

Promoting and Hindering Health and Well-Being in Firefighter Discourse

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Abstract

The aim of this critical discourse analysis is to identify and discuss dominant and recurrent themes in firefighter discourse that promote and hinder firefighters' health and well-being. Using critical discourse analysis, the focus is directed toward routine work culture at the station, as well as how firefighters deal with extraordinary events. The empirical material was collected from rescue services in Sweden representing different geographical areas. In total, 28 firefighters participated in focus group discussions or individual interviews. We identified dominant themes in the discourse that promoted firefighters' health and well-being. We also identified recurrent themes that may serve as hindrances to health and well-being. We note that themes in the latter category also relate to changes in the profession and work culture, expressing external pressures on the rescue service. One reason for resistance toward change might be the health benefits that the current order of firefighter discourse brings.

Keywords

critical discourse analysis, firefighter, health, hindering health, promoting health, well-being, work culture

Meaning-making processes for firefighters are a neglected area of research in the field of health and well-being. We argue for the need of improving the understanding of these processes, especially beyond the current strong focus on extreme events and their aftermath. Several studies have reported risk factors and incidences of physical ill-health among firefighters (Daniels et al., 2015; Ide, 2014; Pukkala et al., 2014). Research into mental health has also been in focus, often examining the impact of single large-scale events, such as the terrorist attack in the United States on September 11, 2001 (Bills et al., 2008; Corrigan et al., 2009; Perrin et al., 2007). However, previous research regarding relationships between health and work among firefighters has not considered the organizational culture and the meaning-making processes of all the “ordinary,” mundane work at rescue services. This article will highlight cultural and organizational influences on the health and well-being of firefighters—in other words, the social consequences of firefighter discourse at work.

Health and Work Cultures in Firefighting

Our research interest is the culture of work at rescue service stations and its influence on health among firefighters exposed to traumatic and stressful psychosocial strain in their work, who are therefore considered to be a high-risk group for mental ill-health (Benedek et al., 2007; Corneil

et al., 1999). In contrast to the risk of being injured on duty, however, the mental health of firefighters has been reported as being generally good (Arnetz, 2012; Jacobsson et al., 2017). In Sweden, firefighters seem to be healthier than other groups such as police personnel (Backteman-Erlanson et al., 2012), and ambulance personnel (Aasa et al., 2005).

In Sweden, firefighters are generally trained in both emergency care and firefighting (both residential and commercial fires), hazardous materials spills, explosions, and even large-scale community and natural disasters. Between emergencies, firefighters perform station work including equipment care, and preparation and drills for various events (Ericson, 2011; Glans & Rother, 2007). Regular work on fire prevention and risk reduction strategies is also becoming more common. This broadened mission in Sweden has been regulated by legislation since 2003 (SFS, 2003:778). For purposes of preparedness, part of the firefighters' routine at work is to set aside time for physical training, including recovery.

Several of these work tasks in firefighting, especially the operative part of the work, are typical symbols of masculinity (Chetkovich, 2004; Häyrén Weinestål et al., 2011). This

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dominant gender coding is further maintained and reinforced by the fact that numerically very few women work as full-time firefighters. The pattern also holds true in a nation like Sweden which otherwise is recognized globally as one of the most gender-equal countries in the world (World Economic Forum [WEF], 2016). In recent years, the profession of firefighter has been the subject of intense research regarding diversity, especially concerning gender balance. Baigent (2016), a British sociologist and former firefighter, focuses his research on how firefighters—this predominantly White, male, working-class, heterosexual, and able-bodied group with strong popular public support—form tight and intimate teams, and their motivations for doing so. Chetkovich (2004) reveals the problem of exclusion and invisibility of female firefighters in an extremely masculinized occupation. In addition, Khan and colleagues (2017) described how gender did affect the fire fighters' work culture. Despite differences in the experience of being a female fire fighter, all women in the Khan study stressed that they did not want to appear weak in a hypermasculine culture. The women in the study felt that they needed to take risks to prove their competence and to be accepted by male colleagues. To overcompensate or outperform work tasks by taking additional risk will probably increase the risk of getting mental ill-health, which has also been pointed out by Hom et al. (2017), who emphasizes that woman within the rescue services are at greater risk of suicide and mental health concerns due to experiences of harassment and threats in the workplace.

Critical Discourse Analysis (CDA) and Critical Studies of Men's Health

We apply a CDA framework, inspired primarily by the work of Norman Fairclough (1992), when focusing upon sense-making by firefighters of their health and well-being at work. Discourse is understood as language use and a form of social practice (Fairclough & Wodak, 1997). Together with Ruth Wodak, Fairclough argues that discourse both affects and is affected in a dialectical manner. Language use, or discourse, is always linked to how power, social identities, and relationships are distributed and formed within a society (Fairclough & Wodak, 1997). Furthermore, CDA scholars emphasize that our worldviews and understandings of phenomena are socially constructed and are therefore also contingent and open to change. In this case, the meaning of "firefighter" is always influenced by the social, political, historical, and cultural context within which it is formed (Lidestav & Egan Sjölander, 2007). This motivates us to study both collective and individual processes of meaning-making among firefighters regarding their health and occupation, including the corresponding organizational context—or work cultures—within which these processes take place. The "critical" in CDA has multiple meanings, including the intention to make visible the interconnectedness of things or phenomena as

part of research and having a continuous focus on self-reflection as a researcher (Fairclough, 1995).

