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"Cura te ipsum": Healthy public safety leaders for healthy organizations

Rosemary Ricciardelli*, Stan MacLellan†, Alessandra Mazoza‡, Tom Stamatakis¶, Pierre Poirier§, Taylor Sayers‖, Randy Mellow**, Ken McMullen††, Nadia Aleem‡‡, Leah Dunbar¶¶, Heidi Cramm§§

ABSTRACT

Our objective was to complete a systematic review on the mental health and wellness of public safety service leaders. We worked to refine a search strategy that would enable us to identify material about the mental health of public safety leaders; we were left with tens of thousands of potential articles for review, with virtually no evidence of relevant material. In response, we outline emergent patterns through our efforts to synthesize the literature, drawing attention to the dominant areas of leadership research: leaders supporting, creating, and being responsible for a culture of mental health for their workforce, without themselves being seen as part of that workforce – people who also require support. We highlight the limited international scholarship tied to public safety leadership styles, responsibilities, and mental health, then draw attention to leadership needs, particularly the need for more research on public safety leaders given their isolation and the complex, liability-laced, political, and personally difficult space they occupy. We recommend future research and targeted intervention to preserve and even improve leadership health. Our impetus remains in how leaders too need support to have their own unique health needs met if they are to lead efforts that preserve the wellness of members and the functioning of their organization. Thus, they require tailored interventions.

Key Words Public safety; leaders; health; wellness.

INTRODUCTION

The World Health Organization (2004) defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Being healthy requires one to be well within all three domains, as compromising one area of health will affect the others. We recognize that as leaders grow in rank, so too do temporal, moral, fiscal, and legal expectations and responsibilities amplify without commensurate support. Rather, leaders are expected to shoulder their service or organization's burden on the whole. The weight of what they shoulder can be oppressive when someone does not feel supported. Rarely will a leader be 100% supported, within or outside their organization, which can affect health as humans value being liked and supported (Leary & Baumeister, 1995). By nature of their rank, leaders become isolated and manage increasingly challenging realities. Moreover, as the collective experiences of many authors evidence, leaders' time for self-care is minimized, potentially compromising their health. They may be investigated and held accountable for the actions of those under them in rank and for their own decision-making. Their identity is intertwined with being a leader; their position is often conflated with their person; and their actions as a leader are thought to represent who they are. Moreover, they increasingly must "do more with less," which has real implications on people and operational priorities, weighing heavily on leaders.

Leaders can be isolated within their organization because of the inherent power relationship their role represents and the associated privilege – which is not always positive. In addition to the compounding pressures and responsibilities facing public safety leaders, they are responsible for the health of those under their leadership, while their own health is becoming forgotten or omitted from supports and association actions or discussion. As per *cura te ipsum*, we recognize the need to apply strategies for others to the leaders.

In the current article, we aimed to conduct a systematic review of the experiences of and supports for leadership health that exist in public safety spaces. Our intention was to lay out the foundation for future research in the area with

Correspondence to: Rosemary Ricciardelli, Professor, Research Chair in Safety, Security, and Wellness, Fisheries and Marine Institute, Memorial University of Newfoundland, 155 Ridge Road, St. John's, NL A1C 5R3, Canada. Telephone: 905-434-0807. **E-mail:** Rose.ricciardelli@mi.mun.ca

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justification for the need for such investigation; we attempted rigorous searching processes with consultation from a librarian. The challenge that ensued was that all versions of searches produced an untenable amount of data, with the limited scholarship we were looking for buried under a mass of material that makes public safety leadership responsible for the mental health of those they supervise and serve. Because the systematic review was not tenable, we then draw attention to the health-related areas of leadership research, as emergent from our endeavours, and forth recommendations for future research and targeted interventions to preserve leadership health.

Our impetus remains in how leaders too require support to have their own health needs met if they are to lead efforts that preserve the wellness of members and the functioning of their organization. The direct, indirect, manifest, and latent consequences for the leader and their organization are founded on leader health. We acknowledge that public safety leaders may be both similar and different from other leaders who emerged within the essential service provider organizations. They share a responsibility with other leaders regarding the wellness and functioning of society but are unique in their role in public safety – they keep people safe and alive.

EXPLORING THE LITERATURE

Our intention was to learn what was known about the health of public safety service leaders, with public safety personnel referring to police, correctional, paramedic, firefighter, intelligence, border services, and communicators (e.g., dispatch, call-taking). We intended to systematically map existing literature on leadership related to public safety leaders' health under the guiding research questions of: What is the existing literature on public safety leadership and their physical, mental, and social health? What is the context informing the health of public safety leaders?

