Now that stress has been defined, duty-related stressors have been explained, and stress's effects reviewed, the following section attempts to explain how and the extent to which stress may impact the 911 operator. Specifically, the following theories and stress models will attempt to explain some of the individual risk and protective factors associated with stress response and adverse outcomes.

Life Stress Theory

Stress is known to impact an individual's well-being. Although good stress, also known as eustress (travel, public speaking, new projects), is needed to survive. Negative stress, known as distress (death of a loved one, relationship strain, financial hardships), can cause havoc on the individual's overall quality of life. For this reason, the life stress model has been used to explain the significant negative impact of live events or social stressors on physical and mental well-being (Diwan et al.,2004).

The concept of stress involves the incident (experience), the individual, their environment, and the length of exposure (time). This theory implies that for the stress to impact the individual negatively, the person must be consistently exposed to certain incident types and details while simultaneously consumed by the tense environment.

This toxic combination often leads to chronic stress and negative impacts on the individual's personal, social, and professional lives. For example, negative impacts such as emotional exhaustion and overextension could result in absenteeism, as employees may consider this temporary separation from work as a way to recover from their emotionally taxing job (Grandey et al., 2004). Individuals experiencing negative responses such as burnout may suffer from physical illnesses, sleep disturbances, work/family conflict, substance abuse, and reduced job performance (2010). Amongst other things, the life stress model posits that stressful life events disrupt people's socio-emotional worlds and, with it, relationships with significant others (Flynn & Rudolph, 2011).

Theory of G.A.S.

The Stress Model was theorized by Hans Selye, who promoted the idea of the importance of managing stress because stress can cause mental fatigue, irritability, insomnia, and an array of other health-related issues. Selye, a medical doctor and researcher, developed the theory of G.A.S. (General Adaptation Syndrome) during an experiment at McGill University, where he observed a series of physiological changes in rats after they were exposed to stressful events (Jackson, 2014). After additional research was conducted, Selye concluded that the changes being experienced by the lab rats were not an isolated case but a rather typical response to chronic stress, which could apply to human beings and their stress exposure (Cantor & Ramsden, 2014). Selye theorized that overexposure to stress leads to General Adaptation Syndrome.

The stages of General Adaptation Syndrome are the result of overexposure to chronic stress. The syndrome is categorized into three stages that explicitly describe how the body responds to stress and the physiological changes that the body goes through when under stress. Those stages are 1. Alarm Reaction, 2. Stage of Resistance, and 3. Stage of Exhaustion (Cantor & Ramsden, 2014; Selye, 1956).

The first stage, 'Alarm Reaction,' refers to the initial reaction to stress; these are the earliest symptoms the body experiences when under stress (Selye, 1956). This reaction is commonly known as the fight or flight response. Fight or flight is a physiological response to stress that prepare one's body to either run away (flight/flee) or to protect oneself (fight). During this stage, the body alerts the other organs and prepares for impact; the heart rate increases, stress hormones increase, and an almost instant boost of adrenaline dumps into the bloodstream (Chu et al., 2021; Harvard Health Publishing, 2020; Heckman, 2019). To best understand this stage, consider a 911 operator calmly sitting at her position when the headset rings; at that point, her body is aware that a call is coming through and that it may or may not be a critical incident. The 911 operator's body is preparing for impact as her body tells her to either flee or fight (often "fighting"). The 911 operator handles the call, regardless of how crucial it may be, the police arrive, and the call disconnects.

The second stage is called the 'Resistance Stage.' This stage occurs after the initial shock of a stressful event has passed and when the body begins to repair itself. The body decreases the amount of cortisol being pumped into the body (hormones that prepare you to fight), and the heart rate/ blood pressure begins to normalize (Higuera, 2017). This process can be considered the recovery stage, where the body does what needs to be done to get the individual back to normal. At this point, the 911 operator is trying to catch his/her breath; he or she is attempting to

calm down and work past the possible trauma exposure and the gruesome details of the call.

During this stage, the body enters the recovery phase, and although it helps calm the individual down, it is still on high alert.

This high alert can last as long as the operator allows it to. The reason is that this step has a lot to do with the individual's response (see Self-Efficacy Theory below). Suppose the individual addresses the stress healthily, and the situation is no longer an issue. In that case, the body will continue to repair itself until everything (blood pressure, heart rate, and hormone levels) returns to a pre-stress state (Higuera, 2017). However, suppose the stress is not addressed or coped with correctly. In that case, the body will remain on high alert, causing it to eventually live to adapt to higher stress levels, elevated blood pressure and heart rate, and the constant dump of cortisol and adrenaline. The signs of this stage often include irritability, frustration, and poor concentration. This response is often seen in 911 operators who are not fully processing the constant trauma involved in their everyday duties; just as the body begins to return to a pre-stress state, they are taking the next potentially stressful call. This constant stress exposure often results in issues with their mental, physical, and cognitive health.

The last and final stage of G.A.S. is the Exhaustion Stage. This stage is the result of prolonged or chronic stress. Certain situations cause the stress exposure to continue for extended periods due to reoccurring events or lack of treatment, which can have long-term effects on the individual. As stated by Higuera:

Struggling with stress for long periods can drain your physical, emotional, and mental resources to the point where your body no longer has the strength to fight stress. Signs of exhaustion include fatigue, burnout, depression, anxiety, and decreased stress tolerance (2017).

This is not a foreign idea to the 911 operator community. Their constant exposure to continuous stress has affected them personally by elevating their psychological stress levels and anxiety while diminishing their desire to work and live. Trachik and his colleagues surveyed 205 emergency operators (911) in 2015 and found that 17% of this population was suffering from an acute stress disorder and that the level of secondary traumatic stress and occupational burnout was more significant than the prevalence in the general population (Trachik et al., 2015).

Self-Efficacy Theory

Researcher Albert Bandura developed the psychological theory of self-efficacy. He noticed that a mechanism played a massive role in people's lives and influenced how they handled certain aspects of their lives. Self-efficacy shall not be confused with self-esteem, self-image, or any other similar construct, as the terms are not interchangeable and have nothing to do with confidence or optimism. According to Bandura,

“Self-efficacy beliefs lie at the core of human functioning; it is not enough for individuals to possess the requisite knowledge and skills to perform a task as they must also have the conviction that they will successfully perform the required behavior(s) under typical and importantly, under challenging circumstances” (1997).

How one thinks, especially during challenging times, sets the tone for the approach, their perspective and the individual's overall psychological and mental health. Bandura proposed that perceived self-efficacy influences the coping behavior used when an individual is met with stress and challenges (Bandura, 1997). As mentioned previously, the second stage of the general adaptation syndrome (the high alert stage) will last as long as the operator allows it. If the 911 operator perceives they have limited control or ability to assist the caller, this interpretation tends to increase the distress they experience (Klimley et al., 2018). In other words, if the 911 operator

has low self-efficacy, they may have a more difficult time coping or be more likely to be negatively affected by the details of the calls. Per Bandura's theory, this response is due to a lack of belief in themselves, their abilities, and their overall mood (Bandura, 1997).

Cumulative experiences of trauma and decreased autonomy also tend to minimize the individual's perceived mental locus of control, resulting in feelings of powerlessness and low self-efficacy (Klimley et al., 2018). Given that most individuals (especially 911 operators) are likely to have several traumatic events rather than a single trauma incident, cumulative effects confer greater risks. Although the cumulative exposure definitions vary (between single trauma of the distinct kind, over the lifetime of the individual or total trauma exposure throughout the lifetime regardless of type) research supports a cumulative effect of trauma with greater exposure associated with greater PTSD risk (May & Wisco, 2016). In combination with low self-efficacy, this can cause great damage to the individual (emotionally, mentally, and physically).

On the contrary, if the operator has high self-efficacy, they can trust their ability to meet challenges, and they believe in their overall ability to succeed; they will have a better chance of not being affected by the details, and if affected, they would have higher success rates when coping with the trauma. Those with a high level of self-efficacy are not only more likely to succeed, but they are also more likely to bounce back and recover from failure (Ackerman, 2018).

Trauma Experience

Trauma is defined by The American Psychological Association as a person's emotional response to a terrible event like an accident, rape, or natural disaster, whereas longer-term reactions include unpredictable emotions, strained relationships, and even physical symptoms

like headaches (American Psychological Association, 2021). The Substance Abuse and Mental Health Services Administration (SAMHSA) has its own concept of trauma and, through a review of definitions, generated the following:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (2014).

The DSM 5, criterion A (which defines which events qualify as traumatic) includes both direct and indirect forms of exposure (American Psychiatric Association, 2022). This criterion has implemented major changes, one of which would directly impact the public service community. The change includes the addition of repeated or extreme exposure to aversive details of the traumatic event(s). Levels of exposure can be divided into two parts, 1. Direct exposure while experiencing trauma firsthand, and 2. Witnessing a trauma that has occurred to others (a narrative account)- applicable in this case to 911 operators (May & Wisco, 2016).

Although 911 operators do not physically respond to the scene, are not directly exposed to the event (proximity), or experience the trauma firsthand, they are consistently exposed to traumatic details, which in turn make them susceptible to experiencing secondary traumatization (further explained in types of trauma subsection). Violent incidents, homicides, and suicides are only a fraction of the traumatic incidents handled by 911 operators that expose them to the trauma of others. The work, however, does not end there, nor does the possibility of exposure, as even minor calls (vehicle accidents, an ill family member, burglaries, and others) can have an impact on the 911 operator and cause distress.

Many factors can increase the likelihood of traumatization, including previous incidents handled, any personal victimization (911 operator handling a call similar to a personal experience), and the overall stress accumulated from other calls can be disturbing. If left unaddressed or untreated, trauma can undermine relationships and wreak havoc on personal and professional lives (Esteves, 2022; Rousseau, 2021). The following sub-section will explore the different levels of trauma exposure (acute, chronic, secondary) and their corresponding characteristics.

Trauma Types

Acute trauma reflects intense distress in the immediate aftermath of a one-time event; its reaction, however, is often of short duration, lasting considerably less than 48 hours (Sharpe et al., 2010). For example, a 911 operator may experience acute trauma from exposure to a single major incident. Most often, the incident is catastrophic, a natural disaster, or any other critical incident the operator perceives as daunting (regardless of previous experiences, biased or preconceived notions, all of which are subjective). Initial reactions to trauma can include exhaustion, confusion, sadness, anxiety, agitation, numbness, dissociation, confusion, physical arousal, and blunted affect (Substance Abuse and Mental Health Services Administration, 2014).

Chronic trauma can arise from experiencing repeated or multiple traumatic events that are repeated or prolonged (Sharpe et al., 2010). Chronic trauma is often associated with incidents of emotional abuse because of its repeating nature. For 911 operators, repeated exposure to graphic details can mimic this same type of abuse. The constant demands and cumulative exposure to traumatic incidents can have a similar effect on the nervous system and the brain, which makes this type of trauma increasingly challenging to treat. If the 911 operator constantly receives calls

considered significant or graphic, the 911 operator will continue to be exposed with little to no time in between to cope and decompress.

It is part of the human condition to be affected by the pain of others. This statement is especially true for the 911 operators who are constantly being exposed through a firsthand account narrative of the incident instead of being an actual witness of the trauma. In the case of vicarious stressors, officers do not have direct exposure to the traumatic event; instead, they are exposed to the traumatized individuals (Figley, 1995/2013). Often referred to as the silent thief, this trauma has the potential to rob the caring listener of their health and well-being. Secondary trauma is a term used to describe indirect exposure that is secondhand in nature; and commonly used to describe indirect exposure occurring through one's profession (May & Wisco, 2016). This type of trauma is most often associated with 911 operators because this trauma type defends the idea that although the details are gruesome and can negatively affect those listening, it is not a direct experience of trauma; therefore, labeled as 'secondary' trauma.

This trauma exposure can occur from such experiences as listening to individual clients recount their victimization, looking at videos of exploited children, reviewing case files, and other traumatic events day after day, even while not being physically present at a crime scene (U.S. Department of Justice, n.d.). Proximity is also important to note as it can help examine the risk associated with the individual's trauma exposure, as not all experiences of indirect exposure meet the DSM-5 criterion requirements. An individual's proximity can often influence the intensity of the exposure experiences in the trauma or how much the trauma affects the individual (May & Wisco, 2016), as seen with comparisons between police officers (on scene physically) and 911 operators (remain inside of the call center) (Karunakaran, 2021).

Psychological Responses to Stress and Trauma

Everyone reacts differently to stressful situations; some may become fearful, while others propel themselves into action. The coping style, level of self-efficacy, and level/impact of stress vary from individual to individual. How one responds to stress ultimately makes a substantial difference to the person's overall physical and mental health, as well as their relationships.

If the 911 operator receives a traumatizing call, their response and how they choose to handle it (whether with resilience and therapy or an unhealthy coping mechanism) will dictate what occurs next. Ultimately, how a person anticipates and manages a particular stressor essentially defines the resulting stress response, how promptly and efficiently it is activated, and how fast it is turned off once equilibrium has been recovered (Mariotti, 2015).

Responding in a positive way is the best-case scenario. Unfortunately, that does not always occur as law enforcement officials tend to mask their feelings, work past the trauma, ignore the symptoms, or choose unhealthy ways to treat it. How one responds to the stressors associated with the complex nature of police work may produce undesirable physiological and psychological outcomes (Stinchcomb, 2004). Below are some common emotional and behavioral responses to the stress and trauma among 911 operators and reoccurring themes throughout the research.

Posttraumatic Stress Disorder (PTSD)

Posttraumatic stress disorder is a major health concern associated with loss of life, loss of productivity, and considerable levels of lifetime psychiatric comorbidity (May & Wisco, 2016).

The American Psychiatric Association defines posttraumatic disorder (PTSD) as:

A psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events, or set of circumstances. The individual may experience

this as an emotionally or physically harmful or life-threatening and may affect mental, physical, social and/or spiritual well-being (American Psychiatric Association, 2020).

And according to The National Institute of Mental Health (2019), an adult must have all of the following for at least 30 days in order to be diagnosed with PTSD:

- At least one re-experiencing symptom (such as flashbacks, nightmares, frightening thoughts).
- At least one avoidance symptom (such as staying away from places).
- At least two arousal and reactivity symptoms (such as being easily startled, having difficulty sleeping, and having angry outbursts).
- At least two cognition and mood symptoms (such as trouble remembering key features of the traumatic event, loss of interest in enjoyable activities, and negative thoughts about oneself) (National Institute of Mental Health, 2019).

Posttraumatic psychological disorders were believed to only be applicable to frontline emergency workers (i.e., police officers, firefighters, and combat veterans), given that trauma was believed only to affect those who experienced it firsthand during a traumatic event. However, recent studies (see Pierce and Lily, 2012) have linked the disorders with 911 operators who experience trauma via landline, stating that simply answering calls for help may cause emergency workers to experience symptoms of posttraumatic stress disorder. Although operators are not physically present during traumatic events or have personal relationships with victims, exposure to duty-related aversive event details can be sufficient to induce PTSD symptomatology severe enough to be consistent with a probable diagnosis (Pierce & Lilly, 2012).

Pierce and Lilly at Northern Illinois University recruited over 100 emergency dispatchers and questioned them about the type of calls they received while on duty. The group was primarily white women, averaging 38 years old with more than 11 years of experience as a 911 operator (Pierce & Lilly, 2012). Being one of the only studies focusing on this population, it has provided much insight into what 911 operators experience and how PTSD and PTSS affect the operator. The study noted that the dispatchers experienced a high level of distress following an average of 32 percent of potentially traumatic calls, and 35 percent of the operators reported symptoms severe enough to be classified as PTSD. Their findings mirrored previous studies that indicated that communicators have considerably higher rates of PTSD than police officers and the general public (Regehr et al., 2013).

Depression/Major Depressive Disorder

Depression is a common but serious medical illness that negatively affects how one feels, the way one thinks, and how one acts or handles daily activities; depression is well known for causing feelings of sadness and or loss of interest (Torres, 2020). According to The National Institute of Mental Health (2022), in order to be diagnosed with depression, the following symptoms must be present for most of the day, nearly every day, for a minimum of two weeks (not everyone who is depressed experiences every symptom):

- Persistent sad, anxious, or “empty” mood.
- Feelings of hopelessness or pessimism.
- Feelings of irritability, frustration, or restlessness.
- Feelings of guilt, worthlessness, or helplessness.
- Loss of interest or pleasure in hobbies and activities.

- Decreased energy, fatigue, or feeling "slowed down."
- Difficulty concentrating, remembering, or making decisions.
- Difficulty sleeping, early morning awakening, or oversleeping.
- Changes in appetite or unplanned weight changes.
- Thoughts of death or suicide, or suicide attempts.
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause that do not ease even with treatment.
- Suicide attempts or thoughts of death or suicide (National Institute of Mental Health, 2022).

Often 911 operators find themselves putting all of these symptoms aside to help the caller who is experiencing these very issues. A study by Lentz, Silverstone, and Krameddine (2020) in Canada supports the finding that addressing mental health disorders and improving stress management should be extended to civilian employees, not just sworn officers, simply because of the inability to avoid the trauma and stress inherently in this field; regardless of their proximity to the crime scene.

“Working in a police organization often involves exposure to potentially traumatic events and stressful situations regardless of position or rank. Police mental health is a public health concern, but the mental health of civilian employees working in police organizations has been much less studied” (Lentz et al., 2020).

