

“PRETEND IT NEVER HAPPENED”: JOURNALISTS’ LIKELIHOOD OF  
PSYCHOLOGICAL HELP-SEEKING UPON EXPOSURE TO  
WORK-RELATED TRAUMATIC EVENTS

by

SAMANTHA CHARLES KOCAN

SCOTT PARROTT, COMMITTEE CHAIR  
KAITLIN MILLER, COMMITTEE CO-CHAIR  
WILSON LOWREY  
REBECCA BRITT  
AVANI SHAH

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## ABSTRACT

This dissertation sought to better understand journalists' likelihood of psychological help-seeking upon exposure to work-related traumatic events. The Theory of Planned Behavior (TPB) was applied to determine journalists' attitudes toward psychological help-seeking, subjective norms, and perceived behavioral control (PBC). A self-administered questionnaire was sent to 4,072 anchors, digital content producers, photojournalists/photogs, producers, and reporters/multimedia journalists (MMJs) in 105 randomly selected Designated Market Areas (DMAs) in the United States. 214 responses were used in the sample. It was found that journalists' PBC was the biggest indicator of intent of psychological help-seeking upon exposure to work-related traumatic events, followed by attitude toward the behavior. Subjective norms were the least significant indicators of intent. Gender, age, and race were also found to be significant predictors of all three TPB components.

## DEDICATION

To dad, mom, Meredith, Archie, and Sam.

## LIST OF ABBREVIATIONS AND SYMBOLS

<i>APA</i>	American Psychiatric Association
<i>BACE</i>	Barriers to Access to Care Evaluation
<i>DMA</i>	Designated Market Area
<i>DSM</i>	Diagnostic and Statistical Manual of Mental Disorders
<i>EAP</i>	Employee Assistance Program
<i>IRB</i>	Institutional Review Board
<i>MMJ</i>	Multimedia Journalist
<i>PBC</i>	Perceived Behavioral Control
<i>PTE</i>	Potentially Traumatic Events
<i>PTSD</i>	Post-Traumatic Stress Disorder
<i>TPB</i>	Theory of Planned Behavior
<i>TRA</i>	Theory of Reasoned Action
<i>UGC</i>	User-Generated Content

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## CHAPTER 1: INTRODUCTION

In late 2019, Hannah Storm, Director and CEO of the Ethical Journalism Network, was diagnosed with post-traumatic stress disorder, or PTSD. According to Storm, her PTSD was a result of “multiple traumatic experiences in my journalism career and my personal life.” In an article Storm wrote for Poynter, a non-profit journalism school and research organization, she detailed the symptoms that led to her diagnosis:

I was experiencing flashbacks, depression, anxiety, mood swings, nightmares and difficulty sleeping... I dreamed of my abusers. I saw the faces of desperate and dying people, individuals I had been unable to save, whose stories I had reported on as a journalist.

Storm was sexually assaulted twice on the job. First, as a freelance journalist accompanying the Brazil national football team to Haiti, where the Brazil national football team played the Haiti national football team in a “Football for Peace” match. The second time was in Latin America while visiting a source whom Storm considered to be a friend. The friend coerced Storm to come to his apartment. There, Storm said, she was overpowered: “I could do and say nothing – only wait for it to be over.” Storm did not reveal her PTSD diagnosis to others for quite some time out of fear it would ruin her reputation as a journalist: “We need to create space in our profession for people to feel safe to speak about their experiences.”

Storm is just one of the many journalists with PTSD. As found by Backholm and Björkqvist (2012), 86-100% of journalists have been exposed to a work-related traumatic event, putting them at a higher risk than the general population of developing a mental illness (Smith & Newman, 2009). However, and despite their likelihood of developing PTSD, depression, anxiety,

and substance use disorders due to exposure to work-related traumatic events, most journalists do not seek psychological help (Aoki et al., 2013). This can be attributed to the “culture of silence” within the profession (Greenberg et al., 2009), as noted by Storm. Therefore, it is crucial for researchers to determine journalists’ likelihood of psychological help-seeking upon exposure to work-related traumatic events to mitigate negative mental health effects. Much literature has focused on PTSD in war journalists upon exposure to work-related traumatic events, neglecting to take into consideration PTSD, as well as other mental illnesses, in domestic journalists. Even less literature has explored how journalists respond to exposure to work-related traumatic events. Therefore, this dissertation seeks to fill this gap in literature by applying the Theory of Planned Behavior (TPB) to journalists’ likelihood of psychological help-seeking upon exposure to work-related traumatic events. This dissertation also recommends practical considerations for newsrooms.

## CHAPTER 2: LITERATURE REVIEW

### **Journalists' Exposure to Work-Related Traumatic Events**

Journalists are exposed to work-related traumatic events on a daily basis. Like first responders, journalists witness destruction and violence firsthand (Seely, 2019). According to a study conducted by Simpson and Boggs (1999), 86% of reporters have experienced one or more of the following traumatic events: earthquakes, murders, executions, sexual assaults, drownings, and plane crashes. Because of this, journalists are a high-risk population for PTSD, emotional distress, compassion fatigue, and trauma-related guilt (Seely, 2019). In a study of 70 journalists, Dworznik (2018) found 41.4% experienced symptoms of compassion fatigue “sometimes” to “very often,” and 54% experienced symptoms of burnout “sometimes” to “very often,” and as perceived peer cohesion and supervisor support declined, symptoms of compassion fatigue, secondary traumatic stress, and burnout increased.

Compassion fatigue is “a form of traumatic stress that results from repeated encounters with victims of trauma and traumatic situations” (Dworznik, 2018, p. 640). Compassion fatigue is a type of secondary trauma and includes the following two components: secondary traumatic stress and burnout (Dworznik, 2018). Secondary traumatic stress refers to the development of symptoms similar to PTSD (Dworznik, 2018). Symptoms of secondary traumatic stress include, but are not limited to, intrusive traumatic images, avoidance behaviors, and hyperarousal (Evces, 2015). Burnout, the second component of compassion fatigue, is characterized by emotional exhaustion, depersonalization, and feelings of reduced personal accomplishment (Dworznik, 2018). According to Reinardy (2013), higher levels of burnout are related to a journalist’s

workload and lack of newsroom support. Burnout emerges over time and is related to job strain, whereas secondary traumatic stress is sudden and is related to “contact with victims and exposure to traumatic scenes” (Dworznic, 2018, p. 642).

Journalists can experience both primary and secondary trauma (Seely, 2019). Primary trauma is trauma experienced through direct exposure to traumatic events (Seely, 2019). Secondary trauma can be experienced through journalists interviewing victims and witnessing graphic scenes, and like primary trauma, can also trigger PTSD (Beam & Spratt, 2009; Seely, 2019). The concept of secondary trauma applies not to just reporters, but anchors, digital content producers, meteorologists, photojournalists/photogs, and producers, among others in the newsroom, who are exposed to, but do not witness traumatic events directly (Beam & Spratt, 2009). Therefore, for this dissertation, anchors, digital content producers, photojournalists/photogs, and producers were surveyed, as well as reporters/multimedia journalists (MMJs), as exposure to work-related traumatic events does not just affect those in the field, but in the newsroom, as well.

Many journalists enter into the profession with “little understanding of how to handle traumatic story coverage and a limited awareness of how they may be affected psychologically by their work” (Seely, 2019, p. 240). In a study conducted by Beam and Spratt (2009), they found that overall, journalists were not prepared for trauma exposure. 20% of the journalists Beam and Spratt (2009) surveyed said they felt “very well prepared” to deal with traumatic events; however, one third said they were “not well prepared” or “not prepared at all.” This is of concern, as trauma coverage is inevitable for journalists.

## **Harassment as a form of trauma**

Like exposure to work-related traumatic events, being harassed can also have long-term effects on journalists' mental health (Luqiu, 2020). Miller and Lewis (2020) defined harassment as: "unwanted abusive behaviors" (p. 4). According to Miller (2021b), "Much like a trauma experience, experience with hostility and harassment associated specifically with one's professional role and identity are equally pressing" (p. 13).

Literature has shown that women journalists experience harassment more frequently than men journalists (Posetti et al., 2021). According to Miller and Lewis (2020), women broadcast journalists face four types of harassment: disruptive in-person harassment, physical and abrasive in-person harassment, online harassment as unwanted sexual advances, and online harassment as threats and criticisms. Reporters are most susceptible to disruptive in-person harassment, and anchors and meteorologists are most susceptible to online harassment as sexual advances (Miller & Lewis, 2020). Disruptive in-person harassment occurs outside the newsroom and is done to disrupt journalists while they work (Miller & Lewis, 2020). Some examples of disruptive in-person harassment include, but are not limited to, whistling and catcalling (Miller & Lewis, 2020). Physical and abrasive in-person harassment is more up-close than disruptive in-person harassment and includes "touching or throwing objects with the intention of causing harm" (Miller & Lewis, 2020, p. 87). However, physical and abrasive in-person harassment is not always physical, it can also include threats of physical harm (Miller & Lewis, 2020). Online harassment as unwanted sexual advances often occur daily and is persistent in nature. Examples include unwanted sexual advances as solicitations for sex, and compliments about the journalist's body, among others (Miller & Lewis, 2020). The fourth and final type of harassment for women broadcast journalists, according to Miller and Lewis (2020), is online harassment as threats and criticisms. Online harassment as threats and criticisms is meant to cause emotional

harm. Some examples are threats about one's personal safety and criticisms about one's personal appearance (Miller & Lewis, 2020).

In their study of 19 women broadcast journalists, Miller and Lewis (2020) identified the following five emotion management strategies respondents used to manage their emotions upon being harassed: direct situation modification, acceptance, perspective-taking, emotional boundaries, and expressive suppression. Direct situation modification refers to the act of removing oneself from the situation (Hayward & Tuckey, 2011). According to Hayward and Tuckey (2011), acceptance is when individuals accept the situation at hand and allow their emotions to be felt and seen. Perspective-taking is the act of taking on another person's perspective in order to reduce the emotional impact (Hayward & Tuckey, 2011). Emotional boundaries refers to creating boundaries in order to keep an emotional distance, and the fifth emotion management strategy women broadcast journalists used, according to Miller and Lewis (2020), was expressive suppression, which is the act of suppressing one's emotions (Hayward & Tuckey, 2011).

The harassment of journalists can affect both journalists as individuals, and the work they produce (Miller, 2021a). More pressing, the harassment of journalists has been found to be an effective way to silence them (Löfgren Nilsson & Örnebring, 2016). For example, repeated harassment can lead to self-censorship in which journalists avoid covering certain topics in an attempt to mitigate harassment (Holton et al., 2021). This is of concern, as journalists in democratic countries, such as the United States, with a supposed free press, are responsible for informing the public on a variety of topics, and "a change in how journalists work, and even an exodus of journalists from the industry, would be detrimental to the information citizens receive" (Miller, 2021a, p. 4).

Much literature has focused solely on the online harassment of journalists, neglecting to take into account the in-person harassment of journalists (Chen et al., 2020; Holton et al., 2021; Lewis et al., 2020; Waisbord, 2020). However, and as Posetti et al. (2021) found, online harassment can, and often does, transfer into in-person harassment. 20% of the women journalists Posetti et al. (2021) surveyed said they “had been attacked or abused offline in connection with online violence they had experienced” (p. 12). Therefore, for this dissertation, being verbally assaulted, physically assaulted, sexually assaulted, and harassed at work by the public will be examined, as harassment is also a form of trauma exposure.

### **Mental Illness Among Journalists**

Trauma reporting is a determinant of mental illness in journalists (Seely, 2019). Nearly 86% or more journalists have been exposed to at least one work-related traumatic event (Backholm & Björkqvist, 2012), putting them at a higher risk than the general population of developing various psychological disorders, such as PTSD, depression, anxiety, and substance use disorders (Smith & Newman, 2009).

In a systematic literature review conducted by MacDonald et al. (2021), they identified a number of factors that may be associated with a greater risk of experiencing PTSD symptoms. Some of the factors MacDonald et al. (2021) identified include, but are not limited to, being a woman, being of older age, having more years of experience as a journalist, having increased exposure to work-related traumatic events, having a lack of social support, organizational stressors, etc.

On top of exposure to work-related traumatic events, journalists also experience a number of work-related stressors that can have negative implications on their psychological well-being (MacDonald et al., 2021). These include deadlines, long hours, and low pay, to name a few (Monteiro, 2016). Smith et al. (2018) found “avoidant emotional coping, higher levels of

perceived organizational stressors, intensity of exposure to work-related traumatic stressors, and personal trauma history” (p. 218) to be the greatest risk factors associated with PTSD in journalists. An avoidant emotional coping style refers to “attempts to alleviate the emotional distress associated with a stressor” (Sharkansky et al., 2000, p. 188). This can include substance use, avoiding psychological help-seeking, etc. Journalists who reported having an avoidant emotional coping style also reported having more severe PTSD symptoms (Seely, 2019).

A similar study conducted by Backholm and Bjorkqvist (2010) also found an interaction effect between personal and work-related trauma exposure: “The subgroup of journalists experiencing a wide range of previous personal traumatic exposure had a heightened risk of reacting with PTSD symptoms after exposure to one large crisis-related assignment” (p. 147). In their study of non-war Finnish journalists, Backholm and Bjorkqvist (2010) found that journalists with personal exposure to traumatic events were more likely to have PTSD, depression, compassion fatigue, and burnout. The other factor Backholm and Bjorkqvist (2010) found to be a determinant of PTSD, depression, compassion fatigue, and burnout was the severity of the work-related traumatic event reported on. For example, “the larger the crisis, the stronger the effects on level of well-being” (Backholm & Bjorkqvist, 2010, p. 147). Backholm and Bjorkqvist’s (2010) findings supported those of Brayne (2007) in that the severity of a work-related traumatic event, rather than the frequency of exposure, is a better determinant of a journalist’s well-being, and that the frequency of exposure “did not show any significant relation to well-being in journalists” (p. 148).

Early research on the mental health of journalists upon exposure to work-related traumatic events focused solely on war journalists. Feinstein et al. (2002) found war journalists had higher rates of PTSD, major depression, and substance use disorders than non-war

journalists. In their study of the psychopathology of war journalists, and non-war journalists, Feinstein et al. (2002) found for war journalists, the lifetime prevalence rate of PTSD was 28.6%, the lifetime prevalence rate of major depression was 21.4%, and the lifetime prevalence rate of substance use disorders was 14.3%. However, and despite their higher levels of mental illness, war journalists are not more likely than non-war journalists to seek treatment (Feinstein et al., 2002).

While much research has focused on war journalists, domestic journalists are also susceptible to mental illness upon exposure to work-related trauma (Seely, 2019). Domestic journalists are often exposed to work-related traumatic events on a more routine basis than war journalists, such as motor vehicle accidents, murders, natural disasters, etc. Little research has examined journalists' likelihood of psychological help-seeking upon exposure to work-related traumatic events. Therefore, it is important for scholars to fill this gap in literature so that practitioners can work to mitigate the negative mental health effects exposure to work-related traumatic events has on journalists.