In terms of inclusion and exclusion, we sought to refine our search to leadership rather than management. Leaders, in our understanding and operationalization, are those who guide decision-making and actions at a broad, strategic level for a group of people or an organization. This includes setting the vision, guiding the frameworks of policies and programs, and supporting the execution of these policies and programs. In public safety, leadership is differentiated from management, which we recognize in our operationalization that includes chiefs and deputy chiefs, commissioners and assistant commissioners, executives, chief administrative officers, directors and assistant directors or general directors, and other such titles attributed to the decision-makers and persons who lead the organization at a senior leadership level. Leaders are understood in contrast to managers, who focus on accomplishing specific tasks within their area of responsibility and are connected to the day-to-day operations of the public safety organizations. Managers' primary focus is to adhere to and enact the directives and decisions of leadership and ensure these are actioned as intended and expected. Thus, we differentiate leaders from managers by looking at the senior leadership levels in current articles on the public safety services.

We searched over a dozen databases and government websites for relevant literature. We used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco et al., 2018) in hopes of having a comprehensive and transparent reporting on how we conducted the review.

Our procedure was such that, first, we relied on articles tied to public safety leadership to create a comprehensive list of search terms for the following categories: (1) public safety leadership health (mental, social, and physical) and (2) the context informing the health of public safety leadership. We tried different combinations of terms from each category to obtain the most comprehensive results. The amount and type of data on the topic made our original objective unfeasible. In working through the tens of thousands of search results, we noticed a singular, dominant message: public safety leaders are responsible for the mental health of others working under their leadership, with little attention given to the mental health of the leaders themselves. The sentiments are evidenced through several patterns: select leadership styles are idealized among public safety leaders as optimal for members' mental health, and their impacts on productivity are debated. Here, said simply, there is a lack of due regard for leaders' own health.

RESPONSIBILIZING THE PUBLIC SAFETY LEADER

Public safety leaders are entrusted with ensuring the safety and security of their employees and the public, both responsible and accountable for strategic, timely, fiduciary responsible, and life-preserving, dynamic decision-making as a function of their regular crisis management and emergency response duties. Scholars, like Sarver and Miller (2014) and Borges et al. (2022), argue leaders must exhibit strong crisis management skills (e.g., decisive decision-making, effective communication). While enacting this plethora of dynamic duties, they bear responsibility for the mental health of their employees (Bartone, 2006; Simmons-Beauchamp & Sharpe, 2022).

Leadership Style and Behaviour Impact Organizations and Membership

Some argue leaders' behaviour, styles, mood, and stress influence their members' overall satisfaction, performance, and well-being (Skakon et al., 2010). Recognizing directive leaders provide clarification, guidance, and rapid decisions to help their people maintain safety and predictability, thus reducing the burden of directing actions (including those that may cause harm) from their members (Curral et al., 2023); here, we focus on four broad leadership styles. First, transformational, referring to innovative and inspirational leadership with comprehensive, transparent communication that inspires and motivates followers to achieve organizational goals by emphasizing the leader's ability to recognize, understand, and manage emotions, thus being emotionally intelligent (Bass, 2005; Bass & Riggio, 2006). Second, transactional refers to leaders who are primarily concerned with the exchange or transaction between leaders and employees while focusing on inspiring and motivating followers, which requires a strong emotional and personal connection between both parties (Antonakis et al., 2003; Avolio & Bass, 2004). Third, authoritative refers to leaders who set clear expectations, guidelines, and instructions for their membership and expect them to adhere to the established rules/procedures (Beito, 1999;

Bruns & Shuman, 1988). The fourth is laissez-faire, which refers to absent and ineffective leadership with opaque communication, characterized by a hands-off approach, where leaders provide minimal guidance and intervention (Avolio & Bass, 2004; Herzog-Evans et al., 2023).