Other advantages of the CDA approach are that theory and method are closely linked to each other, and that this perspective helps integrate different levels into the analysis. One such example is Fairclough's (1995, p. 98; Jørgensen & Phillips, 2002, p. 66) often-applied three-dimensional model, which we also make use of here. Its basic principle is that each single text is studied in relation to both the institutional discursive practice, in which the texts are produced and/or consumed, and the surrounding wider sociocultural context, which also contributes to the meaning of any given text. As applied in this study, we see each firefighter's articulation about health and work as text, and the rescue services and its work culture as the discursive practice—in other words, the immediate context within which these meaning-making processes take place. The wider sociocultural practice or context is more difficult to define in precise terms because it potentially encompasses "everything." In this analysis, however, we have focused on a limited number of topics or phenomena in late-modern societies that prove relevant as regards understanding and defining what it means to work as a firefighter, including recurrent ideas about who can become one. All these topics—gender, diversity and education—are also key aspects when it comes to health and well-being in workplaces.

The growing research field of critical men's studies is also relevant when it comes to understanding health among firefighters. Integrated into a broad explanatory context, critical studies of men's health explore how different versions of masculinities are constructed in different contexts and the effects of these various masculinities on men's health (Gough & Robertson, 2009). It is important to keep in mind that although dominant stereotypes about masculinity exert a powerful role (e.g., when defining what it means to be a firefighter), men and women in various contexts may construct a variety of masculinities. This is one of the important conclusions of Courtenay's (2000) study, but it is also argued in Connell's (1995) pivotal work *Masculinities* and further developed in Connell (2009). Furthermore, Courtenay (2000) notes that men's health-related beliefs and behavior vary depending on the type of masculinity they are constructing and the context within which they are enacting it (e.g., with peers at work or at home with their partners). This is also supported and elaborated by recent research (Scholz et al., 2017), confirming the meaning of maintaining masculine identities for the impact on well-being.

Aim and Research Questions

In brief, it may be concluded that despite more recent attention to the period after traumatic events in the area of firefighting, little focus has been paid to the on-going "day-to-day" work at the rescue service station and how this in turn corresponds to health issues. In addition, we would

argue that many studies fall short when it comes to exploring resources that promote health within the firefighter discourse. This pattern stands out when the perspective of health promotion is the main focus and because most research to date has looked at obstacles and ill-health. Another study has also found evidence of relatively good health among firefighters (Jacobsson et al., 2017, 2020). These positive results are of particular interest because they were unexpected to some extent. They also motivated us to examine the firefighter discourse more closely to learn more about positive health factors in the “blue light” workforce. We are convinced that the firefighters’ specific work context or culture is central in respect to how this group makes sense of their work, their health, and well-being.

The aim of this CDA is to identify and discuss dominant and recurrent themes in the firefighter discourse that promote and hinder health and well-being among firefighters. The focus is directed toward “ordinary” or mundane work culture at the station, but we also pay attention to how firefighters deal with extraordinary events in their day-to-day work, including what support systems are in place when dealing with such events.

The following research questions have been focused upon:

Research Question 1 (RQ1): What themes in firefighter discourse promote health and well-being among firefighters?

Research Question 2 (RQ2): What themes hinder health and well-being?

Research Question 3 (RQ3): How do firefighters make sense of their work and profession?

Research Question 4 (RQ4): What broader social effects or implications can these sense-making processes in the firefighter discourse have?

As in any discourse analysis, not only is describing and revealing patterns of great importance, but also attempting to put them in perspective to relativize the “given.” Equally central is the difficult task of the researcher to tease out and reason through the possible social consequences of the discursive patterns at hand. This involves understanding, for example, who might not fit in or who might be excluded from dominant understandings of what a firefighter “is.”

Methodological Approach and Empirical Material

As stated previously, the CDA approach enables us to integrate theoretical viewpoints with a suitable methodological approach. The construction of health in the firefighter discourse is our object of study and is here defined as sense-making about health and firefighting in the work culture among firefighters.

