



The Role of Peer Support and Its Contribution as an Effective Response to Addressing the Emotional Well-Being of Pilots

A Qualitative Study of South African Stakeholders

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Abstract: The provision of pilot peer support in commercial aviation is a recent recommendation following the Germanwings pilot suicide–murder crash in 2015. Conducted in a South African aviation context, this study explored the phenomenon of peer support and its role and contribution as an effective response to addressing the emotional well-being of pilots. A qualitative phenomenological research design was followed using Rubin and Rubin’s in-depth, semi-structured interview technique to understand lived experiences of peer support. Nine interviews were held, six with airline pilots – a combination of peers and flight operations managers – and three with mental health professionals (MHPs). Braun and Clarke’s thematic analysis (TA) method elicited themes in relation to peer support and the mental health and well-being of pilots. Four themes emerged relating to (a) the conceptualization of peer support, the role of the peer, and the principles on which the process is founded; (b) pilots’ experience of their workplace as emotionally “unsafe” and deficient in acknowledging the nature of different emotional stressors; (c) the well-being of pilots and medical certification of fitness for duty; and (d) the multidimensional contribution of peer support and factors critical to integrating successful and sustainable peer support. This study underscores the importance of developing a more integrated definition of safety in aviation that incorporates supporting the mental health and well-being of pilots. This paper addresses the role and contribution of peer support and considers some of the challenges to its integration as a safety initiative.

Keywords: peer support, occupational safety, well-being, pilots, aviation, lived experiences

Addressing mental health and well-being is a significant economic development and societal welfare concern (Burton, 2009; World Federation for Mental Health, 2016). The cost of mental illness globally is spiralling upward of US \$2.5 trillion in lost productivity, with over US \$1 trillion attributed to depression and anxiety disorders (Insel, Collins, & Hyman, 2015). Building healthy workplaces holds ethical, legal, and business benefits such as offsetting costs related to disability, absenteeism, presenteeism, and turnover rates while improving productivity, morale, workplace behaviors, communication, and decision-making (Dickson-Swift, Fox, Marshall, Welch, & Willis, 2014; Harvey et al., 2014).

The International Civil Aviation Organization (ICAO) Manual for Civil Aviation Medicine, which stipulates the standards for aeroomedical certification for duty of licence holders, contains only three references to assessing

well-being (ICAO, 2012). The continued emphasis of aeromedical certification on the physical and physiological risks to operational safety suggests that assessing and managing the mental health of pilots remains rudimentary, often subjective, and detached from the needs of those exposed to daily operational risks (Dahlstrom, 2017). This may imply that occupational safety is deemed inconsequential in relation to operational safety in aviation; or, that it is undifferentiated from operational safety and seemingly in contradiction to the World Health Organization (WHO) policies on occupational safety and healthy workplaces (Burton, 2009; Schwartz, Kallus, & Gaisbachgrabner, 2016).

The intentional crash by the pilot of a Germanwings passenger airline into the French Alps in 2015 highlighted an existing concern that the mental health of pilots is a potential operational threat to safety (Bureau d’Enquêtes et d’Analyses, 2016). Task force reports addressing this

concern conceded that significant professional, personal, and societal stressors continuously impact the mental health, well-being, and performance of professional pilots (Aerospace Medical Association [AsMA], 2015; Federal Aviation Administration [FAA], 2015).

Petitions for routine mental health evaluations to be incorporated into aeromedical assessments are met with resistance from pilots, unions, and aviation medical associations. These entities pronounce such assessments as intrusive, excessive, and expensive, and assert that they may be unlikely to avert accidents attributed to mental illness, while declaring that more effective processes may exist (AsMA, 2015; International Federation of Airline Pilot Associations [IFALPA], 2014).

Skilled peer support programs (PSPs), notwithstanding a history of use in aviation since the 1970s, have suddenly gained the attention of aviation authorities worldwide as an effective approach (European Aviation Safety Agency [EASA], 2016; FAA, 2015). PSPs act as an early intervention step, offering a flexible, accessible means of gaining support in a system where safety is defined as operational and addressing public needs for safety rather than pilots' needs for physical and psychological safety (Creamer et al., 2012).