### **PTSD, depression, anxiety, and substance use disorders among journalists**

Much mental health research (Feinstein et al., 2002; Feinstein et al., 2018; MacDonald et al., 2021; Smith et al., 2018) has focused solely on PTSD in journalists upon exposure to work-related traumatic events, and neglected to take into account other psychological disorders, such as depression, anxiety, and substance use disorders. MacDonald et al. (2023) published the first systematic literature review that focused solely on depressive symptoms in journalists.

Through a review of 13 quantitative studies, MacDonald et al. (2023) found journalists at risk of experiencing depressive symptoms had “(1) greater exposure to work-related and personal PTEs; (2) experienced threats to themselves or their family; and (3) reduced levels of family and peer support, social acknowledgement, and education” (p. 92). Through their systematic

literature review, MacDonald et al. (2023) found domestic journalists had the lowest levels of depressive symptoms, whereas Mexican journalists had the highest levels of depressive symptoms, followed by Iranian journalists, Kenyan journalists, journalists working with User Generated Content (UGC), and war journalists. UGC refers to material submitted to newsrooms by the public (Feinstein et al., 2014).

One such study of depression in journalists was conducted by Feinstein et al. (2016). In their study of Iranian journalists, Feinstein et al. (2016) found over a third of the journalists surveyed reported moderate to severe depressive symptomatology. This percentage increased in journalists who had been threatened or assaulted (Feinstein et al., 2016).

In a study conducted by Joseph (1983), he found the prevalence rate of alcoholism for reporters to be 23%, and the prevalence rate of alcoholism for editors to be 21%. At the time (1983), these percentages were double that of the national average of the prevalence rate of alcoholism, which was 10%. Joseph (1983) found both men reporters and editors had a prevalence rate of alcoholism to be 26%, whereas women reporters had a prevalence rate of alcoholism to be 20% and women editors had a prevalence rate of alcoholism to be 10%. A similar study conducted by MacDonald et al. (2016) confirmed Joseph's (1983) findings in that men journalists, rather than women journalists, had a higher likelihood of developing substance use disorders.

According to Volpicelli (2005), if an individual has a mental illness, then they are 270% more likely than the average person to have a substance use disorder. The estimated concordance rate between PTSD and substance use disorders is 30% to 75%, the estimated concordance rate between depression and substance use disorders is 17 % to 32%, and the estimated concordance rate between anxiety and substance use disorders is 15% to 36% (Doweiko, 2018). Journalists

are at a higher risk of developing substance use disorders than the general population, due to “the journalism industry and organization context of high levels of stress due to increased competitiveness, ongoing changes in job roles, resource constraints, and constant deadlines” (MacDonald et al., 2016, p. 402). Therefore, this dissertation will examine PTSD, depression, anxiety, and substance use disorders among journalists upon exposure to work-related traumatic events, as many mental illnesses are comorbid with one another.

### **The Diagnostic and Statistical Manual of Mental Disorders**

The Diagnostic and Statistical Manual of Mental Disorders, or DSM (5th ed.; DSM–5; American Psychiatric Association [APA], 2013), is used by mental health professionals to assess and diagnose mental disorders. According to the DSM-5, for individuals over six years old to be diagnosed with PTSD, they must meet certain criteria (APA, 2013). After being exposed either directly or indirectly to a traumatic event, an individual must meet criteria in four major categories: intrusion, avoidance, alterations in mood, and increased arousal (APA, 2013). Additional criteria required for an individual to be diagnosed with PTSD are that the duration of the disturbance must last longer than a month, the disturbance must cause a considerable amount of distress and or interfere with daily life, and the disturbance cannot be attributed to substance use or another medical condition (APA, 2013).

A National Comorbidity Survey found 59% of men and 44% of women with PTSD meet the criteria for three or more psychiatric diagnoses (Kessler et al., 1995). Major depressive disorder is the most common comorbid diagnosis, followed by anxiety disorders and substance use disorders (Corcoran & Walsh, 2020). According to Kessler et al. (2005), treatment improves PTSD outcomes. Kessler et al. (2005) found the median recovery time for individuals who sought treatment was 36 months, and the median recovery time for individuals who did not seek

treatment was 64 months; however, one-third of individuals with PTSD do not recover (Kessler et al., 2005).

According to the DSM-5, symptoms of major depressive disorder include, but are not limited to, depressed mood, loss of interest or pleasure, weight loss or weight gain, insomnia or hypersomnia, psychomotor agitation, fatigue, feelings of worthlessness or guilt, decreased concentration, and suicidal thoughts (APA, 2013). In order to be diagnosed with major depressive disorder, the symptoms must cause significant distress or impairment in social, occupational, or other areas of one's life (APA, 2013). The main feature of a major depressive episode is a two-week period in which an individual experiences a depressed mood or loss of interest or pleasure in all, or nearly all, activities for the majority of the day, nearly every day, for two weeks (APA, 2013).

Generalized anxiety disorder is the most common of the anxiety disorders (Corcoran & Walsh, 2020). Symptoms of generalized anxiety disorder include, but are not limited to, restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and trouble sleeping (APA, 2013). Key features of generalized anxiety disorder are persistent and excessive anxiety and worry (APA, 2013). The symptoms of generalized anxiety disorder can often cause significant distress or impairment in social, occupational, or other areas of one's life (APA, 2013). Generalized anxiety disorder tends to be chronic; therefore, it is vital for individuals experiencing symptoms to seek treatment.

Generalized anxiety disorder is often comorbid with major depressive disorder and substance use disorders (APA, 2013). The DSM-5 has 11 criteria for substance use disorder (APA, 2013). The criteria can be broken down into the following four categories: impaired control, social impairment, risky use, and pharmacological criteria (APA, 2013). For impaired

control, the individual may take more of the substance for longer than intended; the individual may try to stop using the substance but be unable to; the individual may spend more time getting, using, and recovering from the substance; and the individual may experience intense cravings for the substance (APA, 2013). For social impairment, the individual may fail to fulfill obligations (e.g., home, school, work); the individual may continue substance use despite it causing social and interpersonal problems; and the individual may give up social and recreational activities due to substance use (APA, 2013). Risky use can result in individuals using substances in psychically hazardous situations and using substances despite their negative effects on their psychical and psychological health (APA, 2013). The final group of criteria, pharmacological criteria, includes tolerance and withdrawal (APA, 2013).

Much research on the mental health of journalists upon exposure to work-related traumatic events has focused solely on PTSD, neglecting to take into account the other mental illnesses often comorbid with PTSD: depression, anxiety, and substance use. Therefore, this dissertation examined all four, as major depressive disorder is the most common comorbid diagnosis, followed by anxiety disorders and substance use disorders (Corcoran & Walsh, 2020).

### **Coping Mechanisms**

Through a systematic literature review of research published from 2002 to July 2015, Monteiro et al. (2016) identified the following six coping strategies journalists employ when dealing with work-related traumatic events: avoidance strategies, the use of black humor, the control of emotions and memories, the use of substances, exercise and other physical activities, and focus on technical, practical, and mechanical aspects.

Seely's (2019) research echoed what Monteiro et al. (2016) found. Seely (2019) found talking about the trauma, disconnecting, purging emotions, and remembering job purpose were all common positive coping mechanisms among journalists upon trauma exposure. While the

abovementioned coping mechanisms are effective ways to cope with trauma exposure, other coping mechanisms, such as substance use and risky behavior, have been found to worsen the effects of PTSD (Seely, 2019).

For this dissertation, the emotion regulation strategies put forth by Hayward and Tuckey (2011) will be examined in relation to journalists' coping mechanisms upon exposure to work-related traumatic events. Hayward and Tuckey's (2011) emotion regulation strategies have been used by many scholars in relation to journalists' coping mechanisms (Miller & Lewis, 2022; Thomson, 2018). Hayward and Tuckey (2011) identified the following nine emotion regulation strategies among nurses: direct situation modification, expression, refocusing, rumination, acceptance, positive reappraisal, perspective taking, emotional boundaries, and expressive suppression. While these emotion regulation strategies were found among nurses, they can also be applied to other professions, as well, such as journalism.

### **Training and Newsroom Culture**

Despite their likelihood of developing mental illness as a result of trauma exposure, most journalists do not seek psychological help (Aoki et al., 2013). According to Seely (2019), "rigid organizational norms that stigmatize emotional expression within newsrooms could be detrimental to reporters' mental health by encouraging silence, preventing reporters from seeking treatment, and exacerbating work-related post-traumatic stress symptoms" (p. 242).

This "culture of silence" prevents journalists from discussing the effects trauma exposure has on their psychological well-being (Greenberg et al., 2009). According to Feinstein et al. (2002), "an admission of emotional distress in a macho world was feared as a sign of weakness and a career liability" (p. 1574). While it has been found that most journalists have non-stigmatizing attitudes toward mental illness and psychological help-seeking, they are hesitant to seek psychological help themselves (Greenberg et al., 2009). In a study conducted by Greenberg

et al. (2009), they found journalists were more likely to confide in their families upon exposure to traumatic events, rather than their superiors or colleagues, and that they were not likely to seek organizational help upon exposure to traumatic events.

Thus, and in order to address the “culture of silence” within the industry, The Dart Center for Journalism and Trauma was established (Dart Center for Journalism and Trauma, 2017). The Dart Center for Journalism and Trauma is a resource center available to journalists that provides them with a professional forum to discuss trauma reporting, and its effects, with other media professionals (Dart Center for Journalism and Trauma, 2017). The Dart Center for Journalism and Trauma advocates for the “professional treatment of victims and survivors by journalists; and greater awareness by media organizations of the impact of trauma coverage on both news professionals and news consumers” (Dart Center for Journalism and Trauma, 2017, n.p.). The Dart Center for Journalism and Trauma has aided journalists during the September 11, 2001, attacks, the Iraq War, Hurricane Katrina, the school shooting at Sandy Hook Elementary School, among others (Dart Center for Journalism and Trauma, 2017). Thus, and because of its advocacy for “ethical and thorough reporting of trauma; compassionate, professional treatment of victims and survivors by journalists; and greater awareness by media organizations of the impact of trauma coverage on both news professionals and news consumers” (Dart Center for Journalism and Trauma, 2017, n.p.), two \$100 donations were made to the Dart Center for Journalism and Trauma as an incentive for respondents to participate in this dissertation’s questionnaire.

### **Theory of Planned Behavior**

This dissertation utilizes framework provided in the theory of planned behavior (TPB). The TPB was developed by Icek Ajzen in 1985 to predict and explain human behavior (Ajzen, 1985). According to the TPB (Figure 1), an individual’s intention to perform a specific behavior can be predicted based on the following three components: attitude toward the behavior,

subjective norm, and perceived behavioral control (PBC) (Ajzen, 1991). The TPB is an extension of the theory of reasoned action (TRA) (Fishbein & Ajzen, 1975). Unlike the TRA, the TPB considers an individual's PBC (Godin & Kok, 1996). PBC, meaning, "the perceived ease or difficulty of performing the behavior and it is assumed to reflect past experience as well as anticipated impediments and obstacles" (Ajzen, 1991, p. 188). Adding PBC to the TRA significantly enhanced the prediction of intentions and behaviors (Madden et al., 1992).

The TRA only considers volitional behaviors, or behaviors that an individual has control over (Conner & Armitage, 1998). However, the TPB is able to predict both volitional behaviors as well as behaviors in which individuals have incomplete volitional control (Doll & Ajzen, 1992). Incomplete volitional control, meaning, behaviors in which individuals have no control over, such as behaviors that require skills, resources, opportunities, etc. (Madden et al., 1992). The more resources an individual has, the higher their PBC (Doll & Ajzen, 1992).

Attitude toward the behavior refers to an individual's attitude, be it positive or negative, and subjective norm refers to the social pressure to perform or not perform a specific behavior (Ajzen, 1991). Thus, attitude toward the behavior asks, "What do I think?", subjective norm asks, "What do others think?", and PBC asks, "Can I do it?" According to the TPB, behavior is a function of salient beliefs (Ajzen, 1991). Attitude toward the behavior, subjective norm, and PBC are based upon the following salient beliefs: behavioral beliefs, normative beliefs, and control beliefs (Ajzen, 1991). Behavioral beliefs are beliefs about the consequences of a behavior (Bosnjak et al., 2020). Normative beliefs are beliefs about the expectations of others, and control beliefs are beliefs about the factors that may impact a performance (Bosnjak et al., 2020). Behavioral beliefs influence an individual's attitude toward the behavior, normative beliefs influence subjective norm, and control beliefs influence PBC (Doll & Ajzen, 1992).

Central to the TPB is intent (Ajzen, 1991). Intentions are “the motivational factors that influence behavior; they are indications of how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behavior” (Ajzen, 1991, p. 181). The TPB can predict with high accuracy an individual’s intentions to perform a specific behavior. The stronger the intention, the more likely an individual is to perform a specific behavior (Ajzen, 1991). PBC has a direct effect on behavior and an indirect effect on behavior via intentions (Madden et al., 1992). The direct path from PBC to behavior reflects the actual behavioral control an individual has (Madden et al., 1992). Therefore, if an individual has a significant degree of actual behavioral control, not just PBC, then the individual is expected to perform the behavior in question (Ajzen, 2020). According to Ajzen (2020), “perceived behavioral control is assumed to moderate the influence of attitude and subjective norm on intention, and actual behavioral control is assumed to moderate the effect of intention on behavior” (p. 316).

The TPB is one of the most used theories in social and behavioral sciences (Armitage & Conner, 2001; Godin & Kok, 1996; Sussman & Gifford, 2019). It has been used to understand healthy eating (Conner et al., 2002), exercise (Godin, 1994), drinking among college students (Collins & Carey, 2007), and suicidal ideation (Jeihooni et al., 2021), among others. Jeihooni et al. (2021) conducted a study in which they used the TPB to better understand the factors that influenced an individual’s suicidal ideation. The sample included 2,160 drug addicts in Shiraz city, Fars province, Iran (Jeihooni et al., 2021). Jeihooni et al. (2021) found that PBC was the strongest predictor of suicidal ideation. While not as strong as PBC, attitude was another construct of the TPB that influenced an individual’s suicidal ideation (Jeihooni et al., 2021). For example, Jeihooni et al. (2021) found if an individual with suicidal ideation had a positive

attitude toward suicide, then the likelihood of them dying by suicide was higher than that of an individual with a negative attitude toward suicide.

A similar study was conducted by Smith et al. (2008) in which they used the TPB to explain men's psychological help-seeking. Smith et al. (2008) found that men's attitudes toward psychological help-seeking influenced their intentions. For example, if they had negative attitudes toward psychological help-seeking, then they were less likely to have intentions to seek help, but if they had positive attitudes toward psychological help-seeking, then they were more likely to have intentions to seek help (Smith et al., 2008).