The empirical material in this study was collected from different rescue services around Sweden, representing

various parts of the country as well as rescue services of various sizes. This data collection was performed to get some diversity in the sample, more than for comparative analytical reasons. In total, 28 firefighters (four women and 24 men), between 28 and 63 years of age mainly working at three different rescue service stations, were invited to participate in either a focus group discussion (FGD) or an individual interview. To be eligible for inclusion, the firefighters were required to have worked in the profession for at least 1 year. All firefighters invited chose to participate. The participants had between 3 and 36 years of experience as firefighters, with an average of 21 years. The sample of stations include one medium-sized rescue service station in the northeast of Sweden with 10 participants (Focus Group 1, 10 men), a smaller rescue service station in the central Swedish hinterland with six participants (Focus Group 2, one woman and five men), and a larger rescue service station in one of Sweden’s metropolitan regions with nine participants (Focus Group 3, one woman and eight men). The FGD was conducted by two researchers: a moderator and an observer/secretary. In addition to these focus groups, three individual interviews were conducted—one with a man who had worked 8 years at a large rescue service station (Interview 1), one with a woman who had been working for 3 years at both large and small stations in different parts of the country and who had changed profession 1 year previously (Interview 2), and, finally, one with a woman who had worked 6 years as a firefighter at a larger rescue service station (Interview 3). All participants were informed both orally and in writing about the purpose of the study and the importance of their consent to participate. They were also informed that the interviews would be recorded and that they could discontinue participation whenever they wanted. The research project was approved by the Regional Ethical Review Board in Umeå, Sweden (Reg. no. 08-186M). All participants approved the interview arrangements and consented to participate in the study. We judge the likelihood of individual male or female firefighters being identified by peers as very small given that there are only three rescue service stations that are studied out of a total of 290 in Sweden. This is also why we have kept the naming of them 1–3 in the quotes. However, we have also chosen not to include details such as quotes that could reveal information about the specific context or individuals.

The design of the FGDs allowed the participants to collaboratively share thoughts about their job and work environment, as well as their experiences of health-promoting components in their profession. The interview guide (Appendix) was semi-structured, and all respondents were asked similar questions about health-protective components and the like to facilitate comparisons between responses from different groups. The three focus group sessions lasted from 85 to 97 min, and the recordings were manually transcribed in full by the first author. The interviews were conducted in meeting rooms at the respective rescue services.

The three individual interviews complemented the focus group material and made it possible to get a more personal and developed sense of meaning-making in work as a firefighter in Sweden today and to provide space for people from minority groups to speak out. Similar questions were also raised in these interviews, even though they were customized based on the situation. Two of these interviews (1 and 3) were conducted over the phone and the third interview (2) in a room at the participant's current workplace. The interviews, which lasted from 75 to 95 min, were recorded and thereafter transcribed verbatim by the first author to maintain details and nuances in the firefighters' sense-making. The transcribed text has also been verified and corrected by the last author and the second author.

The power dynamics at work in the data-gathering process also need to be reflected upon, because interviews, here in the form of FGDs, are never simply meetings between an interviewer and an interviewee. In this case, they were also encounters, for example, between men, many with a working-class background, and women from an academic research context (Al  x & Hammarstr  m, 2008). In our study, the first author of this article also has substantial experience in teaching firefighter students, which has in many ways been valuable in our efforts to grasp and understand the firefighter discourse. This knowledge has enabled us easier access to the field and also facilitated the process when formulating a relevant interview guide. We believe that this familiarity with the general work culture and organization of the Swedish rescue service mainly has been an advantage when it comes to the interpretation of the results. However, as researchers, we have to be reflective about our own role in the process and any possible disadvantages of this familiarity (J  rgensen & Phillips, 2002). A strength of our interdisciplinary research team, due to various scientific backgrounds, was that it became natural to question interpretations and to reflect upon our diverse starting-points throughout the research process.

The analysis was inspired by Fairclough's (1995) take on CDA that divides the work into different parts. The first step contained a thorough reading of all transcripts (texts in Fairclough's model). In other words, we focused on the conversations that took place at the rescue service stations (the studied discursive practice for this text production and consumption according to Fairclough) to be able to identify and code recurrent themes about firefighters' health and well-being. Moreover, it was also crucial to study speaking order and dominance within the groups, for example, how much different individuals talked, their respective formal position, age or work experience, gender, and what kind of responses they received from the group. Noting these distributions in firefighter discourse is part of trying to relativize what appears to be given—a crucial motto for CDA scholars. Another step in the text analysis was then to highlight and code all segments that related to our research questions (RQs 1–4) about health and firefighting, and thereafter to sort them thematically. Using this approach, we

could identify recurrent and dominant themes about health and well-being in the firefighter discourse. The results will be presented in the following findings.

Analysis and Findings

First, we identified recurrent or dominant themes in the interviews that promoted health and well-being among firefighters (RQ1), articulated within a discursive practice of great importance—namely their everyday work culture at the rescue service station. We then identified themes in the discussions—their sense-making—that were defined or framed as hindrances to health and well-being among firefighters (RQ2). How firefighters made sense of their work and occupation in more general terms was also of interest to us, for example, when they compared firefighting with other blue-collar services and when they articulated norms and ideals associated with firefighting, for example, regarding the need for physical strength. This research question (RQ3) relates to sociocultural practice or context (Fairclough, 1995), as does the final research question (RQ4) we worked with, namely, the wider social effects or implication of the firefighter discourse. At bottom here lies the fundamental question: Is firefighting an occupation for the many or just an option for a given few?

