

# Experiences in Recovery, Treatment, and Return-to-work Following an Acute Cardiac Event among Firefighters: A Descriptive Thematic Analysis of Firefighter Experiences

Sara M. Stretton<sup>1\*</sup>, Joy C. MacDermid<sup>1</sup>, Joline W. Attalla<sup>1</sup>, Renee MacPhee<sup>2</sup>, David M. Walton<sup>1</sup>

KEY FINDINGS

- Barriers to recovery, treatment, and return-to-work (RTW) following an acute cardiac event included the lack of consideration of what it means to be a firefighter, overlooked mental health difficulties, mental and physical illness stigma within the fire culture, and lack of social support
- Firefighters identified that the treatment and recovery process to successfully RTW needs to be fire-specific (i.e., tailored to their occupational demands)

### Background

- Firefighters are potentially at a higher risk of developing heart disease and experiencing acute cardiac events due to the high mental and physical demands of the job.
- There is limited literature on treatment and recovery—how to successfully return to the high-stress firefighting work environment needs to be further studied.

### Objective

To identify future treatment targets to better support firefighters during their treatment, recovery, and RTW following an acute cardiac event, and gaps in the current body of literature surrounding RTW among firefighters.

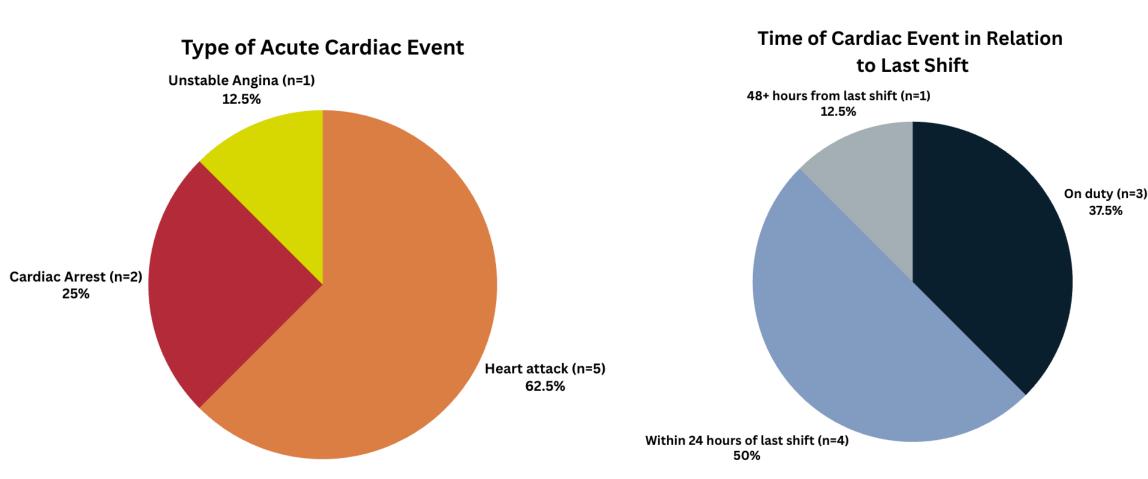
### Methods

- Moustaka's transcendental approach to phenomenology and the critical theory paradigm were used to focus on the participants' experience as described by themselves (Creswell, 2007; Moustakas, 1994).
- Recruited 8 firefighters who had a cardiac event during their career (i.e., heart attack/myocardial infarction, cardiac arrest, stroke/aneurysm rupture, and unstable or new onset angina).
- Interviews were conducted using a semi-structured format to understand the influence of unique social and cultural structures and discourses of the firefighter community.
- Interviews explored the experience of firefighters during treatment, recovery, and RTW.
- Data was analyzed in a two-reviewer process using the Braun and Clarke's six-phase approach thematic analysis (Braun & Clarke, 2006, 2012).

### Results

### Sample:

- 8 male firefighters
- 5 from Canada, 3 from the United States
- Age range: 35-65 years old.
  - Most cardiac events occurred in their 40s (n=5)



■ Four major themes and subthemes were identified (Figure 1 & 2).