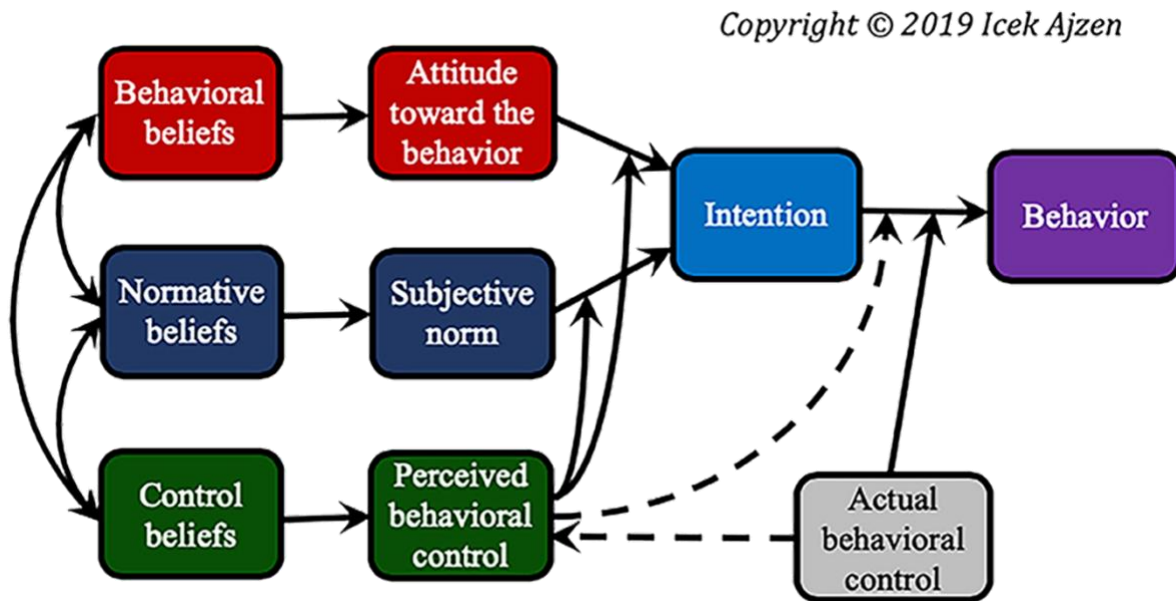
Thus, the TPB was used for this dissertation to predict journalists' likelihoods of psychological help-seeking upon exposure to traumatic events. A TPB questionnaire was constructed. Fishbein and Ajzen (2010) recommended formulating five to six items to assess each of the constructs of the TPB: attitude, subjective norm, PBC, and intention. For example, what do individual journalists think about seeking mental health services? What do those around them think? Do journalists have the resources to seek mental health services? Such as the time and money to seek help. The closed-ended questions were measured on a 5-point Likert-type scale with response options ranging from 1-5. 1 being "strongly disagree," and 5 being "strongly agree."

As recommended by Fishbein and Ajzen (2010), the following elements were also included in the questionnaire: (a) behavioral beliefs and outcome or experience evaluations, (b) injunctive normative beliefs and motivation to comply, descriptive normative beliefs and identification with referent, (c) control beliefs and power control factors, (d) reflective (direct) measures, (e) other measures, (f) and behavior. Each section included items formulated to assess the strength of each. While Fishbein and Ajzen (2010) suggest contacting participants two

months after having completed the questionnaire to determine whether or not they completed the behavior in question, this was not done due to time constraints.

There are both strengths and weaknesses to the TPB. For example, the TPB does not consider many demographic factors, such as an individual’s age, gender, race, etc. which could influence an individual’s intention and thus behavior. Of concern, the time frame between intent and behavior is not made clear. Could an individual’s intention change if the time between intent and behavior is too long? If so, this could reduce the predictive validity of the TPB. While there are limitations to the TPB, it is well-supported in literature, and unlike the TRA, it does include PBC, and takes into account incomplete volitional control (Ajzen, 1991). For this dissertation, the TPB is a valid theory to use, because it is a good framework to help develop questionnaires and guide interventions.

**Figure 1:** *The Theory of Planned Behavior*



Thus, the following research questions were formulated:

**RQ1:** For attitude toward the behavior, what are journalists' attitudes toward psychological help-seeking upon exposure to work-related traumatic events?

**RQ2:** For subjective norm, how does gender, age, race, and DMA affect journalists' feelings of support by management upon exposure to work-related traumatic events?

**RQ3:** For subjective norm, how does gender, age, race, and DMA affect journalists' feelings of support by fellow journalists upon exposure to work-related traumatic events?

**RQ4a:** For PBC, what resources do journalists believe they have access to seek psychological help?

**RQ4b:** For actual behavioral control, what factors do journalists identify as barriers to psychological help-seeking?

**RQ5:** How do journalists cope upon exposure to work-related traumatic events?

**RQ6:** How does gender, age, race, and DMA affect journalists' likelihood of psychological help-seeking upon exposure to work-related traumatic events?

### CHAPTER 3: METHODOLOGY

This dissertation used a mixed methods questionnaire to answer the abovementioned research questions. Campbell and Fiske (1959) are credited with the development of mixed methods research. Mixed methods research is “an approach to inquiry involving collecting both quantitative and qualitative data, integrating the two forms of data, and using distinct designs that may involve philosophical assumptions and theoretical frameworks” (Creswell & Creswell, 2017, p. 4). Creswell (2014) defined mixed methods research as research in which “the investigator gathers both quantitative (closed-ended) and qualitative (open-ended) data, integrates the two and then draws interpretations based on the combined strengths of both sets of data to understand research problems” (p. 2). A mixed methods approach was selected for this dissertation because the integration of both quantitative and qualitative data produced additional insights, as the quantitative data told the researcher what was happening, and the qualitative data told the researcher why it was happening.

Upon receiving approval from the Institutional Review Board (IRB), a self-administered questionnaire was used to collect data, and both quantitative and qualitative questions were asked of participants. For this study, half of the 210 local news markets, or Designated Market Areas (DMAs), in the United States were selected using simple random sampling. Simple random sampling is a type of probability sampling in which units composing a population are assigned numbers, then a set of random numbers is generated, and the numbers generated are included in the sample (Babbie, 2020).

After half of the DMAs were selected, websites for the television news stations in those markets were identified using the station index database on TVjobs.com. Individual anchors, digital content producers, photojournalists/photogs, producers, and reporters/MMJs were identified through a manual search of each television news station's website to locate staff lists. Most staff lists include employees' names, job titles, and email addresses. Anchors, digital content producers, photojournalists/photogs, producers, and reporters/MMJs were included in the sample since they are most susceptible to both primary and secondary work-related traumatic events. Once the emails of all anchors, digital content producers, photojournalists/photogs, producers, and reporters/MMJs in the selected DMAs were gathered, they were copied into Qualtrics. Approximately 4,072 emails were gathered. This method of data collection and analysis is similar to a study conducted by Miller (2021a).

As recommended by Presser and Blair (1994), the self-administered questionnaire was pretested in full on journalists known to the researcher. The self-administered questionnaire was then distributed via email. The quantitative portion of the survey questionnaire used a 5-point Likert-type scale with response options ranging from 1 to 5 with 1 being "strongly disagree" and 5 being "strongly agree." The Likert format is one of the most commonly used formats in online surveys (Babbie, 2020). Respondents were also asked to complete the Barriers to Access to Care Evaluation, or BACE, scale to determine which factors stop, delay, or discourage people from psychological help-seeking (Clement et al., 2012), as well as selected portions of the DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure. This was done to assess the severity of depression, anxiety, suicidal ideation, and or substance use among respondents. Throughout the qualitative portion of the questionnaire, respondents were asked open-ended questions and to provide demographic data.

The survey was kept brief in order to increase the response rate (Molyneux & Zamith, 2022). Data collection took place from November 14, 2022 until December 8, 2022. The quantitative data was analyzed using SPSS, and the qualitative data was analyzed using the constant comparative method. The names of all respondents were kept confidential. Confidentiality is when the researcher can link responses to respondents, but vows not to reveal them publicly (Babbie, 2020). An optional incentive was offered to respondents for their participation in the survey to increase the likelihood of participation (Molyneux & Zamith, 2022). At the end of the survey, respondents were given the option to opt-in, and their responses were recorded. The incentive was two \$100 donations made in the winners' names to the Dart Center for Journalism and Trauma.

Survey questionnaires are high in reliability but low in validity (Babbie, 2020). Giving participants the same survey questionnaire eliminates unreliability; however, the artificiality of survey research decreases its validity (Babbie, 2020). By asking participants open-ended questions, this increased the study's validity. Reliability suggests that if a particular technique, in this case, a survey questionnaire, was repeated numerous times, with different participants, the outcome would be the same (Babbie, 2020). Validity suggests researchers are measuring what they say they are measuring (Babbie, 2020). Thus, using a mixed methods approach ensured that the results of this dissertation are both reliable and valid (McKim, 2017).

### **Self-Administered Questionnaire**

The self-administered questionnaire was initially sent to 4,072 anchors, digital content producers, photojournalists/photogs, producers, and reporters/MMJs in 105 randomly selected DMAs in the United States. After the initial recruitment email, two follow-up emails were sent. Due to a low response rate, the self-administered questionnaire was then posted on the following three Facebook groups: MMJane, Storytellers, and TVNewsWomen. In total, there were 319

responses, and 214 responses were used in the sample. 93 responses were removed during the data cleaning process, as the respondents started the self-administered questionnaire but did not complete it. 130 women completed the self-administered questionnaire, 76 men, three non-binary, and one did not report their gender (Table 1).

**Table 1:** *Characteristics of the Sample*

	N	%
<b>Gender</b>		
Man	76	35.3
Woman	130	60.5
Non-binary	3	1.4
Other	1	.5
<b>Age</b>		
18-24	23	10.7
25-34	85	39.5
35-44	41	19.1
45-54	31	14.4
55-64	21	9.8
65 or older	9	4.2
<b>Ethnicity</b>		
White	149	69.3
Hispanic/Latino	19	8.8
Black/African American	28	13

Native American/American Indian	1	.5
Asian/Pacific Islander	7	3.3
Other	6	2.8
Job title		
Anchor	55	25.6
Digital Content Producer	10	4.7
Photojournalist/Photog	12	5.6
Producer	8	3.7
Reporter/MMJ	94	43.7
Other	31	14.4

The low response rate could be due to a number of factors. According to Molyneux and Zamith (2022), journalists are difficult to survey because they “face greater temporal pressures and information overload, are constrained by restrictive company policies, and remain adherent to an occupational ideology that hampers survey participation” (p. 160). Journalists are inherently skeptics, and because of that, may be reluctant to click on a link from an unknown email address (Deuze, 2005). The topic of this dissertation, psychological help-seeking, is highly sensitive, and most likely contributed to the low response rate, as well. Because of these challenges, and in order to increase the response rate, an optional incentive was offered, and two \$100 donations were made to the Dart Center for Journalism and Trauma in the randomly selected respondents’ names. The respondents had the option to have the donation made anonymously; however, both chose to have their names used.

Five of the seven distribution recommendations put forth by Molyneux and Zamith (2022) were followed, in order to increase the response rate. For example, the recruitment message was sent from a recognizable domain; a brief, targeted subject line was used; the survey invitation was skimmable; multiple reminder emails were sent; and mailing times were varied (Molyneux & Zamith, 2022). The survey invitation included a brief introduction, a description of the project, an invitation to participate with a clear indication of how long the survey should take to complete, a description of confidentiality, and a signature including contact information (Molyneux & Zamith, 2022).

## CHAPTER 4: FINDINGS

### **Attitude Toward the Behavior**

The TPB measures an individual's attitude toward the behavior, subjective norm, and PBC in order to determine an individual's intention to perform a specific behavior (Ajzen, 1985). For this dissertation, the behavior in question was psychological help-seeking upon exposure to work-related traumatic events. Attitude toward the behavior refers to an individual's attitude toward a particular behavior (Ajzen, 1991), in this case, journalists' attitudes toward psychological help-seeking upon exposure to work-related traumatic events. Subjective norm refers to the social pressure to perform or not perform a specific behavior, and PBC refers to the control an individual believes they have to perform or not perform a specific behavior (Ajzen, 1991).

**RQ1** asks, "What are journalists' attitudes toward psychological help-seeking upon exposure to work-related traumatic events?" A frequency analysis was run to test journalists' attitudes toward psychological help-seeking upon exposure to work-related traumatic events. The majority of respondents had positive attitudes toward psychological help-seeking upon exposure to work-related traumatic events. 41% of respondents strongly agreed that journalists should seek psychological help upon exposure to work related traumatic events, 23% agreed, and 18% somewhat agreed.

However, only 19% of respondents strongly agreed that they would seek psychological help if they were exposed to a work-related traumatic event, 23% agreed, and 18% somewhat agreed. Men respondents had more negative attitudes toward psychological help-seeking upon

exposure to work-related traumatic events than women respondents. As one man respondent noted: “This is a profession that frequently puts you amidst people going through the worst period of their life. If that triggers any sort of mental illness, then this isn’t the job for you.” This finding supports those of Yousaf et al. (2015). In a study conducted by Yousaf et al. (2015), they investigated the relationship between masculinity attitudes and attitudes toward psychological help-seeking and found that men’s attitudes toward psychological help-seeking are more negative. According to Yousaf et al. (2015), men’s attitudes toward psychological help-seeking are more negative because of their attitudes about how men should behave (traditional masculinity norms).

A correlation coefficient was run to determine whether or not journalists’ attitudes toward the behavior were directly related to intent. The relationship between if journalists agreed that journalists should seek psychological help upon exposure to a work-related traumatic event and intent was weak ( $r = .28$ ). However, the relationship between if journalists agreed that they would personally seek psychological help if they were exposed to a work-related traumatic event and intent was moderately strong ( $r = .56$ ).

### **Subjective Norm**

**RQ2** asks, “How does gender, age, race, and DMA affect journalists’ feelings of support by management upon exposure to work-related traumatic events?” 71% of respondents said they “Strongly agree,” “Agree,” or “Somewhat agree” that management would support them if they chose to seek mental health treatment upon exposure to work-related traumatic events. However, among those who said they “strongly disagree,” “disagree,” or “somewhat disagree” were mainly women respondents. An independent samples t-test was run to assess gender differences in relation to feelings of support by management upon exposure to work-related traumatic events. Women had less favorable feelings of support by management ( $M = 3.63$ ,  $SD = 1.24$ ), whereas

men had more favorable feelings of support by management ( $M = 2.7$ ,  $SD = 1.23$ ). Many women respondents noted there being no mention of mental health in the workplace. As one woman respondent noted: “They never ask ‘Are you OK?’ They don’t start a conversation. You’re expected to go out the next day and do it all over again and pretend it never happened.” Another woman respondent recalled her negative experience with management after asking to be taken off coverage of a traumatic event:

Anytime I feel like I’m in a sketchy place or near someone who’s giving me that feeling in my gut that something is wrong, I tell managers I’m moving... I recently took a mental health day after six weeks of Hurricane Ian coverage without a PTO (paid time off) day or anything to decompress. I’ve also asked, only one time, to not cover a story. After that decision, I was asked to speak privately with my manager about why I was not covering that story and told I need to be able to do so in the future.

Another woman respondent noted a similar negative experience with management: “After working eleven days straight, 16-hour workdays during Hurricane Laura, I asked to take off for my birthday and take a mental health day. My bosses were annoyed at my request.”