This study used a series of mental health screening tools, including specific scales determining symptom severity for PTSD, depression, general anxiety, and alcohol use. There

were 513 participants, including sworn officers and non-sworn civilian employees. Within this population, 32.8% of civilian employees (i.e., 911 operators) met the diagnostic criteria for depression. The study also concluded that civilian participants had higher mean scores in measures of PTSD, anxiety, and depression, although only depression was statistically significant. The most impactful result from this specific study was that civilians were 1.7 times more likely to screen positive for depression than others. The results of this study conducted by Lents and colleagues strongly suggest that an employee's mental health can be negatively impacted by working in a police environment and solidifies the importance of addressing this phenomenon.

Burnout, Compassion Fatigue & Desensitization

As stated in many studies, burnout is a negative emotion that stems from feeling overworked, under-appreciated, and tired both mentally and physically; it is a state of overall exhaustion in response to job stressors, interpersonal relationships, and emotions (Craig & Sprang, 2010; Makasheva et al., 2015; McCarthy et al., 2011; Track et al., 2015). In addition to mental, emotional, and physical exhaustion, there are feelings of self-doubt, detachment from the world, and an increasingly negative outlook on life (Waters, 2021). This term is often used when justifying an employee's lack of interest or motivation in their work because it is considered a state of physical and mental exhaustion caused by a decreased ability to cope with one's everyday environment (Crocker & Joss, 2016). As stated by Maslach and colleagues, burnout is often included among measures of psychological illness because of the large volume of literature suggesting that it is a prolonged response to chronic workplace stressors (2001).

Often referred to as the 'cost of caring,' untreated trauma may lead to what is known as compassion fatigue. As the name suggests, the individual reaches a point where they become

tired of caring for others or their situations. Compassion fatigue is a hazard associated with the clinical setting and first responders to traumatic events. It is defined as the formal caregivers reduced capacity or interest in being empathic (Adams et al., 2006). Compassion fatigue is characterized by emotional and physical exhaustion, often leading to a diminished ability to empathize or have compassion for others or their situations. To clarify, it is not that the 911 operator will blatantly stop working or purposely harm the callers; compassion fatigue translates into not caring or 'feeling' for the caller's experience.

Both burnout and compassion fatigue are often mentioned interchangeably with the term 'desensitization.' Desensitization is defined by the American Psychological Association as a reduction in emotional or physical reactivity to stimuli that is achieved by such means as deconditioning techniques (American Psychological Association, n.d.). The goal of desensitization is to inhibit the body's interpretation and reaction to certain stimuli. In simplest terms, the operator will train themselves not to feel the stimuli from the calls in order to not be harmed by the details. Although not considered a mental health issue or a hazard, desensitization is worth mentioning as it is common practice within 911 call centers. It is often the first step toward burnout and compassion fatigue. When a 911 operator works at a busy call center, they are continuously exposed to all types of emergencies. This can lead to desensitization. Although this may seem helpful in the short term, this is not a healthy coping strategy and can cause more issues in the long run. Untreated burnout and stress can lead to illness, mood changes, alcohol use, and sleep disturbances in short-term and long-term effects, such as cardiovascular disease and psychological disorders (McCarthy et al., 2011; Ramey et al., 2016).

Unhealthy Coping Mechanisms

Coping refers to efforts that mediate perceived excessive demands to protect individuals from psychological harm by modifying external conditions and internal processes associated with the experience (Dalton et al., 2007). The stressful nature of their work environment can make it difficult to balance out the stressors and other life factors properly. While there is some evidence about the effectiveness of particular individual strategies among emergency service providers, the literature on coping among communications workers is minimal (Horsford, 2012). The following unhealthy coping mechanisms are collected from general information on trauma response and negative ways to handle stress.

Despite similar exposure to traumatic events, different forms of coping are important contributing factors in differentiating those who develop posttraumatic stress and depression from those who do not (Molina, 2021). The individual can choose how to handle the stress and trauma. For example, the person can learn to adopt healthy coping mechanisms, including therapy, exercise, or relaxation techniques. However, for law enforcement, it can be difficult to ask for help or resources that guide and help with adequate coping strategies. As stated by Burns (2020), law enforcement and first responders often do not reach out due to fear of repercussions from their agencies, potential loss of employment, and/or judgment for needing help (Burns & Buchanan, 2020).

Without healthy outlets, stress disorders, including PTSD or other traumatic stress-induced issues, can develop. In addition, unhealthy coping mechanisms such as escapism, self-isolation, and substance use are commonly reported as ways to escape the feelings of the stress disorder (Klimley et al., 2018). In essence, self-isolating and escapism may provide a sense of control for the individual by limiting human interaction and creating their own world to escape to, which can feel good at the moment. However, negatively it can cause a vicious cycle of failed

relationships because hiding away [to avoid further distress] often causes irreparable damage to personal and social connections (Carr & Umberson, 2013; Kelley, 2020; Klimley et al., 2018).

Fear and Hyper-vigilance

Excessive fear can be seen as the physiological reactions to trauma cues and the alterations in physiological arousal and reactivity (Gonzalez & Martinez, 2014). According to Gonzalez and Martinez,

Fear is manifested through autonomic responses and persistent memories of the traumatic event. If not addressed, the stress and fear (in response to actual or possible threats) will enhance the positivity of forming trauma-related memories leading to posttraumatic stress disorder (2014).

Although fear is a fundamental human emotion that can help protect the individual from danger, it keeps the body in an aroused state/ fight or flight mode, which can cause substantial harm to individuals' emotional, mental, and physical health (Heckman, 2019; Steiner, 2022).

According to Pierce and Lilly, operators reported experiencing fear, helplessness, or horror in reaction to 32% of emergency calls (Pierce & Lilly, 2012). Similarly, a research study by Adams and colleagues stated that operators reported feelings of powerlessness, failure to save lives, or failure to control situations, which were experienced through ongoing nightmares, insomnia, drug/alcohol use, shutting down emotionally, numbness, hyperarousal, and isolation (Adams et al., 2014). In addition, individuals who described having these intensely negative emotional responses during or immediately after traumatic events reported higher levels of PTSD symptoms or rates of current PTSD (Brewin et al., 2000).

Hyper-vigilance is an exaggerated fear of danger often seen among those with posttraumatic stress disorder. Hyper-vigilance is an elevated state of constantly assessing threats

or possible harm; like fear, it is often the result of trauma and affects individuals in various aspects of their lives (Dalglish et al., 2001; Richards et al., 2014; Van Der Kolk, 2014). This increased alertness and extreme sensitivity to specific environments is a vital survival sign as it alerts of danger. However, if this response results from a traumatic experience, it is a sign that the body is overexerted and can be debilitating. Due to the constant fear and excessive worry of danger, it can become challenging for a traumatized individual (in this case, a 911 operator) to feel normal and manage a healthy lifestyle.

Impact on Personal Relationships

Employment-related stress can often spill over into life outside of the workplace, thereby impacting personal relationships with family members, friends, and partners. Since 2007, the Stress in America survey has examined how stress affects the health and well-being of adults living in the United States. The survey is conducted online within the United States on behalf of the A.P.A. the participant number ranges every year to reflect the proportions in the Current Population Survey (C.P.S.) with the intention to acquire a view of how America is being impacted by stress (American Psychological Association, 2015). The result of the 2015 survey found that the two most common stressors among those surveyed were work and money, and the incidence of stress often results in irritability, anger, nervousness, and anxiousness (American Psychological Association, 2015). These behaviors can cause tension within the relationship. Given the stress experienced by 911 operators on the job, it can prove challenging to separate their work from their daily lives, which can be assumed to lead to issues with their relationships and a negative impact on their social lives.

Social support may be a key construct in improving overall outcomes as it has been shown to be protective against mental health disorders, including depression and anxiety (Canino et al., 2008; Cruza-Guet et al., 2008; Johnson-Esparza et al., 2021; Sumner et al., 2011).

Relationships, whether romantic or not, are vital to a healthy lifestyle, positive coping skills, and management of traumatic experiences. Perceived social support, specifically the extent to which an individual feels supported by family and friends, is associated with fewer feelings of loneliness and depressive symptoms (Nicpon et al., 2006; Raffaelli et al., 2013).

The stress and trauma acquired at work can lead to issues such as wanting to isolate, lashing out, and overall instability, thereby making it more challenging to keep healthy relationships. As a result, issues with effective communication are commonly found among 911 operators, understandably coinciding with higher divorce rates for this population (Arble & Arnetz, 2016). Given that the position and its responsibilities are so extreme, it is no surprise that the stress acquired while being a 911 operator affects the individual, who then inadvertently affects their friends, partners, and family members.

Mental Health America's Work Health Survey aimed to analyze how individuals felt about their workplaces and if these feelings were correlated (negatively or positively) with their mental health status (Adams & Nguyen, 2022). In addition, survey respondents were asked about their workplace stress and mental health, including items such as the stress from work affects my relationship with friends, family, and co-workers; The stress from work has led to other mental health concerns (anxiety, depression, substance abuse); I find it difficult to concentrate at work; and I spend time actively looking for a new position (Adams & Nguyen, 2022). Findings indicated that 80% of employees (4 in 5) agreed that stress from work affects their relationships with their friends, family, and co-workers (Adams & Nguyen, 2022).

Very few studies have explored whether the adverse effects of stress and trauma (acquired as a 911 operator) affect life at home. However, there was a recent research project that used family and friends of 911 operators in an effort to investigate this phenomenon further. A total of 498 Participants which were predominately spouses, offspring, parents, and siblings of 911 operators, answered survey questions about their [911] family member. The main results were as follows:

1. Most respondents (96.4%) reported noticing mood changes in their 911 family member. These family-perceived mood changes tended to increase, with longer tenures most pronounced among dispatchers with ten or more years (Belmonte et al., 2020).
2. The majority of respondents (82.7%) reported noticing their [911 operator] family member coming home stressed after a shift (Belmonte et al., 2020).
3. A significant number of respondents (41.3%) reported their [911 operator] family member lashing out at them; the probability of the outburst did increase with the years on the job, although the association was not statistically significant. Despite this, 'lashing out' remained almost constant for 911 operators who have held that position for 5-10 years and then increased considerably for those who worked 10+ years (Belmonte et al., 2020).

The data collected from this study reveals that 911 operators are bringing some of the work stress home, negatively impacting friends and family members. In addition, duty-related stress can spill into their personal lives, proven to cause drifts between friends, spouses, children, siblings, and others.

Conclusion

The occupational health literature is replete with studies documenting the relationship between work-related stress and a range of adverse outcomes, including reduced productivity, illness, and poor physical and mental health (Meischke et al., 2015). Although the information is based on general career choices and not specific to law enforcement, it is clear that a correlation between work-related stress and negative outcomes has been made, which is a step in the right direction. These findings, however, also bring attention to the lack of literature concentrating on 911 (the job thereof) specifically. More research is needed to understand the role of the 911 operators and how deeply they may be affected by their duties and responsibilities. The available research has focused primarily on those first responders who are physically present at the scene. As for the studies that include operators as a sample, they are primarily limited and often include a combination of medical dispatch, fire dispatch, and police dispatch without distinction between the roles. From the research that has considered [police] 911 operators independently, it has been revealed multiple times that certain factors associated with 911 operating (such as the work environment and unruly callers) do increase the stress levels on the operator. Similar inferences have been made about the graphic nature of the calls and the traumatizing details of each incident.

The research needs to explore thoroughly what the lives of 911 operators are like outside of the communications unit while not being plugged into a headset or dealing with erratic callers. It is unknown just how much of an impact, if any, the consistent stress and trauma experience affects the individual as a member of society, a family member, and a loved one. There is no question that 911 operating is a challenging career and can ultimately affect the individual's

sense of well-being, desire to live, and overall health. Nevertheless, what remains unknown is how deeply these employees' lives are being altered by bringing the work home.

Limited research was located that specifically explored family relationships of 911 operators, it is imperative that more studies focus on this specific population and the adverse outcomes of this type and amount of exposure. This is not simply a concern for the operator but also for the agencies that employ them and trust them with the well-being of others. The sources of their stress are multifaceted; personal issues, work stress due to the environment in which they work, the call volume, the graphic details, and the constant demand can cause long-term effects, all of which can negatively impact the operator personally and professionally.

Research that describes how stress, trauma experiences, and negative outcomes are interrelated among 911 police communications workers is crucial for the ultimate well-being of the operators, the callers, and the other employees that are at the mercy of their abilities, accuracy, and overall well-being. Further research studies will allow for a deeper analysis of this civilian position. Specifically, as non-sworn employees of the police department who handle 911 calls consistently, their work performance, personal relationships, and social lives are possibly (negatively) being affected by the unavoidable stress and trauma exposure associated with their position. Furthermore, this research and its findings will help to promote the importance of the operator's reclassification from clerks to first responders (on a state and federal level) in efforts to afford equal benefits (mental health resources, the Florida heart-lung bill,² early retirement, etc.) to this population.

² A law called the Florida Heart-Lung Bill allows firefighters, law enforcement officers, and correctional officers to recover benefits if they develop cardiovascular conditions at work [Florida statute 112.18].

Methodological Framework

Qualitative research follows the naturalistic paradigm, which proceeds from the premise that reality is constructed by those who live it, since perceptions about phenomena are conditioned by experience (Corbin & Strauss, 2012; Lincoln & Guba, 1985; Miles et al., 2020). In other words, according to Lincoln and Guba, there is no one observable reality (1985) as everyone has their own experiences, and these experiences shape how an individual views the world. It is with this understanding that the current study utilized Interpretative Phenomenological Analysis (IPA), a qualitative approach known to have its own methodological underpinnings, which provide a specific lens for data analysis.

IPA is concerned with understanding personal lived experiences and exploring persons' relatedness to, or involvement in, a particular event or process/phenomenon (Smith et al., 2022). This approach allows the researcher to treat the participants as "experimental experts" of the phenomenon and to explore the meaning derived from their experiences and how their perspectives were shaped by those experiences (Willig & Rogers, 2017). IPA entails analyzing, clarifying, and explaining a human phenomenon with the overall intent of understanding the experience as described by the individual who lived it (experienced it) without trying to achieve a particular outcome or reach a certain conclusion (i.e., as in theoretical framework) (See Smith 2008 and Smith et al., 2019).

Interpretative Phenomenological Analysis is one approach that uses three individual elements to represent its epistemological position (Smith, 2008). In terms of its theoretical position, IPA aims to explore (in detail) the lived experiences of the participants and how the participant makes sense of that incident/exposure. IPA is also considered phenomenological due to its concern with the individual's perception of said incident or events. And lastly, IPA also

recognizes that making sense of the experience is strongly linked to the interpretative or hermeneutic tradition (Smith, 2008). In other words, this study involved a double hermeneutic approach because the participant shared their experiences in an attempt to make sense of their personal and social world, while the researcher is attempting to make sense of the participant and what they are sharing.

Smith (2008) provides a three-part list of the characteristic features of IPA:

1. **Idiographic:** Starts off with the detailed examination of one case until saturation or some degree of closure has been achieved, and then moving on to the next case, individually until completion.
2. **Inductive:** IPA allows the researchers to employ techniques that are flexible and allow unanticipated themes to emerge during analysis. In other words, researchers are not attempting to verify or negate specific hypothesis but to construct broader questions with the goal of collecting more rich, detailed data from the participants. The flexible techniques and small sample sizes of IPA facilitate this process and allow for the collection of expansive data from a handful of participants.
3. **Interrogative:** IPA involves the in-depth analysis of the case studies however, that data (information shared) does not stand on their own, but rather subsequently discussed in deeper level. One could say that although IPA is undoubtedly grounded in the text, the researcher analyzes beyond the shallow surface to a more interpretative and psychological level where meanings could be derived.

The analysis for this study has focused on the participant's 911 work experience, the stress acquired from it, and how it has impacted their lives outside of work, thereby making IPA suitable for this study. The interpretative phenomenological analysis method used in this study allows the

participants to speak on their experiences and communicate personal meaning based on their lived experiences as 911 operators without the guidance or direction of a framework leading the results. This was the best way to ensure that the researcher maintained a neutral stance, and remained open to the possibility that the data may not fit the mold set by a chosen framework or previous researcher biases but solely by the experiences of those who lived it and how they chose to tell their story.

Research Questions

This study answered the following research questions related to the lived experiences of 911 operators:

1. How do 911 operators view their job?
2. What insights and meaning emerge from their work experiences? How do they make meaning from their work experiences?
3. How do 911 operators view the impact of their work experiences on how they live their lives?
 - a. How do 911 operators view the impact of their work experiences on their physical and mental health?
 - b. How do 911 operators view the impact of their work experiences on social and personal relationships?
4. What type of services/counseling program can be designed to assist their needs?

Chapter 3- Methodology

Researchers Role

In 2014, I was employed as a full-time, civilian, Emergency Call Taker. At the ripe age of 22, I began a six-week training program that would equip me to handle 911 calls, non-emergencies, and staff support. The program teaches the trainee on how to keep calm, ask the appropriate questions, and multitask; it also teaches the geography of each jurisdiction. After completing the classroom instruction portion, the trainee is placed on the phone(s) to shadow the trainer (phase 1), answer calls with assistance (phase 2), and "solo" while being listened to for accuracy (phase 3). Once the trainee successfully passes, they are allowed to work "solo" and handle live calls unaccompanied.

After three years of constant exposure, I found myself feeling alone, often overtired from working mandatory overtime and from the demanding nature of the job. I realized that all the feelings I experienced while on shift working at the call center did not magically disappear once I logged out; instead, they stuck with me, often negatively impacting my mental health and how I lived my life. Gruesome (intrusive) details, acquired during my shifts would come into my mind while I was off duty, often dictating whether I would visit a place, attend a concert, or trust even a neighbor.