Promoting Health in Firefighter Discourse

We have identified six dominant themes that describe what promotes and maintains the health and well-being of firefighters at work: the firefighter community, physical exercise, the balance between emergency and station work, clarity of roles, support and tolerance, and the role as hero and helper.

The firefighter community—Promotes health and well-being. The firefighter community—the theme of family and fellowship among firefighters—is one of the most striking and dominant features in firefighters' sense-making of their occupation:

Yes, we usually say that we are like a family. (Focus Group 2)

Firefighters in all three focus groups described their community as most important and essential for their work practice and well-being. Below are some formulations:

We are very loyal to each other, in that we stay together as much, we are like a small family and take care of each other and are humble towards each other. (Focus Group 1)

You feel that you have confidence in each other and that they all feel like family. (Focus Group 2)

Spending a lot of time together and depending on each other in emergency work create a “bond” among firefighters. A

strong care feature was also described by the participants. Holt and Thompson (2004) formulate the care theme as a way to define “the hero.” They paint a picture of working men who construct “the hero” using stereotyped female characteristics. In this context, you become a hero by providing care and help to others. Häyrén Weinestål et al. (2011, pp. 99, 106) conceptualize care similarly among firefighters as “*bro-mance*,” defined as an emotional relationship that requires a similarity and a consensus that leads to exclusion or lateral adjustment of differences, such as women or other masculinities. The hero and the construction of heroic masculinity are in these cases conditional as an all-male history, marked by a special kind of friendship and intimacy. Presumably, this strong community sense promotes health among the firefighters—at least among the ones that fit in.

The group and its homogeneity are another key feature of this community theme. One of the Rescue Leaders even sees it as a precondition for his leadership:

I would surely not like to have eight individualists pulling in different directions. For me it would not work. I do not think I would feel good to have it so. . . . not any leadership at all, I think. (Focus Group 3)

The norm of homogeneity and its impact are also highlighted in the individual interviews when they describe, from their own experience and others, what is simply not allowed to deviate from the norms of the group:

Not just anyone can work in an emergency, and not everyone will be included, but if you are one of those included and belong to the norm then you probably think that it's absolutely wonderful. (Individual Interview 1)

Another interviewee describes the meaning of being part of the group:

For those who subscribe to this—the deal—then you become part of this community, but then you have to join the template. Some need to add more and some less, and some may even be those that set the tone, how it should look in the working group. Then you are very welcome, when you are simply privileged, and that is not bad . . . because then you have the rest. (Individual Interview 2)

Our study confirms that a certain kind of homosocial order is dominant within the firefighter service—one that subordinates other types of masculinities, as well as women. However, most firefighters are included in the group and can draw advantage in terms of security from belonging to a close-knit group. In fact, even if problematic from an equality perspective, one could argue that this homogeneity is key to this group's relatively good health. Karasek and Theorell (1992) describe social support as pivotal, including the benefits afforded by feeling valued and loved and by being a member of a network of mutual

communication and mutual obligations. Access to support can act as a direct protective factor against stress and is also important for people working in human services (Dollard et al., 2003), such as firefighters.

Physical exercise in the daily work —Promotes health and well-being. Physical exercise is part of the daily routine at work as a firefighter, in preparation for physically demanding activities such as fire extinction and rescue work with breathing apparatus. Throughout the interviews, this physical activity was described as something that strengthened the interviewees and as something that promoted mental well-being and health:

Physical exercise is good, it is something that makes you feel good. We have it entered in the schedule so it is not as if we will catch it later in the evening when you get home. (Focus Group 1)

At the same time, in contrast with the majority, some of the firefighters expressed anxiety about not being physically strong enough. The physical demands of the profession can become a problem if you cannot manage as expected. One of the female firefighters expressed it like this:

. . . you see it still in a positive way [the physical demands—Authors]. But it is still something that has become a disadvantage too, for my part in this profession. That is . . . a great advantage, but it can be turned and become something that is a strain. (Focus Group 3)

Physical strength is an important aspect in coding firefighting as a masculine occupation. Ideals surrounding concepts of physicality and strength are seen as “. . . attributes associated with traditional working-class masculinities” (Monaghan, 2002, p. 334). It is known that the ability to meet the physical challenges in different types of work is central to the construction of certain occupational identities (Cockburn, 1983) and the ensuring effects of these various masculinities on men's health (Gough & Robertson, 2009). In addition, dominant forms of masculinity often idealize the male body as robust and competitive, and health is assumed and affirmed through performance indicators such as physical prowess (Watkins & Griffith, 2013). Apart from actual training and physical performance among firefighters in our study, the interest in sports—especially team sports—was articulated as an important part of socializing at the station. The group is supported and constituted in or via athletic activities.

