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First Response Emergency Care- experiences described by firefighters

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Abstract

Purpose – The purpose of this paper was to describe firefighters’ experiences of First Response Emergency Care.

Design/methodology/approach – An explorative descriptive design with a qualitative approach. Data was collected through group interviews of 35 firefighters and subjected to qualitative content analysis.

Findings – The results showed that the firefighters’ professional role and their uniform serve as protection against mentally strenuous situations. It is important to protect the dignity of the injured or dead, as well as to protect and safeguard colleagues from the experience of the tragedy of an accident. Having a solid and sterling medical education gives a sense of security when providing emergency care, as well as when caring for the relatives. Debriefing brings thoughts and feelings to the surface for processing and closure. The sense of sadness lingers for those they were unable to save, or the ones that had been dead on arrival or were forgotten.

Originality/value – A firefighter’s work situation is exposed and stressful. The firefighter’s uniform as a mental barrier, colleagues, time to mentally prepare and being allowed to show feelings are factors all needed to cope. It is therefore important to encourage, promote and strengthen the protective role of camaraderie for the firefighter, which can likely be emphasized for other uniform-wearing professions such as police, military and ambulance personell. Being acknowledged for their contribution to other peoples’ lives and wellbeing can confirm the firefighters’ importance.

Keywords First Response Emergency Care, Firefighters,

Paper type Research paper

Introduction

The Swedish fire brigade is part of the emergency medical service. At the scene of an accident, the firefighters provide emergency care until the ambulance arrives. The fire brigade never transports a patient. But in cases of severe illness or injury, where there are no ambulances available, the fire brigade is dispatched to the patient at the scene of the accident or the patient's home. This is referred to as First Response Emergency Care (FREC). The firefighters are trained as Basic Emergency Medical Technicians (B-EMT). There is Automated External Defibrillators (AED) and prehospital medical equipment in all fire trucks. The prehospital emergency care that the firefighters provide is always to severely injured or ill patients. The resuscitation protocols (Bossaert et al., 2015; Truhlar et al., 2015) define firefighters' obligations and responsibilities. When there is a chance of survival, the patients must be given the best possible chance to survive. The general norm is to perform CPR and resuscitation in all but a few well-defined cases. Exceptions are when staff safety cannot be guaranteed or when there are apparent clinical signs of irreversible death, e.g., decapitation, incineration, rigor mortis or dependent lividity (Bossaert et al., 2015; Truhlar et al., 2015).

But to assess and perform emergency care are complicated processes. The firefighters are put in difficult emergency situations in their line of work, just as other Emergency Medical Services (EMS) personnel (Jimenez Herrera and Axelsson, 2015). Critical incidents can sometimes even diminish the firefighter's ability to cope due to mental distress and emotional strain in a horrific situation (Tuckey and Hayward, 2011). The medical care can, therefore, be experienced as demanding, not just physically, but also mentally.

Firefighters are often exposed to injured and dead people, including children exposed to trauma. Many patients are beyond saving when the fire brigade arrives on the scene of the accident. Some are dead, while others die during the rescue attempt. How the firefighters deal with all this death is dependent on their ability to cope with being close to people at the moment of death. Even if death is a natural part of life, the personal reaction is based on previous experience of death (Regambal et al., 2015).

The firefighters care for the next of kin at the scene of an accident, who are emotionally unprepared for what has happened. The support the firefighter gives to the next of kin helps them in the acute situation but also has a long-term impact on their emotional well-being (Benner et al., 2003). Helping the next of kin at a time of sudden grief requires knowledge

about how to handle the situation. Firefighters have expressed a need to develop and increase this knowledge (Elmqvist et al., 2010).

Firefighters are used to solving problems by improvising and cooperating. They are trained in managing unpredictable and unplanned situations. They are often a well-functional team with experienced members (Svensson et al., 2018). To develop the prehospital emergency care that the firefighters provide, we need to become aware of the firefighters' experiences. We then have the possibility to improve the firefighters' medical education and training. This study, therefore, aims at describing firefighters' experiences of First Response Emergency Care.