Researchers have evidence that employees are diversely affected by different leadership styles, with some styles positively (e.g., transformational leadership) or negatively (e.g., laissez-faire leadership) affecting their overall job satisfaction and occupational performance (Curral et al., 2023). Transformational leadership is often positioned as ideal since transformational leaders use proactive and innovative measures to make effective changes in their organization (Antonakis et al., 2003; Avolio & Bass, 2004). Transformational leadership is focused on reciprocal participation – hearing their members and being heard – which can be more effective given their style influences organizational commitment, compliance, satisfaction, communication, influence, perceived fairness, and extra effort (Adebayo, 2005; Beito, 1999; Morreale, 2002; Schwarzwald et al., 2001). On the other hand, laissez-faire leadership is categorized as the poorest for both organizations and their people. The approach is characterized by a hands-off approach in which the leader provides minimal direction or support and is physically absent (Herzog-Evans et al., 2023), which can have a detrimental impact on job satisfaction and performance (Dumdum et al., 2013; Lai et al, 2020).

Turning to public safety leadership styles, in the case of firefighters, research reveals a link between leadership and team effectiveness, where leaders who follow a directive leadership style reduce their members' stress levels during incidents (i.e., rural fire), inspiring optimal group performance (Curral et al., 2023; Smith et al., 2020). Police leaders, in particular, are found to employ diverse leadership styles in efforts to improve the effectiveness of their team in performing their everyday tasks to prevent, manage, and control crime (Densten, 2003; Green, 2006; Morreale, 2002; Sarver & Miller, 2014). Although the scholarship within the public safety context is limited, it focused largely on how leaders, through their decision-making and actions, affect the wellness of their organization, including their mental, physical, and social health as well as their job satisfaction and turnover intention. In addition, different leaders' characteristics or leadership styles influence their employees' overall performance, which holds leaders responsible for others' behaviours.

Multifaceted Dimensions of Leadership

Leadership is not singular in any organization; it has different dimensions, such as upper executives, supervisors, and management. The leadership style used to train and work with management– and the leadership modelled – matters, creating the work atmosphere and shaping the environment. Hence, leaders' decisions and actions affect and shape the experiences of leaders at all levels. Leaders, however, may receive minimal guidance, feel uncertain about their objectives and expectations, and, due to the lack of feedback and recognition, feel unappreciated, resulting in decreased motivation, effectiveness, and performance (Breevaart & Zacher, 2019; Skogstad et al., 2007). For instance, the more conducive the leadership style is to employees, the more emotionally draining the work is for the leader (Byrne et al., 2014). Hence, effective leaders, who are known for being fair, honest, competent, flexible, and open-minded (Schafer, 2010), ensure required tasks are delivered and accomplished properly as well as encourage a positive work culture. Effective leaders promote empowerment among their members, establish clear communication, provide support for both the personnel and management, and recognize achievements, which are key to overcoming the inherent challenges of the job and enhancing job satisfaction and commitment (Campbell & Kodz, 2011; Schafer, 2009). Here, leadership includes a focus on the care of the employees and ensuring the employees meet the goals and objectives of the organization while also following the policies and procedures.

Accountability

Successful, positive leadership, in our experiences, requires a commitment to ongoing training and development – as well as personal learning – as leaders must respond to dynamic situations and effectively manage their personnel while in the public eye. These practices entail hiring and training qualified staff, providing them with the resources they need for their jobs, and establishing a culture of accountability, autonomy, and professionalism (Chapin et al., 2008; Drew et al., 2023; Griffin, 1998; Simmons-Beauchamp & Sharpe, 2022). Leaders must receive training to be prepared for the adversity and know how to operate and make timely (sometimes rather quickly) decisions. They are held accountable; for instance, in the South Canyon fire of July 5–6, 1996, in which 15 lives were lost because the team leader was undertrained and failed to handle a high-stress situation effectively, leaders were held accountable (Useem et al., 2005).

In the case of policing, leaders must keep learning new strategies to ensure their personnel are well trained to face the unexpectedness of their job and count on the tools needed to defend themselves and others, as well as guarantee they have access to support strategies to cope with the trauma and operational stressors (Chapin et al., 2008; Drew et al., 2023). Multiple factors make an individual unpredictable, such as substance use, symptoms of being mentally unwell, and impulsivity; in consequence, leaders (and those they lead) count on processes to help when facing unexpected challenges (Morgan et al., 2012; Ransley & Mazerolle, 2013).

Although beneficial arguably for members, the pressure and responsibility inherent to the accountability placed on leaders can be harmful in effect, as their decision-making will always have a consequence (intended or unintended, positive or negative, latent or manifest), and when someone is harmed, even killed, leaders are investigated and often blamed. The responsibility and accountability can have repercussions for the well-being of leaders, which may have effects on their performance at work or the behaviour or performance of their members – we argue that this is an understudied area requiring more focused attention.