The firefighters also expressed concerns about how women cope with the physical demands of the profession, as one of them said:

The problem that exists for us really. Or in fact . . . the whole of rescue service Sweden, it is that there are no older ladies who work in emergency services. So really, if we men become physically limited at 50 - 55, we have no idea when a lady, when

a girl begins to physically break. Giving birth is incredibly hard on the body. (Focus Group 3)

The only female firefighter (29 years old) in the same focus group verified these opinions and expressed similar concerns:

So we have already mentioned . . . now I feel in great shape and feel good. But how will it be in ten years, how will it be in 15 years, and like that. (Focus Group 3)

Such statements, which are common in the firefighters' discourse, reproduce and idealize the male body and subordinate the female body.

Balance between emergency and station work—Promotes health and well-being. Occupational health research has highlighted the relevance of sufficient recovery, showing that insufficient recovery is a main mechanism underlying the association between stressful work and adverse health (Nijp et al., 2012). Leiter and Maslach (2003) describe work overload contributing to exhaustion by depleting the capacity of people to meet the demands of their jobs. The critical point occurs when people are unable to recover from work demands. That is, acute fatigue resulting from an especially demanding event at work—meeting a deadline or addressing a crisis—need not lead to burnout, if people have an opportunity to recover during more restful periods at work or at home (Leiter and Maslach, 2003). And given the way of working 24-hr shifts as firefighters sometimes do, the recovery needs to be performed within the working time at the station (Sawhney et al., 2018). The balance between emergency and station work for well-being among firefighters is also a recurrent theme in our study of the firefighters' discourse. It is frequently pointed out that challenging emergency work needs to be, and often is, followed up by work at the station, which enables the workers to recover. One way of expressing it was as follows:

I think we feel pretty good about it as long as it is with a certain interval. (Focus Group 2)

The importance of recovery after an alarm is also mentioned in another example:

I can feel when an emergency alarm starts . . . now I get to do something, and even though you feel that you have a great deal of stress and adrenaline flowing and so . . . I know that recovery comes after. (Focus Group 3)

A good balance between emergency and station work means that there is enough space to recover between extreme events, which might include a chance to reflect with colleagues during station work about what has happened during the working day and perhaps even discuss what they like about their job, what Sonnentag and Grant (2012) label as "positive

work reflection." To know that "one's actions on the job are beneficial to others," the so-called prosocial impact has also proven to be beneficiary for firefighters' health and well-being (Sonnentag & Grant, 2012, p.502).

Clarity of roles—Promotes health and well-being. Clear roles and fixed positions for individuals in emergency work during rescue operations were described in terms of safety in our interviews:

We have the fixed positions in the cars and then we have the permanent tasks and we know exactly what we will do . . . (Focus Group 1)

It can be assumed that clear and distinct roles in emergency work, together with station work that allows for recovery—including all repetitive drilling and preparation for different emergency events—are stress-reducing. The rescue service station organization has a clear hierarchy, with one formal leader and everyone else more or less equal. One observation that can be made is also that there are no clear career paths for firefighters, apart from the position of becoming a rescue leader. How to reach that position, however, seems unclear. The subject of leadership came up at one point in a FGD, and one of the firefighters then stated that the leader is clear in emergency situations, but much more passive at the rescue service station:

. . . but it is probably a bit flatter at the station, then you are as a leader more on the same level as all the others. (Focus Group 2)

Supportive and tolerant colleagues—Promotes health and well-being. In most municipalities in Sweden, there are organized activities in place to support firefighters who have been exposed to difficult situations (Myndigheten för samhällsskydd och beredskap, 2015). This possibility is also utilized, where educated peers organize sessions for their colleagues to give them the opportunity to talk about what they have experienced. Despite this support system, many of the firefighters we interviewed highlighted the importance of informal friendships:

We are pretty good at talking in the group and when we come back to the station, we may continue to talk about the accident and about what went well and what went less good. (Focus Group 1)

This theme of peer support and tolerance was encountered in all three focus groups in our study. In the individual interviews we conducted, however, a completely different story about peer support and tolerance was told; in brief, it could be described as a complete lack thereof. These results are consistent with Häyrén Weinestål et al.'s (2011) description of obvious inclusion and exclusion mechanisms in firefighter groups.

Many firefighters have said in our interviews that being a firefighter is like having two families, and that it is not always given which one comes first (Focus Group 2). Similar patterns in firefighter discourse have also been identified by Häyrén Weinestål et al. (2011) and Ericson (2011):

It has been like a second family. When I was depressed, there was someone who put an arm on my shoulder and asked “what is it?” And then I could tell them. Had my friend at home asked the same thing, I would probably not have talked and told him about it in the same way. (Focus Group 3)

In this description, the person verified a sort of unique collegial support and closeness that one can assume provides protection against stress.