Methods

This study had an explorative descriptive design with a qualitative approach. Data was collected through group interviews and subjected to qualitative content analysis inspired by Krippendorff (2012). The study was performed to get a better understanding of firefighters' experiences of FREC.

Participants

The participants consisted of 35 firefighters – 34 males and 1 female. The participants' age ranged from 23 to 64 years (mean 41 years, median 42 years). The professional experience ranged from 1 to 42 years (mean 18 years, median 14 years). Inclusion criteria were firefighters participating in a group conversation about experiences of FREC.

Data collection

The interviews were conducted as group interviews during a two-week period. The group sizes were three groups of nine and one group of eight participants. According to Morgan (1997), the optimum size for a group is six to eight participants, but it can work successfully with three to 14 participants. The group sizes of eight and nine participants were considered acceptable to moderate and managed by the researcher. Interaction in the pre-existing group is key to a successful group interview. In this study, all firefighters worked at the same fire station, which promoted interactions optimal for the research purpose (Morgan, 1997).

The first question starting all interviews was “*Can you describe a situation where you performed First Response Emergency Care?*”. This was followed by probing questions such as “*Can you give an example?*” and “*Can you describe what you mean?*” The interviews were recorded and transcribed verbatim. The interviews lasted between 45 and 55 minutes and captured how the firefighters experienced FREC.

Data analysis

The transcribed material was analyzed using a text-driven, interpretive qualitative content analysis inspired by Krippendorff (2012). The interpretive analysis started with the familiarizing of the transcribed group interviews. By reading with an open mind, it was possible to see beyond the already known and to reflect on the text that could be neutrally interpreted (Krippendorff, 2012). In the first part, the transcribed group interviews were read through repeatedly to reach an understanding of the substance of the data as a whole. After the first part, the group interviews were read carefully to identify meaning-units that represented the firefighters' experiences of FREC. The next step was to derive codes from the meaning-units. After that, the codes were abstracted to subcategories based on similarities and differences and sorted into categories. The relevance of the results was finally verified by the correlation between the aim of the research and the categories (Krippendorff, 2012).

Ethical considerations

The study followed the ethical principals in accordance with the World Medical Association (2013) about anonymity, integrity and maintaining of public confidence. An ethical approval was not needed according to Swedish law (SFS, 2008:192). Oral information was given before the interviews and consent was obtained through participation in the interviews. All invited firefighters accepted participation in the study. The privacy of informants, patients and all others involved in some way has been protected by not mentioning names, dates, locations or specific details. The text from the interviews is presented in such a way that participants or accidents cannot be identified. Only the author has read the transcribed material.

Results

The results describe firefighters' experiences of FREC and are presented in four categories: *To wear a hero's cloak with pride – but also as a barrier, To protect others by being mentally strong – but also by showing fragility, To perform the best care for a patient – but also for next of kin and To be able to express and process – but always wanting to remember.*

To wear a hero's cloak with pride – but also as a barrier

The firefighters describe their profession as important because they help people in a situation of distress. The situation at the scene of an accident can always be improved for those involved through the presence of the firefighters. The joy and satisfaction associated with working as a firefighter comes through having the opportunity to save the life of another human being who would otherwise have died.

Helping people in distress is positive. You get a kick when it goes well. A good feeling that stays with you for a long time.

With the professional role as a firefighter comes a form of protection that enables the firefighters to block out horrific experiences. The firefighters described how the uniform helps them keep horrific events from coming too close. Mentally strenuous situations do not penetrate the mental barrier that the uniform represents.

You can fend off the horrific events because it is a professional role you get into, it comes with the clothes, to have a protection against letting it get to you. With the uniform on, horrific events will not get under your skin.

When the firefighters are dispatched to FREC calls in peoples' homes, their usual firefighter's uniform is exchanged for medical clothing. The lack of a firefighter uniform means they are identified as paramedics. The patients and next of kin expect medically advanced procedures and administration of drugs. The expectations are not set correctly in relation to the actual life-saving medical interventions that firefighters perform. The firefighters are in these situations missing the barrier that their uniform represents.