However, men respondents had more positive experiences with management. As one man respondent noted: “My bosses have done an excellent job of keeping tabs on my well-being and mental health. They offered mental health days, but I didn’t take them at the time as I wanted to tell significant follow-up stories.” The difference between the two means was statistically significant at the  $p = .001$  level ( $t = -5.40$ ,  $df = 199$ ). The non-binary and “other” respondents were not accounted for since they had a low response rate.

Of note, many of the respondents who did feel supported by management upon exposure to work-related traumatic events said the support is “newfound.” As one respondent noted, “I feel that we are coddled, especially after COVID-19.” Another respondent noted a similar experience:

My immediate boss was great about stressing safety after the riots in response to the police killing of George Floyd. My company followed up by offering a lot of one-on-one counseling and also offering group counseling for newsroom staff. It's very refreshing and encouraging. The company was not like this three to four years ago.

Along with women, younger journalists also felt less supported by management upon exposure to work-related traumatic events than older journalists. A one-way ANOVA was run to assess age differences in relation to feelings of support by management upon exposure to work-related traumatic events (Table 2). The 35-44 age group has less favorable feelings of support by management ( $M = 3.8, SD = 1.05$ ). As one respondent in the 35-44 age group noted: "They don't acknowledge the difficult stories we do, much less take the time to pull us aside and check in even after they know we've returned from the scene. The attitude is, 'What did you get, and when will it be ready?'" The 55-64 age group had more favorable feelings of support by management ( $M = 2.67, SD = 1.32$ ), as well as the 65 and older age group ( $M = 2.13, SD = .84$ ). As one respondent in the 55-64 age group noted:

We had many words of encouragement from management about the important reporting we were doing and staying safe in dangerous situations. The company encouraged us to take advantage of mental health services. The impression I got was that there was nothing wrong with taking a mental health day, if needed.

The differences between the means are statistically significant at the  $p = .01$  level.

**Table 2:** *One-Way ANOVA Assessing Age Differences in Relation to Feelings of Support by Management Upon Exposure to Work-Related Traumatic Events*

Age	N	Mean	Std. Deviation	Std. Error
18-24	20	3.40	1.188	.266
25-34	80	3.23	1.405	.157
35-44	41	3.80	1.054	.165
45-54	31	3.26	1.316	.236
55-64	21	2.67	1.317	.287
65 or older	8	2.13	.835	.295
Total	201	3.26	1.321	.093

Respondents in smaller DMAs felt more supported by management than those in larger DMAs. A one-way ANOVA was run to assess DMA size in relation to feelings of support by management upon exposure to work-related traumatic events (Table 3). Respondents working in the 26-51 DMA group had less favorable feelings of support by management ( $M = 2.82$ ,  $SD = 1.348$ ). Whereas respondents working in the 156-181 DMA group had more favorable feelings of support by management ( $M = 5.00$ ,  $SD = .000$ ). Equal variances were not assumed. The differences between the means are statistically significant at the  $p = .029$  level.

**Table 3:** *One-Way ANOVA Assessing DMA Size in Relation to Feelings of Support by Management Upon Exposure to Work-Related Traumatic Events*

DMA	N	Mean	Std. Deviation	Std. Error
1-25	59	3.27	1.350	.176
26-51	61	2.82	1.348	.173
52-77	26	3.62	1.267	.249
78-103	15	3.67	1.234	.319
104-129	27	3.56	1.219	.235
130-155	10	3.50	.972	.307
156-181	2	5.00	.000	.000
182-210	4	3.25	.500	.250
Total	204	3.27	1.314	.092

Those who did not feel supported by management were less likely to have the intention of psychological help-seeking upon exposure to work-related traumatic events than those who did feel supported by management. As one respondent noted:

The execution I witnessed occurred while I was working for a company that did not support employees in the same way my current employer does. I did not seek any treatment after the execution because I felt ok. I was temporarily stirred, but fine. Alas, even if I had felt poorly, I never would have asked the company for help.

There were 145 White respondents, 28 Black/African American respondents, 19 Hispanic/Latino respondents, seven Asian/Pacific Islander respondents, five “other” respondents,

and one Native American/American Indian respondent. Due to the non-representative sample, no further analyses were run on race for **RQ2** because equal variances were not assumed.

Overwhelmingly, the majority of respondents felt supported by fellow journalists, as opposed to management, with 88% saying they “Strongly agree,” “Agree,” or “Somewhat agree” that journalists would support them if they chose to participate in psychological help-seeking upon exposure to work-related traumatic events. **RQ3** asks, “How does gender, age, race, and DMA affect journalists’ feelings of support by fellow journalists upon exposure to work-related traumatic events?” Many respondents noted a sense of “camaraderie” among fellow journalists. One respondent recalled the support received from fellow journalists after covering the aftermath of Hurricane Ian:

We can cry to one another, because we know the stress being felt. We can complain about how things are being handled, because it’s not just happening to one person. We can discuss the lack of sleep, the numb feeling, and everything else. I honestly thought I was the only one feeling numb about Hurricane Ian’s destruction until one of my reporter friends said something about it, and it made me feel like I wasn’t alone anymore.

A multi-linear regression model was calculated to predict participants feelings of journalistic support based on their gender, age, and race. The regression model showed that 7.3% of the variance in feelings of journalistic support were significantly related to gender, age, and race ( $F [3, 197] = 5.19, p = .002$ ). Gender contributed the most variance ( $\beta = .55, t = 3.83, p = .001$ ). However, age ( $\beta = .08, t = 1.31, p = .19$ ) and race ( $\beta = -.05, t = -.87, p = .39$ ) did not significantly predict feelings of journalistic support.

An independent samples t-test was run to assess gender differences in relation to feelings of support by fellow journalists upon exposure to work-related traumatic events. Women had less favorable feelings of support by fellow journalists ( $M = 2.19, SD = 1.10$ ), whereas men had

move favorable feelings of support by fellow journalists ( $M = 1.72, SD = .90$ ). As one woman respondent recalled her negative experience when seeking support from fellow journalists:

Some (fellow journalists) told me I just needed to get over it and put on a work front to not let things bother me. I'm a very empathetic person, so I get very emotional during interviews because I feel for the victims and survivors of terrible accidents. For some things, I don't let it bother me once I clock out, but other stories still stick with me, and a good bit of journalists don't understand and say it makes me weak.

The difference between the two means is statistically significant at  $p < .001$  level ( $t = -3.26, df = 177.512$ ).

A one-way ANOVA was run to assess DMA size in relation to feelings of support by fellow journalists upon exposure to work-related traumatic events. The majority of respondents, regardless of DMA size, felt supported by fellow journalists (Table 4). Respondents working in DMAs 26-51 had the most favorable feelings of support by fellow journalists ( $M = 1.75, SD = .939$ ). The differences between the means are statistically significant at the  $p = .372$  level.

**Table 4:** *One-Way ANOVA Assessing DMA Size in Relation to Feelings of Support by Fellow Journalists Upon Exposure to Work-Related Traumatic Experiences*

DMA	N	Mean	Std. Deviation	Std. Error
1-25	59	2.12	1.100	.143
26-51	59	1.75	.939	.122
52-77	25	2.08	.909	.182
78-103	15	2.07	1.223	.316
104-129	26	2.12	1.071	.210
130-155	11	2.55	1.440	.434
156-181	2	2.00	.000	.000
182-210	4	2.25	1.500	.750
Total	201	2.02	1.065	.075

Of note, many respondents feared participating in psychological help-seeking would harm their reputations as journalists. As one respondent noted: “My toxic and childish boss would have surely construed any request for time, space, and help as me being a “wimp,” or worse. He would've telegraphed that to my other bosses and colleagues.” Another respondent noted a

similar fear: “Stations say they offer mental health services to employees, but I think a lot of employees know it doesn’t look good to take advantage of the services.” This finding is in line with those of Greenberg et al. (2009), who found there to be a “culture of silence” within the profession.

A correlation coefficient was run to determine whether or not journalists’ subjective norms were related to intent. It was found that if journalists believed their family and friends would support them if they chose to seek psychological help upon exposure to work-related traumatic events, then their intentions to seek psychological help were higher. Managerial support and journalistic support were also significant predictors of intent. The relationship between managerial support and intent was ( $r = .19$ ). The relationship between journalistic support and intent was ( $r = .17$ ), and the relationship between family and friends and intent was ( $r = .40$ ). Thus, the relationship between family and friends and intent was the strongest predictor.

### **PBC and Actual Behavioral Control**

**RQ4a** asks, “What resources do journalists believe they have access to participate in psychological help-seeking?” In a frequency analysis, it was found that most journalists believed they had the resources necessary to seek psychological help upon exposure to work-related traumatic events. 23% strongly agreed they had the resources necessary, 28% agreed, and 22% somewhat agreed. Most, but not all, respondents said they have access to free therapy sessions through employee assistance programs (EAPs), and that if they thought they needed psychological help upon exposure to work-related traumatic events, they would use their EAPs. As one respondent noted: “We have provisions in our health plan at work. We are allowed a certain number of visits with a therapist included in the plan. There also is an emergency assistance line we can call in times of crisis.”

Despite having access to EAPs, two notable barriers were found. **RQ4b** asks, “What factors do journalists identify as barriers to psychological help-seeking?” While journalists mentioned having access to free therapy sessions through their EAPs, many did not have the time nor the money to do so. As one respondent noted:

I make barely enough to live. Seriously, the pay for MMJs is so low that I am 30 years old and my parents still pay for my cell phone plan, and I could never afford a psychologist that I select. I would have to go to the one provided at work, which makes me nervous about confidentiality. I also do about eight people’s jobs, so I do not have any free time.

Another respondent noted having the money to seek psychological help, but not the time: “I have insurance and enough money to cover the copay if I needed to. Unfortunately, the only therapists in my area who are covered by my insurance don’t have timeframes in the areas in which I could attend.”

Of note, if the respondents had actual behavioral control (i.e., time and money), then they were more likely to seek psychological help upon exposure to work-related traumatic events. As one respondent noted: “I have encouraged co-workers to use the EAP program or talk with a counselor. I have used counseling for personal issues. I have gotten counseling for my children. So, I am not opposed to seeking out help when needed.” Thus, and as Ajzen (1991) proposed, bypassing intention and directly resulting in behavior. For example, and as one respondent noted: “I have access to a local therapist and the money to pay for it, as well as a flexible enough schedule that allows me to make time for virtual appointments.”

A correlation coefficient was run to determine whether journalists’ PBC was related to intent. If journalists believed they had the resources necessary to seek psychological help upon exposure to work-related traumatic events, then their intent was moderate ( $r = .45$ ). However, if journalists agreed with the following statement: “I am confident that I would seek psychological

help if I was exposed to a work-related traumatic event, if I thought I needed it,” then their intention to seek psychological help was very strong ( $r = .77$ ). Therefore, if respondents did not have PBC, then they were less likely to have the intention to seek psychological help upon exposure to work-related traumatic events. However, if respondents had PBC, then they were more likely to have the intention to seek psychological help upon exposure to work-related traumatic events.

### **BACE scale**

It is well-documented that a large portion of people with mental illness do not seek psychological help (APA, n.d.). According to the APA (n.d.), more than half of the people with mental illness do not seek treatment. This number has been found to be even greater among journalists (Aoki et al., 2013). The BACE scale was created to determine which factors stop, delay, or discourage people from seeking psychological help (Clement et al., 2012). The BACE scale is a 36-item measure with response options ranging from “None at all,” to “A lot” (Clement et al., 2012). The higher the score, the greater the barrier (Clement et al., 2012). When individuals do not seek psychological help, this increases their chances of having “worse outcomes such as having more symptoms, poorer functioning and quality of life and reduced likelihood of remission” (Clement et al., 2012, n.p.).

**RQ4b** asks, “What factors do journalists identify as barriers to psychological help-seeking?” A frequency analysis was run to test the BACE scale in relation to journalists’ likelihood of psychological help-seeking upon exposure to work-related traumatic events (Table 5). A Cronbach’s Alpha was run to test the reliability of the scale. The BACE scale was found to be high in reliability ( $\alpha = .92$ ). The most significant factors on the BACE scale that prevented journalists from psychological help-seeking were “Wanting to solve the problem on my own,” and “Difficulty taking time off work.” 47.4% of respondents said they agreed with the statement

“Wanting to solve the problem on my own” “A lot,” and 41% of respondents agreed with the statement “Difficulty taking time off work” “A lot.” Not being able to avoid the financial costs involved was a toss-up, with 37.2% of respondents noting “None at all,” 35.3% noting “Some,” and 26.5% noting “A lot.” The least significant factors on the BACE scale were “Concern that my children may be taken into care or that I may lose access or custody,” “Problems with transport or traveling to appointments,” and “Concern that I might be seen as a bad parent.

**Table 5:** *Frequency Analysis Testing the Barriers to Access to Care Evaluation Scale in Relation to Journalists' Likelihoods of Psychological Help-Seeking*

	None at all	Some	A lot
Being unsure where to go get professional care	48.8	34.4	16.3
Wanting to solve the problem on my own	11.6	39.5	47.4
Concern that I might be seen as weak for having a mental health problem	55.8	28.8	14.9
Difficulty taking time off work	27	31.6	40.9
Fear of being put in hospital against my will	86.5	8.4	4.7
Concern that it might harm my chances when applying for jobs	67.4	19.1	12.6

	None at all	Some	A lot
Problems with transport or traveling to appointments	91.2	6	2.3
Thinking the problem would get better by itself	27.9	50.2	21.4
Concern about what my family might think or say	74.4	16.3	8.8
Being unhappy with the available services	48.8	37.2	13.5
Feeling embarrassed or ashamed	59.1	34.4	5.6
Preferring to get alternative forms of care (e.g., spiritual care, non-Western healing/medicine, complementary therapies)	62.3	28.4	7.9
Not being able to afford the financial costs involved	37.2	35.3	26.5
Concern that I might be seen as 'crazy'	76.3	17.7	5.1
Thinking that professional care probably would not help	55.3	35.8	7.9

	None at all	Some	A lot
Concern that I might be seen as a bad parent	90.2	7	.9
Professionals from my own ethnic or cultural group not being available	84.7	9.8	4.2
Being too unwell to ask for help	87.9	8.8	1.9
Concern that people I know might find out	77.2	19.5	1.9
Dislike of talking about my feelings, emotions or thoughts	48.8	34.9	14.4
Concern that people might not take me seriously if they found out I was having professional care	69.8	23.7	5.1
Having no one who could come to appointments with me	88.4	7.9	2.3
Lack of trust in professionals who provide professional care for mental health problems	69.8	24.2	4.2

	None at all	Some	A lot
Concerns about the treatments available (e.g., medication side effects)	57.2	33.5	6.5
Not wanting a mental health problem to be on my medical records	66.5	21.4	9.3
Concern that it might bring shame or disapproval on my family	87.9	7	1.9
Having had previous bad experiences with professional care for mental health	72.1	20	4.7
Preferring to get help from family or friends	46	41.9	7.4
Concern that my children may be taken into care or that I may lose access or custody	92.6	2.8	.5
Thinking I did not have a problem	52.6	35.3	8.4
Concern about what my friends might think	77.2	16.3	2.3

	None at all	Some	A lot
Thinking appointments take too much time or are inconvenient	47	30.2	18.6
Concern that it might harm my career or chances of promotion	67.9	20.9	7.4
Having problems with childcare while I receive professional care	87	5.6	2.8
Having no one who could help me get professional care	80.5	14.9	.9
Concerns about the confidentiality of the information I share	70.7	17.2	8.4

### Emotion Regulation Strategies

**RQ5** asks, “How do journalists cope upon exposure to work-related traumatic events?” Fire was the most common work-related traumatic event respondents noted being exposed to ( $n = 200$ ), followed by murder ( $n = 198$ ), car accidents ( $n = 196$ ), natural disasters ( $n = 181$ ), mass casualties ( $n = 140$ ), executions ( $n = 57$ ), war ( $n = 51$ ), then other ( $n = 39$ ). Five respondents said they had not been exposed to a work-related traumatic event. 83% of respondents said they had been verbally assaulted at work by the public, 80% said they had been harassed at work by the public, 26% said they had been physically assaulted at work by the public, and 9% said they had been sexually assaulted at work by the public.