Figure 1: The treatment and recovery process major themes

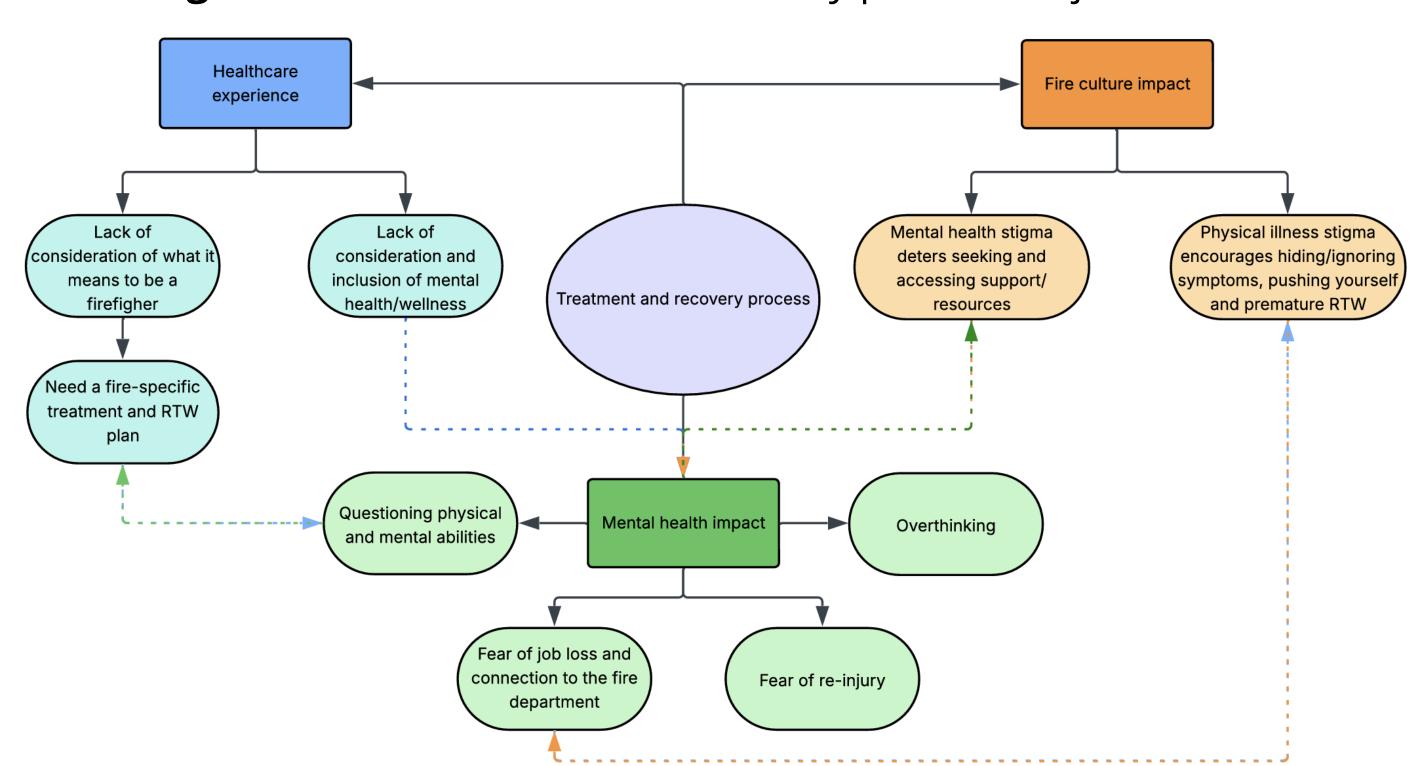
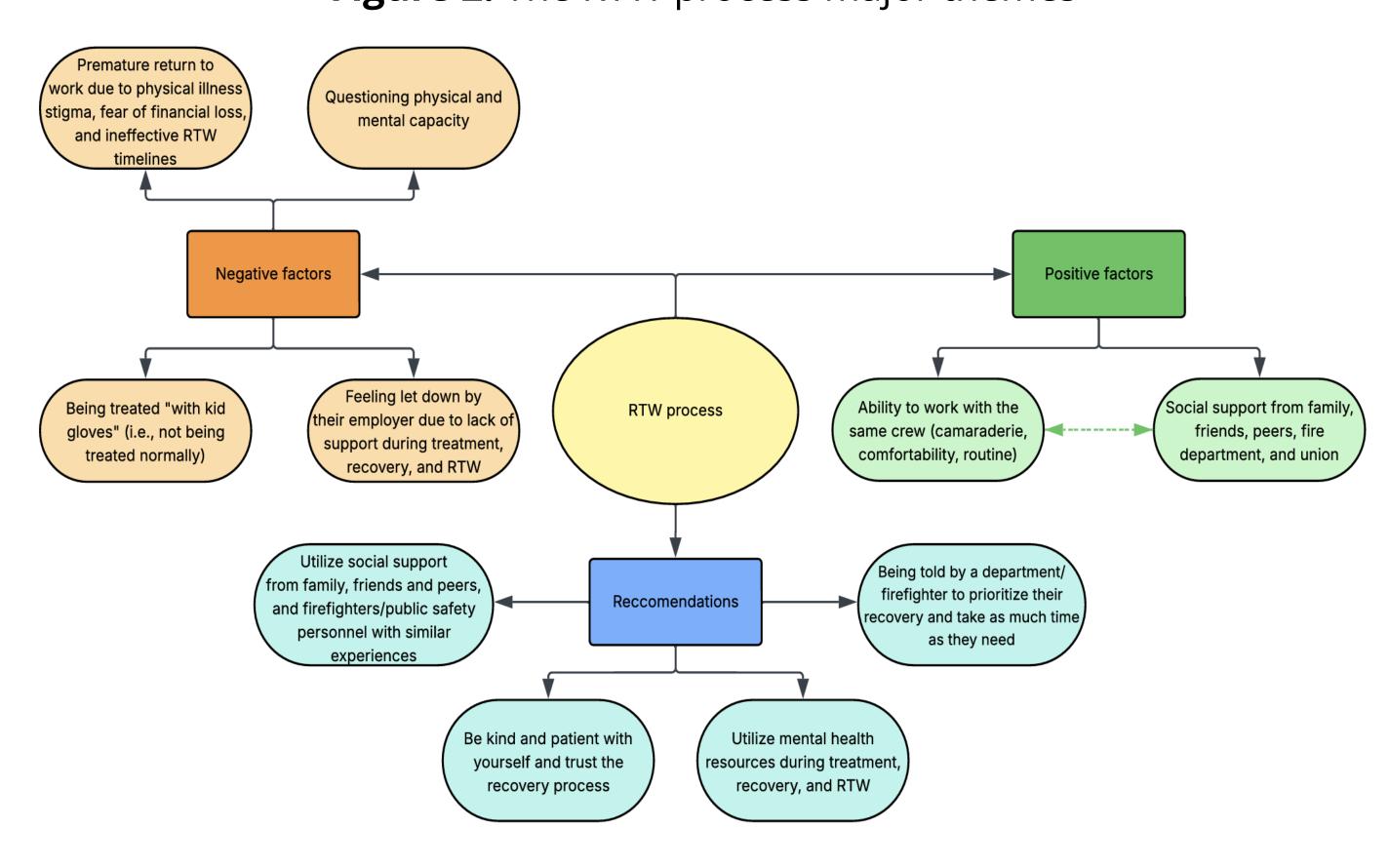