Relatives can scold us because we did not give the care they expected. It is stupid to have these vests that [makes us] look like ambulance staff. They think it is the ambulance that has arrived. You can hear that they talk on the phone and say, "Yes, the ambulance is here now".

While being dispatched, there is often time enough to prepare and raise one's mental barrier beforehand, something which is described as important. The preparation means to paint a mental picture of what it will look like at the scene of the accident. It also prepares the firefighters for what they are about to be involved in.

Preparation time, if you expect one thing, and in reality, it is something completely different. You are not mentally prepared. Being mentally prepared means that you can build a mental picture. You can prepare for what you are getting into. If you do not have that picture it will be completely new information and the work will initially be more difficult.

When the dispatch information is wrong, there is a need for a sudden mental change at the accident site, when the firefighters have prepared for something different from what they see. This means that the mental preparation disappears, which makes upholding the mental barrier more difficult.

To protect others by being mentally strong – but also by showing fragility.

The work of a firefighter is often performed in public. People are gathered around to observe what is happening. The firefighters may be video recorded and photographed. There is an awareness that the films often end up in different public media spaces. This may cause anxiety over being watched and judged and firefighters cannot prevent this from happening.

Mobile phones record everything anyway. We cannot do anything about it, we hold up blankets to protect the patient. We can block off the site and legally keep away curious people.

But even if it cannot be changed, it can disturb the rescue work on site. When there are fatal accidents, it is perceived unworthy for the deceased to be photographed. In cases of the photographers being too intrusive, the firefighters can remove people and cordon off the accident area. A cordon gives legal right to protect the identity of the injured or dead. But it also protects their dignity.

We send photographers away because they are insensitive and want to take close-ups of the deceased. You react to the tragedy of the accident. One thinks it is unworthy to take a picture of a deceased.

Injured or dead people can be protected and hidden by blankets at the scene of the accident. Firetrucks are also used as a screen to protect the scene of the accident from being watched.

The situation can be experienced as stressful when on-lookers create a ring around the rescue work. The public does not always understand what must be done, such as cutting loose an injured person from a crashed car. People around the accident site can in frustration comment on the choice of action. They can comment on the speed with which the work is performed and say that work should be carried out more quickly.

It can be stressful to be observed and judged by other people. The public may think that work should go faster. “Do something” is something you can hear sometimes.

Even when the firefighters do their best in a difficult situation, people can comment, which can cause distress.

Being part of a team offers a sense of security. Strength in numbers is felt as a defense mechanism that helps to protect against mental distress.

We'll manage everything together. We have a strength in numbers, we can back up each other if we feel that we cannot cope with something. If

someone has a bad day or something. We all have our weaknesses, but we need help to see them. We have safety in numbers.

The team is described as a family where one is always secure and never alone. This camaraderie is an important part of being able to cope with the psychological challenges. If one firefighter chooses to back down during a dispatch, the others will close the gap. There is a cognizance that they all have weaknesses and that they can choose not to stand on the frontline. The team helps each other with work and protects each other.

To perform the best care for a patient – but also for next of kin.

The assessment and resuscitation of patients at the scene of the accident always come first. But medical care is not the primary task for the firefighters. Their medical training is not as extensive as their firefighting training. Patients with visible and physical injuries are described as manageable because practical emergency care can be performed. People with more diffuse symptoms are more difficult to care for, since it is difficult to know what to do. When it is not immediately apparent what is physically wrong with the person, no direct action can be taken. This shortcoming becomes a frustration for the firefighters. They want to work quickly and resolve the issue, but they do not have enough medical training for this. However, emergency medical experience and training within the group can vary. The whole group is therefore used to voice different ideas and come up with solutions.