Firefighters articulate collegial tolerance as important for well-being. This tolerance is described as also allowing for direct offense:

So I think . . . I mean we allow the other to do a little . . . well wrong. (Focus Group 3)

This tolerance was emphasized by the majority of firefighters in the focus group interviews. As a direct contrast to this articulated tolerance between colleagues, there is no tolerance for those not included in the group, according to our individual interviews:

There is a strong norm for how a firefighter is supposed to be and if you go along with it, well then it is fine, even when you fail. If you belong to the norm / . . . / It is important to point out they support . . . not all. . . . not all of them, that is not enough, the girls are not enough. And it spreads quickly if some girl has been unsuccessful with anything. (Individual Interview 1)

In this way, minorities, such as women, ethnic minorities, and other masculinities, are subordinated and excluded. Häyrén Weinestål et al. (2011) describe complex and often paradoxical representations of masculinity in relation to different risk perceptions, often coupled with parallel discourses of care, control, body functionality, and so on. These versions of masculinities are identities and positions that are, in a sense, both challenged and legitimized, constantly standing in relationship to privileged notions of “the permitted and normal” in the profession (Connell, 2009).

A hero and helper image—Promotes health and well-being. There are several statements that put the emphasis on emergency work and the importance of being a person who helps other people. The firefighters also position themselves in relation to other similar professions (e.g., the police):

The days are not similar and it is a bit exciting with the emergency component of the job. To help people feel good. When others go out, we go in. (Focus Group 3)

We have the advantage that we are welcomed when we arrive, they know that we are going to help and they are usually satisfied with it. (Focus Group 1)

The masculine heroism of firefighters is the most common theme in media when describing rescue actions. There are few occupations that carry the same symbolic weight of classic masculine heroism (Baigent, 2016; Ericson, 2014; Olofsson, 2012). The cultural production of this particular form of masculinity in the rescue service stands in contrast to other forms of masculinities. Firefighters often symbolize a cultural ideal in the public space as “the last bastion of particular good-hearted masculine heroism” (Ericson & Mellström, 2016). One must assume that this privilege brings positive self-image and well-being with it in terms of the positive feedback and attention from the public.

Hindrances to Health in Work as a Firefighter

In contrast to themes that promote health, we identified themes that can be hindrances or at least seen as threats to health and well-being among firefighters. These three themes also describe different types of changes facing today’s rescue service organization and its employees. This resistance to changes was repeatedly articulated in the various interview sessions, and it primarily concerned themes or issues such as diversity, preventive work, and education.

Diversity as a hindrance to health and well-being. In all interviews, the issue of diversity was reduced to being all about women entering the profession of firefighter. A conflict arises when firefighters articulate that they do not mind diversity and equality in the organization while raising the problem with the organization’s requirements for diversity. The participants describe how diversity work was being implemented at a rapid pace. In fact, the solid resistance within the firefighter organization has so far acted as a brake on change in that direction (Glans & Rother, 2007; Häyrén Weinestål et al., 2011). The values and the struggle in the group make the conditions and opportunities for diversity limited:

There is nothing wrong with diversity and equality as long as the right people are employed . . . so it will be the right man in the right place in the profession. The problem is that there is so much hurry to hire women and others . . . it should be mixed up and it should be here and there and . . . and at once. (Focus Group 3)

There is also a perception among the majority that they already have equal status in the organization. That proves to be in conflict to what the minority (women) articulated as, for example, expressed in one of the focus groups:

We were early with diversity, many girls have been working here over the years.—You [addressed to the only woman in the focus group—Authors]) has been working for 10 years.

Reply; We are four women employees throughout the Federation [among 48 firefighters in total—Authors]]. But I was alone for a long time, but I have never had any problems—but it is clear that it would be great fun for a girl to come here. (Woman in Focus Group 2)

The firefighter/rescue leader (also a man) and the firefighter (and the only woman in the focus group) have different images of diversity in their organization. This perception among the majority of firefighters is consistent with the research of Häyrén Weinestål et al. (2011) and Glans and Rothers, (2007).

Firefighters also tended to distance themselves from responsibility for diversity work by referring to politically driven organizations:

The problem must be placed on the politicians and that sort of people . . . for we cannot do much to get them [the women—Authors] here. (Focus Group 1)

Firefighters put the responsibility on policy makers and leaders when describing the changes they are facing in the organization. A recurring term for this is “the lead” or “they.” In all the focus group interviews, the firefighters mentioned these terms several times, when articulating that they themselves do have neither the responsibility nor the ability to influence the changes they face. In the interview sessions, we asked a supplementary question about what “they” or “the lead” was or referred to. On several occasions, the firefighters answer was “those who decide,” no more specific than that.