Psychosocial stressors and job strain, the result of inadequate access to resources and measures to control mounting performance demands, trigger workplace dissatisfaction and stress-related illnesses and exhaustion (Snyder, Krauss, Chen, Finlinson, & Huang, 2008). Ignoring factors such as fatigue, shift work, constant motion, cramped conditions, isolated locations, relationship stress, and job insecurity – and their effect on pilots – impacts safety (Fanjoy & Harriman, 2010; Bergh, Leka, & Zwetsloot, 2017).

Workplace accident rates, safety levels, and the regard for employee health and well-being correlate directly with an organization's occupational safety climate, according to the WHO (Bergh et al. 2017; WHO, 2013). To reduce and buffer the exposure of employees to occupation-related risks and reduce costs of injury, the WHO recommends identifying these safety-related stressors, promoting awareness about mental health and resilience, and encouraging and safeguarding access to early supportive interventions (Harvey et al., 2014).

Aside from the extensive physiological benefits for individuals, other benefits include reduced levels of stress, anxiety and depression, job strain, and burnout, and evidence of increased levels of self-esteem, confidence, self-acceptance, and trustful relationships (Harvey et al., 2014). These positive effects are noticed at societal levels (Manderscheid et al., 2010; WHO, 2013).

Daily operations in aviation's high-performance, safety-critical environment are seldom devoid of stress, uncertainty, and possible exposure to trauma. Pilots are expected

to execute risky tasks error-free, often within significant time constraints (Catino & Patriotta, 2013; Vogus, Rothman, Sutcliffe, & Weick, 2014). Driven, diligent, highly organized, responsible, meticulous, and precise individuals, pilots are trained to understand causality, take control, analyze and solve problems, and display decisive leadership (Airline Pilots' Association [ALPA] Int., 2007). Having been taught to compartmentalize and detach emotionally, they may feel vulnerable and threatened when confronted by inevitable emotional reactions to situations (Butcher, 2002). Fearing being perceived as “not good enough” and lacking sufficient coping abilities, pilots may isolate themselves, withdraw, and become mistrusting, often resorting to unhealthy coping mechanisms (Butcher, 2002; Kenedi, Hatters Friedman, Watson, & Preitner, 2016).

For pilots trained to “not accept abnormal,” a diagnosis of a mental illness may trigger fear of being stigmatized as abnormal. Such organizational scapegoating and labeling, sometimes used as a smokescreen for larger systemic organizational failures, causes psychological harm, potentially impacting careers (Catino & Patriotta, 2013). Livelihoods and careers governed by regulation may be experienced as emotionally unsafe to pilots, generating an atmosphere of distrust regarding disclosure to authorities (Turnbull, 2006). The lack of psychosocial safety in aviation creates a latent systemic threat to flight safety, namely, that pilots may avoid seeking support when necessary (Fanjoy & Harriman, 2010).

Tailored comprehensive PSPs offer a safe initial point of contact to share experiences and receive support in high-risk organizations where safety is contingent upon the entire system safeguarding and supporting its employees (Vogus et al., 2014). The social support received from within this tight-knit community is flexible and accessible to geographically dispersed shift workers, and is confidential and safe. Shared experiences from peers help pilots to feel empowered and regain their control, providing important educational opportunities regarding healthy coping mechanisms and self-care, while sharing credible, trustworthy, and relevant resources (Jordaan, 2016; Money et al., 2011). A carefully selected aviation-trained network of professionals may offer credible, trustworthy resources for pilots who do not access company-sponsored health care generally (European Cockpit Association, 2016; FAA, 2015).

While closely supported by MHPs, peer-directed and -driven PSPs create safety within this highly regulated, safety-critical profession (Fahnenbruck & Steinhardt, 2017; Simons, 2017). The concept of Peer Support is based on five theoretical principles, namely social support, mutual sharing, social learning theory, commonality, and the helper-therapy principle (Solomon, 2004). Key components critical to its success include trust, empathy, confidentiality,

a safe context, and a willingness to listen (Miyamoto & Sono, 2012).