Through my experience as a 911 operator, I observed the changes in my person, my relationship with others, and my overall well-being. These experiences brought forth my curiosity and desire to conduct this study. Did others working in call centers have the same types of experiences? Were their lives impacted or were they not affected? Although, I no longer work in this position, my concern for this group continues. In conducting this study, it is my hope that

the results could be used to improve the working conditions and support for all call center operators.

Given my previous position in this role, I worked diligently to minimize bias in the data collection and reporting process. I accomplished this by consulting with my chair during my review of the transcripts and coding. Other methods aligned with IPA standards were also used to minimize bias by purposely engaging in reflexivity through the research process while documenting the feelings and perceptions which could compromise the integrity of the data (Wall et al., 2004). These methods will be described in more detail later in the chapter in the data collection section.

This chapter introduces the research methodology for this qualitative phenomenological study regarding the lived experiences of 911 operators. This approach allows for a deeper understanding of the communications workers' experiences and how those personal experiences impact their lives outside the call center. The applicability of phenomenology in this study is discussed in depth in this chapter, including research plan, methodology, participants, procedures, data collection, analysis methods, and ethical concerns.

Strategy of Inquiry

A qualitative study is appropriate when the goal of the research is to explain a phenomenon by relying on the perception of a person's experience in a given situation (Stake, 2010). Given that the purpose of this study was to examine the experiences and perceptions of the 911 operators, a qualitative phenomenological approach was utilized.

A phenomenological research study is used to answer the question, "What is it like to experience a certain phenomenon?" (Peoples, 2020). This study asked participants to describe the lived experience of being a 911 operator and how those experiences have impacted their lives

outside of the call center. In other words, how has being a 911 operator affected their personal, relational, and social lives? The information collected was used to analyze how deeply the 911 operators were affected by the on-the-job experience of trauma and explore how their lives, independent of their career choice, have changed due to that exposure.

Since this study explored the participant's lived experiences and in-depth detailed accounts of the impact, IPA was the specific method used. As described in Chapter 2, this approach allowed for a more profound case-by-case analysis of the individual's lived experiences and a deeper analysis of the meanings living within their statements. This method analyzed in detail, the perceptions, and understandings of the particular group rather than prematurely making general claims from the surface information (Smith et al., 2022).

Participants

Due to IPA's orientation, the participant samples were selected purposively (rather than through probability methods). Purposeful sampling benefits IPA by intentionally sampling subjects from which specific information can be gathered (Creswell & Poth, 2018). Participants were selected on the basis that they can grant access to a particular perspective on the phenomena under study (Smith et al., 2022).

The inclusion criteria for this study were 911 operators (classified as Call Takers and Dispatchers) from a traditional U.S. law enforcement agency. The participants must have completed their probationary period, be employed full-time (40 hours or more a week) and be employed for a minimum of 3 years in the same role. This three-year threshold was selected to allow ample exposure to different types of calls. Given that this researcher worked in the communications unit for 3 years and experienced various types of both nonemergency and

emergency calls, shift changes, and mobilizations, three years seemed 'enough' time to get past all of training and probation periods and also acquire a decent amount of exposure.

IPA studies are conducted on small sample sizes as the detailed case-by-case analysis provides rich insight into the participant's perceptions and understandings of their lived experiences. These small sample sizes allow for a concentrated focus on fewer cases. The approach is phenomenological in that it involves a detailed examination of the participant's world; it attempts to explore personal experience and is concerned with an individual's perception or account of an event itself (Smith et al., 2003). Given this, the targeted sample size was 6-10 participants, a total of 9 participants completed their interviews.

The participants' demographic information (race, gender, and age) was collected at the beginning of the interview, although not used for exclusion purposes or in the subsequent data analysis. Participants in this study represent a wide variety of personal demographics as inclusively employed according to agency standards. These variables or any potential influence they may have on the themes identified through this study are outside the study's scope of interest.

Ethical Considerations

The voluntary, unrestricted, participation of the 911 operators was paramount. With this said, those who agreed to participate in the study were constantly made aware of their rights and protections as participants. Before engaging in any portion of the study, the participants were notified of any possible threats and potential benefits of research participation, reminded that their participation in the study is entirely voluntary, and reassured that the decision to participate would not have any impact on their employment status.

In qualitative research and IPA in particular, informed consent must be gained for participation in data collection and for the likely outcomes of data analysis (Smith et al., 2022). Participants were required to acknowledge and sign an informed consent document that granted the researcher permission to ask about and record their lived experiences.

The participant's identities remained anonymous with the use of an individual identification number (*ex.*, *P1*, *P2*, *P3*). These identification numbers were used to distinguish the transcripts, and the researcher is the only person who knows the participant's identity. This process was used to ensure the confidentiality of the participants, assuring that their identities were not disclosed in the results or discussion section of this study nor with any representatives of their agency. Instances where the participant used actual names or specific identifiers of victims, themselves, or colleagues, were excluded from the transcripts by the researcher. After downloading the voice recordings from the digital recorder and transcript processing via the researcher's personal computer, the files were moved onto a password-protected external hard drive and stored in a private home office. The recordings and transcripts are being held and will be destroyed after three years from date of interview.

Given the nature of what was studied and the understanding that recounting their lived experiences could cause emotional distress, the participants were reminded that they have the right to withdraw at any time if they felt uncomfortable. In addition, the researcher worked with the agency's peer support team in anticipation of any safety issues. This collaboration provided participants with access to appropriate support if the interview became upsetting (Smith et al., 2022). Using the peer service was also on a voluntary basis and did not have to be used if the participant did not feel comfortable doing so (in hindsight none of the 9 participants reported needing to speak to the peer support team during or after the interviews). The participants were

also provided the contact information for the peer support group 24-hour hotline, the anonymous app information, and the contact information flyer for EAP (the Employee Assistance Program), which provides free limited therapy/counseling. In the event that the participants' response was deemed an emergency, a crisis intervention officer would be requested on site and assisted accordingly.

Procedures

Written authorization to solicit and interview participants from this large urban agency was obtained from the Assistant Chief of Administration which oversees the Communications Unit. Participant recruitment was executed with the use of flyers (Appendix A) that were placed in the 911 call center and the telecommunicator lounge. This flyer contained a brief introduction of the study and a QR code. Once scanning the QR code the potential participants were redirected to an electronic form where they input their contact information and answered questions in reference to their participation eligibility. The operators who meet the eligibility criteria were contacted by the researcher via text (per their preference). The contact information was deleted once all interviews were completed.

In order to limit/avoid implicit or deliberate bias, a strict set of guidelines were set to govern the referral of potential participants. All potential participants are required to meet the following criteria: must have completed their probationary period, must be employed full-time (40 hours or more a week), and must have a minimum of three years of employment in the same role. A list was made available to the researcher with the participants who meet the requirements to participate. This employee list was password protected and available only to the researcher. The list was reviewed to ensure that each potential participant had adhered to the inclusion criteria and provided accurate information about their employment (such as position, probation

status, and years of service). Once the potential participants were verified through this employee seniority list, the researcher contacted the willing operators and scheduled their interviews.

Once contact was made with the potential participant, an overview of the purpose of the study was provided, and any questions about participation were answered. In-depth interviews and successful analysis of 9 detailed interviews was conducted until saturation was achieved. Saturation is the most common guiding principle for assessing the adequacy of purposive samples in qualitative research (Hennink & Kaiser, 2021). Saturation is accomplished when each recent interview produces the same, similar, or previously discovered data. Reaching saturation has become a critical component of qualitative research that helps make data collection robust and valid (O'Reilly & Parker, 2013).

Instrument

This study utilized one-on-one semi-structured interviews of 911 operators who have lived experience of the position and have answered calls for service for at least three years. A semi-structured interview is used for the initial individual interview to permit the essential methodical spontaneity of phenomenological research (Giorgi, 1985). The researcher followed an interview guide (Appendix B). This guide was a way of providing consistency in the data that was being collected. Although, the interviews took take different directions depending on the operators' experience, the guide allowed the researcher to set a loose agenda and frame the questions in a suitably open form. The interview guide/schedule comprised of a series of interview questions to elicit detailed responses from the participants about their experiences (role as a 911 operator, lived experiences, and the impact (if any) on their lives outside the call center). Following each initial answer, follow-up questions were asked to clarify responses and

meanings. The rich details allowed for further questioning and a deeper understanding of the participant's responses, the language used, and the meaning of their statements.

Data Collection Procedures

Data collection was completed through audio-recorded, in-person, semi-structured interviews lasting approximately 30-70 minutes. The semi-structured interview approach allowed the researcher to ask set questions but also deviate when needed to explore further. This approach also facilitates rapport with the participants and allows for greater flexibility as the participants can go into detail, often producing richer data.

The interviews were held in the "calm room" located directly outside the call center. This room is secured, does not have surveillance inside, and is private, ensuring that the participants were not interrupted or overheard. This room is used to comfort the 911 operators after difficult calls. This environment is already associated with decompression, peace, and comfort for these 911 operators. The environment was free of distractions and not accessible to anyone other than the researcher and the participant.

The interview protocol for this interview was divided into three individual sections, allowing for breaks (within the room when needed). The first part of the interview included a thorough review of the consent form, answering any questions, and collecting signatures. During this short period, the researcher explained the structure of the interview with the use of the schedule. Once all clarification was provided and the participant was ready, the interview and recording began.

The second part of the protocol consisted of questioning. Questions related to demographics, titles, roles, and 'exposure' to 911 calls were used to verify study eligibility. Additional questions focused on their role as a 911 operator, their lived experiences, and the

impact (if any) on their lives outside the call center. The flexibility of this section allowed for follow-up questions wherever clarity or more profound exploration into their lived experiences was needed. The final section of the interview process was left fluid in an effort to review all answers freely and seek clarification from any specific terms or points made. Lastly, the participants were thanked for their time and participation.

As mentioned previously, the recordings were downloaded from the digital recorder and stored on a password-protected hard drive. Any notes taken by the researcher were also on the hard drive, only accessible to the researcher. The researcher transcribed each interview in order to understand the context of the participant's words and the developing themes throughout. Reviews of the transcripts ensured the accuracy of the original transcription and allowed for corrections when needed. Note-taking during the transcription process and constant comparison between interview transcriptions was utilized until saturation was achieved.

Although total objectivity throughout this research process is practically impossible due to the researcher's employment with the agency and the previous position, reflexivity was purposefully implemented to identify and reduce any potential bias or influence on the data collected. Reflexivity is the acknowledgment that the researcher's role, experiences, and beliefs can and will influence the research process, and how to account for it in the research will establishing validity (Collett, 2018). Reflexivity helps the researcher approach the data acquired with an honest examination and without bias. In order to collect data with its validity intact, the researcher returned to each participant and confirmed the accuracy of their statements as transcribed. The respective participant was allowed to review each transcript to verify that the responses to the questions posed have been accurately recorded and that the researcher did not misinterpret the verbal retelling of their experiences (Smith et al., 2009).

Data Analysis

The existing literature on analysis in IPA has not prescribed a single method for working with data; as a result, IPA can be characterized by a set of common processes (Smith et al., 2022). Typically, analysis has been described as an iterative and inductive cycle (Smith, 2007).

Although flexible, the prominent element of the IPA analysis remains necessary for the researcher to immerse himself in the data and become intimately familiar with its contents as empathetically as possible. In general, IPA provides adaptable guidelines that can be modified according to the study and the overall purpose. The recommendations from Pietkiewicz, Peoples, and Smith et al., described below, will serve as guidelines for the analysis approach used by this researcher (2012).

The initial analysis stage involves the transcript's close reading multiple times. This process allowed the researcher to familiarize themselves with the information, remove any unnecessary language (i.e., "ums"), and annotate the transcripts. The process of exploratory noting examines semantic content and language use on a very exploratory level (Smith et al., 2009). Note-taking during this step is useful for highlighting distinctive phrases and emotional responses (Pietkiewicz & Smith, 2012). In order to accurately annotate the transcripts, it is recommended to listen to the recordings while doing so, as the recordings can provide new insights into tones, language, pauses, and any other potentially significant details.

Stage two entails transforming the notes collected during the initial stage into emerging themes. The aim is to produce a comprehensive and detailed set of notes and comments on the data (Smith et al., 2022). This is where the initial development of personal experiences began. Personal experiential themes (PETs) are themes that were developed through an analysis of a single case and personal to that single individual (Smith & Nizza, 2021). It is also important to

mention that this step required a close analysis in order to avoid superficial reading and commenting on what is expected to be seen. These personal themes were reported by each participant individually. The analysis of the transcripts produced approximately 8-12 PETs which ranged between participants due to how much they were willing to share. An example of a common personal experiential theme was drafting and over time which was mentioned by nine of out the nine participants; all of which had their own experiences with having to work a double shift, carrying the load of someone who called out sick or mandatory/involuntary overtime. A second PET was also very common amongst the responses which was the fact that most difficult calls involve children.

Step three used the themes developed during the analysis of the notes to seek any possible relationships and cluster the themes as need. It was during this phase, that the various statements made by the participants were individually categorized into smaller themes, before grouping and consolidating similar ideas until saturation was achieved, and no other new information emerged.

Once relationships and connections were identified within the individual participants, the researcher moved forward with developing the group's experiential themes across all the cases. This step looked for patterns of similarities and differences across the Personal Experiential Themes (PETs) generated in the previous step and thereby create a set of Group Experiential Themes (GETs) (Smith et al., 2022). This analysis of individual cases forms patterns of convergence and divergence that represent the group (Smith & Nizza, 2021). There was a total of seventeen group experiential themes in this study. These themes included categories labeled "Psychological/Emotional Impact" which was the theme with the most quotes (91 total). The second most mentioned theme was "Overall Impact on Life" with 76 total references made by

the participants pertaining to the impact this job has had on their lives. The third most mentioned PET that evolved into a substantially large GET was “Job Duties” which was the parent theme to individual statements made about their duties as an operator and the mundane specifics of the work (73 individual references made across all nine participants).

This information allowed for a deeper interpretation of the data and the production of an in-depth analysis. With this approach, PETs and GETs related to the perceived experiences of on-duty 911 operators and how deeply these lived experiences affect personal, professional, and social lives emerged and justified the need for policy changes and the specific resources for this population.

Limitations

911 operators are a unique population that has attracted the attention of researchers in the most recent years due to their stressful career choice. Hundreds of emergency call centers throughout the United States employ operators who may be taking the stress home, impacting their lives outside the call center. This study was specific to the impacts that result from working in this position and how it affects the lives of a small sample of 911 operators. A limitation of this study was the small number of participants, thereby limiting the generalizability of these results to a large population. Although generalization is not the purpose of a phenomenological study, it is worth mentioning the possible impact that a small sample size can have on the results of this study. Secondly, this study was limited in terms of its focus on the lived experiences and total impact that the profession may have on police 911 operators, and, as such, these results cannot be applied to law enforcement officials, medical dispatch, or other emergency workers. The results can also not be generalized or applied to other 911 operators working in different settings and in smaller/larger police departments. And lastly, potential bias was also a limitation

of this study. Both the participants and the researcher are faced with putting biases, preconceived notions, expectations, and beliefs aside in order to provide an honest recount of their experiences and an honest analysis of the data collected.

Chapter 4: Results

Throughout the process of data collection and analysis, several themes became apparent. These areas of commonality are described in this chapter. These themes include Occupational Dimensions, Organizational Structure, Communications Culture, Stress Response, Personal/Relational Impacts, Perspectives/Resiliency and Recommendations for Improvement. Subsections within the themes, are used in order to illustrate particular aspects and functions of each. Direct quotes and examples are cited from the participant interview transcriptions to clarify specific terminology, lived experiences, how they make sense of the stress and trauma and how their lives are directly impacted. General connections between the identified themes, research questions, and implications for the field will be covered in detail in chapter five.

Participant Overview

Potential participants for this study were employees at a large 911 call center in Florida. There are a total of seventy-two 911 operators employed at this agency (forty-three Call Takers (38F/5M, 34B/9H/0W) and twenty-nine Dispatchers (17F/12M, 7B/20H/2W). Those interested in participating followed the instructions prompted on flyers posted throughout the center. Their information was then routed to the researcher and contacted via text for scheduling. A range of 6-10 participants was desired by the researcher. A total of 12 participants submitted their information for participation, two of those interested did not meet the inclusion criteria (employed by Fire Rescue/Medical Dispatch) and one 911 operator indicated a willingness to participate, but later stopped communicating with the researcher.

A total of nine interviews were conducted for this study, consistent with the historical tradition of IPA which generally promotes usage of small sample sizes in order to facilitate deep analysis of similarities and differences within the population while also centralizing its focus on

a detailed account and representation of the individual experience and human phenomena (Smith, Flowers and Larkin, 2009; Turpin et al., 1997). The confidentiality of each participant's identity was maintained via the use of identification numbers to avoid the potential identification of the subjects of this study. Participants #1-#9 represent the final sample size for this study.

Participant Demographics

The 9 participants in this study represented a homogeneous sample by having the common experience of working as a 911 Operator at the agency under study, for at least three years (see Table #1). A total of 3 dispatchers (answers 911 calls and dispatches officers) participated; participants #2 through #4. Participant #1, #5, #6, #7, #8 and #9's role was that of a call taker; this means they only speak to the public and answer 911 calls, without providing dispatch. Two of the participants were male call takers, while the remaining participants were female. Five of the participants were black, four were of Hispanic ethnicity, and none were white. In accordance with the inclusion criteria, the participant's years of service ranged from 4.5 years to the highest of 22 years, with an average length of service of 11.11 years. To help illustrate the general challenges associated with being a 911 operator, it is important to mention that. three of the nine participants were interviewed under special conditions:

- Participant #2 reported being on her fourth, 16-hour shift for week.
- Participant #5 reported that it was her birthday during the interview.
- Participant #6's interview was conducted during a forced double as he was drafted from his scheduled overnight shift onto the morning shift due to staff shortages.