People we do not know what they are suffering from are difficult to care for. The fact that they are suffering from a diffuse thing. It is easier to see if someone has really got hit by something, it is more tangible, I know what to do then. It's not fun to feel inadequate. You solve it in the end, but you would like it to be faster. We have a dialogue with each other and find clues and eventually, you will find a solution.

Medical knowledge gives a sense of security in the situation since the opinion is that medical intervention can hardly make matters worse for the injured and dying persons. But uncertainty about whether the medical intervention is right or wrong can increase the sense of pressure on the firefighters. They always want to act correctly and therefore are concerned about making mistakes. The basic idea behind the medical emergency care is that it always improves the patient's situation and gives the patient a chance of survival.

We do the best we can. We do not have to, and we cannot solve everything. We can't always succeed and that's OK.

Having more medical training is pointed out as a strategy to increase the firefighters' own confidence when handling emergency medical situations. But there is also an awareness that not everything can be resolved. In some situations, the victim dies despite the firefighter's best efforts. The group takes the decision that a person at the scene of an accident is deceased. The decision means that no resuscitation is performed, and the time and manpower is used for the survivors.

If relatives wish, they can stay close to the scene of the accident, but they have often moved some distance away from the main site of the accident. It is described how relatives and survivors need emotional support and consolation. They are seldom shut out since their presence can help them grasp what has happened. The relatives are considered entitled to be near the deceased.

It feels good if relatives can be close by. And that one of us takes care of them. You should not just shut them out. Relatives will have an easier way to process what has happened if they see.

When a person is deceased, the firefighters do not always immediately place a blanket over the body. Family members are protected from seeing the deceased, but it is not considered worthy for them to perceive the death of their loved one through the action of a concealed body. However, if the body is severely torn, a blanket can be placed over the body with the aim to protect the family from having to see the worst of it.

A blanket to conceal a maimed body is also a way for the firefighters to give each other a respite from having to experience the visual impact of the tragedy of the accident. Helping people is key, but protecting and safeguarding each other is equally important.

If three of us are running towards an accident and there is a decapitation, we put a blanket over the deceased. Other firefighters don't have to look at something we can't do anything about. We can protect each other from this.

Family members do not always have the right to see what has happened. Sometimes the firefighters choose not to allow next of kin to attend the scene of the accident. Sometimes it is considered unnecessary for relatives to see the terrible things that have happened to their loved ones. The decision to remove the family from the site, thus protecting them from seeing, is weighed against allowing them closure and witnessing their deceased loved ones. Seeing also means that the relatives have confirmation and do not have to wonder.

Relatives are running into the scene of the accident. You can't stop a mother in a panic who wants to see her dead family in the car. We let her approach and see the car and relatives. She needed to get there and see it somehow. It was OK that she reached the scene of the accident. Then she didn't have to think, she knew. Maybe it was good that she got to see.

The decision to remove or let the next of kin see severely injured and maimed family members is to be taken within seconds. It is all based on the gut feeling of the firefighter present at that moment, who decides how the situation is to be handled. Often, there is no way to know what the proper or improper actions are, but the decision always emanates from wanting to protect next of kin in a situation where the unspeakable has happened.

What is appropriate? We do not know. Nobody is talking about what is right or wrong. So, it may be a gut feeling. Often, we have the same feeling in the team.

Being called to a medical emergency, such as a cardiac arrest at someone's home, means not knowing what to expect. There are often next of kin or other persons present. They see the firefighters as saviors. They have been waiting for what they perceive as a long time and are relieved when help arrives. Firefighters are therefore always welcomed unconditionally into people's homes.

It is a big difference to come to an apartment where relatives think "here comes help". They are not as judgmental as in a public place. Relatives in the apartment see that here come the rescuers. Often it is the gratitude you experience.

While resuscitation is performed, one or two firefighters are always by the relative's side to keep them company. The next of kin receive good care when the firefighters feel compelled to care for them. How to care for the next of kin is based on a gut feeling.

There is no right way, no template, it is a gut feeling, how to handle people. Some firefighters are better, and some are not so good at it. If you feel compelled to handle relatives, you will do a good job.