While some respondents sought psychological help upon exposure to work-related traumatic events, others employed four of the nine emotion regulation strategies identified by Hayward and Tuckey (2011). The four emotion regulation strategies employed by respondents were direct situation modification, acceptance, expressive suppression, and emotional boundaries.

Direct situation modification involves “directly modify(ing) the experience of the situation in order to alter its emotional impact” (Hayward & Tuckey, 2011, p. 1508). One respondent recalled asking for a mental health day upon exposure to work-related traumatic events: “I covered this murder, another (murder), and then Uvalde happened. I was emotionally drained. It was actually the first time I took a mental health day in my ten years in news.” Another respondent recalled asking to be taken off specific coverage: “I spent six months covering nothing but the pandemic in daily stories. At one point, I told my boss I needed a break. They gave me a week of general assignment (coverage) to allow me to cover other topics.”

The second emotion regulation strategy respondents employed was acceptance. Acceptance refers to accepting the situation and the emotions associated with it (Hayward & Tuckey, 2011). As one respondent noted, “It didn’t affect me much more than feeling sorry for the families and those involved.” Another respondent noted he believed exposure to work-related traumatic events is part of the job: “This is a profession that frequently puts you amidst people going through the worst period of their life. If that triggers any sort of mental illness, then this isn’t the job for you.”

The third emotion regulation strategy employed by respondents was emotional boundaries. Emotional boundaries refer to the ability to “cognitively and behaviorally establish, maintain, and regulate an emotional boundary with the other person one is interacting with”

(Hayward & Tuckey, 2011, p. 1509). In this case, emotional boundaries were set between the journalists and the work-related traumatic events they were exposed to, not the journalists and other people. For example, one respondent noted separating herself from the work-related traumatic event she was exposed to:

There is something about covering it for work that allows me to take a step back from it, if that makes any sense. You just can't take everything on. It would be debilitating if you internalized all of the terrible things you see and cover. It's similar to how police have to look at situations differently.

The fourth and final emotion regulation strategy respondents employed was expressive suppression. Expressive suppression refers to “thoughts and actions employed to inhibit the observable expression of felt emotion” (Hayward & Tuckey, 2011, p. 1509). As one respondent noted, “Despite the trauma I was witness to, I was able to compartmentalize it by recognizing that I was simply a witness to it, and not a victim of it. That helped me to diffuse a bit of the trauma I felt.”

While, and as mentioned above, many respondents did not seek managerial and or journalistic support, they did seek support from family members and or friends, as a way to cope with exposure to work-related traumatic events. Many respondents had similar responses: “I talked a lot with my loved ones;” “Spending time with family;” and “I spend time with family and friends. It helps to take my mind off of what I've covered.”

### **Intent and Behavior**

While 83% of respondents said journalists should seek psychological help upon exposure to work-related traumatic events, only 60% said they would personally seek psychological help. **RQ6** asks, “How does gender, age, race, and DMA affect journalists' likelihood of psychological help-seeking upon exposure to work-related traumatic events?” 21% of respondents reported they had sought psychological help upon exposure to work-related traumatic events, whereas

78% had not sought psychological help. These findings are in line with those of Aoki et al. (2013) in that despite exposure to work-related traumatic events, most journalists do not seek psychological help.

Predominately women respondents were among those who had sought psychological help upon exposure to work-related traumatic events. As one woman respondent recalled her experience covering the shooting at Robb Elementary School in Uvalde, Texas that prompted her to seek psychological help: “Reporting on the recent Uvalde shooting was detrimental to my mental health. I began experiencing panic attacks while out in public and experienced depressive episodes. I felt the need to (seek psychological help) because I felt inadequate.” Another woman respondent recalled her experience covering Nikolas Cruz’s trial, the man who killed 17 people at Stoneman Douglas High School in Parkland, Florida, and the Surfside condominium collapse. Those events made her seek psychological help:

I actually currently have a therapist I have been with for two years that I meet with virtually weekly to talk about my week. At times, when covering things like the Surfside collapse and Nikolas Cruz, the Parkland school shooter trial, my mental health felt it was on the decline. I would come home and feel depressed, not want to get out of bed, and would have bad dreams. I also held a lot of guilt and felt responsible always trying to help and find ways to help and make a difference. When I couldn’t, I simply felt I failed.

Men respondents were less likely to seek psychological help than women respondents, likely a result of men adhering to traditional masculinity norms. As one man respondent noted: “I didn’t think I needed it. I could handle it myself. It’s part of the job and you can’t go running to the psychiatrist any time you cover something traumatic.” While the majority of respondents did not seek psychological help upon exposure to work-related traumatic events, some did. Of those who did, the most common diagnoses were anxiety and depression, followed by PTSD and substance use disorder.

### **DSM-5 self-rated level 1 cross-cutting symptom measure**

The DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure is “a self- or informant-rated measure that assesses mental health domains that are important across psychiatric diagnoses” (APA, 2013, n.p.). The adult-version of the DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure consists of 23 questions to assess the presence and severity of the following disorders: depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, repetitive thoughts and behaviors, dissociation, personality functioning, and substance use (APA, 2013). For each item, respondents are asked during the past two weeks, how much or how often they have been bothered by a set of problems (APA, 2013). Each item is scored on a 5-point Likert-type scale with response options ranging from “None or not at all” to “Severe or nearly every day” (APA, 2013). For this dissertation, only depression, anxiety, suicidal ideation, and substance use were tested for, since those are some of the most common diagnoses among journalists (Smith & Newman, 2009).

The DSM-5 Self-Rated Level 1 Crosscutting Symptom Measure (Table 6) found over half of the respondents reported symptoms of depression. 59.1% of respondents noted they had little interest or pleasure in doing things, and 58.6% noted feeling down, depressed, or hopeless. Over half of the respondents reported symptoms of anxiety. 74.5% of respondents noted feeling nervous, anxious, frightened, worried, or on edge, 44.7% noted feeling panic, or being frightened, and 53.6% noted avoiding situations that make them feel anxious. 7.9% of respondents reported symptoms of suicidal ideation. For substance use, 39.1% of respondents noted drinking at least four drinks of any kind of alcohol in a single day, 9.9% noted smoking cigarettes, a cigar, or pipe, or using snuff or chewing tobacco, and 11.1% noted using medicine without a doctor’s prescription, in greater amounts, or longer than prescribed. A Cronbach’s Alpha was run to test the reliability of the scale. The scale was found to be high in reliability for

depression ( $\alpha = .83$ ), anxiety ( $\alpha = .86$ ), and substance use ( $\alpha = .41$ ). Since there was only one measure for suicidal ideation, a reliability test could not be run.

**Table 6:** *The DSM-5 Self-Rated Level 1 Crosscutting Symptom Measure Predicting Percentages of Depression, Anxiety, Suicidal Ideation, and Substance Use Among Respondents*

During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?

	None. Not at all.	Slight. Rare, less than a day or two.	Mild. Several days.	Moderate. More than half the days.	Severe. Nearly every day.
Little interest or pleasure in doing things?	40.5	32.6	16.7	7	2.8
Feeling down, depressed, or hopeless?	40	29.8	20	6	2.8
Feeling nervous, anxious, frightened, worried, or on edge?	25.1	29.8	20.5	15.8	8.4
Feeling panic or being frightened?	54.4	25.1	10.7	7	1.9
Avoiding situations that make you anxious?	45.1	21.9	16.3	11.2	4.2
Thoughts of actually hurting yourself?	91.6	5.6	1.9	0	0
Drinking at least 4 drinks of any kind of alcohol in a single day?	60	24.7	9.3	3.7	1.4
Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	89.3	3.3	.5	1.4	4.7
Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or	87.4	4.2	2.3	2.3	2.3

Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants, or solvents (like glue), or methamphetamine (like speed)?

These findings show the intention to seek psychological help upon exposure to work-related traumatic events is higher when all three TPB components are positive. Meaning, a journalist's attitude toward psychological help-seeking is positive (attitude toward the behavior), a journalist has support from their peers (subjective norm), and a journalist believes they have the ability to seek psychological help (PBC). It was also found that when journalists had actual behavioral control over psychological help-seeking, for example, time and money, they were likely to seek psychological help upon exposure to work-related traumatic events. Thus, the TPB was a valid theory to use in order to determine journalists' likelihood of psychological help-seeking upon exposure to work-related traumatic events.

## CHAPTER 5: DISCUSSION

This dissertation aimed to determine journalists' likelihood of psychological help-seeking upon exposure to work-related traumatic events, by utilizing the framework provided by the TPB. A mixed methods approach was selected for this dissertation because the integration of both quantitative and qualitative data produced additional insights, as the quantitative data told the researcher what was happening, and the qualitative data told the researcher why it was happening.

This dissertation found attitude toward the behavior, subjective norm, and PBC to be significant predictors of intent of psychological help-seeking among journalists upon exposure to work-related traumatic events, and that gender, age, race, and DMA significantly impacted all three TPB components. The most significant component influencing a journalists' intent to seek psychological help was PBC, followed by attitude toward the behavior. Subjective norm was the least significant predictor of intent.

The relationship between attitude toward the behavior and intent was moderately strong. For attitude toward the behavior, while the majority of respondents agreed that journalists should seek psychological help upon exposure to work-related traumatic events, men respondents had more negative attitudes toward psychological help-seeking. This was confirmed by both the qualitative and quantitative data. As one man respondent noted, "To me, it seems arrogant to claim other people's trauma. I'm an observer, not a victim." Whereas, women respondents had more positive attitudes toward psychological help-seeking. As one woman respondent noted, "Hurricane Harvey... I didn't recognize it as PTSD at first, but I shut down for months after. I

eventually went to therapy and got help and was diagnosed. Not being able to help people who are begging you for rescue was an awful place to be.” These gender differences could be due to traditional masculinity norms. This was found to be the case in Stahel and Schoen’s study of Swedish journalists (2020).

It is well-documented that men are hesitant to seek psychological help (Cusack et al., 2006; Johnson et al., 2012). In a study conducted by Yousaf et al. (2013), they identified the following to be barriers preventing men from psychological help-seeking: disinclination to express emotions, embarrassment, and anxiety related to psychological help-seeking. According to Yousaf et al. (2015), “embarrassment and anxiety about seeking help might result when men believe they should tolerate the pain or solve the problem by themselves because they are men” (p. 234). Thus, and as Yousef et al. (2013) concluded, the reason why men have more negative attitudes toward psychological help-seeking than women is because of their attitudes about how they believe men should think and behave.

For subjective norm, a discrepancy between the qualitative and quantitative findings was discovered. Discrepancies between qualitative and quantitative findings are common in mixed methods studies (Moffatt et al., 2006), and incongruent findings in mixed methods studies have been acknowledged by Campbell and Fiske (1959). However, the findings of this dissertation were discrepant, not contradictory, and can be logically reconciled. According to DeLisle (2011), “discrepant findings are necessary in order to portray all aspects of a particular issue” (as cited in DiLoreto & Gaines, 2016, p. 148). Therefore, a complementary approach was taken to make logical sense of both the qualitative and quantitative data.

The qualitative findings revealed journalists do not feel supported by management upon exposure to work-related traumatic events, whereas the quantitative findings revealed more

positive feelings of managerial support. Quantitative findings revealed that 71% of respondents said they “Strongly agree,” “Agree,” or “Somewhat agree” that management would support them if they chose to seek psychological help upon exposure to work-related traumatic events. However, of the qualitative responses, the majority did not believe management would support them. Despite that, the qualitative findings are just as valid as the quantitative findings. According to Smith et al. (2016), “discrepant findings should be interpreted as being in a reciprocal relationship rather than in an oppositional one” (as cited in DiLoreto & Gaines, 2016, p. 147). The two findings can co-exist, as journalists have vastly different experiences to trauma exposure.

However, and as confirmed by the quantitative findings, among those who did not believe management would support them if they chose to seek psychological help upon exposure to work-related traumatic events were mainly women. The quantitative findings showed women had less favorable feelings of support by management than men. The difference between the two means was statistically significant. Age was also found to be a factor. Younger journalists had less favorable feelings of support by management than older journalists. These findings were also statistically significant.

It has been found that younger journalists are more susceptible to burnout than older journalists (Maslach et al., 2001). The correlation between younger journalists and lower levels of job satisfaction is well-documented (Johnstone et al., 1976; Reinardy, 2011; Weaver et al., 2009; Weaver & Wilhoit, 1996). According to Johnstone et al. (1976), “job dissatisfaction for many young newsmen has more to do with professional considerations – discrepancies between journalistic ideals and day-to-day practices” (p. 154). In their study of job satisfaction, Weaver and Wilhoit (1996) found a shift in journalists’ attitudes:

They were less willing to suffer the dislocation and unpredictable schedules that were accepted by an earlier generation, especially in a competitive environment in which newsrooms were expected to do much more with fewer resources, and where there was little hope of professional advancement in an era of stalled growth. (pp. 118-119).

In terms of journalistic support, women were also less likely to believe fellow journalists would support them if they chose to seek psychological help upon exposure to work-related traumatic events, whereas men respondents had more favorable feelings of support by fellow journalists. The difference between the two means was statistically significant. Of gender, age, and race, gender contributed the most variance. Age and race did not significantly predict feelings of journalistic support. It is well-documented that women face discrimination in newsrooms (North, 2016; Walsh-Childers et al., 1996). Much research points to a hegemonic masculine workplace culture (Melin-Higgins, 2004; Ross, 2014), which could explain why men have more positive feelings of managerial and journalistic support than women.

All respondents, regardless of gender, age, race, or DMA were more likely to turn to family members and or friends for support, rather than their managers and or fellow journalists. This finding is in line with those of Greenberg et al. (2009), who in their study of journalists' and media professionals' attitudes to PTSD help-seeking also found journalists were more likely to turn to family members for help, as opposed to their employers. This could be due to the "culture of silence" within the industry (Greenberg et al., 2009). This "culture of silence" prevents journalists from discussing the effects trauma exposure has on their psychological well-being. While managerial and journalistic support were found to be significant predictors of intent, the relationship between support from family members and friends and intent was the strongest predictor.