Peers are neither a pilot buddy nor a trained professional, rather they are skilled support providing psychosocial support and psychological first aid within an emotionally safe environment (Mead & MacNeil, 2006). To create programmatic safety, the peer role requires clearly defined relationship boundaries to address power dynamics and prevent the peer from stepping into domains for which they are not qualified or skilled (Mead, Hilton, & Curtis, 2001; Money et al., 2011). It is crucial to select peers who are able to respect and accept the responsibility for the role, ensuring they are positive role models, possess empathic traits, are willing to listen, are concerned about others, and do not need support themselves (Money et al., 2011). Supervision is imperative, creating a learning culture of self-reflection, an opportunity to build knowledge and address critical topics relevant to aviation and understand the resources available (Solomon, 2004).

To ensure programmatic legitimacy, PSPs need to be validated by management and boundaries carefully negotiated (Dickson-Swift et al., 2014; Miyamoto & Sono, 2012). Policies governing these programs need the collaboration of flight operations management, unions, and MHPs to deal with safety concerns relating to intervention and reassessing fitness for duty. Without this, peer support will remain vulnerable and difficult to implement and sustain as an early help-seeking intervention (Miyamoto & Sono, 2012).

This study seeks to develop a deeper understanding of the concept and principles of peer support in aviation through exploring the lived experiences of participants involved with an aviation PSP.

Aim

The efficacy of PSPs globally remains undetermined, despite the current focus of aviation authorities on them as a strategy to support the mental health and well-being of pilots. The study aims to explore the phenomenon of peer support, conceptualizing and describing its role and possible contributory relationship to the well-being of pilots. Conducting a qualitative thematic analysis using semistructured interviews, this study explored the lived experiences of a selected participants of a South African aviation-based PSP.

Method

A qualitative research design was adopted to address the problem with validity and credibility (Collis & Hussey, 2009). A phenomenological approach was followed

using Rubin and Rubin's in-depth, semistructured interview approach to provide lived experiences of peer support. Braun and Clarke's (2013) thematic analysis (TA) method elicited detailed and rich descriptions of themes and categories of participants' perceptions of their lived experiences relating to the mental health and well-being of pilots.

Participants

Nine participants were selected who were associated with the peer program: four peers, three MHPs, and two flight operations managers.

The researchers utilized the following diversity criteria to select participants:

1. Level of experience (all participants had a minimum of 4 years involvement with the PSP);
2. Sectoral representation (general and commercial aviation);
3. Different roles; and
4. Different airlines.

Participants were selected and the interview protocol was designed to protect confidentiality and anonymity. For reasons of confidentiality and programmatic integrity, no known recipients of peer support were used in the study.

Participant Questions

All participants were asked the following initial questions:

- "What does the term *peer support* mean to you?"
- "What is the *role and contribution* of peer support to pilot well-being?"
- "What is the *link* with 'fitness to fly'?"
- "What are the *critical success factors*?"
- "What is the *scope and boundary* of the peer supporter?"

Data Analysis

Braun and Clarke's (2013) TA method was applied specifically for its flexibility with research questions regarding people's experiences of phenomena in specific contexts, utilizing small data samples and for producing data-based analyses. Through coding the participants' perceptions of their lived experiences of peer support, the method elicited detailed and rich descriptions of themes that were supported by direct quotations from the text and then related back to the literature reviewed (Braun & Clarke, 2006). The coded data were examined for congruence, contradiction, and comparison between the interviews and the literature review.