Table 1*Participant Demographics*

Participant	Age	Gender	Race	Position in 911	Years of Service
1	43	F	B	Call Taker	22
2	34	F	H	Dispatcher	8
3	28	F	H	Dispatcher	4.5
4	32	F	B	Dispatcher	7.5
5	36	F	H	Call Taker	10
6	39	M	B	Call Taker	18
7	49	F	B	Call Taker	17
8	29	M	H	Call Taker	7
9	34	F	B	Call Taker	6

Themes

The following is a brief summary and definition of each main theme. Occupational Dimensions describe the particularly stressful characteristics of the 911 operator position and their lived experiences while on duty. Organizational Structure refers to the structure within a paramilitary facility, the dynamics between civilians and sworn, the supervisory impact and support (of lack thereof) from the agency or society. Role of Communications Culture of Commitment refers to the beliefs, behaviors, and values typically associated with this line of work but more specifically within this communications center. Stress Response refers to the commonly reported cognitive, emotional, and behavioral consequences of constant exposure to critical incidents that often include gruesome details. The theme of Personal/Relational Impact

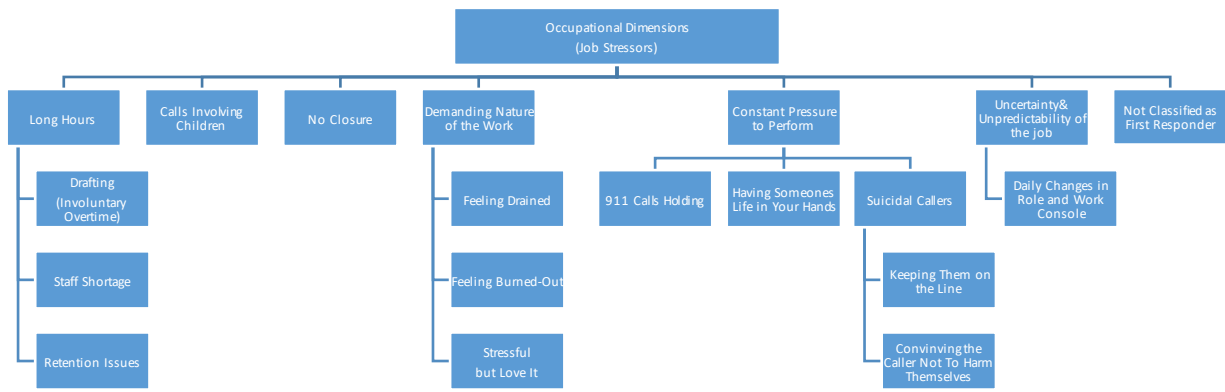
refers to the impact of the lived experiences of being a 911 operator on personal lives, relationships, and family structures. The Perspectives and Resiliency theme section encompasses the ways in which the operators make sense of the trauma and stress, and how their perspectives shape the way they interpret the incidents. And lastly, the last theme, will cover the recommendations and suggestions made by the participants in order to better their working environment, the profession and the impact on their lives.

Occupational Dimensions

Certain common stressors while on duty were mentioned by multiple participants. These job stressors added to the already difficult job of answering and dispatching 911 calls.

Figure 1

Occupational Dimensions



The long hours and “drafting” (being held over; involuntary overtime) were a clear challenge, as 8 out of the 9 participants (88.89%) reported having to work long hours and mandatory overtime due to chronic staff shortages within the call center.

We work 8-hour shifts, but sometimes we get drafted, especially since in communications, staffing is critical. We're always short (Participant #2).

It's like call after call after call after call. It's like the city has grown but our agency hasn't grown. The way the population has expanded there is no way that 10 call takers is sufficient enough to take all these calls for the city (Participant #1).

It gets draining, and then you can't request days off because you're so short staffed. You can't take like five days off to go on a cruise or something because you are given the runaround or they'll [supervisors] have you go out of your way to find coverage [for the shifts]. And that just adds more stress to the job (Participant #3).

I'm going on a 16-hour workday, overtime was non voluntary. I've been drafted, drafted is when they make you stay due to lack of personnel. The job has to be done. (Participant #6).

The regular shift is eight, but sometimes you have shift shortages. Sometimes you have people who are out sick, sometimes you have people who call out due to being stressed. But the work has to continue, the calls are going to continue. The workload is not going to lessen because one person or three people are missing. It just makes it more work for the ones [operators] who are here. So, to those who come in and help carry the load, you end up doing 10,12,14,16 hours (Participant #9).

If you do like I do sometimes, I'll do 16-hour shifts back-to-back but there is only 24 hours in a day. If you take 16 away, that's only eight. They say we are supposed to sleep

for eight hours but then you have to take a bath, that also includes travel time, time to eat, talk to the kids, talk to your parents, check homework. Whatever it may be, if you have a boyfriend husband, and then you're asleep but have to wake up and get ready to be back at work all in eight hours. There is no time to work out also, so you're left with the choice of what's more important (Participant #9).

The demanding nature of the work often leaves the 911 operators feeling overworked, drained, and burned out. Eight out of the 9 participants (88.89%) made comments referencing feeling drained and burned out due to its demanding and consistent workload.

I'll be burned out. I've been working 16-hour shifts this whole week, this is my fourth one (Participant #2).

You have like 300 officers talking to you at the same time. You are literally nonstop for eight-hours unless you're on break. So, you sit there with your headset on and talk the entire eight-hours. The work especially here, it's such a demanding place and you miss out on a lot of stuff [because of it] (Participant #3).

I don't think from the experiences themselves, but I've definitely been burned out from this place in general (Participant #8).

The role of the 911 operators is critical to the outcome of the emergency calls as this is first point of entry for all emergency responses. When the 911 operators were asked if they consider themselves first responders, all participants (100%) responded that they did in fact feel as though they were due to being the first form of contact although not physically. Frustration was further expressed with the fact that they aren't (nationally nor through this agency) classified

or viewed as first responders because their job is considered less difficult, not important, and easier than that of physically responding first responders (police officers, EMT and fire).

I feel like at minimum, we could at least be listed as first responders. People assume that we are, but we are not (Participant #1).

It is a very necessary resource, not everyone can do it; it does take a special person (Participant #2).

Being a dispatcher is difficult because we are not sworn, we're looked at as less than within this department because we are not first responders (Participant #4).

The work type is extremely different [then clerical]. And I think that people think that because we are on the phone, it's a lot easier. We have to be on the phone with someone who is suicidal, I would have to maintain contact with this person until first responders arrive and make sure that they don't hurt themselves or someone else. I would consider that pretty hands on (Participant #6).

My job, aside from being important, I think is very much so needed. I feel like it matters and that I make a difference. We help save lives. We talk people out of suicidal situations. I had one last night. We give people instructions on how to handle situations that they need help with. A lot of times when you're done speaking to them, or sometimes before the officers arrive, they no longer need the police. We can change lives (Participant #9).

This communications unit continues to deal with retention issues and despite the efforts made by the agency, the nature of the work often pushes employees out of the door. Staffing is a constant issue because the retention rates are so low, despite the recruitment efforts. The training for communications is extensive, weeks to months are occupied with training before being able

to handle calls. Once exposed to the “live” calls, the shift work, mandatory overtime and the psychological impact of the work, they often apply for another unit or leave the profession entirely.

Staffing is always going to be an issue. There has to be a change in order to make it easier on us because this is already not a happy job. This is not a job where you receive good news all the time (Participant #2).

We don't get enough recognition, I feel like it's a job that not a lot of people can do, and I stand by that. You really have to love what you are doing to stay here more than two years. Two years is like your average. That's usually when people leave. They'll say things like "I'm leaving to an officer or I need a 9-5 job—a normal people job “ (Participant #3).

The 911 operators had plenty to mention about the work dynamics and the stressors that come with the profession, which were mostly negative. One unexpected factor, however, was surprisingly positive. Six out of the 9 participants (66.67%) mentioned that although the job is stressful, they love what they do.

I love doing what I do. I've been doing it for so long. I just wish it was under different terms (Participant #1).

It began as a passion, well, actually it is [a passion]. I love being on the channels, I love the job, I love helping people even though we don't get the best of it. We get the bad unfortunately, but we're able to assist in some way shape or form (Participant #2).

I've learned to love it (Participant #3).

I actually like my job; I feel like I wish it was a little more collaborative as well as with citizens who do not know what to expect when they call 911. But I like what I do. It can be hard, but I like helping people directly or indirectly (Participant #4).

I think it's positive job. I enjoy it. The job itself doesn't bother (Participant #8).

I just like making that difference. I feel good about the work that I do, I feel good about every call I get [to help] (Participant #9).

911 calls holding in queue and constant pressure to perform was also an added stressor to this population. Participants 1,2,3,4,5,6,7 and 9 (88.89%) made references to the stressful nature of the work; often how stressful it can be to have someone's life in your hands. Participant #1 made specific mention of the callers often not being able to communicate as quickly as she would need them too, its impact on response times and other emergency calls holding.

They [the callers] maybe not able to communicate as quickly as I need; "Can you just get to what's going on". And it comes off rude, but it's not. I just don't have the time to sit on a line because it's an emergency line, I need them to tell me, I need to send help (Participant #1).

Participants #6, #7 and #9 stated having suicidal callers on the line and talking them out of those situations but also feeling as maybe their efforts were not enough.

We have to be on the phone with someone who is suicidal, I would have to maintain contact with this person until first responders arrive and make sure that they don't do anything to harm themselves or someone else (Participant #6).

It did [bother her], because it felt as if I had stayed, maybe I could have tried to convince him that there was more to life than going over the edge of the 52nd floor (Participant #7).

We talk people out of suicidal situations, I had one last night (Participant #9).

But being that he died, it made me question if I could have done something different, or something better, or catch the way he pronounced certain words so that I knew what he was saying [details that often delay the response] (Participant #9).

The uncertainty and unpredictability of the work was also described as a significant challenge. The work consoles (workstations) and role for that day are assigned upon arrival, calls come in with random duration, and the frequency and the severity of the call is never known. These sentiments were similar across all 9 participants (100%); never knowing how the day will go is often the most stressful aspect of the job.

There is no control over the calls that you receive, it can range from really bad to not so bad, like a cat stuck in a tree versus somebody's breaking into my house and I'm hiding in the closet. Sometimes the callers call very excited. When I first hear their voice, I'm like okay this has to be an emergency. I can often tell by their voice or demeanor that this maybe someone shot or stabbed, a high emergency by the caller's voice (Participant #1).

Just start, you don't know if it's going to be a slow day, you don't know if it's going to be chaos, and anything can pop off in any second (Participant #2).

No day is ever the same, no call is ever the same. It's all different (Participant #4).

It can be a typical workday, meaning that it could be non-emergencies all day, or it could be a hectic day, meaning that you come off an emergency situation and go right into another one (Participant #7).

Walk in the door, we have assigned seating positions, depending on the position you're assigned to for that day, will determine the work you have to do. Typically, I sit in a position where I am receiving 911 calls directly [person dialed 911] (Participant #9).

Participant #2, #3, #4, #6 and #9 (55.56%) described their inability to obtain closure from the calls. This often led to feelings of hopelessness, not knowing if their actions were enough and questioning their own performance.

Not having the closure from the call and just having to keep moving onto the next call (Participant #2).

I think that there is vicarious kind of trauma, because its [the work] open ended. We're entering calls, and there's never any closure. We're entering call where someone is breaking into a home for example, and when the officers get there, and we hear them, we pretty much just say "go speak to the officer". We do not know what happens. Sometimes I find out that my caller died a day or two later (Participant #6).

Usually curious, overwhelmed and sometimes anxious because sometimes we don't get the end of the call (Participant #9).

Overwhelmingly 88.89% of the participants shared that the most difficult calls to handle from a psychological standpoint and one of which causes the most stress and trauma are those involving children. Some participants mentioned sexual assaults on children while other referenced instances of endangerment and the death of the minors.

My hardest calls would have to be the calls involving children. I think those are the ones that really trigger me, it's what gets to me. The small child was maybe four or five, the

relative was maybe 15 or 16 years old. They [the family] found the child in the room with the older child and the teens bottoms were off. The child was crying and telling the teenager to stop. So those types of calls are the only thing that bothers me, anything else I can deal with (Participant #1).

Anything that has to do with kids killed, children mostly. I think those impact me because I have a lot of nieces and nephews (Participant #2).

Probably the kiddos, sexual abuse, and physical abuse. We had a call about a three-month-old. The father had beaten the baby so bad that it nearly killed it and the mom didn't want the dad to go to jail and that stuck with me. How could you do that to a three-month-old baby, what's going on in that person's mind (Participant #3).

Calls involving children like drownings and chokings to me are the toughest (Participant #5).

Calls with children, where it just really affects me, and I remember there was a call where the mother picked up her daughter from her boyfriend and there was [bodily fluids] coming out of the child. She was three and she thought that the boyfriend may have done something [sexually assaulted] to her child. So, calls like that affect me and make me more vigilant for my personal family and friends (Participant #6).

Some of it is easy, some of it is hard. And when I say that is that when you get calls from kids, and they're traumatized, and or something bad has happened to them, it affects you more than it would from an adult (Participant #7).

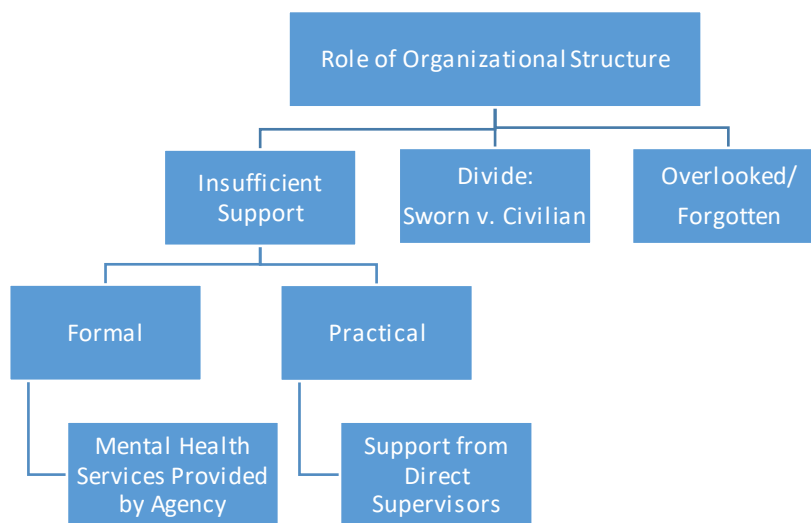
I think some of the ones that affect me more emotionally are also ones involving children when malicious activity has been done to them, I had a call where the mom killed her two children, and they were all tied up (Participant #9).

Role of Organizational Structure

This theme refers to the structure within this paramilitary facility, the dynamics between civilians and sworn officers, the supervisory impact and support (of lack thereof) or formal support services (i.e., employee assistance program) felt by the 911 operators.

Figure 2

Role of Organizational Structure



Overwhelmingly 100% (9 out of 9 participants) mentioned insufficient support from their agency, the tension between operators and sworn staff, their lack of recognition and close to no support within the unit.

I feel like the agency itself doesn't do much. Like the morale per se is like very, very low right now (Participant #3).

Frequently cited as a prominent source of stress for the participants was the disconnect between the sworn and civilians and under appreciation due to their title. The pressure between sworn and civilian had been taking a toll on the unit and its morale.

They treat us like we are sworn but we are not sworn, and we don't have the same perks and privileges and capabilities as sworn but at the same time you uphold us to sworn standards without recognizing us at all. There's clearly a divide between the way sworn sees things (Participant #1).

I only feel supported by the people that actually sit in these chairs and do my job. If you don't do the job, you don't understand the stress and what it actually contains. You can read something on a paper, and it may not necessarily make sense until you actually put it into play. When you put it into play, you understand what's entitled and required of the job [referencing the command staff] (Participant #4).

The supervisors we have put such a drain on you that even on a regular day you just don't want to come in. I feel like honestly if no one came into work, they wouldn't even notice. I mean they'd notice because the calls aren't being answered but they have no clue who works here or doesn't. If everyone had a twin and that person came in, they wouldn't notice who's missing. No one would notice it, as long as they came in and put some calls in, no one would notice (Participant #8).

Participants felt like that were overlooked or forgotten by their superiors while at the same time knowing that they play a vital role in the operations of the agency.

I can't say that we are valued or appreciated, we get overlooked. The job can be difficult somedays, but it's not necessarily difficult every day, there is more pressure from the way the agency has been lately (Participant #1).

It's difficult when you work somewhere where you're technically not respected for what you do, even though what you do is just as important. When I first started it was great

knowing that I was helping, and I still am helping but it's a little more of a punch to the heart when your work is not considered valuable. Just asking for consideration that it is a tough profession, not just being a police officer is tough. I don't know what they do when they go out on the street because it's not part of my job, but I think it would be much better if everyone had a little consideration for what we do (Participant #4).

We only feel supported once, one week out of the year which is Telecommunicators Week, when they remember that. I view this job as underappreciated; we are not appreciated enough (Participant #5).

I don't think our agency really understands the importance of our department (Participant #7).