LEADERS' MENTAL HEALTH

It's Lonely at the Top

Public safety leaders have little opportunity for consultation outside of a core team of carefully selected "deputies." But they remain under pressure and responsible for reporting updates to government officials, providing the public with

necessary information, ensuring public safety/health, and responding to media demands. Research exploring the coping and support strategies employed by public safety personnel, including those which are evidence-informed stress reduction programs such as mindfulness and resilience-building training (Oliphant, 2016); confidential support programs, such as counselling services (Hays et al., 2007); social/peer support and crisis-focused psychological interventions (Anderson et al., 2020; Lambert et al., 2016); and holistic approaches that emphasize "reaching in" rather than "reaching out" when facing a situation of crisis (Smith et al., 2020), tends to focus on personnel rather than leaders. The emphasis on leaders tends to focus on how leaders, especially those good at the occupational work, want what is best for their people (Damien, 2019). Here, leaders who are found to regularly check in with their employees are more able to maintain a healthy and supportive environment and provide all the needed tools to guarantee their employees' overall health. The unanswered questions in scholarship are: Who is checking on leaders and their families? Are those who oversee leaders (e.g., Boards, Ministers) focusing on what support leaders need?

What About the Mental Health of the Leaders Themselves?

Barling and Cloutier (2017) write of a gap in scholarly knowledge about the mental health or wellness of leaders broadly speaking. They write:

> The consistency across researchers, continents, and decades with which leaders' mental health has been ignored, both as a topic in itself and, in comparison to the interest in employees' mental health, is so stark that it raises the question of why this neglect has occurred. (p. 395)

They explain this neglect by speaking to, not exclusively, the moral responsibility for the mental health of their employees, asserting that leaders are inherently psychologically well, making research redundant, and that leaders are perceived to be well because they are in positions of authority (see "the romance of leadership," Meindl et al., 1985). With people romanticizing leaders as charismatic (Pastor et al., 2007), questioning their mental wellness becomes dismissed or obscured by false interpretations, such as leaders not being susceptible to mental unwellness (Cloutier & Barling, 2023). This may result in the leaders being unwilling to demonstrate the vulnerability required to embrace the need for support. The truth, however, remains that high-quality leadership can take a toll on leaders' mental health, which affects their ability to lead as well as their physical and social health (Barling & Cloutier, 2017).

Research on the well-being of public safety personnel has gained attention particularly in the areas of trauma exposure (Carleton et al., 2019; Violanti & Aron, 1995), organizational, operational, and individual stressors (Griffin et al., 2010; Oliphant, 2016), mental health (Drew & Martin, 2020; Stanley et al., 2016), intervention and support strategies (Papazoglou & Tuttle, 2018; Smith et al., 2020), social and peer support (Carleton, 2021; Roberts et al., 2021), and the influence of organizational culture and policies (Nielsen & Daniels, 2012; Violanti et al., 2017). The scholarship of Carleton et al. (2018), and also to some extent Ottlinger (1997), explores the occupational and organizational stressors informing the well-being of those in public safety occupations, correlating these stresses with the prevalence of mental health disorders, such as posttraumatic stress disorder (PTSD), major depressive disorder, and general and social anxiety disorders. They find demands placed on public safety personnel are one of the main causes of their stress, such as irregular and long hours, risk of injury, exposure to harmful substances, high accountability, public scrutiny, and high physical mandates (Botek, 2019; Mitchell & Everly, 1995; Plani et al., 2003).

What is absent in these studies is a focus on leadership, specifically on how the demands of their roles include the stresses of leading. Moreover, the mental health disorder prevalence is not disambiguated such that leaders are ever a unique category of analysis. Yet leaders constitute an occupational group who are isolated in their position, necessitating specific and directed scholarly examination. One reason perhaps is leaders are few, and analyses would need to be across public safety organizations to maintain their anonymity and confidentiality. Thus, making a study of leader health more challenging; however, it is possible. The minimal research on mental health prevalence for leaders includes the work of Thomas (2018), who found in the United States leaders in police services had higher prevalence of burnout (self-reported) than non-leaders, finding police leaders feel burnt out on average a few times each month. Ricciardelli and colleagues (forthcoming) found correctional leaders (including management) in Ontario provincial correctional services reported a prevalence of mental health disorders higher than other correctional services provide, with 33% reporting PTSD, 36% reporting major depressive disorder, 27% reporting general anxiety disorder, 10% reporting panic disorder, and 7% reporting alcohol use disorder. In addition, 59% of leaders reported symptoms consistent with at least one mental health disorder, and 75% of frontline managers and 85% of senior management never used formal mental health supports. This is particularly concerning given that, in their sample, "several participants reported any prior suicidal ideation (34%), past year suicidal ideation (26%), or a prior suicide plan (36%)" (Ricciardelli et al., forthcoming, np).