Trustworthiness of Data

Qualitative research occurs within a specific context and at a specific time and is therefore not concerned with the concept of generalizability to the broader population. The key concepts are credibility, transferability, dependability, and confirmability and they refer to the trustworthiness of qualitative research, as similar concepts to reliability and validity (Babbie & Mouton, 2014). Credibility in the design required that the data were recorded and reported accurately and that the conclusions reached were aligned with the participants' realities and their experiences (Rubin & Rubin, 2012). Familiarity between the participants and the researcher raised a potential threat to the credibility of the data and the analysis process presenting the possibility of data being biased. To address this concern, the researcher conducted member checks, triangulated the data with documentation, and conducted a thorough peer-debriefing with three other peers who were external to the study. During a peer review of the research design, transferability of the study to a different context was discussed to ensure maximum diversity within the data sample. An audit trail of evidence tested the confirmability of the findings to ensure they were neutral, free of bias, and directly linked to what participants disclosed (Babbie & Mouton, 2014).

Findings

The five core questions elicited four key themes, categorized in Table 1. The following questions integrated participants' conceptualization of peer support, establishing the first theme: "What does the term *pilot peer support* mean to you?"; "What is the scope and boundary of the peer supporter?"; "What are the critical success factors in pilot peer support?".

Two distinct themes arose in response to the question, "What is the role and contribution of peer support to pilot well-being?" One theme addressed the necessity for an emotionally safe workplace, the other identified the significant contributions of peer support at multiple levels.

Responses to "What is the link with 'fitness to fly'?" began to establish the connection between well-being and fitness to fly, evolving into the fourth theme.

Theme 1: Conceptualizing Peer Support in Aviation

Exploring the meaning of the term *pilot peer support* drew attention to the different nuances held among participants, drawing attention to aspects of volunteerism, the powerfulness of mutual understanding, and mindfulness of the impact of the work context.

A peer succinctly verbalized his view of peer support: "Peer support is people from the same industry

Table 1. Four data themes and subthemes

Themes	Subthemes
Conceptualizing peer support in aviation	<ul style="list-style-type: none"> • Describing the peer role • Theoretical principles of the peer role • Critical success factors
An emotionally safe workplace	<ul style="list-style-type: none"> • Managing risk in a mobile workforce • Support for pilots • The pilot persona • Responding to workplace trauma
Impact of well-being on fitness to fly	<ul style="list-style-type: none"> • Personal and professional well-being • The meaning of <i>fit to fly</i> • Sustaining a mentally healthy state of being
The fourfold contribution of peer support	<ul style="list-style-type: none"> • Personal safety • Operational safety • Organizational benefit • Peer benefit

supporting their colleagues, so it's not somebody coming in from an outside company to support." Management stated: "[It is] peers who have volunteered to assist people [fellow pilots] during times when they can't cope . . . talking to fellow pilots that fly with fellow crew members because their perspective is similar because they do the same job." An MHP described peer support as "... a mutual understanding: a person in the same field supporting a person with difficulties in the same field."

The findings suggest that the powerfulness and legitimacy of the peer process lie in the fact that peers can relate, holding a shared perspective and understanding, enabling them to identify with the person in their context. In a system where support is lacking, using skilled peers provides a highly relevant form of support.

A peer commented: "... It's difficult to talk to anyone else outside your own working environment because non-pilots don't understand the effect of these events."

Management added: "[Peer support requires] managers that are aware of what [the peer] training involves, knowing what level of expertise and what to expect from the peer support."

The research highlights the sensitive nature of the peer role, which is premised on trust. A lack of understanding and acceptance of its role and purpose undermines its efficacy within aviation, potentially causing the process to fail.

An MHP commented perceptively that: "If peer support is solid and people believe in and hold it in high regard then it creates a sense of trust."

“If there’s conflict in their [managements’] opinions, it creates uncertainty in pilots’ minds... especially [in] a sensitive area like this, where it’s about well-being, about emotional, mental things.”

The essence of the role is to listen, support, and, when appropriate, refer to specialized assistance. Although applied within specific contexts utilizing different approaches or models to address different circumstances, the role remains specific, trained, boundaried, and must be supervised.

The peers mentioned certain core principles are fundamental and critical to their effectiveness as a peer: “Trust is earned, especially on a flight deck”; “confidentiality... is the biggest building block in the whole thing”; and “respect for the individual.”