The firefighters describe how they usually ask the next of kin whether they want to remain in the room where CPR is performed, or if they want to leave the room. Most often the firefighter accompanies the next of kin to another room. The reason for this is that the next of kin prefers not to witness the resuscitation. The firefighters also often prefer not having the next of kin present, as it gives the firefighters a calm and better working environment.

However, the firefighters also described that it sometimes feels natural to have next of kin present during the resuscitation, as this creates a sense of comfort and safety.

When we are doing CPR in front of next of kin, they're sad but they don't interrupt. It feels spontaneous to keep them in the room.

When the firefighters know on arrival that the patient is deceased, they decide how to handle the situation based on how it unfolds. To assure the relatives that all possible measures are taken to rescue the patient, CPR is performed on patients even if they are clearly deceased.

We perform CPR because we believe that relatives want us to. More so to show those watching that we are doing something. Otherwise, they think "Why aren't they doing something?"

Starting CPR also means not needing to have second thoughts afterwards about whether the patient could have been rescued. Performing CPR is described as an action that is never wrong, based on national directives.

We perform CPR more for show. He was dead with a crushed face. Partly for people around but also for our own sake. You don't know, we couldn't be certain that he was dead, so we performed CPR.

However, it is sometimes considered unethical to carry out CPR on someone who has expressed a wish not to be resuscitated. If a resuscitation attempt is not made, next of kin are never left alone. The firefighters always wait for the ambulance along with the next of kin.

To be able to express and process – but always wanting to remember

After the accidents, it is common practice to conduct debriefing meetings over a cup of coffee. A relaxed and permissive environment means that everyone speaks about things that need to be ventilated.

Talking about and processing the accident around the coffee table works in most situations. It becomes more relaxed and not so contrived.

Debriefing with colleagues means to bring thoughts and feelings to the surface. By airing the experience with others, it becomes more manageable. The opposite of talking about the incident is to pack the event into a backpack and carry it around, retaining the terrible things that have been experienced within themselves. This results in not being able to process the event, and therefore not getting closure.

You accumulate each accident and at the end your backpack is full. Then you need to vent the backpack.

The firefighters trust each other to say when debriefing is needed. Knowing each other in the team also means the possibility to know when someone has been badly affected by an accident. They can tell by each other's body language whether someone feels bad. There is a common understanding that everyone needs to talk to process the event and feel good again. It is described as a strength to be able to admit that the experience has been unpleasant and stressful. The more experienced firefighters can opt to open up the conversation with what they felt in order to get others to share.

The more experienced of us show that you can open up and talk. Show the climate in the group and that you can talk openly. It makes it easier when you open with that "I thought it was rough".

When many firefighters take part in a debriefing, this is considered a strength. They all have experienced different things during the same accident, so the team can complement each other. Although the shift is finished, they all stay to talk. Nobody goes home, as it is important to keep the group together. The temporary staff that is not well-known in the team is held under extra supervision since it is unknown how they have reacted. A phone call in hindsight can also support a colleague known to have had a bad experience.

We can probably see how everyone feels. It can be difficult for someone who is new. We ask how it was, what they thought. You can say it outloud, that "I feel bad because it was so nasty". There is no problem talking because they get no push-back. You get the answer "Let's go and sit and talk".

With more serious or fatal accidents, the debriefing is conducted in a more structured manner. The structured debriefing gives an overview of the whole rescue operation. The overall picture gives answers to which actions were taken during the operation. Discussions are held about whether all conceivable actions that could have been done, actually were done. Having knowledge of the whole process also means a confirmation of the firefighters' own part in the operation. Confirmation that if the work had been done in another way, it might not have mattered to the final outcome. The deceased victims would still be deceased.

It is important that I get the full picture. To be able to process more easily I need to know what everyone was doing. So, when you go home you have the whole picture, then you can let go in a different way. Otherwise, you go and keep thinking about the event. It is easier to give it a positive conclusion.