I don't think that we are acknowledged enough, the importance of what we do and it's not just agency specific when I say that; its nationwide. I feel like dispatchers aren't acknowledged. We're not acknowledged (Participant #9).

Participants described the efforts taken by the organization to assist in the challenges that they face both from a formal and practical perspective. Formal support includes implemented policies and services offered. Which were often followed by statements that showed hesitation to use them or discontent in the services because the services rarely centered around the needs of the operators as the counseling available was not a good fit for this unique population.

I've heard that some people [employees] have actually used the EAP [Employee Assistance Program] but I haven't heard the best of things, it's not like it helped them. You don't want to necessarily talk about it and probably has a lot to do with the fact that you talk all day and then they're sitting you down to talk again (Participant #4).

For my agency, I would give them a C+ as far as support and awareness for mental assistance. For their 911 operators there's a lot of room for improvement. The agency provides us with very well covered psychological assistance if we do need it, if we're overstressed, they'll provide those services. I think that they can do more to advertise it and utilize the services especially when there is no tragedy but just more as a maintenance [Referring to the limited services, and really only being helped if a major call comes in, as opposed to a maintenance plan] (Participant #6).

Practical support is especially valued and desired by the participants. This was illustrated through expressed frustration and desire for someone to care about them and their needs but also do something about it.

Our agency is not really concerned about what our needs are specifically. I feel like we don't have a voice or anyone to stand up for us (Participant #1).

I was having a really hard time with all the changes here. They really don't try to look at the root of the problem to see how they can better communications and how they can help us out or acknowledge that there is a problem with what we go through. For example, when I've had issues in the past, not regarding a call or anything like that but I tried to get help from the supervisor to see if they could assist because our union is terrible, and they basically told me no (Participant #2).

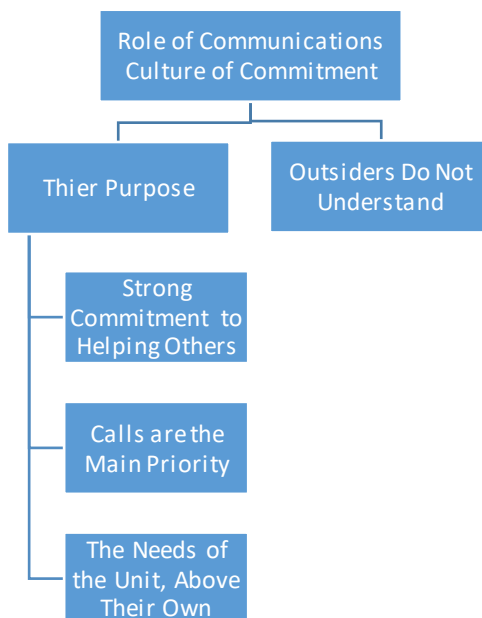
They don't listen. They ask a lot but I don't think that they are asking for the right reasons [referencing the supervisors asking simply to check off a box but not asking out of genuine concern for the employee's wellbeing] (Participant #8).

Role of Communications Culture of Commitment

There was a distinct culture that existed within the walls of this communications center; similar to police culture, they all understand each other differently than someone from the ‘outside’ because of their work and their lived experiences as 911 operators.

Figure 3

Role of Communications Culture of Commitment



Across all interviews it was apparent that the operators knew their purpose and needless to say, in agreement that the calls were the main priority, even if it meant delaying a break, missing a meal or not being able to step away to use the restroom; in accordance to their agency standards, it’s the needs of the unit above your own. When asked about this, comments such as “it’s part of the job”, “the volume of the calls allows you to take a break [or not]”, “there must always be enough operators on the phones” were common. Their strong commitment to helping others was apparent throughout multiple interviews.

It's just part of the job, I mean, you have the ability to make yourself 'not available' [in the system]. But you're not allowed to do that, like unless you need to finish updating the call, I can't just sit there and say, okay, I'm going to take five minutes to myself (Participant #1).

I think we are all used to it. We just sit back and pick up the next line. And that is very hard to understand because if we experience something so shocking then there should be a minute to breathe, and we can't we just have to keep moving (Participant #2).

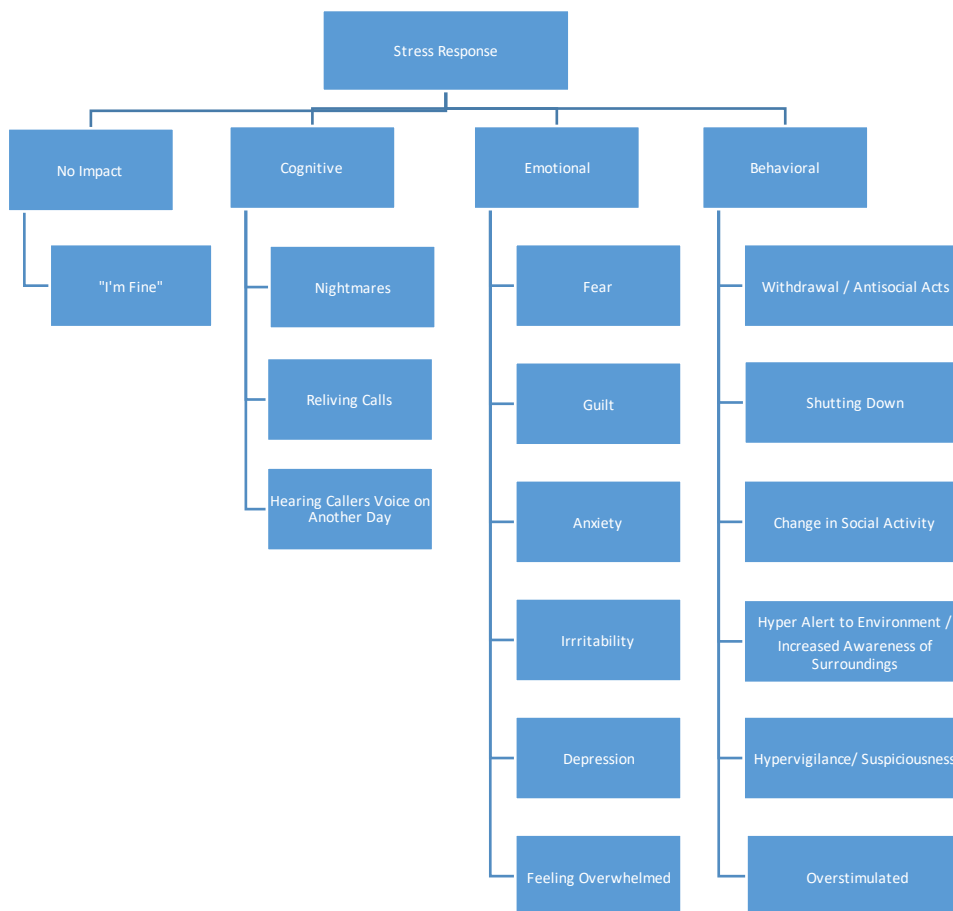
We have to keep moving and going to the next call nonstop from like eight to 16 hours a day, often you don't have a second to realize what's even going on. And you can't stop and put all the calls on hold to just have a moment before continuing, because there's people out there that need your help (Participant #2).

I feel like at the beginning it'll affect you a little bit but as time goes on you kind of understand that it's just another day, like people die every day, it is what it is. So, it definitely affects you in the beginning, but it just becomes another thing that you learn to live with (Participant #3).

I just like making that difference (Participant #9).

Stress Response

Most civilians experience little to no critical incidents in their lives, 911 operators on the other hand experience hundreds if not thousands of emergency calls in their career. These critical incidents often cause strong emotional/behavioral/cognitive reactions that have the potential to interfere with the ability to function properly.

Figure 4*Stress Response*

The distinct beep tone comes directly to their headset alerting for an incoming call. It may or may not be an emergency, often without hearing many details, the operator can tell what is about to happen. Then they brace for impact and do the best they can to collect pertinent information and dispatch the necessary resources.

When I first hear the voice, I'm like this has got to be an emergency. I start to feel a little anxious because I can tell that this is going to be something bad (Participant #1).

A common idea amongst the participants was that although they handle critical incidents (almost none stop) they were “fine.” They were under the impression that with time it gets easier, and the call details no longer impact them. The participants, like many 911 operators, have adapted this “keep moving forward, suck it up” mentality; it has become their new normal.

I think we're also just used to it. Me, I just suck it up unless it's something very traumatic. But other than that, I don't talk about it and just keep it to myself (Participant #2).

I feel like once you've been here for so long, it doesn't affect you as much as it did in the beginning. It definitely affects you in the beginning but that's just another thing you have to learn to live with (Participant #3).

People don't think that they may be emotionally drained or affected by the calls. And that the norm around here that they just think it's okay (Participant #6).

My normal is just to move on with it. I try not to dwell on it (Participant #8).

However, their behavior outside of the call center hinted at different cognitive, emotional, and behavioral responses that may warrant the need for medical evaluation. Reactions from the trauma exposure can translate into many different symptoms which can occur immediately or over the span of weeks and months.

Cognitive. Negative cognitive symptoms associated with stress were hinted at during the interviews. Common complaints were anxiety and racing thoughts during some critical incidents but the most alarming symptoms reported by the participants were nightmares, and reliving the incident/intrusive thoughts; all of which could lasting impact on both their personal lives and their performance at work.

There was a young lady who called on New Years Eve, and she stated that her boyfriend had stabbed her. She did pass not long after, I can still hear her voice some days

(Participant #4).

I still relive this call because of what I found out after. There was a guy who wanted me to stay on the phone with him because he was stabbed. I found out later through a fire rescue supervisor who told me that he died later on. He just wanted me to stay on the phone with him because he was getting cold (Participant #6).

A lot of dreams about work. When I first started more, but at least once a week [when asked about any nightmares and how often] (Participant #8)

Emotional. Emotional stress responses often look like anxiety, irritability, depression and feeling overwhelmed. One of the nine participants was clinically diagnosed with depression. While diminished patience and irritability was the most mentioned symptom during the interviews, (4 out of the 9 participants, 44.44%) sharing how they are less patient with the callers, themselves, and their family.

Because they [children] tell me all the time, like mom you have no patience. I know that I don't have any patience, And I think a lot of it has to do with this job and these calls. You become more irritable because of the fact that you've been working here for so long

(Participant #1).

I feel like in the beginning it was triggering my anxiety, I was going home and still thinking about the calls. It goes back to the point where you think of every possible worst scenario that could happen outside of work (Participant #3).

There are calls that I've cried myself to sleep for a week straight (Participant #4).

I process it by trying to cuff off certain emotions. But I definitely have more anxiety.

(Participant #5).

Usually it's just feeling overwhelmed, sometimes anxious because sometimes we don't get the end of the call. So, I think that adds on to the anxiousness of it (Participant #9).

Behavioral. Behavioral responses often include withdrawal, antisocial acts, overstimulation, hypervigilance, heightened awareness of surroundings and suspiciousness. Although most of these symptoms were not directly mentioned by the participants, they often referenced being extra alert, more cautious, always paying attention to their surroundings, not trusting people around them but also not wanting to share with those around them (change in social activity).

I always have my guard up when I come in contact with people, because I just never know what might happen. I am always paying attention. I'll have my keys in my hand, won't be on the phone as I'm walking to my car. I pay attention to my surroundings at all times because of this job. Every day you speak to these people or hear different scenarios and it's like, that could be me, so I pay attention a lot (Participant #1).

I am extra careful with my surroundings because of the trauma, I put cameras all over my house (Participant #2).

I'm just more cautious, as a female you just don't feel safe doing certain things. You think of every bad thing that could happen when you're outside of work (Participant #3).

Sometimes I'm out shopping or in the mall and knowing we get calls about shooters, I look around. If an active shooter comes, what will I do? I'll scope out where to go and what to do. I think of the worst-case scenario and work out a solution just in case (Participant #9).

Isolating and shutting down was the most common symptom experienced by the participants where 8 out of the 9 participants (88.89%) mentioned just wanting to be left alone and unbothered. A symptom that often impacts personal and familial relationships the most.

It is very stressful; you're here all the time and because of it I've become a little cranky because I just don't want to hear it. Everyone's talking and hearing things and I'm just overstimulated by that (Participant #2).

Depending on the call, I feel like you kind of shut down for the day. So you kind of just want to go home and sleep it off or like isolate yourself and then start over the next day (Participant #3).

I literally have to treat it like it doesn't exist, like it's not real. If I treat it real, then I won't be able to come back to work [referencing not sharing because it makes it real; shutting down with family member] (Participant #4).

The negative part of it is that sometimes they put you in a space or situation where you just don't want to be bothered and you had a bad day at work, so you tend to have a bad day outside of work also (Participant #7).

A lot of times when you get off of work you want to destress and want to relax. You don't want to be bothered or be around people you just want a moment to yourself (Participant #9).

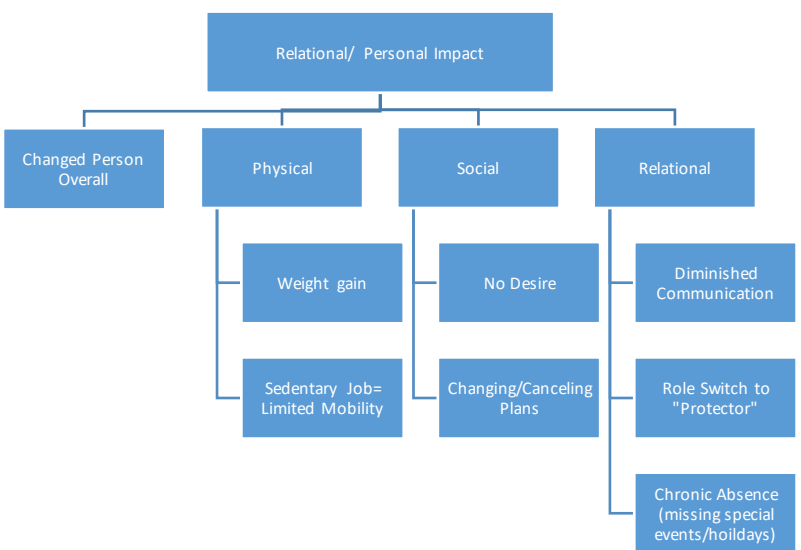
Personal/Relational Impacts

The nature of this work has more than just psychological impacts. The operators are often dealing with the consequences of their absence, mood changes towards family members, a lacking social life and the impacts on their family structure. When asked about personal life, the

participants boldly stated how their lives have changed since starting their position as a 911 operator (both mentally and physically), and how their personal relationships have changed due to their career choice.

Figure 5

Personal and Relational Impact



Given the traumatic experiences and exposure to gruesome details, it is no surprise that the participants reported feeling like a changed person post hiring.

It's definitely a change from when I started versus how I am now, I am totally different. I used to be so calm, so bubbly and cheerful. Maybe had I just been a teacher, or something else, I wouldn't be so guarded (Participant #1).

Personally, there has been a change, I see life differently. Because you just see so many different calls about child abuse and stuff like that, that I feel like it has affected me especially because I'm not as naïve anymore (Participant #3).

Some days I feel like a crazy person (Participant #4).

I have changed 100%, I used to be very, I would say, somewhat ignorant (Participant #6).

Additional types of changes were also described, including physical changes. When asked about the physical impact of the work, participants mentioned having to sit for extended periods of time. The sedentary nature of the position and the setting of the work seems to impact the individual's physical health. Being confined to a space for an extended period of time (up to 16 hours) while only being able to walk away during breaks can limit their mobility and increase the chances of unwanted weight gain and obesity. When asked about physical changes, 3 out of the 9 participants (33.33%) mentioned gaining weight but also not having the energy to work out.

Mostly, my physical weight, due to having to sit here all the time and then not really having the energy to want to work out after you get out (Participant #9).

Participant #2 had a different experience with the topic of change, as she didn't notice a change in herself but has been told various times by her family that she has changed drastically. It was interesting for her to hear that her family was seeing her change although she didn't feel like she was.

The biggest change is that I don't notice a change in myself. But a lot of my family members mention how I've changed and how I'm boring now. I just barely listen to music now and I don't like to be around as much (Participant #2).

There was also a clear impact on the participants social lives. The calls often left the participants with less desire to be sociable or go to places that may leave them susceptible to

victimization like so many of their callers. For those who were willing to maintain their social lives, they often found themselves changing plans in accordance to how difficult the workday was (#3).

In the beginning I loved going out. I had way more of a social life, I enjoyed night clubs and parties, but being that I work here and the news lately, I don't find myself being comfortable with going to those crowded places anymore (Participant #1).

Social life and your personal life outside of the call center has definitely been impacted. I wouldn't go out at night anymore (Participant #2).

I'll adjust my plans if I did have a tough call, you just need a drink (Participant #3).

I am less sociable, I suffer from social anxiety, a lot more than I probably did before working here (Participant #5).

911 operators know that this job takes a toll on them, few have realized that the job also has a toll on their relationships and family structure. Participants repeatedly stated not wanting to speak to others (family and friends) and how even sitting in the living room to speak with their families often felt overwhelming.

I think it [this job] affects a lot. It has a lot of effect on my relationship with my boyfriend because he's like "you cannot chill" [meaning she cannot relax, let her guard down]. (Participant #1).

My family obviously gets the brunt of it (Participant #3).

Sometimes my mom will call and I'm like, I can't, I can't right now. I have to talk to you later. I can't and I got to hang up. I just can't do it. Or sometimes I just don't answer the

phone because I know that it can be rough the way I'm getting ready to speak to them
(Participant #4).

The relationship dynamic seemed to change as they were no longer just the family member but the protector. The participants seemed to want to shield their family members, friends, and partners from the cruel world that they experience over the phone lines. Six out of 9 participants (66.67%) mentioned becoming tougher parents, more vigilant friends and stricter overall with their loved ones.