“Empowerment and self-determination... [enabling pilots] to work through their problem [by] providing an opportunity to think and reflect about their problem, come to their own realization and their decisions going forward.”

Theme 2: An Emotionally Safe Workplace

Pilots cope with significant concurrent demands that impact their well-being and professional performance. For several reasons, the research indicates that pilots perceive their work environment as lacking support and emotionally safety. A trained peer creates a sense of personal safety within the aviation workplace.

Flight operations managers contend with often conflicting and competing responsibilities when managing a highly mobile workforce. As safety officers in this safety-critical industry, managers are responsible for managing the constant risk of exposure to operational trauma. Simultaneously, they are required to provide an emotionally safe work environment, safeguarding the well-being of their mobile, decentralized workforce. The research pinpoints that managers, constantly balancing these sometimes incompatible priorities, may convey an inconsistent and occasionally hostile message to pilots.

A peer explained: “I wish I could say it was one individual in management, but it’s not... absolutely brilliant [with one person], but ... dismissive of the next person who came along.”

This inconsistency may contribute to pilots’ perception of the lack of support within the work environment and influence their antagonistic perceptions toward management’s ambiguousness.

Furthermore, the perception prevails that offers of support are often unhelpful and combine with the fear

and anxiety that disclosure may meet with unintended negative and far-reaching consequences.

One peer noted: “[Management] have the ability to be able to judge this person to take him off his job, off his flying. They [are] going to want to do something, [...] as a manager they [are]not going to allow the person just to say ‘hang on I feel better just for telling you’ and walk out.”

The findings suggest that despite being trained problem-solvers, pilots may lack emotional awareness and/or may be uncomfortable seeking out support within the aviation system.

A manager reflected: “Do we give the people the tools [to assess their wellbeing] on a formal basis? No, but when you are a pilot you are constantly doing risk analysis when you [are] flying. It’s second nature. I think people don’t necessarily do the risk analysis of themselves, and more emphasis could be put there.”

Theme 3: The Impact of Well-Being on Fitness to Fly

The research found that the fitness to fly certification process itself can be a source of significant stress as careers and livelihoods are conditional on attaining certification. However, it appears from the findings that pilots are more cognizant of the emphasis on meeting the standards of physical health, and less focused on considering their overall well-being.

A peer mentioned: “... What’s hard for a pilot is that we focus so much on trying to be legal and fit to fly that they forget about being well.”

A flight operations manager voiced concern: “Too much emphasis is placed on physical well-being and too little on the emotional and more psychological.”

The participants suggested that the historical emphasis in aviation on identifying physical symptoms of incapacitation may contribute to pilots’ lack of understanding or awareness of their emotional and psychological well-being, subsequently failing to see it as impacting their fitness to fly.

An MHP described the need to understand well-being as: “[For] a pilot on an emotional and mental level [it is] where they feel that they are functional, comfortable within themselves, able to deal with stressors, not overwhelmed; in a window of tolerance; feel connected and contained.”

Participants felt that the aeromedical certification should emphasize assessing and supporting well-being critical to the individual’s ability to sustain fitness for duty rather than the continued emphasis on assessing for mental illness, contributing to the perceived requirement to cope.

Peers commented: “Too little [emphasis during medicals is] on the emotional and psychological well-being of the pilots.” “You are expected to cope.”

A manager’s perception was: “[Pilots] try to carry the burden of their problems. Possibly sometimes beyond what they need to, without actually sharing that they are not coping.”

The findings suggest that pilots do not understand that factors impacting their personal and professional well-being influence their performance. Aircraft and simulators are highly responsive and sensitive to pilot inputs, reflecting, directly and indirectly, a pilot’s ability to perform. Developing pilots’ self-awareness may challenge how emotions are addressed in a system that is intolerant of error, demands perfection, and emphasizes emotional detachment during training.

As a peer commented: “You’re almost trained to be part of the machine, . . . it’s actually a human being you [have] in the machine.” “The system seems to re-enforce. . . a sort of perfectionism and inhumanity,” “you [have to] be almost superhuman, you can’t show any kinks in your armor at all.”