Knowing the big picture and the causes of the accident provides the opportunity to process the accident and make it manageable mentally. When all the actions in the operation are ventilated, it is noted that "*We did well.*" This means getting a confirmation of the work carried out, which gives the opportunity to move past the incident.

Sometimes you think you could have done something differently. You wonder if it would have ended differently if you had done something else. Getting the overall picture gives an entire picture and why it ended the way it did. You get a confirmation that regardless of how you did something, it might not have mattered anyway. You would have had the same results.

It is described how discussions about the experiences with people outside the fire department are avoided. Mental pictures that the firefighters have are not shared with others. This action aims to protect others by holding back on what was said.

You do not want to give people these thoughts. It may be pictures you do not want to convey to them either. It is the pictures of what it looked like you are carrying with you afterward.

Not speaking with spouses also means shielding themselves. If no stressful or horrific experiences are shared with spouses, it means the possibility of getting a break from the thoughts and memories when at home.

You do not want to talk at home because if you open up at home, you have to talk about it at home as well. Then you do not have that mental break at home.

Sadness about the people that the firefighters were not been able to save is mentioned. Those could be people dead on arrival or maimed so badly that their life was impossible to save. Being unable to remember all the lives they have attempted to save is also perceived as distressing.

It's disturbing that there are so many people over the years, so you can't remember them all.

Most emergency calls are forgotten, but can be brought to the surface again if a colleague brings up the event. Some situations are stuck in memory. It does not have to be terrible or tragic situations, but only that the situations for some unknown reason have stayed on the retina. The accident and the experience made itself known later in life, though it had not affected the firefighter at the moment when it happened.

The emergency response is forgotten. And then someone talks about it, and then you remember that you were there. Some things are special, so they are remembered.

Memories can be brought up by driving past the site of an accident or sensing a smell that reminds the firefighter of the accident. The knowledge that accidents and experiences are tied to places results in work always ending at the accident scene. Crashed vehicles where deceased people need to be cut out are not taken back to the fire station. The fire station is considered a sanctuary that should not be associated with stressful events. It should be a place for recovery with a positive feeling for the firefighters.

We shall always try to finish the work at the scene of the accident. In the past, we took the car to the station and removed the dead. Now we do not do that very often. You would think of it every time you go past the place at the station. We leave the accident at the scene of the accident.

Discussion

The firefighting profession has historically been perceived as physically dangerous and associated with altruism, a selfless concern for the wellbeing of others (Rossi et al., 2016). The profession is prestigious and is in the media associated with heroism. Having a public profession also means to be a role model in the community, with a specific and important knowledge that results in increased security for society (Elmqvist et al., 2010; Svensson et al., 2018).

Comparable to the military, the fire brigade consists of individuals working effectively in groups, often in public places (Svensson et al., 2018). To perform duties in public and to be observed by others can sometimes be strenuous. Being observed when taking difficult, often quick decisions, means running the risk of being criticized for one's decisions and actions. The firefighters lacked the medical training to feel completely at ease with their decisions at an accident site. One possible solution would be to strengthen the firefighter training with tools for decision making, such as mnemonic's like ABCDE. This would increase their sense of security and enable them to make decisions that they will be judged for by the public that might criticize their care (Sandman and Nordmark, 2006).

The firefighters describe an *esprit de corps*, a feeling of pride and loyalty shared in the team. During emergency calls, the team joined together and worked toward the same goal. They maintained a belief in each other and were confident that they could accomplish most tasks

together. The trust that existed was between individuals, but also as professionals. A trust that is crucial in occupations like firefighting, police or military work, where an individual's personal safety depends on that all team members are skilled and competent to perform their duties (Colquitt et al., 2011). The mutual trust and friendship described is a form of camaraderie (Tuckey and Hayward, 2011). They all share the firefighter identity and therefore share a sense of belonging and a strong positive bond. Camaraderie is perceived among team members both during work hours as well as outside work. Camaraderie means being many in a team and is described as a buffer for distress (Farnsworth and Sewell, 2011). Distress that is often experienced when caring for severely injured people. In traumatic experiences, the protective effect of camaraderie increases and protects the mental health of the firefighters (Tuckey and Hayward, 2011). The camaraderie also means that a person can choose to step away in a, for them, mentally stressful situation and others would take their place. The firefighters can also take actions aimed at protecting each other, for example, to cover severely maimed bodies.