Figure 2: The RTW process major themes



Theme 1: Lack of consideration of what it means to be a firefighter during treatment and recovery

"My cardiologist wasn't following a prescribed RTW plan for a firefighter but was following a RTW for [the general public] .... [There was no] can you climb these stairs? Can you do the stress test on the Treadmill? I wasn't being put in any kind of scenario that would test my physical or mental skills to say that you're fit [and ready to RTW] or no, we think you need more time off, and you need to spend a couple of weeks in training to get yourself back into game shape."

## Theme 2: Mental health difficulties following an acute cardiac event are overlooked and a major barrier to recovery and RTW

"If I hadn't been so proactive and demanding, I think I would have slipped under the carpet. I truly believe that, and I'm not mad at anybody. I'm not pointing fingers, I just know that if I hadn't initiated this, it wouldn't [have] happened."

## Theme 3: Mental and physical illness stigma within the fire culture impedes a successful recovery and RTW process

"Your arm could be falling off, and someone will ask you 'how are you' and you'll say you're fine, there's nothing wrong. You never bring attention to yourself. You're never sick, you're never hurt."

## Theme 4: Social support or lack thereof determines the success of one's recovery and RTW process

"I was off work for five months. My employer contacted me twice in that period. I had lots of connections to other members, but my employer only wanted to fill out the work safe forms and know when I was coming back, nothing in between...I was just set adrift... There were no phone calls, no 'how are you?' 'How's life?' 'See you later.' 'Screw off.'

Anything. There was nothing, just no connection."

### Conclusion and Discussion

The results highlight the importance of using an ecological framework of health (i.e., public policy, community, organizational, interpersonal) when designing and implementing a successful treatment, recovery, and RTW program (Eriksson et al., 2018; McLeroy et al., 1998; Scarneo et al., 2019).

### Recommendations for a fire-specific treatment, recovery, and RTW based on the findings:

- 1. A physical cardiac rehabilitation program tailored to firefighters
- 2. Formalized mental health/wellness
- 3. Social support at the personal and organizational level
- 4. A standardized re-entry process, including physical assessment and the ability to return with modified duties
- 5. Standardized and clearly communicated off-line procedures

#### **Future Directions**

Future research should focus on developing fire-specific physical rehabilitation programs, standardized re-entry processes following an injury or illness, and standardized off-line procedures.

**Limitations:** The study is limited by sample size and gender homogeneity.

### Disclosures

In relation to this presentation, I declare the following, real or perceived conflicts of interest: **None** 

### References & Affiliations