Responding to the health needs of leaders are few organizations. For instance, in the United States, the First Responder Support Network (FRSN) provides support programs for public safety personnel, including leaders (Baxter, 2013), and the West Coast Post-Trauma Retreat for First Responders aids people in coping with traumatic incidents, while the Significant Others and Spouses Retreat (SOS) offers different supports and coping strategies for the partners and spouses of first responders (Leadership services, n.d.). However, there is a lack of public safety leadership support programs in Canada. While the Canadian Police Association and Canadian Association of Fire Chiefs provide educational and informational opportunities, the emphasis is on the frontline and operational issues, with a potential absence of teamwork-focused and leadership-directed resources.

CONSIDERATIONS

A deeper understanding of leaders' experiences and needs can inform how best to support them and their organizations.

We recognize how, without acknowledging leaders' health needs, organizations will compromise their wellness and that of the organization as a whole. In the current section, we put forth an array of considerations tied to how best to address leaders' social, physical, and mental health, as well as moral and legal vulnerabilities – interconnected but unique vulnerabilities.

Social Health

Public safety leaders, like many leaders, are thought to "have it together" – they are considered privileged and in positions of authority – thus, considerations of their health and the idea of them being vulnerable are discouraged. Moreover, leaders, if expressing concern for their own health, are concerned with being perceived or interpreted as "self-concerned" or "self-centred." Thus, there is a need for a greater social appreciation of how all-encompassing public safety leaders' roles become and consideration for the effect on how people self-identify, particularly if feedback is internalized, which can negatively affect relationships, self-perception, and comfort in social interactions. This is particularly a challenge when the person and the role become intertwined and misconstrued as one and the same. The result can be a leader becoming more isolated, alienated, and possibly socially harmed.

Informing social isolation are the processes through which leaders promote themselves into their roles. As one moves up within an organizational hierarchy, their close connections modify, where actions are more about the collective versus the individual, public safety becomes centralized, and fewer are trusted confidants or even reliable acquaintances. Leaders' boundaries must become more severe and much more restricting, where the potential for relationships to become strategic rather than authentic results from the power imbalance, with those under the leaders always having more to potentially gain.

Moreover, rarely discussed is how the administrative function of leaders means they receive the complaints of their membership and are often privy to the more complicated elements of human emotions and attitudes. They must manage the negativity that arises in organizations and respond to the problems faced by each of their members. For these reasons, and others, there is a need for informal and formal social supports for leaders, which can arise either within public safety sectors nationally or across public safety sectors geographically. Having persons with similar experiences to speak with and seek advice from may reduce isolation and create a sounding board to positively inform decision-making challenges.

Physical Health

Regarding physical health, which many public safety personnel depend on for their identity (and safety), considerations intended to support exposure to physical trauma and risk to health are necessary. Beyond how physical health can be affected by personnel, equipment, and resource shortages that could place the leader or their teams in harm's way, there is a need for consistent health assessment – including in response to pre-existing injuries. Regular physical health checkups, given the interconnection between physical, social, and mental health, are required. The public, the organization, governments, stakeholders, and employees expect leaders to be always physically healthy; however, their intense schedules and high-demand occupational roles can negatively impact their physical health and the time they have for allocating to essentials (e.g., exercise, food preparation, sleep) for maintaining their physical health. Nevertheless, they are expected to model physical fitness and set an example for their employees. Their role strain and high-stress occupational work further take a toll on their physical health. Leaders are often not physically active when performing their occupational role. With promotion, for example, the nature of the work moves from the field to a more sedentary set of tasks, with longer hours of work, often in a "desk job," and more high-demand meetings, stress is increased and often harmful to physical health. The strain and stress do affect the body physiologically; thus, explicit attention must be directed at maintaining physical fitness for leaders, even if they move to a "desk job" – this includes in continuing intervention for physical injuries incurred when previously on duty. In our experiences, particularly in the case of back and shoulder injuries, for example, workers receive more support if they are still working on the front line, wherein injuries may not be addressed as aggressively when in a "desk job." For that reason, ergonomic assessments and interventions are beneficial, enhancing both productivity and well-being.