Out of the three TPB components, attitude toward the behavior, subjective norm, and PBC, PBC was found to be the strongest predictor of intent to seek psychological help upon exposure to work-related traumatic events, regardless of gender, age, race, or DMA. While the majority of respondents believed they had the resources necessary to seek psychological help upon exposure to work-related traumatic events, some notable barriers were found. The BACE scale found “Wanting to solve the problem on my own,” and “Difficulty taking time off work” to be the two most significant barriers preventing journalists from seeking psychological help. This was confirmed by the qualitative findings which found time and money to be significant barriers. However, if journalists believed they had the resources necessary to seek psychological help upon exposure to work-related traumatic events, then their intent was moderate.

21% of respondents reported they had sought psychological help upon exposure to work-related traumatic events, whereas 78% had not sought psychological help. These findings are in line with those of Aoki et al. (2013) in that despite exposure to work-related traumatic events, most journalists do not seek psychological help. Of those who did seek psychological help upon exposure to work-related traumatic events, the most common diagnoses were anxiety and depression, followed by PTSD and substance use disorder. According to the DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure, respondents had symptoms of depression, anxiety, suicidal ideation, and substance use. Symptoms of anxiety were the most commonly indicated, followed by depression, then substance use. Symptoms of suicidal ideation were indicated the least by respondents.

A significant finding was that what journalists say they would do and what they actually do are vastly different. While the majority of respondents had positive attitudes toward other journalists seeking psychological help upon exposure to work-related traumatic events, their

attitudes toward themselves seeking psychological help were more negative. This finding is in line with that of Greenberg et al. (2009) who found that while most journalists had non-stigmatizing attitudes toward mental illness and psychological help-seeking, they were hesitant to seek psychological help themselves (Greenberg et al., 2009). Instead of seeking psychological help upon exposure to work-related traumatic events, many respondents noted instead employing four of the nine emotion regulation strategies identified by Hayward and Tuckey (2011). The emotion regulation strategies employed by respondents were direct situation modification, acceptance, expressive suppression, and emotional boundaries.

Some work-related stressors journalists face on a daily basis include, but are not limited to, deadlines, long hours, and low pay. Historically, reporters were paired with photographers/photogs. However, due to technological advances and economics, many newsrooms switched from reporter photographer/photog duos to MMJs. An MMJ is essentially a one-man-band, as they are tasked with shooting, writing, and editing their own stories. This makes meeting deadlines increasingly difficult for MMJs.

A journalist's schedule is based on the needs of their assignment, especially in the event of breaking news, and they can work a variety of shifts, including weekends and holidays, especially younger journalists. However, and despite meeting deadlines, and working long hours, the average salary among respondents was \$25,000-\$50,000, which is well-below the national average of those with a bachelor's degree (McGurran, 2022), which is a requirement for most journalists.

Thus, news organizations should create a culture in which psychological help-seeking is discussed, encouraged, and enforced. Openly discussing psychological help-seeking in the newsroom would break the "culture of silence" and allow journalists to express themselves

freely, without fear of retribution. Encouraging psychological help-seeking and providing employees with the resources necessary to do so (e.g., time, money, etc.) would increase job satisfaction and perceived morale.

Trauma training should also be implemented in journalism classrooms to prepare future journalists for trauma coverage. In a study conducted by Dworznik and Garvey (2019), they found out of the 41 schools they surveyed, “only one offered a course specifically aimed at teaching journalists how to protect themselves from psychological trauma and how best to interact with victims of trauma” (n.p.). This is of concern, as trauma coverage is inevitable for journalists. By implementing trauma training in journalism classrooms, future journalists would have higher levels of awareness about the effects of trauma reporting, as well as learn coping mechanisms to mitigate the negative mental health effects associated with exposure to work-related traumatic events (Seely, 2020).

### **Limitations and Directions for Future Research**

A limitation to this dissertation was the non-representative sample, in terms of gender and race. Due to the non-representative sample, some analyses could not be run on gender or race because equal variances were not assumed. This could be due to a lack of societal distrust, which was found to be the case in a study conducted by Durant et al. (2011).

The Pew Research Center (2008) conducted a study to determine the demographics of those less likely to respond to surveys. The Pew Research Center (2008) found that the easy to reach respondents were women respondents, older respondents, and White respondents. Whereas, the hard-to-reach respondents were men respondents, younger respondents, and Black respondents (Pew Research Center, 2008). These findings are in line with this dissertation, in that the majority of respondents were older White women.

Thus, the Pew Research Center (2008) suggested that in order to increase the response rate of respondents in the hard-to-reach category, extra effort must be put in. For the Pew Research Center's study (2008), extra effort consisted of contacting non-response participants 20 times, as opposed to 10. By doing so, 84 additional interviews were conducted (Pew Research Center, 2008). Therefore, future research should build off the present results to capture a more representative sample of respondents in the hard-to-reach category.

This dissertation provides the foundation for future research in which the author will examine job titles and years as a journalist in relation to feelings of managerial and journalistic support, as well as PBC. For example, do anchors feel more supported than producers? Do those who have been journalists for longer feel more supported than those who have been journalists for a shorter amount of time. Do anchors have more PBC than producers? Do those who have been journalists for longer have more PBC than those who have been journalists for a shorter amount of time? A respondent who has been a journalist for longer may have more PBC because those with more years of experience usually have more flexible schedules and make more money than those with fewer years of experience. Thus, more opportunities may be provided to journalists with more years of experience for psychological help-seeking.

Future research should also include in-depth semi-structured interviews with respondents. While the qualitative findings of this dissertation did produce additional insights, not all respondents answered the qualitative questions. In-depth semi-structured interviews would deepen the researcher's understanding of journalists' attitude toward psychological-help seeking, their subjective norm, and PBC.

## **Conclusion**

This dissertation is significant both practically and theoretically. Practically, this dissertation helps practitioners better understand how managerial and journalistic support influence journalists' likelihood of psychological help-seeking upon exposure to work-related traumatic events. It was found that if journalists did not feel supported by management and or fellow journalists, then their likelihood of psychological help-seeking was lower than those who did feel supported. Thus, revealing the need for newsrooms to prioritize mental health, and implement educational, training, and consultation services to better prepare its employees for exposure to work-related traumatic events. For example, and in January, 2020, ESPN launched ESPN Trust, a resource group dedicated to mental health that provides ESPN employees with support and resources (Ourand, 2020).

Theoretically, through the use of the TPB in relation to journalists' likelihood of psychological help-seeking upon exposure to work-related traumatic events, gender, age, race, and DMA were found to be significant predictors of all three TPB components: attitude toward the behavior, subjective norm, and PBC. PBC was found to be the biggest indicator of intent of psychological help-seeking upon exposure to work-related traumatic events, followed by attitude toward the behavior, and subjective norm. Although most commonly used in social and behavioral sciences, the TPB has proven itself to be a valid theory to use when examining the behavior of journalists.

This dissertation adds to journalism studies. The effect of journalists' attitude toward the behavior, subjective norm, and PBC on their intent to seek psychological help upon exposure to work-related traumatic events is significant. As PBC is the biggest indicator of journalists' intent to seek psychological help, newsrooms should afford journalists with the resources necessary to

do so, such as time and money, as not receiving treatment could be detrimental to a person's mental health.

## REFERENCES

- Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In *Action control* (pp. 11-39). Springer, Berlin, Heidelberg.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, 50(2), 179-211.
- Ajzen, I. (2019). Theory of planned behavior diagram. Retrieved July 8, 2022, from <https://people.umass.edu/aizen/tpb.diag.html#null-link>
- Ajzen, I. (2020). The theory of planned behavior: Frequently asked questions. *Human Behavior and Emerging Technologies*, 2(4), 314-324.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Aoki, Y., Malcolm, E., Yamaguchi, S., Thornicroft, G., & Henderson, C. (2013). Mental illness among journalists: A systematic review. *International Journal of Social Psychiatry*, 59(4), 377-390.
- Armitage, C. J., & Conner, M. (2001). Efficacy of the theory of planned behaviour: A meta-analytic review. *British journal of social psychology*, 40(4), 471-499.
- Babbie, E. R. (2020). *The practice of social research*. Cengage learning.
- Backholm, K., & Björkqvist, K. (2010). The effects of exposure to crisis on well-being of journalists: A study of crisis-related factors predicting psychological health in a sample of Finnish journalists. *Media, War & Conflict*, 3(2), 138-151.
- Backholm, K., & Björkqvist, K. (2012). The mediating effect of depression between exposure to potentially traumatic events and PTSD in news journalists. *European Journal of Psychotraumatology*, 3(1), 18388.
- Beam, R. A., & Spratt, M. (2009). Managing Vulnerability: Job satisfaction, morale and journalists' reactions to violence and trauma. *Journalism Practice*, 3(4), 421-438.
- Bosnjak, M., Ajzen, I., & Schmidt, P. (2020). The theory of planned behavior: selected recent advances and applications. *Europe's Journal of Psychology*, 16(3), 352.

- Brayne, M. (2007). Trauma & journalism. A guide for journalists, editors & managers. Retrieved from [http://www.dartcenter.org/global/europe/documents/DCEIJournoTraumaHandbookFinal\\_000.pdf](http://www.dartcenter.org/global/europe/documents/DCEIJournoTraumaHandbookFinal_000.pdf)
- Campbell, D. T., & Fiske, D. W. (1959). Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychological bulletin*, 56(2), 81.
- Chen, G. M., Pain, P., Chen, V. Y., Mekelburg, M., Springer, N., & Troger, F. (2020). ‘You really have to have a thick skin’: A cross-cultural perspective on how online harassment influences female journalists. *Journalism*, 21(7), 877-895.
- Clement, S., Brohan, E., Jeffery, D., Henderson, C., Hatch, S. L., & Thornicroft, G. (2012). Development and psychometric properties the Barriers to Access to Care Evaluation scale (BACE) related to people with mental ill health. *BMC psychiatry*, 12(1), 1-11.
- Collins, S. E., & Carey, K. B. (2007). The theory of planned behavior as a model of heavy episodic drinking among college students. *Psychology of Addictive Behaviors*, 21(4), 498.
- Conner, M., & Armitage, C. J. (1998). Extending the theory of planned behavior: A review and avenues for further research. *Journal of applied social psychology*, 28(15), 1429-1464.
- Conner, M., Norman, P., & Bell, R. (2002). The theory of planned behavior and healthy eating. *Health psychology*, 21(2), 194.
- Corcoran, J., & Walsh, J. (2020). *Mental Health in Social Work: A casebook on diagnosis and strengths-based assessment*. Pearson Education, Inc.
- Creswell, J. W. (2014). *A concise introduction to mixed methods research*. SAGE publications.
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
- Cusack, J., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2006). Emotional expression, perceptions of therapy, and help-seeking intentions in men attending therapy services. *Psychology of Men & Masculinity*, 7, 69 – 82. doi:10.1037/1524-9220.7.2.69
- Deuze, M. (2005). What is journalism? Professional identity and ideology of journalists reconsidered. *Journalism* 6(4): 442–464.
- DeLisle, J. (2011). The benefits and challenges of mixing methods and methodologies: Lessons learnt from implementing qualitatively led mixed methods designs in Trinidad and Tobago. *Caribbean Curriculum*, 18, 87-120.
- DiLoreto, M., & Gaines, T. (2016). An investigation of discrepancies between qualitative and quantitative findings in survey research. *International Journal of Learning, Teaching and Educational Research*, 15(12), 145-154.

- Doll, J., & Ajzen, I. (1992). Accessibility and stability of predictors in the theory of planned behavior. *Journal of personality and social psychology*, 63(5), 754.
- Doweiko, H. E. (2018). *Concepts of Chemical Dependency* (10<sup>th</sup> ed). CENGAGE Learning Custom Publishing.
- Durant, R. W., Legedza, A. T., Marcantonio, E. R., Freeman, M. B., & Landon, B. E. (2011). Different types of distrust in clinical research among whites and African Americans. *Journal of the National Medical Association*, 103(2), 123-130.
- Dworznik, G. (2018). Personal and organizational predictors of compassion fatigue symptoms in local television journalists. *Journalism Practice*, 12(5), 640-656.
- Dworznik, G., & Garvey, A. (2019). Are we teaching trauma? A survey of accredited journalism schools in the United States. *Journalism Practice*, 13(3), 367-382.
- Evces, M. R. (2015). What is vicarious trauma? In *Vicarious trauma and disaster mental health* (pp. 9-23). Routledge.
- Feinstein, A., Audet, B., & Waknine, E. (2014). Witnessing images of extreme violence: a psychological study of journalists in the newsroom. *JRSM open*, 5(8), 2054270414533323.
- Feinstein, A., Feinstein, S., Behari, M., & Pavisian, B. (2016). The psychological wellbeing of Iranian journalists: a descriptive study. *JRSM open*, 7(12), 2054270416675560.
- Feinstein, A., Owen, J., & Blair, N. (2002). A hazardous profession: war, journalists, and psychopathology. *American journal of psychiatry*, 159(9), 1570-1575.
- Feinstein, A., Osmann, J., & Patel, V. (2018). Symptoms of PTSD in frontline journalists: A retrospective examination of 18 years of war and conflict. *The Canadian Journal of Psychiatry*, 63(9), 629-635.
- Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley.
- Fishbein, M., & Ajzen, I. (2010). *Predicting and changing behavior: The reasoned action approach*. New York: Psychology Press.
- Glaser, B. G. (1965). The constant comparative method of qualitative analysis. *Social problems*, 12(4), 436-445.
- Godin, G. (1994). Theories of reasoned action and planned behavior: usefulness for exercise promotion. *Medicine & Science in Sports & Exercise*.
- Godin, G., & Kok, G. (1996). The theory of planned behavior: a review of its applications to health-related behaviors. *American journal of health promotion*, 11(2), 87-98.

- Greenberg, N., Gould, M., Langston, V., & Brayne, M. (2009). Journalists' and media professionals' attitudes to PTSD and help-seeking: A descriptive study. *Journal of Mental Health, 18*(6), 543-548.
- Hayward, R. M., & Tuckey, M. R. (2011). Emotions in uniform: How nurses regulate emotion at work via emotional boundaries. *Human relations, 64*(11), 1501-1523.
- Holton, A. E., Bélair-Gagnon, V., Bossio, D., & Molyneux, L. (2021). “Not their fault, but their problem”: Organizational responses to the online harassment of journalists. *Journalism Practice, 1*-16.
- Jeihooni, A. K., Amirkhani, M., Rakhshani, T., Hasirini, P. A., & Jormand, H. (2021). Factors associated with suicidal ideation in drug addicts based on the theory of planned behavior. *BMC psychiatry, 21*(1), 1-7.
- Johnson, J. L., Oliffe, J. L., Kelly, M. T., Galdas, P., & Ogradniczuk, J. S. (2012). Men’s discourses of help-seeking in the context of men’s depression. *Sociology of Health & Illness, 34*, 345–361. doi:10.1111/j.1467-9566.2011.01372.x
- Johnstone, J. W. C., Slawski, E. J., & Bowman, W. W. (1976). *The news people: A sociological portrait of American journalists and their work*. Chicago: University of Illinois Press.
- Joseph, T. (1983). A study of alcohol use by reporters and editors. *Newspaper Research Journal, 4*(2), 3-8.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey. *Archives of General Psychiatry, 62*(6), 593-602. doi:10.1001/archpsyc.62.6.593
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of general psychiatry, 52*(12), 1048-1060.
- Lewis, S. C., Zamith, R., & Coddington, M. (2020). Online harassment and its implications for the journalist–audience relationship. *Digital Journalism, 8*(8), 1047-1067.
- Löfgren Nilsson, M., & Örnebring, H. (2016). Journalism under threat: Intimidation and harassment of Swedish journalists. *Journalism Practice, 10*(7), 880-890.
- Luqiu, L. R. (2020). Female journalists covering the Hong Kong protests confront ambivalent sexism on the street and in the newsroom. *Feminist Media Studies, 1*-19.
- MacDonald, J. B., Dale, E., Metcalf, D. A., Hodgins, G., & Saliba, A. J. (2021). Symptoms of posttraumatic stress disorder in journalist samples: A systematic literature review. *Traumatology*.