Preventive work instead of emergency preparations as a hindrance to health and well-being. At the same time as the education of firefighters changed, the law governing firefighting introduced in 2003 also stipulated a much stronger focus on prevention. The firefighters we interviewed articulated a similar skepticism regarding these changes. One said,

The view of the work has changed/. . . / It is very focused on working with prevention. (Focus Group 3)

Another firefighter claimed that

In large parts, I do not think it is the right focus/. . . / many of us think that the focus is on the wrong things now/. . . / but we have been assigned this, so we just have to do the work. (Focus Group 3)

In one FGD, we also asked explicitly about the content of this prevention work, and the rescue leader responded,

We have three areas of focus for prevention/. . . / I forget them all. (Focus Group 2)

This comment suggests it was not that important to remember them. Other firefighters also articulated concern

regarding community-oriented work, such as “kindergarten weeks” or other events:

Now the education of the public is a huge part of our time. (Focus Group 3)

Preventive work is framed as a hindrance because it is time-consuming and stands in the way of preparation for rescue work. One firefighter said,

It is worrying, because it will be harder to be prepared for rescue work. (Focus Group 3)

Another claimed it had gotten worse, and yet another stated that

We want to do a good job when we come to the accident scene. (Focus Group 3)

Education instead of skill training as a hindrance to health and well-being. The firefighters articulated a skepticism toward current educational arrangements. The background to the current training is the law that has regulated the work of firefighters in Sweden since 2003 (SFS, 2003:778). This law is the basis for a broader approach emphasizing more preventive work than previously in the work of firefighters. This in turn means that training requires more prevention efforts, and its theoretical component has therefore been broadened:

We will see when they come from school. How much they were trained to . . . when they come here then. (Focus Group 3)

As mentioned, the training for a full-time firefighter in Sweden has had its current form since 2003. Even so, it was “the new training” for several firefighters (Focus Group 1, Focus Group 2), and there has been a resistance to existing law both in the past and in the present (Häyrén Weinestål et al., 2011).

How Firefighters Make Sense of Their Work and Profession

The question of *how* firefighters make sense of their work and profession can be answered in several ways. In this study, we have focused on striking themes and patterns that appear when analyzing the discourse that we believe most affects the health and well-being of firefighters. In all focus groups, participants tended to reproduce a so-called ‘hegemonic working-class masculinity’—that is, dominant masculine ideals within a specific class-related habitus (Connell, 2009). For example, the firefighters’ narratives repeated the importance of physical toughness, coupled with achievement. When doing this, the male body becomes the norm and an explanation why men are more

suiting than women for the profession (Ericson, 2011). One of the firefighters reasoned,

I think in general / . . . /. That woman can feel these demands more. Because if we compare men and women / . . . / well, men can maintain better physical status into older age. (Focus group 3)

Furthermore, the firefighters' articulations about their occupation both drew upon and rejected certain stereotypes of their profession. The "superman," vigorous and prepared to act, was present in terms of firefighters always being "ready for an alarm" or "prepared for the unexpected." However, the popular, mediated representation of the firefighter as a hero was seen as more problematic:

. . . not so it feels like a hero, it is not that we want the newspapers to write about us. (Focus Group 1)

As past and previous studies of this profession have described, male firefighters tend to have a somewhat ambivalent relationship toward the masculine heroic image of them, even if being trusted and respected are sometimes useful when arriving to an accident site (Baigent, 2016; Ericson, 2011; Häyrén Weinestål et al., 2011; Olofsson, 2012). The heroic status can also act as a sort of compensation for the relatively low income in the profession. Society's respect and trust for firefighters can also function as a form of social capital that supports them, and consequently the individual well-being (Lohan, 2007). Additional, previous writers (McVittie & Willock, 2006) have noted that men's negotiation of different forms of masculinities plays a pivotal role for the construction of health. Identities of being a "real man" are often associated with a "healthy man."

The firefighters' discourse also includes a special sort of masculinity construction in which closeness and care for one another are an important part (Ericson & Mellström, 2016; Häyrén Weinestål et al., 2011). Tolerance for each other is also frequently expressed:

We are pretty forgiving /—/ actually to each other. (Focus Group 1)

This is clear from the interviews with individuals, both men and women, and one of them a woman who for different reasons has stopped working as a firefighter. When recruiting new employees, a rescue leader states that it is pivotal

to ensure that the right people are working with the right things, who are interested, who are knowledgeable, that / . . . / that fit into our profession. (Focus Group 2)

The ones who are not included or are "right"—women, for example—seem to challenge the norm or homogeneity of the work team. It is also obvious that the inclusion/exclusion mechanism within the discourse greatly affects the health and well-being of those concerned.

The Social Impact and Wider Effects of Firefighter Discourse

The strong sense of teamwork within firefighting fosters tolerance among members and good health. But the very same group mechanism is largely built on homogeneity, which generates resistance to any efforts toward diversity. In this study, firefighters also expressed resistance to other types of changes because they threaten continuity and security. New policies—for example, regarding preventive work or increased gender equality—are generally met with skepticism. The firefighters also always distanced themselves from "management" and politicians because these are the entities that introduce these unwanted changes:

Those who decide what we should do and not do / . . . / have changed our work / . . . / back in the day we went on the alarm and then we practiced our skills before the alarm and we trained physically. But now it is inspections, school visits, visits of people here at the station. There has been a lot of different jobs, and these things, what we have to do, have been initiated from the top of the line. It takes up our time and it also takes really long time to sit with the computer afterwards. (Focus Group 3)

Even if the work culture at the station is described as horizontal or non-hierarchical, we noticed that age, work experience, and gender of the firefighter influenced the amount of space they took up in the focus group interviews. Younger people, new employees, and women spoke less, even if we tried to create and provide space for them during the focus groups. The male rescue leaders—often with many years of work experience—had the highest status in the conversations and often related current changes to the situation "back in the day" when things were better, a kind of nostalgia.