Returning to concerns over work schedules, leaders work longer hours than their employees, which not only reduces their ability to have time to take care of their physical health but also eliminates their participation in team-building recreational activities (if invited), like work-team sports and training. Thus, physical health (as well as social and mental) is more likely to lack. Additionally, when having the time, leaders may not feel comfortable using a collective gym or engaging in work-team-related sport; thus, they may require a unique and more personalized space to exercise within. A potential solution could include an alternative gym or sports team for cross-public safety sector leaders.

Mental Health

Recognizing previous public safety experiences, including those acquired prior to the leadership role, informs current wellness as well as leadership style. We acknowledge that prior exposure to psychological or physical trauma can continue to affect leaders' cumulative and latent mental (or physical) health. Mental health specifically can be compromised by trigger trauma exposures (i.e., indirect, direct, vicarious). Additional concerns here are the loss of anonymity given that leaders hold a public position, the stress of decision-making during emergencies, the practice in some unions of issuing public censures and votes of non-confidence against leaders, intergenerational leadership challenges, vicarious trauma, and pressures from the media. In most organizations, leaders check in on their employees, but they too require being checked in on. From our review, although informal means may exist, there does not exist a formal system to provide this support. Thus, we suggest a network of leaders to provide support to each other either within public safety fields or across public safety fields within geographical jurisdictions be developed. Further, there is a need for leaders to have access to confidential mental health treatment, with screening regularly, to ensure they maintain their mental wellness, as

well as access to safe peer support programs designed for them. Perhaps screening should be mandated at an annual or specific interval, but always allowing the leader of the agency to choose who provides the screening and the ability to do so confidentially. Additionally, mental health awareness training to help leaders recognize the signs and symptoms of compromised mental health is warranted. Here, we recognize that mental health does not discriminate and can affect the wellness of any person, leaders not being an exception. Hence, there is a need for coaching intended to improve leader performance – a physical and social health coach.

Moral Vulnerabilities

Arguably, a subset of risk to health is the potential for leaders to experience moral injury as they are faced with wicked social challenges like homelessness, deaths in custody, and addiction that have no easy or singular solutions. They are held to account for action in dealing with the increasing visibility of unhoused persons in the community but, in reality, are challenged to make significant improvements in these complex issues given the number of systems interplaying that impact such challenges.

Leaders are also looked to for modelling and implementation of culturally appropriate behaviour reflective of equity, inclusion, diversity, and decolonialization priorities within their communities, where there exists heavy potential for missteps that might cause offence. The expectations, broad relevant parties, and complex interplays can produce unrelenting pressures and, as a result, unrecognized moral injury. This, in turn, restricts leaders' effectiveness overall. Despite leaders desiring to provide support to their people, the inability to have the human and material resources to do so, as well as the limitations in what they can do for society and the public, can result in compromised moral and emotional health. For example, if a public safety communicator leader in dispatch is left without an ambulance or fire truck to send to the accident scene, a police leader without an officer to deploy to the scene of a crime, or a correctional institution being on seemingly perpetual lockdown with overcrowded cells because of serious staffing shortages, the not being able to meet society's need can be morally injurious. There is also the latent risk when a leader decides to send out their people when they do not know if they will be safe due to the lack of resources or any ethical dilemma. However, too often because lives are at risk and a decision must be made, the responsibility of deploying their members when a leader does not know if they will be safe rests on their shoulders. Thus, we need an answer to how do we address moral injury, as well as sanctuary trauma and perceived injustice when morally harmful.

Legal Vulnerabilities

Arguably another subset of health, leadership actions have consequences throughout the organization; one wrong step can have enormous repercussions on the overall performance and well-being of the organization. For example, with every incident that occurs, someone must be found responsible and held accountable, particularly when use of force is involved, as each incident will and must be investigated. The person held accountable is always a part of the organization in which someone is leading – their actions are reflected on the leader and representation of the organization which often requires public and legal addressing.

Moreover, the decisions leaders must make are not commonly able to be shared with others. Many decisions occur in confidential settings, due to their nature and context, and may be heavily criticized. However, leaders have no response when facing criticism because they are unable to legally share the context informing the decision.