- MacDonald, J. B., Hodgins, G., Saliba, A. J., & Metcalf, D. A. (2023). Journalists and depressive symptoms: A systematic literature review. *Trauma, Violence, & Abuse*, 15248380211016022.
- MacDonald, J. B., Saliba, A. J., Hodgins, G., & Ovington, L. A. (2016). Burnout in journalists: A systematic literature review. *Burnout Research*, 3(2), 34-44.
- Madden, T. J., Ellen, P. S., & Ajzen, I. (1992). A comparison of the theory of planned behavior and the theory of reasoned action. *Personality and social psychology Bulletin*, 18(1), 3-9.
- Maslach, C., Schaufeli, W. B., & Leiter, M. (2001). Job Burnout Annual Review of Psychology, 52, 397-422.
- McGurran, B. (2022, July 28). *Average salaries of college graduates 2023*. Forbes. Retrieved February 15, 2023, from <https://www.forbes.com/advisor/student-loans/average-salary-college-graduates/>
- McKim, C. A. (2017). The value of mixed methods research: A mixed methods study. *Journal of mixed methods research*, 11(2), 202-222.
- Melin-Higgins, Margareta. 2004. "Coping with Journalism: Gendered Newsroom Culture." In *Gender and Newsroom Culture: Identities at Work*, edited by Marjan de Bruin and Karen ross, 197–222. Cresskill, NJ: Hampton Press.
- Miller, K. C. (2021a). Harassment’s Toll on Democracy: The Effects of Harassment Towards US Journalists. *Journalism Practice*, 1-20.
- Miller, K. C. (2021b). Hostility toward the press: A synthesis of terms, research, and future directions in examining harassment of journalists. *Digital Journalism*, 1-20.
- Miller, K. C., & Lewis, S. C. (2020). Journalists, harassment, and emotional labor: The case of women in on-air roles at US local television stations. *Journalism*, 23(1), 79-97.
- Miller, K. C., & Lewis, S. C. (2022). Journalists, harassment, and emotional labor: The case of women in on-air roles at US local television stations. *Journalism*, 23(1), 79-97. *Mission & History*. Dart Center. (2017, July 26). Retrieved July 10, 2022, from <https://dartcenter.org/about/mission-history>
- Moffatt, S., White, M., Mackintosh, J., & Howel, D. (2006). Using quantitative and qualitative data in health services research—what happens when mixed method findings conflict? *BMC health services research*, 6(1), 1-10.
- Molyneux, L., & Zamith, R. (2022). Surveying journalists in the “New Normal”: Considerations and recommendations. *Journalism*, 23(1), 153-170.
- Monteiro, S., Marques Pinto, A., & Roberto, M. S. (2016). Job demands, coping, and impacts of occupational stress among journalists: A systematic review. *European Journal of Work and Organizational Psychology*, 25(5), 751-772.

- North, L. (2016). Still a 'blokes club': The motherhood dilemma in journalism. *Journalism*, 17(3), 315-330.
- Ourand, J. (2020, November 2). *ESPN Group puts focus on mental health, offers resources for staffers to deal with challenges*. Sports Business Journal. Retrieved February 15, 2023, from <https://www.sportsbusinessjournal.com/Journal/Issues/2020/11/02/Media/Sports-media.aspx>
- Posetti, J., Shabbir, N., Maynard, D., Bontcheva, K., & Aboulez, N. (2021). *The chilling: Global trends in online violence against women journalists*. research discussion paper, UNESCO, <https://unesdoc.unesco.org/ark:/48223/pf0000377223>.
- Presser, S., & Blair, J. (1994). Survey pretesting: Do different methods produce different results? *Sociological methodology*, 73-104.
- Reinardy, S. (2011). Newspaper journalism in crisis: Burnout on the rise, eroding young journalists' career commitment. *Journalism*, 12(1), 33-50.
- Reinardy, S. (2013). Depleted resources causing burnout for layoff survivors. *Newspaper Research Journal*, 34(3), 6-21.
- Ross, Karen. 2014. "Women in Media Industries in Europe: What's Wrong with this Picture?" *Feminist Media Studies* 14 (2): 326–330, 2054271940.
- Seely, N. (2019). Journalists and mental health: The psychological toll of covering everyday trauma. *Newspaper Research Journal*, 40(2), 239-259.
- Seely, N. (2020). Fostering trauma literacy: from the classroom to the newsroom. *Journalism & Mass Communication Educator*, 75(1), 116-130.
- Sharkansky, E. J., King, D. W., King, L. A., Wolfe, J., Erickson, D. J., & Stokes, L. R. (2000). Coping with Gulf War combat stress: mediating and moderating effects. *Journal of Abnormal Psychology*, 109(2), 188.
- Simpson, R. A., & Boggs, J. G. (1999). An exploratory study of traumatic stress among newspaper journalists. *Journalism & Communication Monographs*, 1(1), 1-26.
- Smith, T. M., Cannata, M., & Haynes, K. T. (2016). Reconciling data from different sources: Practical realities of using mixed methods to identify effective high school practices. *Teachers College Record*, 118(17), 1-34.
- Smith, R. J., Drevo, S., & Newman, E. (2018). Covering traumatic news stories: Factors associated with post-traumatic stress disorder among journalists. *Stress and Health*, 34(2), 218-226.
- Smith, R., & Newman, E. (2009). Covering trauma: impact on journalists. Retrieved from <http://dartcenter.org/content/covering-trauma-impact-on-journalists>.

- Smith, J. P., Tran, G. Q., & Thompson, R. D. (2008). Can the theory of planned behavior help explain men's psychological help-seeking? Evidence for a mediation effect and clinical implications. *Psychology of Men & Masculinity*, 9(3), 179. *Stigma, prejudice and discrimination against people with mental illness*. Psychiatry.org - Stigma, Prejudice and Discrimination Against People with Mental Illness. (n.d.). Retrieved February 11, 2023, from <https://www.psychiatry.org/patients-families/stigma-and-discrimination>
- Storm, H. (2019, March 13). *Shamed into silence: Female journalists are disproportionately targeted for sexual harassment and assault - and I'm proof*. Poynter. Retrieved July 13, 2022, from <https://www.poynter.org/business-work/2018/shamed-into-silence-female-journalists-are-disproportionately-targeted-for-sexual-harassment-and-assault-%C2%97-and-im-proof/>
- Storm, H. (2020, July 24). *My mental health journey: How PTSD gave me the strength to share my story*. Poynter. Retrieved July 13, 2022, from <https://www.poynter.org/business-work/2020/my-mental-health-journey-how-ptsd-gave-me-the-strength-to-share-my-story/>
- Sussman, R., & Gifford, R. (2019). Causality in the theory of planned behavior. *Personality and Social Psychology Bulletin*, 45(6), 920-933.
- Tesch, R. (1990). *Qualitative Research. Analysis Types and Software*. London: Falmer press.
- Volpicelli, J. R. (2005). New options for the treatment of alcohol dependence. *Psychiatric Annals*, 35(6), 484-491.
- Waisbord, S. (2020). Mob censorship: Online harassment of US journalists in times of digital hate and populism. *Digital Journalism*, 8(8), 1030-1046.
- Walsh-Childers, K., Chance, J., & Herzog, K. (1996). Women journalists report discrimination in newsrooms. *Newspaper Research Journal*, 17(3-4), 68-87.
- Weaver, D. H., Beam, R. A., Brownlee, B. J., Voakes, P. S., & Wilhoit, G. C. (2009). *The American journalist in the 21st century: US news people at the dawn of a new millennium*. Routledge.
- Weaver, D. H., & Wilhoit, G. C. (1996). *The American Journalist in the 1990s: U.S. News People at the End of an Era*. Mahwah, NJ: Lawrence Erlbaum.
- Witt, E., & Best, J. (2022, September 15). *How different are people who don't respond to pollsters?* Pew Research Center. Retrieved February 11, 2023, from <https://www.pewresearch.org/2008/04/21/how-different-are-people-who-dont-respond-to-pollsters/>
- Yousaf, O., Grunfeld, E. A., & Hunter, M. S. (2013). A systematic review of the factors associated with delays in medical and psychological help-seeking among men. *Health Psychology Review*. Advance online publication. doi:10.1080/17437199.2013.840954

Yousaf, O., Popat, A., & Hunter, M. S. (2015). An investigation of masculinity attitudes, gender, and attitudes toward psychological help-seeking. *Psychology of Men & Masculinity, 16*(2), 234.

## APPENDIX A: SURVEY INSTRUMENT

# Journalists' likelihood of psychological help-seeking upon exposure to work-related traumatic events

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### Start of Block: Informed Consent

#### **Informed Consent**

Please read this informed consent carefully before you decide to participate in the study.

**Purpose of the research study:** The purpose of this study is to understand journalists' experiences upon exposure to work-related traumatic events, and their likelihood of psychological help-seeking thereafter.

**What you will do in the study:** I am asking you to participate in a confidential self-administered survey questionnaire.

**Time required:** The self-administered survey questionnaire should take 15-20 minutes to complete.

**Risks:** This survey poses minimal risks to you. However, because some questions ask about exposure to work-related traumatic events, it is possible that you might experience discomfort when recalling such experiences.

**Benefits:** Expected benefits include contributing knowledge to the field of journalism regarding journalists' experiences upon exposure to work-related traumatic events. This is vital for better understanding journalism, and for improving the education of future journalists, as well.

**Confidentiality:** The information that you give will be handled confidentially. The self-administered survey questionnaire is anonymous. However, any information that could be used to identify you will not be linked to the data.

**Voluntary participation:** Your participation in the study is voluntary.

**Right to withdraw from the study:** You have the right to withdraw from the study at any time, without penalty.

**Compensation:** You will receive no payment for participating in the study.

If you have questions about the study or need to report a study related issue, please contact:

**Samantha Kocan, Ph.D. Candidate**

The University of Alabama

Reese Phifer Hall

Tuscaloosa, AL 35487

334-399-5695

sckocan@crimson.ua.edu

**If you have questions about your rights as a participant in a research study, would like to make suggestions or file complaints and concerns about the research study, please contact:**

Ms. Tanta Myles, the University of Alabama Research Compliance Officer at 205-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach Website at <http://ovpred.ua.edu/research-compliance/prco/>. You may email the Office for Research Compliance at [rscompliance@research.ua.edu](mailto:rscompliance@research.ua.edu).

**By continuing with the survey, you are consenting to participate in this study and certify that you are 18 years of age or older. Please keep a copy of this informed consent for your records.**

End of Block: Informed Consent

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Start of Block: Trauma Exposure

Q1 Thank you for participating in this survey. This survey is confidential.

I would like to better understand journalists' exposure to negative, sometimes traumatic, events.

Have you reported on any of the following traumatic events? Select all that apply.

- Car accident (1)
- Execution (2)
- Fire (3)
- Mass casualty (4)
- Murder (5)
- Natural disaster (6)
- War (7)
- Other (8) \_\_\_\_\_
- No, I have not reported on a traumatic event. (10)

*Skip To: Q13 If Thank you for participating in this survey. This survey is confidential. I would like to better u... = No, I have not reported on a traumatic event.*

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Q2 Talk about a traumatic event(s) you reported on that stands out.

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Page Break

Q3 Upon being exposed to a work-related traumatic event, did you use any form of situation modification? For example, removing yourself from the situation, asking to be taken off coverage of the event, taking a mental health day.

Yes (1)

No (2)

*Skip To: Q7 If Upon being exposed to a work-related traumatic event, did you use any form of situation modificat...  
= No*

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Q4 Explain the type of situation modification you used after being exposed to a work-related traumatic event? For example, removing yourself from the situation, asking to be taken off coverage of the event, taking a mental health day.

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Page Break

Q5 Upon being exposed to a work-related traumatic event, did you participate in any form of self-care? For example, exercising, eating healthy, spending time with loved ones, etc.

Yes (1)

No (2)

*Skip To: Q7 If Upon being exposed to a work-related traumatic event, did you participate in any form of self-car... = No*

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Q6 What form(s) of self-care did you participate in? For example, exercising, eating healthy, spending time with loved ones, etc.

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Page Break

Q7 How much do you agree with the following statement: I feel little to no support from management upon exposure to work-related traumatic events.

- Strongly disagree (1)
- Somewhat disagree (2)
- Neither agree nor disagree (3)
- Somewhat agree (4)
- Strongly agree (5)

*Skip To: Q8 If How much do you agree with the following statement: I feel little to no support from management u... = Strongly disagree*

*Skip To: Q8 If How much do you agree with the following statement: I feel little to no support from management u... = Somewhat disagree*

*Skip To: Q9 If How much do you agree with the following statement: I feel little to no support from management u... = Somewhat agree*

*Skip To: Q9 If How much do you agree with the following statement: I feel little to no support from management u... = Strongly agree*

*Skip To: Q10 If How much do you agree with the following statement: I feel little to no support from management u... = Neither agree nor disagree*

Q8 How has management supported you upon exposure to work-related traumatic events?

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*Skip To: Q10 If Condition: How has management supporte... Is Equal to . Skip To: How much do you agree with the follow....*

Q9 How has management not supported you upon exposure to work-related traumatic events?

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Q10 How much do you agree with the following statement: I feel little to no support from fellow journalists upon exposure to work-related traumatic events.

- Strongly disagree (1)
- Somewhat disagree (2)
- Neither agree nor disagree (3)
- Somewhat agree (4)
- Strongly agree (5)

*Skip To: Q11 If How much do you agree with the following statement: I feel little to no support from fellow journ... = Strongly disagree*

*Skip To: Q11 If How much do you agree with the following statement: I feel little to no support from fellow journ... = Somewhat disagree*

*Skip To: Q12 If How much do you agree with the following statement: I feel little to no support from fellow journ... = Somewhat agree*

*Skip To: Q12 If How much do you agree with the following statement: I feel little to no support from fellow journ... = Strongly agree*

*Skip To: Q13 If How much do you agree with the following statement: I feel little to no support from fellow journ... = Neither agree nor disagree*

Q11 How have fellow journalists supported you upon exposure to work-related traumatic events?