Theme 4: The Fourfold Contribution of Peer Support

The data suggest that the contribution and benefit of peer support in aviation may extend beyond simply the well-being of pilots, impacting the operation, the organization, as well as the peers themselves.

- (1) A trained peer contributes to creating a sense of personal safety within the workplace; however, the process is a tool and does not work for every person.

A peer commented: “[It’s a] safe space to offload, to feel supported and to feel safe and brave enough to carry on with life or get back into the airplane.”

Another mentioned that such support may not be for everyone: “[If] they don’t have the awareness in themselves that there are things mentally that is [sic] affecting them. . . this is all sort of psychobabble nonsense.”

An MHP pointed out: “Certain components of the supporting role make it effective: being present, really listening – the empathic, engaged response neurologically, emotionally [really] does make a difference.”

- (2) As a preventative intervention, peer support adds to operational safety, helping pilots remain focused and sustain high levels of performance.

A peer stated: “No airline can really afford to have a major accident . . . it’s a preventative issue [. . .] talk to someone that is trained to assist.”

A manager explained: “If somebody experiences a traumatic event and needs immediate assistance, the peer would be able to assist, we [are] not talking about, deeper psychological stuff.”

- (3) Multiple and diverse organizational benefits exist. The peer support process is an accessible, cost-effective, skilled, experienced, and a very effective resource for organizations.

A peer clarified: “[The] relief valve that we are offering is cost effective, it’s accessible. . . a telephone call away, [peers] are tangible, they’re real, they understand my world.”

A manager affirmed: “Peer support I think is a good tool to fit in where the pilots don’t want to speak to their company or manager and they are more comfortable to speak [with] one of their peers, and I think it’s a great tool to have or assistance to have, because the individual is still getting the help that they require.”

- (4) As with all volunteering, there are benefits and costs associated with being a peer. One of the significant benefits seems to be personal growth and development that are not gained elsewhere in their occupation as a pilot.

Peers elaborated: “I gain out of it that I have grown so much in myself, it’s allowed me to explore different things that affect individuals.”

“The role is quite taxing, and it takes a lot of energy, . . . could get burnt out, exhaustion, bored.”

“I’m helping my community and I feel good because I feel like I have given back and that somebody’s better off for having me there and having that space.”

Discussion

To understand the concept of peer support as it applies to aviation, given its sudden prominence and the dearth of literature, this study explored the lived experiences of participants in a South African aviation peer support program. The aim was to understand the meaning of peer support, the principles on which it operates, the role it fulfils and to examine its possible contribution to the well-being of pilots.

The objective of peer support, according to the research, is to help contain the sense of overwhelm being experienced, helping individuals regain a sense of control over their situation, and identify ways to address their circumstances. Skilled peers offer care and compassion, relieving the sense of isolation, restoring confidence and self-belief, and replenishing feelings of acceptance and connectedness

(Mead et al., 2001; Miyamoto & Sono, 2012). The peer role is described as a trustworthy point of contact that focuses on supporting pilots to cope and empowering them to resolve their difficult circumstances and situations. The peers are trained to refer pilots for further professionally skilled intervention when the situation requires (Money et al., 2011). Skilled resources, such as those offered by flight operations management, health professionals, and corporate wellness programs, remain essential resources to the peer support process.

The core principles of peer support illustrated in the findings – such as empathic listening, the curative power of talking, respect for and empowering of the individual – are foundations of Carl Rogers's person-centered theory (Peltier, 2001). Rogers's approach to creating an emotionally safe environment reflecting acceptance and non-judgmentalism is vital in an industry orientated toward continual assessing and monitoring (Simons, 2017). Common understanding and shared experiences, aspects of social support theory, ensure respect for the role, the person in it, and an understanding of the demands confronting the pilot. Eliminating any power gradient, breaking the sense of isolation, providing acceptance, and normalizing access to support reflects the non-hierarchical peer principle. The helper-therapy principle offers an explanation of the peer's intrinsic motivation, building self-worth through self-growth, a sense of competence and contributing into the life of another (Solomon, 2004).