I prohibit my kids from going to parties and stuff like that. This job changes the way you think. I drill it and instill it in my daughters. They know not to put their drinks down when they go out because someone can put something in their drink. I am so tough on them because of the calls that we get (Participant #1).

This job has obviously impacted and shaped the way you then proceed with relationships and other people. I am also very overprotective with my kids (Participant #2).

I try and tell them like try and avoid that area and be careful with stuff like that. Things that I probably wouldn't say or know if I didn't work here (Participant #3).

I would say I big impact because since working here I'll have conversations with friends and I'll say things like I don't do XYZ anymore because I heard this call at work. It helps me to teach my friends as well. So that they too can be aware because you never know
(Participant #4).

Being here did bring much more awareness. Something that I have been able to share with family and friends to keep them safe (Participant #9).

The familial relationships and social life suffered the most due to absence. Participants were aware and had made peace with missing out on things and not being there for special occasions; the relationships still suffer and can have a lasting impact on the life of the participant as memories are not made, the distance becomes greater and special occasions are no longer special.

I feel like work especially here, it's such a demanding job. You miss out on a lot of stuff. Like family events and holidays. Like last Christmas, it kind of sucked because you can't spent it with your family (Participant #3).

You don't realize that you are missing out on so many birthdays, family events and holidays. You don't realize that in the beginning. And then as the years go by, you tell yourself that you have a job to do, and I have to go to work. I am here on my birthday (Participant #5).

Family support was shared a major part of the participant's overall wellbeing. Participant #1 mentioned her daughters and boyfriend, Participant #2 mentioned her children and husband, Participant #5 mentioned her girlfriend and Participant #8 mentioned his wife being the pillars of their lives and how even if they may not always understand the job, they always listen.

A support system that understands that you're going through whatever it may be that you are going through on that day (Participant #2).

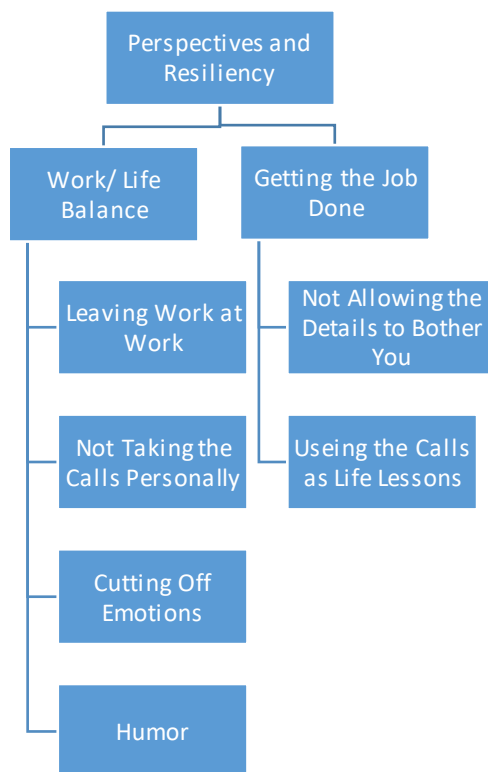
Perspectives and Resiliency

The participant's perspective constructs and shapes the way in which they interpret and interact with the overly stressful environment that they work in. Their resilience, coping

mechanisms and overall approach could be what makes a difference and what separates them from individuals who cannot fathom answering 911 calls for a living. The participants were asked if they were resilient, which resulted in mixed responses. Six of the participants (56%) confidently responded yes, with one participant stating that you have to be in order to do this job. Three other participants (33%) stated ‘no’ that they did not believe that they were resilient, and one participant (11%) responded that they were not sure if they considered themselves resilient or not.

Figure 6

Perspective and Resiliency



When asked to share how they balance their work and home life, many participants referenced leaving work at work and trying not to take the calls personally.

I try to, when I walk out the door, I try to leave this place right here and not think about it until I come back the next day (Participant #1).

You train your brain to know that once you step through those doors you are done here. You leave work here (Participant #3).

I process it by telling myself that it's my job. I process it by cutting off certain emotions and distracting myself. A lot of times with humor, talking to each other and laughing (Participant #5).

I have to kind of prep myself with each call to know that I cannot take it personal, try to process it as clear as possible for the dispatcher to send out first responders and that's it. I then disconnect from whatever I am feeling. Leaving the building and saying "hey, this is what this call is, this person doesn't know me and it doesn't affect me" (Participant #6).

I try to detox before I leave. Meaning that I try to leave the work at work and when I go home, I try not to think about it because I've adapted over the years, and I've learned ways to handle this job and not let it handle me (Participant #7).

I try not to, so I don't really let anything get to me. I don't let it cling onto me so that I don't carry the weight of everyone else (Participant #9).

The participants understood that they had a job to do and stressing about the calls dictated your overall health and wellbeing, often stating that allowing the stress to manipulate you would hinder not only your performance but also your joy.

I start my day knowing that every call on the line has a person with a different story.

There's a reason for dialing 911 and requesting assistance, with that being said, I'm here to help them (Participant #6).

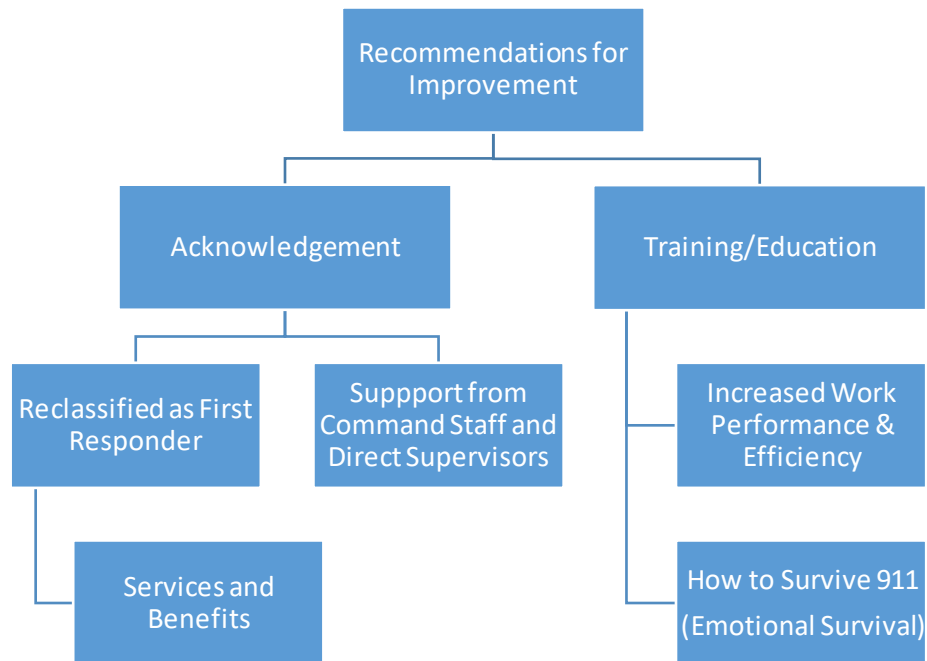
Life is short, and I hear it every day. So, I no longer put things in the future, I try to do everything in the present (Participant #7).

I try not to let anything bother me. Just because everybody's doing something else, everyone is not the same as me or as calm as me. Not everyone is having a great day like I am [referencing the callers and how their worst day maybe taken out on him] (Participant #8).

The lessons they learn from the callers, gained appreciation for their family and a relatively positive outlook on life that they continue to gain from the calls, are just a couple of personal philosophies which aid the participants in harnessing the good during these traumatizing and stressful circumstances.

Recommendations for Improvement

Statements about being treated better, supported, and equipped with the tools necessary for success were plentiful. The recommendations for improvement that were made by the participants were similar in nature and can be compressed into two categories, 1) acknowledgement (classified as first responders and the benefits that come with, support from command staff and immediate supervisors) and 2) training. Both factors are currently affecting the overall wellbeing of the unit but also those who work within it and their stress levels.

Figure 7*Recommendations for Improvement*

For example, participant #7 stated how she was thoroughly trained 17 years ago when she was hired and since then she has not received formal training as all minor changes are sent through email.

We need more training in this profession. Ongoing training so that we can be able to keep up with everything that is going on outside with technology and support and other things that will make us a better call taker or dispatcher. You get hired, trained and released and may have one additional training and then the rest will come online. Times are changing, laws, procedures. I started in 2006 and up until now 2023 I've never had a refresher in 17 years (Participant #7).

Participant #9 had similar sentiments about training but from a different perspective, where training for the phones was not her focus, but the individual answering the lines. She stated that:

The employees are not taught to deal with their own emotions or the psychological impacts from the work. I think I do pretty well in that area because my degree is in psychology and can implement certain things (Participant #9).

911 operators are trained to handle and input 911 calls involving the mentally ill and crisis intervention (training that participant #8 states are not enough). However, they are not taught to handle their own issues, see their own ‘signs’ of exposure and trauma nor how their approach may be harmful to their lives and relationships.

As stated by participant #6:

. . . mental maintenance skills are needed because I think people don't think that they are affected by the calls when reality is that they are emotionally drained from the work.

Participant #9 also mentioned that having someone to speak to may be helpful but may not work for everyone. For those who do not wish to participate in the services provided, knowledge through training may be useful, so that they may recognize the signs and respond accordingly to whatever it is they are experiencing. The focus on training should not be solely on critical incidents/crisis intervention for the callers, it should also focus on the cumulative stressors that are part of the operators’ daily work and environment.

Summary

This chapter has described the participants, their demographics, and the responses to the interview questions. Results revealed the impact that their lived experiences as 911 operators have had on the personal, relational, and social areas of their lives. Their position as 911 Operators has both negative and positive effects on their internal and external self, how they make sense of the trauma exposure and stress, how they treat family and how they construct their own life views. Of those reporting, the lived experiences do change the way the operator lives their personal life, nurtures relationships, protects their family and how much they expose themselves to any possible harm by restricting their social lives in order to minimize victimization. These results were seen through the common themes developed from their answers (occupational dimensions, organization structures, communications culture, stress responses, personal/relational impacts and helpful perspectives/resiliency).

Chapter 5- Discussion

Overview of the Research

This study aimed to explore the lived experiences of 911 operators and how their personal lives have been impacted outside of the call center. Interpretative phenomenological analysis (IPA) methodology was used to explore the operators' experiences within the work environment and how their social lives, personal relationships, and family dynamics may have been impacted as a result. This approach was employed to facilitate the exploration of how participants made sense of their experiences as 911 operators and if their lives outside of this environment were affected in any way. Participants for this study were recruited from one agency via flyers that contained a QR code. In order to participate, the individual must have met specific requirements, such as working in the capacity of a 911 (police) operator for at least three years. The participants were asked open-ended questions to elicit detailed descriptions of their personal experiences during a one-time, face-to-face, semi-structured interview. The data was analyzed using IPA methodology based on the relevance to the research questions which guided this study.

This study's primary intent was to contribute to the limited body of literature pertaining to 911 operators and the impact of this work on personal and professional lives. Additionally, this study would add to the literature regarding stress response and trauma exposure within this community and what can be done to limit negative responses. Moreover, this study would assist agencies and their command staff when determining what services their communications center employees may need to perform on and off duty efficiently.

The researcher reviewed literature related to the telecommunicator profession (911 operators and their job duties), communications section operations (police and medical), the

impact on civilian employees working in police organizations, first responder services and their classification, critical incident stress response and trauma exposure (both firsthand and vicariously). The research questions were created based on previous studies examined in the literature review and the researcher's previous firsthand experience working as a 911 operator.

The following research questions guided this study:

1. How do 911 operators view their job?
2. What insights and meaning emerge from their work experiences? How do they make meaning from their work experiences?
3. How do 911 operators view the impact of their work experiences on how they live their lives?
 - a. How do 911 operators view the impact of their work experiences on their physical and mental health?
 - b. How do 911 operators view the impact of their work experiences on social and personal relationships?
4. What type of services/counseling program can be designed to assist their needs?

Summary of Results

The results of this study are illustrated through the common themes which emerged during the analysis of the participant's lived experiences while employed as a 911 operator. IPA methods revealed the following overarching themes:

- Occupational Dimensions
- The Role of Organizational Structure
- The Role of Communications Culture of Commitment
- Stress Response

- Personal/Relational Impact
- Perspectives and Resiliency
- Recommendations for Improvement

The results for each research question are discussed in the upcoming section.

Research Question 1

How do 911 operators view their job? Through the analysis of the results of this study, this research question is answered with the use of four overarching themes, the first is the “Role of Organizational Structure” where the participants shared feeling overlooked and looked down upon because of the civilian-sworn divide. The second overarching theme was the “Recommendations for Improvement” where overwhelmingly all of the participants requested being reclassified as first responders. The last two themes referred to the job being stressful but loving it, hinting at their strong commitment to helping others and those themes were, “Occupational Dimensions” and “Role of Communications Culture of Commitment”.

As explained by the participants, the 911 operator answers the call for help, collects pertinent information, and dispatches the necessary resources while dealing with screams and otherwise irate callers. Specifically, the call taker assists the callers with their problems, and the dispatchers ensure the adequate and safe response of the officers. Their work is highly stressful and demanding yet constantly overlooked and underappreciated.

911 operators also reported regularly being under unnecessary pressure by the supervisors and disregarded by their sworn (police staff) colleagues due to the civilian vs. sworn mentality. Participants described a divide between them and other sworn employees, as they often feel like the ‘stepchild’ within the department. Operators mentioned feeling their efforts

were seen as less important and their position as ‘easy’ because they are sitting indoors and safe from the physical dangers of what a physically responding first responders would be exposed to. Although not physically present, the operators felt as though their presence still made an impact on both the citizens and the officer’s response, as, without them, the emergency would often go unanswered.

The 911 operators interviewed, like most of the telecommunicators in the country, are not classified as first responders. Their classification as a clerk undermines their work and often limits the services and protections available to them. The stress that comes with the liability and the overall demands of the job are often overlooked due to the secretarial nature of the position. This agency is no different and limits the benefits of its communications staff in comparison to their sworn (first responding) counterparts. Whether it be health-related, financial, or legal services, the operators receive different, less accommodating benefits.

Preliminary findings appear descriptive; however, it seems that the most relevant and dynamic connection between the IPA methodological framework and the findings derived from the lived experiences of the 911 operators was that despite adversity and feeling completely discarded and unappreciated, they still continued to work at the call center and respond to 911 calls. They continue to show up to work, thereby showing their resiliency and dedication to the job.

Overwhelmingly, the participants viewed their job as a necessity regardless of feeling unappreciated and often without adequate recognition, benefits, or accolades. Regardless of the environment, the participants have developed a strong sense of pride in their work, their abilities and the overall responsibility that they carry while being a 911 operator. This pride and self-

motivating behavior, could be linked to higher resilience levels, hinting at supportive personal relationships and adaptive capacities by the operator.

A more in-depth analysis revealed that despite the complaints in the agency and call center environment, the participants understand that their job is necessary for the safety of the callers and their physically responding co-workers; knowing that is enough for the operators. Regardless of the treatment they receive within the call center, the trauma exposure, and the stress that they often take home, they continue to do their part in the emergency response cycle so that the needs of others are met – often above their own.

Research Question 2

What insights and meaning emerge from their work experiences? How do they make meaning from their work experiences? Through the analysis of the results of this study, this research question is answered with the use of two overarching themes, the first is the “Occupational Dimensions” theme, where the participants reported specific stressors, such as feeling burned out due to the demanding nature of the work, and not having any control of the environment or call outcomes (uncertainty/unpredictability of the job). And secondly, the overarching theme of “Perspectives and Resiliency”, where participants elaborated on the life lessons learned from the callers, especially that of death. Which helped them develop the practice of “leaving it at work”, and entails refraining from taking things personally in an attempt to not be affected as much because the reality is that they have no control over these situations or their outcomes.

Participants in this study recounted the intensity of the training months before answering live 911 calls. Geography, line of interrogation, standard operating procedures, and call coding were only a few of the areas covered during this training. Once working alone, anxiety came

from not trusting their abilities to correctly enter the calls or dispatch the resources efficiently. After a time, however, that doubt was no longer an issue, as, with time, the work is no longer technically challenging. Many participants, even the one with the least amount of time (4.5 years), felt as though they knew the procedures so well that they could get the job done with their eyes closed. What did not get easier with time was the overall weight of the calls and the demand that comes with. Participants cited feeling emotionally drained, burned out, and psychologically exhausted; Specifically, from the cries for help, the gruesome details of the trauma experienced by the callers (recounting), and also from experiencing their own trauma as they became witnesses to the crimes over open lines.

This job requires the operator to maintain a calm demeanor and rational processing, while the caller is experiencing a highly emotional crisis, which can be challenging. Although many don't show their emotional reactions while working, there may be a great difference between how the 911 operator presents themselves to others and how they may feel internally during or after the crisis. This coverup often coincides with the communications mentality of "sucking it up" and "just keep moving," which was reported by all nine of the participants. The participants have learned through their experiences that in order to remain sane, they cannot take it personally, they make note of the lesson (or what they can learn from it) and attempt to move on.