At times, leaders do have to gauge legal risk and violate law or policy to provide public safety. An example, in the case of paramedics, would be taking an ambulance off the road for being out of a rarely used drug (e.g., sodium bicarbonate) or instead sending the ambulance to a call (due to shortages) to save lives. The leader could be found liable legally for such an action; however, there is pressure tied to making quick decisions – even when there is a responsibility as well as the burden of liability of the outcome. This is also the case in catastrophes, such as incidents resulting in the mass casualty commission of Nova Scotia or the Humboldt tragedy in Saskatchewan. In such circumstances, each decision made is significant, and leaders are held to, what some may feel are impossible, standards to which they are accountable, often using very "black or white" legislations that fail to recognize the gray in leadership and life, which may refrain from falling within the parameters of the law governing leaders (and society more broadly). Here, we put forth the consideration of more flexibility in oversight to allow more feasibility in application to day-to-day practices as well as extraordinary events. We also suggest considering more training for leaders in risk navigation and risk management. Finally, we encourage more training about the nuances of the reasonable persons clause, referring to the hypothetical person's appropriate caution and sensibility when acting and approaching a situation. The clause represents a standard created as an objective test intended to aid juries and courts when making decisions about whether an individual's actions are negligent. Thus, training to support leaders in decision-making to align with the clause is recommended as one example of legal training that would be of benefit to leaders.

Collateral Considerations for Families of Leaders

Families of leaders can also experience distress or compromised health given the public and accessible role of their leader family member. Leaders require boundaries to ensure some semblance of work/life balance directed toward ensuring they are not distracted at (e.g., questioned, harassed by other attendees) or absent (e.g., unable to attend due to leadership responsibilities) from family events, able to participate in their family as desirable, and able to support and be supported by their families. Leaders often cannot speak to the nuance and events they are managing at work, which makes informal support from families and loved ones rather difficult, if not impossible, to acquire. Moreover, the need for confidentiality and inability to disclose can create misunderstandings, strain relationships, and even result in relationship breakdown (Zhou et al., 2020). At the same time, as the leaders' social network shrinks through promotion, they may come to rely more heavily on family social support. Thus, a consideration here is more support for leaders' families, as necessary – which varies with public safety sectors (e.g., intelligence and correctional officers). This includes,

for families in maintaining their relationships with their leader loved one, but also for families and loved ones who experience strain, including the harms that can result when a leader is publicly scrutinized, attacked, or even harassed. Leaders' families may have experienced harm through their connection to their leader family member – of diverse levels of intensity; harm can include verbal, physical, sexual, or invasions of privacy. Thus, leaders need to be assured their families are protected and safe, which requires social recognition and public understanding, which is only possible with public awareness. Here, the power and privilege tied to leaders are a double-edged sword, as disadvantageous as they can also be advantageous – which can affect families and loved ones. As such, families require safe spaces and privacy to maintain a level of functionality, relatability, and connection.

In addition, if a leader's health becomes compromised, this too can impact the leader's family and loved ones, resonating throughout the family unit. Thus, there is a need for supports for the families of leaders that include support for their mental and social health, as well as their physical health should risk arise. There is a bidirectional relationship between family well-being and occupational well-being; what affects one, affects the other. Keeping leaders' families well can help keep the leaders themselves well.

Additional Considerations

A challenge for all elements of leader health is the inherent barriers leaders face when potentially accepting certain supports. They require agency over the pace and location of intervention/support. Training specifically for leaders is necessary, focused on the needs of leaders and on how to best support their organizational membership's wellness through effective communication. Leaders need training on health awareness, mitigating vulnerabilities, managing conflict, navigating disgruntled employees, and how to centralize their needs without compromising those of their organization. Recognizing time creates a barrier to self-care too, as leaders juggle many competing expectations and priorities; self-care must become more commonly discussed in leadership and highlighted in training sessions. Indeed, balancing the needs of multiple public safety sectors can be particularly challenging and compromising, increasing leader's vulnerabilities; training is particularly necessary.

The need for the creation of infrastructure/systematic processes to build knowledge of and support for the health needs of leaders may begin to address some of the challenges. Understanding the impact of a "one-way flow" of concern will be informative. This highlights the importance of reflecting on the role of leaders' families, as both supports and potential stressors.