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*Skip To: Q13 If Condition: How have fellow journalists... Is Not Empty. Skip To: How much do you agree with the follow....*

*Skip To: Q13 If Condition: How have fellow journalists... Is Equal to . Skip To: How much do you agree with the follow....*

**Q12 How have fellow journalists not supported you upon exposure to work-related traumatic events?**

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Page Break

Q13 How much do you agree with the following statement: Being exposed to work-related traumatic events is part of being a journalist.

- Strongly disagree (1)
- Somewhat disagree (2)
- Neither agree nor disagree (3)
- Somewhat agree (4)
- Strongly agree (5)

End of Block: Trauma Exposure

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Start of Block: Assault

Q14 Next, I would like to learn more about whether or not journalists have experienced different kinds of assault at work by the public.

I have been verbally assaulted at work by the public.

- Yes (1)
  - No (2)
- 

Q15 I have been physically assaulted at work by the public.

- Yes (1)
  - No (2)
-

Q16 I have been sexually assaulted at work by the public.

- Yes (1)
  - No (2)
- 

Q17 I have been harassed at work by the public.

- Yes (1)
- No (2)

*Skip To: Q18 If I have been harassed at work by the public. = Yes*  
*Skip To: End of Block If I have been harassed at work by the public. = No*

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Q18 Please explain how you were harassed at work by the public.

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**End of Block: Assault**

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**Start of Block: Mental health**

Q19 As a reminder, this survey is confidential.

Next, I would like to better understand journalists' likelihood of psychological help-seeking upon exposure to work-related traumatic events.

How much do you agree with the following statement:

Management would support me if I chose to seek mental health treatment upon being exposed to a work-related traumatic event(s).

- Strongly disagree (6)
  - Disagree (7)
  - Somewhat disagree (8)
  - Neither agree nor disagree (9)
  - Somewhat agree (10)
  - Agree (11)
  - Strongly agree (12)
- 

Q20 How much do you agree with the following statement:

Fellow journalists would support me if I chose to seek mental health treatment upon being exposed to a work-related traumatic event(s).

- Strongly disagree (6)
  - Disagree (7)
  - Somewhat disagree (8)
  - Neither agree nor disagree (9)
  - Somewhat agree (10)
  - Agree (11)
  - Strongly agree (12)
- 

Q21 How much do you agree with the following statement:

Most people who are important to me would support me if I chose to seek mental health

treatment upon being exposed to a work-related traumatic event(s).

- Strongly disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

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Page Break

Q22 How much do you agree with the following statement:

Journalists should seek mental health treatment upon exposure to a work-related traumatic event(s).

- Strongly disagree (6)
  - Disagree (7)
  - Somewhat disagree (8)
  - Neither agree nor disagree (9)
  - Somewhat agree (10)
  - Agree (11)
  - Strongly agree (12)
- 

Q23 How much do you agree with the following statement:

I would seek mental health treatment if I was exposed to a work-related traumatic event(s).

- Strongly disagree (6)
  - Disagree (7)
  - Somewhat disagree (8)
  - Neither agree nor disagree (9)
  - Somewhat agree (10)
  - Agree (11)
  - Strongly agree (12)
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Page Break

Q24 How much do you agree with the following statement:

I am confident that I would seek mental health treatment if I was exposed to a work-related traumatic event, if I thought I needed it.

- Strongly disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

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Page Break

Q25 I intend to seek mental health treatment, if I believe I need it.

- Strongly disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

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Page Break

Q26 How much do you agree with the following statement:

I believe I have the resources necessary to seek mental health treatment upon being exposed to a work-related traumatic event(s) if I wanted to.

- Strongly disagree (6)
- Disagree (7)
- Somewhat disagree (8)
- Neither agree nor disagree (9)
- Somewhat agree (10)
- Agree (11)
- Strongly agree (12)

*Skip To: Q28 If How much do you agree with the following statement: I believe I have the resources necessary to s...  
= Strongly agree*

*Skip To: Q28 If How much do you agree with the following statement: I believe I have the resources necessary to s...  
= Agree*

*Skip To: Q28 If How much do you agree with the following statement: I believe I have the resources necessary to s...  
= Somewhat agree*

*Skip To: Q28 If How much do you agree with the following statement: I believe I have the resources necessary to s...  
= Neither agree nor disagree*

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Page Break

Q27 What resources would you need to seek mental health treatment, if you wanted to? For example, time, money, etc.

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Q28 What resources do you have available to you to seek mental health treatment, if you wanted to? For example, time, money, etc.

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Page Break

Q29 If you have experienced a work-related traumatic event(s), did you seek mental health treatment?

Yes (1)

No (2)

*Skip To: Q30 If If you have experienced a work-related traumatic event(s), did you seek mental health treatment? = Yes*

*Skip To: Q31 If If you have experienced a work-related traumatic event(s), did you seek mental health treatment? = No*

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Q30 What event made you seek mental health treatment, and why did you?

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*Skip To: Q32 If Condition: What event made you seek me... Is Equal to . Skip To: Have you been medically diagnosed wit....*

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Q31 Why didn't you seek mental health treatment?

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Q32 Have you been medically diagnosed with any of the following mental illnesses? Select all that apply.

- Anxiety (1)
- Depression (2)
- PTSD (3)
- Substance use disorder (4)
- Other (5) \_\_\_\_\_
- No, I have not been medically diagnosed with a mental illness. (6)

*Skip To: End of Block If Have you been medically diagnosed with any of the following mental illnesses? Select all that app... = No, I have not been medically diagnosed with a mental illness.*

---

Q33 Did the diagnosis happen before you became a journalist, or during?

- Before (1)
- During (2)

End of Block: Mental health

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Start of Block: DSM-5 Crosscutting Measure

Q34 During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?

	None. Not at all. (1)	Slight. Rare, less than a day or two. (2)	Mild. Several days. (3)	Moderate. More than half the days. (4)	Severe. Nearly every day. (5)
Little interest or pleasure in doing things? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless? (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break

Q35 During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?

	None. Not at all. (1)	Slight. Rare, less than a day or two. (2)	Mild. Several days. (3)	Moderate. More than half the days. (4)	Severe. Nearly every day. (5)
Feeling nervous, anxious, frightened, worried, or on edge? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling panic or being frightened? (26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding situations that make you anxious? (27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break

Q36 During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?

	None. Not at all. (1)	Slight. Rare, less than a day or two. (2)	Mild. Several days. (3)	Moderate. More than half the days. (4)	Severe. Nearly every day. (5)
Thoughts of actually hurting yourself? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break

Q37 During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?

	None. Not at all. (1)	Slight. Rare, less than a day or two. (2)	Mild. Several days. (3)	Moderate. More than half the days. (4)	Severe. Nearly every day. (5)
Drinking at least 4 drinks of any kind of alcohol in a single day? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco? (30)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]? (32)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Start of Block: Barriers to Access to Care Evaluation Scale

Q38 In terms of seeking mental health treatment, how much do you agree with the following statements?

	Not at all (1)	Some (2)	A lot (3)
Being unsure where to go get professional care (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wanting to solve the problem on my own (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern that I might be seen as weak for having a mental health problem (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty taking time off work (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of being put in hospital against my will (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q39 In terms of seeking mental health treatment, how much do you agree with the following statements?

	Not at all (1)	Some (2)	A lot (3)
Concern that it might harm my chances when applying for jobs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with transport or traveling to appointments (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking the problem would get better by itself (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern about what my family might think or say (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being unhappy with the available services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break

Q40 In terms of seeking mental health treatment, how much do you agree with the following statements?

	Not at all (1)	Some (2)	A lot (3)
Feeling embarrassed or ashamed (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preferring to get alternative forms of care (e.g. spiritual care, non-Western healing/medicine, complementary therapies) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to afford the financial costs involved (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern that I might be seen as 'crazy' (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking that professional care probably would not help (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break

Q41 In terms of seeking mental health treatment, how much do you agree with the following statements?

	Not at all (1)	Some (2)	A lot (3)
Concern that I might be seen as a bad parent (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionals from my own ethnic or cultural group not being available (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being too unwell to ask for help (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern that people I know might find out (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dislike of talking about my feelings, emotions or thoughts (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break

Q42 In terms of seeking mental health treatment, how much do you agree with the following statements?

	Not at all (1)	Some (2)	A lot (3)
Concern that people might not take me seriously if they found out I was having professional care (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having no one who could come to appointments with me (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of trust in professionals who provide professional care for mental health problems (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about the treatments available (e.g. medication side effects) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not wanting a mental health problem to be on my medical records (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break

Q43 In terms of seeking mental health treatment, how much do you agree with the following statements?

	Not at all (1)	Some (2)	A lot (3)
Concern that it might bring shame or disapproval on my family (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having had previous bad experiences with professional care for mental health (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preferring to get help from family or friends (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern that my children may be taken into care or that I may lose access or custody (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking I did not have a problem (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break

Q44 In terms of seeking mental health treatment, how much do you agree with the following statements?

	Not at all (1)	Some (2)	A lot (3)
Concern about what my friends might think or say (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking appointments take too much time or are inconvenient (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern that it might harm my career or chances of promotion (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having problems with childcare while I receive professional care (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having no one who could help me get professional care (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about the confidentiality of the information I share (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Barriers to Access to Care Evaluation Scale

Start of Block: Demographic Data

Q45 Lastly, I would like to collect your demographic data. Demographic data is important data for researchers to collect and analyze.

What gender do you identify as?

Man (1)

Woman (2)

Non-binary (3)

Other (4) \_\_\_\_\_

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Q46 What is your age?

18-24 (1)

25-34 (2)

35-44 (3)

45-54 (4)

55-64 (5)

65 or older (6)

---

Q47 What is your ethnicity?

- White (1)
  - Hispanic/Latino (2)
  - Black/African American (3)
  - Native American/American Indian (4)
  - Asian/Pacific Islander (5)
  - Other (6) \_\_\_\_\_
- 

Q48 What is your current job title?

- Anchor (1)
  - Digital Content Producer (2)
  - Meteorologist (3)
  - Photojournalist/Photog (4)
  - Producer (5)
  - Reporter/MMJ (6)
  - Other (7) \_\_\_\_\_
-

Q49 What DMA (Designated Market Area) do you work in? If you don't know, your best guess is fine.

- 1-25 (1)
  - 26-51 (2)
  - 52-77 (3)
  - 78-103 (4)
  - 104-129 (5)
  - 130-155 (6)
  - 156-181 (7)
  - 182-210 (8)
- 

Q50 What is your annual income, before taxes? (Individual income, not household).

- Less than \$25,000 (1)
  - \$25,000 - \$50,000 (3)
  - \$50,000 - \$75,000 (4)
  - \$75,000 - \$100,000 (5)
  - \$100,000 - \$125,000 (6)
  - \$125,000 - \$150,000 (7)
  - More than \$150,000 (8)
- 

Q51 How many years have you been a journalist?

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Q52 How many years have you been in your current position?

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End of Block: Demographic Data

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Start of Block: Incentive

Q53 If you would like to be entered into a drawing to have a \$100 donation made in your name (or anonymously) to the Dart Center for Journalism and Trauma, please provide your email below.

Please note, beside your email, if you would like to be entered into the drawing, but remain anonymous.

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End of Block: Incentive

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## APPENDIX B: RECRUITMENT MATERIALS

### **Initial Survey Email**

Hello!

My name is Samantha Kocan, and I am a former journalist turned Ph.D. Candidate at the University of Alabama specializing in Journalism and Mass Communication.

For my dissertation, I am conducting a study on journalists' exposure to traumatic events and how they responded after the fact.

I am asking for your participation in a confidential, self-administered survey questionnaire. As a former journalist, I know how busy you are. However, the survey should only take 15-20 minutes to complete.

Your participation in this survey would be greatly appreciated. Please click the link below to get started!

If you have any further questions, please don't hesitate to reach out.

Regards,

Samantha Kocan, Ph.D. Candidate  
Communication and Information Sciences  
The University of Alabama  
Reese Phifer Hall  
Tuscaloosa, AL 35487  
Mobile (334) 399-5695  
sckocan@crimson.ua.edu

### **Follow-Up Survey Emails**

Hello!

This is a reminder that on Monday, November 14, you were sent a survey link via email. If you have already completed the survey, thank you for your time and participation.

If you have not completed the survey, I would greatly appreciate your input. As a former journalist, I know just how busy you are; however, the survey should only take 15-20 minutes to

complete. Please click the link below to get started.

If you have any questions, please feel free to contact me.

Regards,

Samantha Kocan, Ph.D. Candidate  
Communication and Information Sciences  
The University of Alabama  
Reese Phifer Hall  
Tuscaloosa, AL 35487  
Mobile (334) 399-5695  
sckocan@crimson.ua.edu

Hello!

This is a final reminder and last attempt at asking you to complete this confidential survey for my dissertation research. I am specifically looking at journalists' exposure to traumatic events and how they responded after the fact.

As a former journalist, I understand how valuable your time is, and I appreciate your consideration. I promise, I am a real person and I could really use your response here.

If you have already completed the survey, thank you for your time and participation. If you have not completed the survey, I would greatly appreciate your input. The survey should take about 15 minutes.

Please do not hesitate to reach out to me if you have any questions.

Regards,

Samantha Kocan, Ph.D. Candidate  
Communication and Information Sciences  
The University of Alabama  
Reese Phifer Hall  
Tuscaloosa, AL 35487  
Mobile (334) 399-5695  
sckocan@crimson.ua.edu

## APPENDIX C: IRB APPROVAL



November 1, 2022

To: Samantha Kocan  
College of Communication & Information Sciences  
The University of Alabama  
Box 870172

From: Carpantato T. Myles, MSM, CIM, CIP  
Director & Research Compliance Officer

Re: **Notice of Approval**  
IRB Application #: e-Protocol 22-10-6009  
Project Title: "Journalists' likelihoods of psychological help-seeking upon work-related trauma exposure: A theory of planned behavior questionnaire"  
Submission Type: New  
Approval Date: November 1, 2022  
Expiration Date: October 31, 2023  
Funding Source: None  
Review Category: EXEMPT  
Approved Documents: Waiver of Written Consent, Recruitment Email

Dear Ms. Kocan :

The University of Alabama Institutional Review Board has approved your proposed research . Therefore, your application has been approved according to 45 CFR part 46 as outlined below:

*(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:*

*(iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).*

The approval for your application will lapse, as noted above. If your research will continue beyond this date, please submit the Continuing Review to the IRB as University policy requires before the lapse. Please note any modifications made in research design, methodology, or procedures must be submitted to and approved by the IRB before implementation. Please submit a final report form when the study is complete.

Please use reproductions of the stamped IRB-approved informed consent/assent form to obtain consent from your participants.

All the best with your research.

166 Rose Administration | Box 870127 | Tuscaloosa, AL 35487-0127 | 205-348-8461  
Fax 205-348-7189 | Toll Free 1-877-820-3066 | [rscompliance@research.ua.edu](mailto:rscompliance@research.ua.edu)