Discussion and Concluding Remarks

In analyzing the firefighter discourse, we have identified six dominant themes in the work culture that promote and maintain the well-being and health of firefighters at work. First and foremost, there is a strong sense of *the firefighter community* in all these focus groups, followed by articulations about the pivotal *physical exercise* associated with firefighting including statements about the importance of physical strength in emergency work. *The balance between emergency and station work* is also a recurrent theme that supports the firefighters' health, at least when sufficient space for recovery is allowed. Another health-promoting theme concerns *clarity of roles* among firefighters both at the station and in emergency situations. *Peer support and tolerance* in the work group is yet another common theme in firefighter discourse, along with expressions of the firefighter as *hero* or *helper*, which very much summarizes the public perception, even if not the firefighters' self-understanding of their profession. We have also identified the other side of the coin—in other words, what can be

described as hindrances for the health and well-being of firefighters. They all relate to changes in the work culture and the profession, and are expressions of external pressure on the rescue service—such as the desire of politicians to increase the number of women or the amount of preventive work that firefighters undertake. The three themes that we have identified as hindrances in firefighter discourse are *diversity*, *preventive work*, and *education*. Even if these articulations are not as common compared with the one about the firefighter community, these three themes symbolize unwanted change and generate a lot of resistance. They threaten the current order within firefighter discourse. Demands for increased diversity (both in terms of gender and ethnicity), higher education competence, and improved productivity in the workplace are at the same time not at all unique for firefighters, but issues that many sectors of society today work with, in Sweden and elsewhere. What stands out in the firefighter discourse is perhaps the resistance toward change, for example, when it comes to gender balance in a nation that prides itself for being gender-equal (WEF, 2016). Other research has also shown that firefighter organizations are harder to change—for example, as regards diversity—than other similar organizations such as the police (Dahlgren, 2007) and military organizations (Ivarsson et al., 2005), but the reasons for this resistance are largely unclear. This study, which focuses on the health and well-being of firefighters, suggests that one of the main reasons for the resistance toward change in the firefighter discourse is the health benefits that the current order of discourse entails. In conclusion, acting in a relatively homogeneous, protected, and respected group enables firefighters to cope with demanding emergency work. The take-home message from this research is that the health benefits of the current, traditional work culture of firefighters are perceived to be at risk when the firefighter discourse is about to change toward more diversity, increased education, and more preventive work. What this new finding regarding firefighter discourse means in more detail is yet to be discovered both in future research regarding firefighters' work culture and in their organizational practice. The remaining and not so easily solved challenge that needs to be addressed is to overcome this resistance and at the same time to sustain the firefighters' health and well-being.

Appendix

Interview Guide, Focus Group Discussion in Rescue Service Stations

Introducing/presentation

Focus group discussion starts with an introduction from the facilitator about its purpose and process.

Introductory questions

Engage the group by starting with a warm-up round

Questions divided into areas

Why firefighter?

- How did you become a firefighter?

Description of the work

- Can you tell us about a regular day at work, what is it like?
- Can you tell us about the emergency work—about the station work?
- What is important when working as a firefighter?
- What makes you stay at work as a firefighter?

Work environment/Well-being?

- How do you like the work? Well-being?
- What is it that makes you continue to work as a firefighter
- What is it that keeps you going on?
- What makes you feel comfortable and feeling good?

Difficulties at work

- What is the most challenging, hardest thing about being a firefighter?
- We have previously conducted a study in which firefighters have described about critical incidents in the profession. What do you do in difficult events/after difficult events? How do you handle it? What support is available in the work organization?
- We have examined the presence of burnout among firefighters—indicating that firefighters in general are relatively healthy in terms of burnout. What do you think about that? Why do you think it may be that way?

Past—Present—Future and Context

- How would you say that the profession has changed? For the better or worse?
- Surrounding image of the firefighter profession?
- The image of your profession in the media, is it correct? Do you have any thoughts about it? (“Heroic article”)

Concluding and summary discussion

- Summary of what has been said, what we have discussed (topics)
- Encourage participants to think about what has been said and reflect on the experience or to add any other comments that have not been heard earlier.

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A.J., A.E.S., C.B., and S.B.E. designed the study; A.J., C.B., and S.B.E. collected the data; A.J. and A.E.S. analyzed the data; and A.J. and A.E.S. prepared the manuscript in discussion with S.B.E. and C.B.

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