FUTURE RESEARCH

We suggest researchers also examine the role of fiduciary considerations on the wellness of leaders. Across sectors, fiscal constraints impede the ability of leaders to meet the needs of their employees and their organizations, as well as the public. Providing programs and training on trauma-informed leadership, referring to a leadership model where leaders and organizations enhance workforce resilience by being knowledgeable and sensitive to the effects of trauma on individuals and communities (Fink-Samnick, 2022), is a way to provide leaders with a better understanding of the effects of trauma on themselves and their teams, which will make navigating the challenges inherent to their roles easier. Also necessary is for leaders to understand how best to address the trauma response because a leader's decisions and actions will be affected if they do not understand the effects of trauma – they will struggle to manage their people in a trauma-informed manner, which in turn can alienate membership, increasing leader stress and the potential to be isolated. By providing the adequate and required tools to leaders, a culture of camaraderie and support can be better fostered, which will be beneficial for all in the organization or service. Thus, we suggest future research focus on developing regular health checkups, including physical examinations and screenings for conditions related to organizational and/or operational stress, that will detect compromises in health early on and, in consequence, improve the overall well-being of public safety personnel and their leadership.

In addition, longitudinal studies should be a focus for future research, as such studies allow scholars to track changes over time, identify key factors influencing well-being, and enable the development of targeted and sustainable interventions (Carleton, 2021; Stanley et al., 2016). Advocating for policies and practices that prioritize the well-being of public safety leaders is necessary if issues like excessive workload, inadequate resources, and organizational factors contributing to stress are to be addressed.

Research is required with a leader-focused approach to determine the specific stressors and obstacles applicable to each role, considering public safety leaders' range in their occupational responsibilities and scope but often moving up in ranks and having historical and cumulative experiences of exposure to potentially psychologically traumatic events. Moreover, the structure of the organization and the relationships created within among peers can be very intimate, particularly during their earlier years in their careers. The relationship with these partners changes, though, as one moves through the ranks and begins to take on a leadership capacity – where they once had immense support, they start to become isolated, which has yet to be researched in a fulsome manner.

Finally, we recognize there are differences between public safety leaders. For example, 40% of fire chiefs in this country are volunteers, and others lead "volunteers," which creates a diverse leadership and organizational context even from that of a fire chief in a department or any leader who is not a volunteer. Thus, future research is required to look at specific challenges and needs tied to the parameters under which one leads. In addition, there is a need for focused research about daily public safety leadership versus during "states of emergency" where local capabilities are exceeded by the events at hand. State of emergency leadership may differ and, in our experience, does differ from day-to-day leadership of a public safety organization, which will have different implications on health requiring investigation.

CONCLUSION

The current article provides a first step toward raising awareness regarding the mental health of leaders themselves.

Identifying the specific needs, barriers, and opportunities to inform change can shape the efforts of researchers, leaders, and organizations. Positively influencing the health of public safety leaders can produce cascading improvements for the health of leaders, the people, and the organizations they lead, and the health and safety of Canadians. The health and wellness of public safety leaders is not an individual responsibility; it is the responsibility of all to ensure that public safety personnel, who are responsible for the health of those who help others, require the efforts and careful consideration of all constituents who benefit from their efforts.

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CONFLICT OF INTEREST DISCLOSURE

The authors have no conflicts of interest to declare.

AUTHOR AFFILIATIONS

*Professor, Research Chair in Safety, Security, and Wellness, Fisheries and Marine Institute, Memorial University of Newfoundland, St. John's, NL, Canada; †Chief Administrative Officer, Durham Regional Police Service, Whitby, ON, Canada; ‡Department of Sociology, Memorial University of Newfoundland, St. John's, NL, Canada; ¶Canadian Police Association, Ottawa, ON, Canada; §Paramedic Chief, Ottawa Paramedic Service, Ottawa, ON, Canada; ǀDirector of Corporate Services, UCCM Anishnaabe Police Service, M'Chigeeng, ON, Canada; **Past President, Paramedic Chiefs of Canada, Senior Director of Emergency and Safety Services, Deputy Chief Administrative Officers, Peterborough County, ON, Canada; ††Chief of Emergency Services, City of Red Deer, Red Deer, AB, Canada; ‡‡Trillium Health Partners/Centre for Addiction and Mental Health, Toronto, ON, Canada; ¶¶Mental Health Secretariat, Ministry of the Solicitor General, Toronto, ON, Canada; §§Professor, School of Rehabilitation Therapy, Queen's University, Kingston, ON, Canada.

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