And lastly, the last practice mentioned was a common principle among the participants to 'leave it at work.' Through their lived experiences at the call center, the participants developed this method of decompressing, stating that to survive, you must leave work (both physically and emotionally) at the end of your shift. Any calls that may have made you angry or upset, any lingering details and thoughts of what could have been done differently, must be left at those doors. In other words, escapism is being implemented as a coping strategy. Escaping a stressful

environment, both physically and emotionally, is a strategy employed by the individual that can increase their effectiveness in handling the stressor (Heppner et al., 1995). Although sometimes virtually impossible to do so, many participants stated that this way of thinking has allowed them to make sense of the calls and move on. This has practice led them to believe that they were okay, helped them feel more in control, and created a clearer work/life balance because they are not taking the stress from work home. However, although emotionally focused escapism techniques serve the benefit of the remaining objective and professionalism on the job, it positively correlates with poor mental health and high-stress levels (Laranjeira, 2011; Tyler Boden et al., 2014).

The findings derived from a more in-depth analysis of the participant's responses indicate that although the operators are impacted through their work, it is not always negatively. The operators have taken the insights and meanings from their work experiences and applied them to their lives in a way that they believe helps them work through the constant stress; a practice that has also been applied to their lives outside of the call center. The overall idea is not to let things "get to them" by not taking things personally. Which allows them to continue to work without being impacted or showing any visible emotions.

Although these avoidance techniques and coping mechanisms may not be the healthiest approach, it has become their strategy of survival, as feeling out of control can lead to anxiety, depression, and other mental health complications. One of the major stressors reported by the participants was having no control over their position or where they would sit that day, what the calls would be like, or even the outcome on the calls they received. Suggesting that this coping mechanism/ approach is their way of regaining some of that control, even if the control is limited. In other words, choosing what affects them, letting things go and/or leaving work at

work provides the participant with a sense of regained control over their environment. Which can prove as helpful, as perceived control has been found to be associated with emotional well-being, reduced physiological impact of stressors, an enhanced ability to cope with stress, improved performance, less pain, and a greater likelihood of making difficult behavior changes (Thompson & Spacapan, 1991).

Research Question 3

How do 911 operators view the impact of their work experiences on how they live their lives? Through the analysis of the results of this study, this research question is answered with the use of a single overarching theme, that being “Relational/Personal Impact”, where the participants reported feeling like a changed person. The results of this study indicate that the lives of the operators changed drastically after beginning their careers, a change that they feel undoubtedly happened because of what they have been exposed to. Participants referred to being cheerful, bubbly, and naïve before working in 911. All that they knew was their life as it was, with no mention of murders, sexual assaults, or shootings, especially not on a daily basis.

This exposure led to growing up quickly and realizing that the world was a troubled place. 911 operators are regularly exposed to traumatic events due to learning about the trauma experienced by the calls, making it no surprise that listening to the accounts of others has altered their perceptions about life and triggered a change within. Participants described their personal growth, specifically how their work experience had changed how they carry themselves, how they approach situations, and, more importantly, how careful they are. This is due to learning from others' mistakes. For example, the operators mentioned taking note of their parked cars, not honking at other drivers, making sure to always be aware of their surroundings, and even the installation of cameras in their homes to minimize the chances of victimization.

The impact on their lives was not reportedly all negative. How they carry themselves has also changed due to the nature of their work. Not solely because they, as public servants, are held to a higher standard but also because they have matured from these experiences. Sharing that many of the calls, even the ones that they do not handle themselves, serve as a deterrent to living their lives freely and unbothered as they once did because of the risks involved.

The participants also mentioned handling issues or making decisions outside of work using the same process as they do when faced with challenges at work. They offered their life situation the same due diligence and rational approach that they would an emergency call, often resulting in the best possible outcomes. The calls have also shown them to appreciate life, citing that death happens all the time and that people must not let the small things stress them out because it could always be worse (referencing the gruesome, tragic, and over-traumatizing experiences of the callers).

The findings derived from a deeper analysis (IPA) of the lived experiences of the 911 operators and their idea of a becoming a changed person, can serve as confirmation of Jeal Paul Sartre's theory that suggests that the engagement and experience of human beings with their environment, people, places and things ushers them into a new reality of self that may not have been possible or non-existent absent of the particular experienced (Smith et al., 2009) These results indicate that their work experiences have changed who they are and how they live from both a negative and positive perspective. As stated by participant #1, when asked if she felt as though the job made her the way that she was, "had I just been a teacher, maybe something else, I don't feel like I would be like this/so guarded".

The operators notice a change in themselves or are told by family members that they have changed but also mentioned being better, admitting that had they not taken on this position, their

lives would be very different than what they are now. They have adapted to all the negative that they experience, they have learned life lessons from other's mistakes, have a newfound sense of appreciation for life and although admitting that they have become 'paranoid' (fearful, anxious, cautious) they rather be safe and keep their loved ones safe by being aware and alert.

These results implied their overall acceptance of this change, which was refreshing to see, as some participants attribute their new and improved selves to the career choice giving credit to their lived (overall negative) experiences. The participants have found a brighter side/ a positive perspective from what they experience and how they've adapted, nearly a sense of mastery over life circumstances. At this point in their careers, they were not thinking of the stressors, the environment, nor all of the hours that they clock in, but the way in which they have adapted and changed as an individual, partner and loved one, a change that they seem proud of.

Research Question 3a

Given the challenges facing emergency call center staff, it is not surprising that the stress has detrimental effects on the employee's physical and mental health (Perez et al., 2021). Research question 3a, is as follows: How do 911 operators view the impact of their work experiences on their physical and mental health? Through the analysis of the results of this study, this research question is answered with the use of two overarching themes, 1) the "Relational/Personal Impact" theme where participants report physical changes; specifically, weight gain and 2) "Stress Response", where participants share the cognitive, emotional, and behavioral impact that this job has had on their personal lives.

When asked about their physical health, only one significant answer was reported, being weight gain. Weight gain was mentioned by three of the participants, all females. The participants attributed their weight gain to the sedentary and physically restricting environment

they work in, the lack of desire to work out after a tough day and eating due to the anxiety of the incoming calls. Their weight gain is of concern; stating that they notice a complete change in how their bodies look and perform in comparison to how they were before working in 911 now that they spend so many hours in the call center. The position of a 911 operator demands staying near their assigned console (where they often sit and snack) or during the few breaks they have where they also have the opportunity to eat.

Also mentioned were the unavoidable late nights and unplanned overtime. These nights often include runs to the vending machines and fast-food restaurants in order to eat during an extra shift that they did not plan for. One participant cited less snacking but being too tired to work out after having worked her shift and too overwhelmed to work out before her shift in the event that she was later drafted and forced to work 16 hours.

When asked about their mental health, all but one of the participants reported feeling as though their mental health had been negatively impacted. Although one participant stated that her mental health was not affected, all the participants made references to being less patient, more irritable, anxious, overwhelmed, replaying calls/ having nightmares, and being emotionally drained due to the nature of the job. These are symptoms of emotional and behavioral stress responses and can be attributed to mental health issues such as depression, anxiety, and post-traumatic stress disorder.

911 operators are constantly exposed to murder, suicidal callers, mentally ill individuals in crisis, and many other critical incidents that can impact their mental health. Participants reported a range of emotional expressions ranging from just “needing a moment” to crying themselves to sleep. Expressions of anger were also indicated frequently, but only when referring to calls involving the mistreatment and abuse of children, which they reported as the most

challenging calls to handle from an emotional and psychological standpoint. Overall, the common idea was that the participant's reaction depends on the individual, what they are experiencing while collecting the information, and often past experiences that can trigger a specific response (for example, experiencing a death in the family or being a parent).

These results indicate that although the employees have some resilient tendencies and have implemented their individual coping mechanisms, their physical and mental health are impacted, often leading to other issues outside the call center. Primarily, being overweight can bring on a plethora of other health issues (cardiovascular disease, diabetes, and high cholesterol) while also limiting movement and quality of life. Although the health consequences of communications workers have been studied less often, it has been reported that generally, excess weight had been proven to increase the risk of developing mental health illnesses like depression, bipolar disorder, and agoraphobia (Luppino et al., 2010; Simon et al., 2006).

Secondly, the results also suggest that this line of work has had a tremendous impact on the mental health of the 911 operators. As seen in those who often find themselves experiencing multiple symptoms, such as hearing the caller's voice days to months post-incident, having nightmares of being at work, feeling sad, exhausted, and emotionally drained, lacking motivation or desire to live, and questioning whether their performance is enough after critical incidents.

A different level of analysis can be illustrated with the use of IPA. The participants are under the impression that the calls have no negative impact on them (8 out of 9 participants reported so). The cognitive, emotional, and behavioral symptoms that the participants are experiencing are not normal, although they have all convinced themselves that it is simply part of the job. The participants have suppressed the symptoms to the point where they believe that they are invincible and their mental health is unaffected by what they experience.

This is a multi-level issue. Not recognizing the problems or being in denial can impact help seeking and the overall success rates of any treatment that they do partake in. But can also insinuate that because of the environment (lack of support, no real services or treatment options, supervisors not caring for their needs, having to function outside of the call center) they have developed their own ways to adapt and survive. Whether it be the initial indoctrination, influence from the senior operators (the culture) or a self-implemented belief, the operators do not accept the notion of having a mental health issue or being traumatized. Because doing so would suggest that they are weak, incapable, or unable to ‘get the job done’.

Research Question 3b

How do 911 operators view the impact of their work experiences on social and personal relationships? This research question resulted in the most reactions from the participants, this being an area where they acknowledged having suffered the most significant impact from their work experiences. The participants of this study indicated that they are stricter, more protective overall, and desired seclusion, all as a result of the work experiences, which regularly resulted in failed relationships, more arguments between partners, and kickbacks from their loved ones for not being around. Through the analysis of the results of this study, this research question is answered with the use of four overarching themes, the first is the “Role of Communications Culture of Commitment” where participants feel like ‘outsiders’ do not understand what they experience. Secondly, with the overarching theme of “Stress Response” where the participants reported behavioral impacts such as withdrawal and changes in social activity. The third theme is the “Perspective and Resiliency” theme that reports a work/life balance or lack thereof and lastly, the overarching theme of Relational/Personal Impact where participants stated issues such as diminished communication and their chronic absence due to their line of work.

Participants described how their social lives were close to nonexistent, correlating their exposure to others' victimizations and the places where they were at that given moment. It is important to note that these participants live in or near the jurisdiction in which they work. The calls that they handle happen in the very neighborhoods, restaurants, and attractions that they at one point frequented. Being exposed to the calls and emergencies year after year diminishes their desire to be in those environments, again citing victimization and the reliving of the calls.

A participant shared an incident where they drove past a corner, and that corner was where a vehicular fatality took place the day prior, and they instantly felt the pressure of that call once they made the connection. Participants also mentioned certain areas that are more prone to crime which they avoid due to vehicle break-ins, assaults, and drunk drivers. The participants understood that anything could happen anywhere but seemed adamant about not going out to limit that possibility. Which included places outside of their jurisdiction where large crowds formed, alcohol was served, or was known to be a place of trouble.

The overarching issue here is that family and friends who do not work in this field may not understand why the participants are reacting this way. Participants stated that family members consider them boring, paranoid, or overreacting because of how careful they have become. This leads to fewer invitations, less socializing, and fewer connections made. Relationships (romantic, familial, and friendships) may suffer and fail from this avoidant/isolating behavior.

A possible reason for relationship is that the participants became accustomed to being alone and found themselves content with being around fewer people. Participants cited coming home and wanting to be left alone and not bothered. Sharing that the calls and overstimulation from the noises left them not wanting to speak, listen to music, or socialize, especially after a

tough day. One participant noted that she only realized the impact it had on her social life once she found herself avoiding her living room, a place where she would frequent and share many laughs with her large family.

She and the other participant's family and friends are on the receiving end of different treatments. Some participants mentioned not allowing their children to go out or hang out with friends and telling family members to avoid certain areas. While others mentioned having to provide their partners with a disclaimer before coming home because of the bad mood they were in, referencing a lousy day at the call center. Overall, the participant became stricter and more protective of their family members while also being apathetic towards their social life.

A more in-depth analysis of the findings provides a different perspective, that justifies separating themselves from a social standpoint. The operators have switched their role from friend and family member to the 'protector'. Despite their role in relationship, they simply want to shield their loved one, so that they are not victimized like the callers. These operators are constantly on high alert and watching over the ones they love. This can be explained with the statements made by the participants that reference limiting where they go, who they choose to hang out with, what they allow their children to do, and how different it was before they knew the 'evils' of the world.

The participants are aware that they are tougher on their loved ones and reiterated that they only want to keep them safe, and although it may come too strong, it is tough love. Parent 911 operators do not want anything to happen to their children. In comparison, childless participants mention their parents, siblings, and partners as those they want to protect, something that was not as apparent or extreme until they were exposed to the 911 lines. Their experiences shaped their thought process to always be thinking of the 'what ifs' and negatives of society.

This shift left no room for wanting to simply ‘hangout’ at a restaurant or enjoy a movie as their processing was tied up with identifying possible threats, developing immediate action plans and scouting emergency exists.

Research Question 4

What type of services/counseling program can be designed to assist their needs? Through the analysis of the results of this study, this research question is answered with the use of two overarching themes, the first is the “Role of Organizational Structure” where the participants reported insufficient support from both the agency (formal) and direct supervisors (practical). And secondly, with the overarching theme of “Recommendations for Improvement” where the participants reported their own recommendations for the improvement of the unit and profession.

Participants in this study described the low morale within the unit because they do not feel supported. Practically, support from the direct supervisors would be offered given that the supervisors themselves were once operators, however the unnecessary pressure added by them was a commonly reported stressor. Formal support is provided by the agency but often not utilized or sought after by the operators.

One of the services provided is the peer support group, where employees of the agency can meet and speak confidentially about anything. When asked about this program and the recent phone app that was developed for their use, the participants stated that it was just another program for the police officers and that they just wouldn’t understand unless they worked in communications. None of the current peer support staff is an employee of communications, and most are sworn officials. It should be noted that these are volunteer positions, and no one from the communications unit has signed up to be a peer support counselor.

Other complaints mention the on-staff forensic psychologists who “would not understand” and how the employee assistance program (EAP) only covers limited services. The participants are not content with the services being offered at this agency, also citing that speaking to someone after speaking to people all day is not something that appeases them. Out of the nine participants, only three found comfort in therapy but admitted to having a nonaffiliated-private mental health professional.

The solutions or recommendations for better programs were minor. One participant mentioned time off, which is a more complex problem due to staffing shortages. When specifically asked what services can be offered to make things better, the responses ranged from "I do not know" or "I wouldn't know because I don't use or need them."

The participant's complaints seemed to be specific to this agency and did not align previous studies exploring the services within other communications centers; these studies mentioned the lack of services being provided to civilian police employees, and the need for mental health services in that capacity (Lamplugh, 2016; Lentz et al., 2020). Despite these recommendations, the agency in this study provides therapy and debriefing sessions with staff chaplains (other religious representatives), health insurance that covers 100% of mental health services/procedures, and the use of 24/7 peer support in person and via a phone application on an organization-wide basis, to both front-line police officers and communication center employees. In the case of this study, it seems the communication center employees are reluctant to use these services because they are not tailored specifically to them. Although the participants are offered the services, many do not seek help. Whether it be because of the culture, embarrassment, or denial, the employees are not seeking the help regardless of how readily available it may be.

In end, a deeper interpretation of the results of this study with the use of IPA methods indicate that there is a more complex problem within the unit which causes friction between the operators, the direct supervisors and those who hold a sworn position. The participants do not feel supported or appreciated which has led to diminished morale within the unit but also no desire to ask for help as they cannot trust that they will be helped. The operators do not believe that the agency has their best interest at heart and that their only concern is that the calls are not going unanswered. This mentality can be to blame for the lack of help seeking, and as a result not being able to advise on whether the services are helpful or what operators need to be healthy physically, mentally, and emotionally while employed at this call center.

Limitations

Limitations for this study mostly revolve around its sample population. The nine participants of the study represented a homogeneous sample that could provide rich data relative to their lived experiences as 911 operators (due to their tenure). This study utilized a small sample size and was limited to one police agency; although customary for this method of research, it could be possible that these participants are not representative of the broader population as this study. This study was specific to the call center at the participating agency, which handles a far-reaching urban jurisdiction and employs hundreds of police officers and police support staff. Their experience as a 911 operator will differ from an operator in a rural, smaller agency who may not be exposed to some or any of the stressors reported by these participants. Secondly, there was no way to determine if non-work issues or other personal circumstances may have influenced an individual's responses. In addition, this study did not focus on labor-related impacts such as absenteeism or performance within the unit, but on how

their lives outside of the call center are being impacted, their health, their moods, and their relationships.

Lastly, the focus of this study was the lived experiences of the participants through self-reporting: their most difficult calls, factors that bring them stress, and what they have experienced while working in the 911 call center as an individual. These experiences were analyzed by the researcher, whose experience within the call center, its environment, and the operator's duties created the impossibility of approaching this study from an unbiased perspective. As such, the researcher took precautions to bracket her perceived understanding of their role as researcher while keeping in mind the influence of her own experiences working at this 911 call center. It was important to acknowledge her role during the interview process through remaining curious, asking and not assuming, and sticking to the interview guide in order to allow the participants to respond for themselves without interjecting any of her own experiences during the interviews.

Implications of Findings

This study's findings suggest that 911 operators are impacted by chronic exposure to traumatic events, in addition to their work stressors. As a result, their lives outside of the call center are also impacted although, not always negatively. Their lived experiences as 911 operators have shaped who they now are as human beings, partners, parents, and friends.

The calls that they have answered and the details that they have been exposed to have left lasting impacts on who they are as a person and their perception of the outside world. These employees are continuously exposed to critical incidents which in turn bleeds into their personal lives and impacts their behaviors, desires, moods, fears, performance, and the list goes on.