Despite an open-door management policy, pilots do not experience their work environment as emotionally safe, nor as one that addresses their psychosocial needs but rather prioritizes operational safety concerns over their well-being. Management's perceived reliance on a "buddy" feedback loop of informal and formal reporting to keep them abreast of the needs of their "absent" workforce is not perceived as caring, but as an extension of the constant compassionate monitoring embedded in operations, and from which there is no escape (ECA, 2016). Furthermore, management's handling of performance failures and disciplinary issues is met with distrust and experienced as heavy handed, punitive, and inconsistent (Campion, 2017; Kenedi et al., 2016). The research suggests that flight operations managers, however, seem to have misgivings about trusting a confidential peer support process over which they have no direct control and that does not report directly to them, possibly resulting in them feeling remiss in their duty of managing the safety risk. The findings reflect that the consequent mistrust by or ambivalence of managers toward embracing the peer process, and their preference to be perceived as a primary source of support given their duty of care obligation, creates uncertainty for pilots who are suspicious of anything related to mental health or that requires disclosure (Hubbard, 2006; Miyamoto & Sono, 2012).

These perceived dichotomies convey an emotionally contradictory message that pilots cannot decipher and may contribute to the perception of a work environment lacking in support.

The widely held view that pilots are suspicious by nature may be what the research identifies as the mistrust that pilots tend to display toward those who have the authority to determine their occupational future (Butcher, 2002). This aspect of the pilot persona corroborates the finding that pilots learn to hide vulnerabilities in the face of an industry that demands perfectionism. Trained as problem-solvers and taught to detach emotionally and to compartmentalize so as to solve problems may be causing harm to pilots through not equipping pilots with the opportunity and tools to identify and address their reactions (Bor & Hubbard, 2006; Catino & Patriotta, 2013). Lacking insight into the impact of excessive stress emotionally may exacerbate their tendency for self-criticism, self-blame, and defensiveness, which may eventually contribute to anxiety, even depression, given their unsupportive environment (Catino & Patriotta, 2013; Hubbard, 2006).

The positive impact of peers responding to colleagues with skilled and relevant support following a critical operational event, acknowledging them as resilient, resourceful, and likely to recover from the situation naturally, is reflected in the findings (Creamer et al., 2012). This specific process addresses judgment and shame, providing pilots with an opportunity to talk through the impact, helping them to integrate the experience, to build self-awareness, and to regain a sense of control, all of which contribute to safer operations, ultimately (Albuquerque & Fonesca, 2017). This suggests that an integrated approach, tailored to supporting the specific needs of pilots, is necessary.

The findings suggest that pilots hold a conceptual notion of well-being rather than a practical awareness. They battle to recognize and disclose the toll of workplace demands, physically and emotionally, on them. This may be aggravated by aeromedical certification that lacks a clear description of fitness for duty, given its focus on managing safety risk and not adopting an approach to aeromedical health as "a state of complete physical, mental and social well-being, not simply the absence of disease" (Burton, 2009, p. 17; Smith, 2017).

Despite expending significant energy coping with organizational, operational, and regulatory demands, and not displaying vulnerability, pilots might lack awareness that ignoring well-being decreases coping abilities, causes symptoms of overwhelm, and leads to deterioration in their resilience and morale, impacting operational performance and safety (EASA, 2016; Idris, Dollard, Coward, & Dormann, 2012). Consequently, a negative causality is triggered: Neglected well-being affects performance and degraded performance creates stress and overwhelm.