It was also described how the profession comes with a duty to protect patients. Being involved in human suffering and loss of dignity requires the courage to be a human being. There is a need for willingness and courage to do the best for human beings in sudden and unexpected situations. Through their presence, the firefighters can convey hope and help people to give meaning to what has happened (Abelsson and Lindwall, 2015). But it is also sometimes necessary to have the courage and ability to see when action is no longer meaningful. When a person's life cannot be saved and it is better to help the person to a peaceful death (Henderson, 1991). Seeing dying or dead people is incorporated into every human's experience and life story (Benner et al., 2003). The interaction between the firefighter and the person is not right or wrong, only variations of human actions. Firefighters are trained in resuscitation, but an ethical conflict was revealed in situations where they could abstain from the resuscitation, the same kind of conflict that ambulance nurses experience (Jimenez Herrera and Axelsson, 2015). The decision to start CPR could sometimes be based on the presence of next of kin. Although it was clear that the underlying cause of the patient's death rendered the situation futile, the firefighters described performing resuscitation based on providing a good feeling for the next of kin (Bossaert et al., 2015; Ågård et al., 2012). It is increasingly common that relatives can be present during the resuscitation. With increasing experience of family presence during resuscitation, problems rarely arise (Bossaert et al., 2015). But the relatives' presence can put pressure on the team in their decisions (Sandman

and Nordmark, 2006). In this study, it was up to the firefighter responsible for the next of kin on site to read the situation and decide how it should be handled at that particular moment.

As it is becoming increasingly common to have relatives present during CPR, their presence can be discussed more frequently among firefighters. There is a need to discuss if and when CPR should be started. In order for the firefighters not to feel a negative pressure in front of the relatives, discussions in the team can result in everyone feeling safe with the decision of having relatives present or not.

The same thinking was applied regarding the debriefing conducted after traumatic events. It was up to the firefighters to decide how to handle the debriefing. The discussions held during the debriefing were described as having a positive effect on the firefighters' mental health. Colleagues supported each other, something also described by Sonnentag and Grant (2012). With each other, they could talk about their experiences, something they did not do with outsiders.

Unconsciously, firefighters protect other people from hearing about the first-hand trauma experiences (Williams, 2015). To some extent, the results of this study contradict previous research that has shown that spouses are a source of support for firefighters. McCarley Blaney (2017) describes talking to spouses as a way of coping with the specific situation. This is contrary to what is being stated in this study.

Conclusion

A firefighter's working environment is exposed and stressful. The firefighter's uniform as a mental barrier, as well as colleagues, time to mentally prepare and being allowed to show feelings are all factors needed to cope. To increase the security of firefighters in decisions and caregiving, a strengthened medical training can provide increased competency. This results in a reduced experience of uncertainty and vulnerability. Discussing ethical issues such as CPR and the presence of relatives can strengthen the team and result in a sense of safety with the decisions made in ethically difficult situations.

It is therefore also important to encourage, promote and strengthen the protective role of camaraderie for the firefighters, which probably can be emphasized in other uniform-wearing professions such as police, military and ambulance. Being acknowledged for their contribution to other people's lives and wellbeing can acknowledge the firefighters' importance.

Limitation

One limitation of this study was the choice to use group interviews. Participants in group interviews may experience a pressure within the group, resulting in similar opinions. This was counteracted by the participants being comfortable in the group and could, therefore, discuss their feelings and opinions openly (Morgan, 1997). Another limitation was that no other rescue services, such as law enforcement, were included. Since they work side by side with the fire brigade, it is also of interest to include them in future studies.

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Conflict of interest

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