Despite the negative consequences there have also been some positives to being in this line of work (besides the obvious gratification of helping someone in need). The 911 calls have made the operators resilient in their own ways and have also shaped who they are as a person, as many of those calls have served as teaching moments for most participants. The difficult calls in particular were breaking points for some of the participants who, at that point realized that they did not have control over anything but themselves and found a new sense of peace knowing that their work was enough despite the sometimes-negative outcomes. Stating that they are able to get their job done and provide a service; if they could help even one person, they have accomplished their goal.

This way of thinking and processing has influenced the way they make decisions in their personal lives as well. The participants reported processing their own problems as they would the callers (with a calm demeanor and rational thinking). This practice has thereby helped the participants with their problem-solving skills as they report having second thoughts before making any decisions, thereby minimizing impulsivity, irrational choices, and irresponsible behavior.

It is clear that emergency work, whether behind the scenes or physically on the scene, can be emotionally and psychologically taxing. The overall well-being of the 911 operators (even off duty) is a public health concern. Their physical, emotional, cognitive, and behavioral health is of great importance and needed for the safety of the general public, as nationwide emergency response centers depend on 911 operators to de-code, prioritize, and dispatch assistance to those in need.

Implications to 911 Operators

This study focused on the impact this type of work has on the lives of the 911 operators employed by this agency. Throughout the interviews, the participants frequently cited two ideas, wanting to help the callers, and wanting to protect their loved ones from all harm. The participants have adopted this savior mentality, whose goal is to save everyone but themselves. The 911 operators in this study, like many of the participants in other studies with this population, fail to take care of themselves (physically, emotionally, and psychologically). As stated by the Substance Abuse and Mental Health Services Administration (SAMHSA), first responders face an increased risk of experiencing some mental health and substance use issues and conditions. Fear of being seen as weak or not up to the job of a responder keeps many from seeking help (2022).

Participants reported falling victim to the sedentary nature of the job and becoming overweight, have no desire to go out and de-stress or share with their loved ones leading to isolation and failed relationships, and the list goes on. However, there is a personal responsibility to self-care, regardless of what the agency is or is not providing. The recommendation for these participants and other 911 operators is to remember that their needs and health are also extremely important, tempting to say even more important than the 911 calls. Meaning that it is imperative to find healthy coping mechanisms and ways to address the job-related stress. Taking these actions will in turn, help their physical, mental, and emotional wellbeing and their lives outside of the call center.

Implications to Police Agencies/Communication Centers

The effectiveness and efficiency of an emergency call center depends on the overall well-being of its call takers and dispatchers, as both the officers and callers depend on their emotional stability and cognitive skills to get the job done. Mental wellness (for all employees within police

agencies should not just be a program or a training, but a conscious decision made by the leadership personnel and command staff.

Police agencies and communications centers that are concerned with the overall well-being of their employees may find some benefit in implementing the following tactics:

- Trauma Informed Leadership (for both direct supervisors and command staff); a trauma informed approach will not only help the supervisors approach others correctly but also help themselves.
- A more proactive/preventative approach to mental health as opposed to solely reactive with the use of training.
- Implementing more 911 operator specific trainings and resources.

Many leaders may not know or are oblivious because of their old school police mentality or their own lack of mental health trainings. This is an approach that can help all employees within a police agency, as with this style of leadership everyone will reap the benefits. Trauma informed leaders have taken the necessary steps to learn the signs of stress and trauma and have the drive to implement programs for their subordinates. The leaders that do so, not only understand the importance of training in mental health but also understand the importance of having healthy employees.

With the right tools, responders can build their resiliency by increasing awareness about risk factors and warning signs and using healthy coping strategies (National Alliance on Mental Illness, n.d.; Substance Abuse and Mental Health Services Administration, 2022). Many of the participants mentioned changes in their behavior, performance, and emotions while not knowing that the symptoms they were reporting were psychological responses to critical incident stress. They were unaware that withdrawal, irritability, increased awareness of their surroundings, and

changes in social activities were only a few of the common signs of having been exposed to a traumatic event or critical incident. The main concern here is that they were not aware that those were signs, suggesting that they have not been trained or given the tools necessary from a mental health perspective.

Specific trainings and preventative strategy programs that can help the employees are as follow (NOTE: many of these programs were recommended for Law Enforcement Officers in particular, as close to no program, or training method was specific to 911 Operators and their job exposure):

- Behavioral Health Training (BHT) for police officers: a preventive strategy that can 1) increased awareness of specific problems that characterize a subset of law enforcement professionals, 2) provide psychoeducation concerning both risk of and protective factors for possible difficulties, and 3) facilitate efforts to identify problems as early as possible and intervene with personnel before they become resistant to change (Van Hasselt et al., 2020).
- Emotional Survival Stress (from book titled: Emotional Survival Stress for Law Enforcement by Kevin N. Gilmartin, Ph.D.) that teaches the officers and their families to survive the stress riddled career.
- Mindfulness for Warriors: Empowering first responders to reduce stress and build resilience (from book titled: Mindfulness for Warriors by Kim Colegrove).
- Emotional Survival Stress and Coping Strategies Training will equip the employee to view the warning signs and how to address them.
- ‘The Armor Your Self™ is on-site training program held by the Law Enforcement Survival Institute is an eight hour hands on “How to” seminar that helps police officers

and other law enforcement professionals armor themselves physically, mentally, emotionally and spiritually.

- Shield of Resilience Training Course is a free one-hour online course provided by SAMHSA, that provides law enforcement officers with a foundational skill set to better understand and address the behavioral health stressors that are unique to law enforcement (Substance Abuse and Mental Health Services Administration, 2022b).
- Trauma Focused Cognitive Behavioral Training: This gives police, fire fighters and paramedics the ability to recognize problematic and negative thoughts and replace them with positive ones and can support positive behaviors (Substance Abuse and Mental Health Services Administration, n.d.).
- Didactic Behavior Trainings: A class and/or therapy technique that demonstrates exercises that can help public service professionals practice mindfulness.
- Stress Reduction, Emotion Regulation and Self-Regulation.

Having the training available is not the only battle. Looking at the response of the participants in this study, it is clear that help-seeking needs improvement. A study by Carleton et al. showed that 43-60% of public safety personnel (including 911 operators) would never, or only as a last resort, seek professional mental health care (2020). Although this agency has done its part to provide some services, it is clear that most employees in this field shy away from this approach, undoubtedly because the participants do not feel as though the services are tailored to their work or needs specifically. This suggests that agencies should not only adopt a more proactive approach and make mental health part of the training curriculum, but it should also cater these trainings to the needs and the experiences of 911 operators. As it is clear that there is a lack of operator specific training.

During their months of training, before taking live 911 calls, the employee should be trained to recognize when they need help and also techniques to help themselves from a telecommunicator viewpoint (preventative). This training/resource will help them better understand trauma and stress, recognize the signs and symptoms, teach healthy coping mechanisms, and when to seek professional help. But also help them feel understood and their needs acknowledged as opposed to using services that are created for physically responding first responders. All of this is in hopes that they would use the information to take care of themselves so that they continue to serve their community, while also having a healthy work/life balance outside of the unit.

Policy changes can also set the tone for improved well-being and help seeking. Some policy recommendations will depend on what is possible for the agencies in accordance with their budget and the procedures set in place, such as minimum staffing requirements. These recommendations would have to be tested, in order to determine if these are the best ways to keep these essential community responders healthy and capable of performing their vital role.

The following are policy implications that may be helpful for some agencies:

- Covered co-payments for all mental health/trauma related therapy (not simply after a critical incident); this will increase the likelihood of help seeking.
- Implement/ increase the number of breaks provided while on duty; to limit exposure and burnout.
- Post critical incident, the operator must be allowed to log-off, removed from the call center and allowed time to de-compress, a minimum of 15 minutes (limiting/eliminating going from call to call).

- Mandatory de-briefings within 24-hour for any major incident (i.e., death of a child, police involved shooting, mass casualty event, etc.). This will ensure the proper and timely treatment of PTSD, anxiety, and critical incident stress.
- Employing a “in-house” mental health professional can increase help seeking, as it removes yet another barrier. This would allow for operators and all staff to speak to someone when they need help without having to use time off, travel anywhere, or create other excuses.
- Implementation of annual [health] evaluations. The ultimate goal of such assessments remains the wellbeing of the employee. This will also show the employees that they are important, provide the agency with the employee’s status and some ultimately guidance as to what should change/improve.

Recommendations for Future Research

As a result of this study, three recommendations are being put forth. These recommendations are listed and discussed below:

1. This study focused on a small sample within one agency; it should be replicated with other police agencies and 911 call centers to study if comparable results occur with other 911 Operators or differ within centers who feel supported by their agencies.
2. During recruitment, two potential participants expressed interest but did not meet the inclusion criteria because they were medical dispatchers. This study could also be replicated with medical response dispatchers in order to view the impact that providing medical assistance over the emergency lines has had on their lives.

3. And lastly, the parents, family members, partners, and children of the 911 operators often receive the brunt of the impact through mood swings, outbursts, avoidance, and failed relationships. A similar study should be replicated from the perspective of the family members for a more honest look into how the 911 operator's lives have been impacted outside of the call center.

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Footnotes

¹ The term shift work refers to any work schedule that falls out of the hours deemed "normal", evening, overnights, weekends, etc.

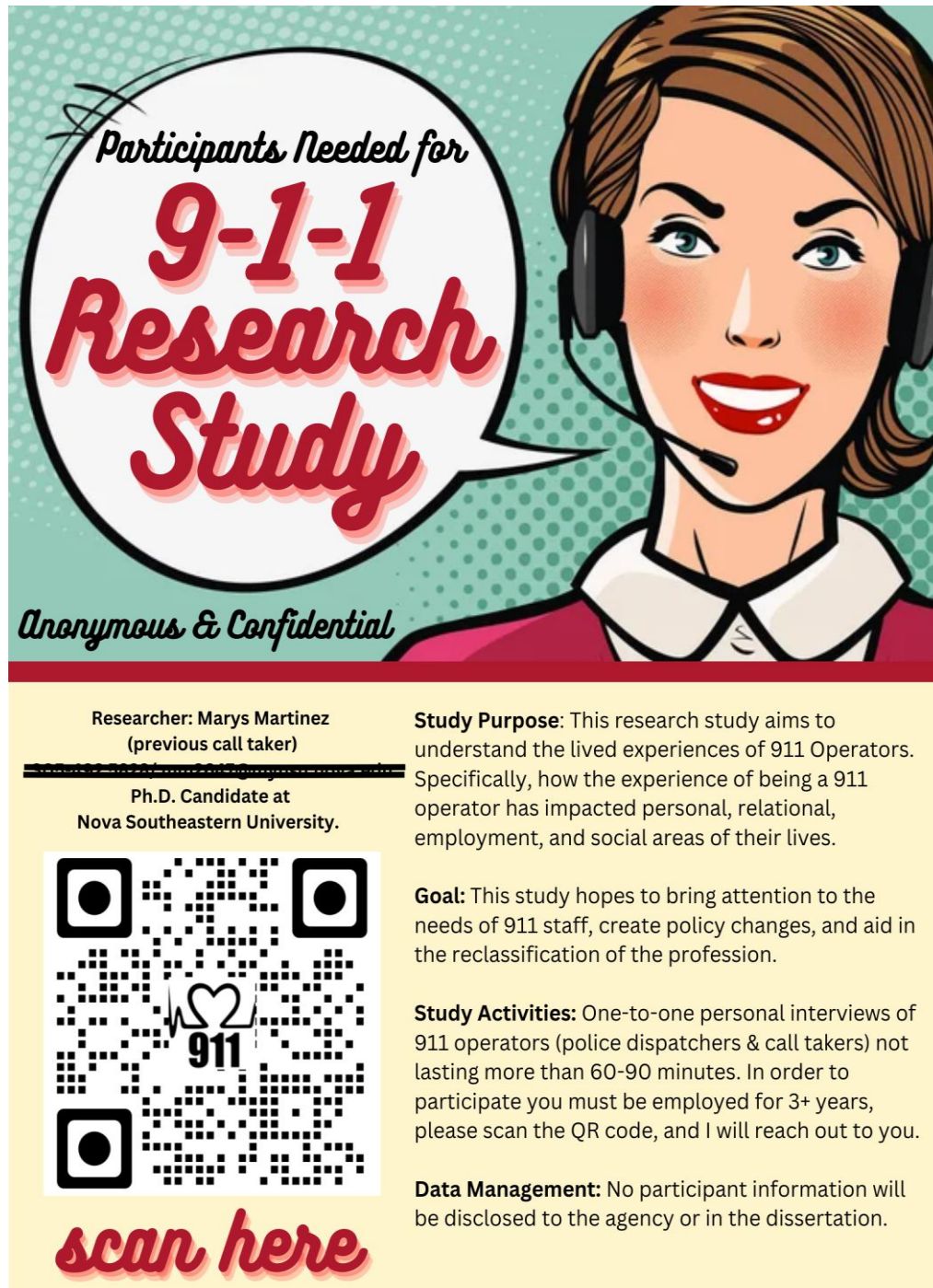
² A law called the Florida Heart-Lung Bill allows firefighters, law enforcement officers, and correctional officers to recover benefits if they develop cardiovascular conditions at work [Florida statute 112.18].

Appendix A

Recruitment Flyer

Below is the recruitment flyer that was used throughout the communications call center.

Researcher contact information was crossed out for privacy purposes.



Participants Needed for
**9-1-1
Research
Study**

Anonymous & Confidential

Researcher: Marys Martinez
(previous call taker)

Ph.D. Candidate at
Nova Southeastern University.

Study Purpose: This research study aims to understand the lived experiences of 911 Operators. Specifically, how the experience of being a 911 operator has impacted personal, relational, employment, and social areas of their lives.

Goal: This study hopes to bring attention to the needs of 911 staff, create policy changes, and aid in the reclassification of the profession.

Study Activities: One-to-one personal interviews of 911 operators (police dispatchers & call takers) not lasting more than 60-90 minutes. In order to participate you must be employed for 3+ years, please scan the QR code, and I will reach out to you.

Data Management: No participant information will be disclosed to the agency or in the dissertation.

scan here

Appendix B

Qualitative Interview Schedule

Below is the interview schedule that was used to conduct the semi-structured, one-to-one interviews with the 911 operators/participants:

Interview Schedule

The questions included in this interview address the role and demands of a 911 operator, their lived experiences, and how those experiences have impacted their lives outside of work. If viewing this form, written consent has been provided to the researcher confirming that it is understood that this participation is voluntary.

Interviews are taking place during scheduled contact sessions. None of the scheduled sessions will be interrupted or open to anyone other than the researcher and participant. The interview will be recorded on a digital recorder. Once the interview is complete, the recordings will be transcribed.

The following questions will be asked during the interview. The questions consist of three sections and all questions will be asked during this one interview:

Preamble:

- Permission to record.
- Consent form.
- Demographics information.
- Introduction.

RQ1: How do operators view their job?

1. How long have you worked as a 911 operator? At this agency or any other.
2. Is your position call taker or dispatcher?
3. Do you consider or see yourself as a first responder?
4. Do you feel as though your job is important?
5. How do you view your job?
6. Has that view changed from when you first started? If so, how?
7. What does a workday look like for you? From start to finish.

RQ2: What insights and meaning emerge from their work experiences? How do they make meaning from their work experiences?

1. How do you make sense of your work and what you experience daily?
2. Do you feel as though you experience trauma on the job?
3. How do you make sense of the trauma that you experience?
4. Does the trauma that you are exposed to bother you in any way?
5. Do you feel as though your work/ the calls you answer have an impact on your life?
6. Would you say that the impact on your life is negative or positive? Please explain.
7. What life lessons have emerged from your work experiences?

RQ3: How do 911 operators view the impact of their work experiences on how they live their lives?

1. Can you give me an example of how your work experience has changed your life outside of the call center?
2. Do you believe that your work experiences have changed the way you think and process certain things?
3. Do you find yourself avoiding certain areas or events because of a certain call that you previously experienced and its impact on you?

RQ3a: How do 911 operators view the impact of their work experiences on their physical and mental health?

1. Do incoming calls make you feel anxious or nervous?
2. Which call type of call do you find the hardest to handle?
3. Which call do you believe has been the most psychologically/emotionally challenging call that you've handled so far?
4. Do you feel as though your physical health has changed since working as a 911 operator? How so?
5. How have your work experiences impacted your mental health?
6. Have you ever had nightmares or memories about a call? How often does that happen?
7. Have you ever felt burned-out or emotionally drained because of your job experiences?
8. Do you consider yourself to be resilient?

RQ3b: How do 911 operators view the impact of their work experiences on social and personal relationships?

1. Has your work experience changed the way you treat your loved ones? Do you think that you became more protective of your loved ones after you started working as a 911 operator?
2. Have you ever found yourself treating your family differently after a tough call?

3. Have you ever found yourself changing plans or not doing something because of a call that you previously experienced and its impact on you?

RQ4: What type of services/counseling program can be designed to assist their needs?

1. What does an emotional response after a difficult call look like for you?
2. How do you cope after difficult calls?
3. Has your agency ever provided therapy or counseling post difficult call?
4. Have you ever used the services provided? Why or why not?
5. Do you feel as though the programs and services provided to the 911 operators at your agency are enough for the type of work that you do?
6. Do you feel supported by the field? Your agency?
7. What do you feel should change about this profession?

Ending

1. Is there anything else that you would like to share about your profession, lived experiences or how your life has been impacted?
2. Do you have any questions for me?