Consequently, the contribution of peer support is more extensive than only to individual well-being, according to the findings. Peer support impacts on the organization, influences operational safety, and benefits the peers involved. As individuals, pilots are experiencing increasing job strain balancing rising operational and occupational stressors, while lacking avenues of appropriate and accessible organizational support, according to the findings (Fanjoy & Harriman, 2010). Peer support creates a personal safety net, improving a sense of well-being, resilience, and optimism, offering nonthreatening, preventative assistance and positive ways of coping, and increasing self-awareness (Dickson-Swift et al., 2014; Manderscheid et al., 2010). Such support can be the difference between continuing or quitting the profession, engaging in unhealthy coping skills, or succumbing to stress-related illness that may threaten medical certification (Butcher, 2002; Fahnenbruck & Steinhardt, 2017). Not intended to be the cure-all for the industry, it may prevent problems from exacerbating, reaching pilots in times of incredible loneliness, when confidence is shattered, and fear of reputational harm to their career leaves them feeling out of control (Fanjoy & Harriman, 2010).

Encouraging pilots to seek support helps them to build resilience and healthy coping mechanisms, supporting them to remain focused on operational demands, the findings suggest (AsMA, 2015; Catino & Patriotta, 2013). Integrating peer support into the organization's safety culture assists in creating a just culture that encourages self-reporting when concerns exist about the ability to operate safely, contributing to safer operations (Fahnenbruck & Steinhardt, 2017). Furthermore, a more relationally supported, resilient, and engaged workforce positively impacts productivity. Peer support may facilitate pilots remaining in active duty or resuming duty as soon as possible, helping to mitigate the cost to companies resulting from workplace illness or injury (FAA, 2015; UK CAA, 2017).

Peer support provides developmental opportunities often lacking in the industry for pilots. The research suggests that peers are able to contribute and grow as individuals, learn valuable life skills, and develop their confidence in working with people (Solomon, 2004). Some of the elements include becoming a positive role model as part of a team, developing self-awareness, receiving affirmation by giving back to their community, and realizing someone benefited from their participation.

However, there are costs associated with peer support, the findings reveal. Underutilization as a peer may erode confidence in their skills or result in boredom or frustration. The confidential nature of the peer role in aviation may not provide the necessary affirming feedback that fosters a sense of engagement and of adding value (Solomon, 2004). The impact may be that the peer disengages,

resulting in the loss of vital experience and costing these programs financially. Industry and organizational engagement, validation, and feedback help to mitigate these impacts. Team supervision and debriefings are important strategies to teach self-care and mitigate the negative effects of volunteer burnout, vicarious trauma, and compassion fatigue (Money et al., 2011).

Conclusion

On the basis of the findings, several conclusions were reached in answering the research question: "How does peer support address the well-being of pilots?" In an industry where many organizational support structures are perceived by pilots as untrustworthy and consequently underutilized, skilled peers contribute to safer operations, acting as highly effective wingmen and wingwomen who support pilots to address their well-being and job strain. To be truly effective, however, peer support needs to become integrated as a resource, and the working definitions of health and fitness to fly need to become clearer, more inclusive of holistic well-being.

Limitations

This study faced several limitations. As a global industry, aviation is subject to global and national industry rules, written and unwritten, and influenced by national culture. South African aviation and the PSP studied exist in the context of unusually high levels of societal stress and trauma. Consequently, this fact may influence the interpretation of the findings, and not necessarily reflect global diversity.

The study focused on obtaining rich narrative data from a small number of participants as opposed to a broader quantitative survey. The sample size was limited to accessing peers who had sufficient lived experience as peers and as pilots, as well as other stakeholders who were sufficiently engaged and knowledgeable enough to be interviewed. It was not feasible to conduct research with those pilots who may have been supported by peers, as this would violate the confidentiality of the program. The study findings may present opportunity for more extensive research of broader populations.

Future Research

This relatively new concept in aviation provides grounds for significant areas of future research. There is an urgent need to re-define health within ICAO regulations, including well-being, and to align the definition with that of the WHO definitions. Further research is needed to integrate

the concepts of license holder well-being with clear definitions of fitness to fly. A second need is to develop a more inclusive approach to aviation safety management that incorporates the requirement for a safe work environment and protects pilots and other license holders from physical and psychosocial harm in the workplace. A third area is conceptualizing of the composition and construction of peer support discussions that focus on addressing well-being as a human factors principle.

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