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Narratives of Orthopedic Residents on Vicarious Trauma: A Narrative Analysis of Therapeutic Meaning Reconstruction

Amir. Aminian[1], Mohamadreza. Shakeri[1], Javad. Moeini[1], Shahla. Shokatpour Lotfi[2*]

[1] Bone and Joint Reconstruction Research Center, Department of Orthopedics, School of Medicine, Iran University of Medical Sciences, Tehran, Iran
[2] Substance Use and Behavioral Disorders Research Center, Isl.C, Islamic Azad University, Islamshahr, Iran

*** Corresponding author email address**: shahlashokatpour95@gmail.com

Editor	Reviewers
Firouzeh Sepehrianazar Professor of Psychology Department, Urmia University, Iran f.sepehrianazar@urmia.ac.ir	**Reviewer 1:** Shahrooz Nemati Professor, Department of Educational Sciences, Faculty of Educational Science and Psychology, University of Tabriz, Iran. Email: Sh.Nemati@Tabrizu.ac.ir **Reviewer 2:** Gholamhosein Kazemzadeh Assistant Professor -Mashhad University of Medical Sciences, Iran. Email: mjms@mums.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The sampling strategy requires greater methodological transparency. In the paragraph stating “The sample size was determined based on theoretical saturation and included five orthopedic residents,” the authors should explain precisely how saturation was operationalized. It is currently unclear whether saturation referred to thematic repetition, meaning saturation, or code saturation. Additionally, given the small sample size, the manuscript should justify why five participants were considered sufficient to support the depth and complexity of the thematic structure eventually reported.

The demographic and contextual description of participants is underdeveloped for a phenomenological study. Table 1 identifies residency year and clinical area but omits critical contextual variables such as age, gender, marital status, average weekly work hours, duration of residency exposure, and prior mental health history. Since the findings strongly emphasize systemic burden and emotional exhaustion, the absence of contextual workload indicators limits interpretability and transferability.

The manuscript would benefit from a clearer explanation of the interview structure and duration. In the paragraph "Data were collected through semi-structured interviews," no interview guide, sample questions, interview duration range, or setting description is provided. Since the quality of phenomenological data depends heavily on interview depth and reflexive elicitation, the authors should include representative interview prompts and explain how probing questions were used to deepen experiential descriptions.

The explanation of Colaizzi's seven-step method is accurate at a procedural level, but the manuscript does not sufficiently demonstrate the analytic transition from raw statements to final themes. Specifically, the move from 25 significant statements to "five major thematic clusters and 22 subthemes" appears analytically abrupt. The authors should provide an expanded audit trail illustrating how coding decisions were made, merged, or refined. This is especially important because qualitative rigor depends on demonstrating interpretive transparency rather than merely listing procedural stages.

The manuscript lacks sufficient ethical detail. There is no explicit mention of ethical approval code, institutional review board authorization, confidentiality procedures, or emotional support provisions for participants discussing traumatic experiences. Given the vulnerability of medical trainees and the sensitive nature of trauma disclosure, a dedicated ethics subsection is necessary.

The conclusion that "all participants experienced some process of meaning reconstruction" may be overly generalized. In particular, participant P5's statements ("I've become somewhat indifferent" and "I want to continue because there's no way back") may reflect resignation rather than genuine reconstruction of meaning. The authors should consider whether some participants demonstrated adaptive growth while others exhibited survival-oriented persistence.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

The section discussing rigor and trustworthiness relies heavily on declarative statements without enough evidence of implementation. For example, under "Confirmability," the manuscript states that bracketing was attempted, but no reflexive account is provided regarding the researchers' professional assumptions, prior experiences with medical settings, or interpretive positioning. Given the emotionally charged nature of trauma research, reflexivity should be substantially expanded.

The findings section contains rich material, but the manuscript occasionally overinterprets participants' statements beyond the available data. For instance, in Table 3, the statement "I didn't let it disrupt me" is reformulated as "Active cognitive self-regulation against traumatic intrusion." This interpretation introduces clinical terminology ("traumatic intrusion") not explicitly expressed by the participant. The authors should ensure that formulated meanings remain phenomenologically grounded and avoid excessive theoretical abstraction.

The thematic label "Acute rupture of meaning" is theoretically compelling, yet it requires stronger operational grounding. In the paragraph beginning "Another important finding was the emergence of 'rupture of meaning'…," the authors interpret existential disruption as a central mechanism of trauma exposure, but this construct is not theoretically situated within existential psychology, trauma meaning-making models, or narrative identity theory. Adding theoretical anchoring would significantly strengthen the analytical sophistication of the manuscript.

Several themes appear conceptually overlapping and may require consolidation or clearer differentiation. For example, "Reconstruction of personal meaning" and "Professional identity at the crossroads" both involve identity adaptation, coping, and meaning restructuring. The manuscript should clarify whether these are sequential stages, parallel processes, or analytically distinct dimensions. Without such clarification, the thematic architecture risks appearing redundant.

The discussion of emotional numbness deserves greater nuance. In multiple sections, the manuscript frames numbness primarily as a defensive mechanism; however, the data may also support interpretations related to depersonalization, compassion fatigue, or adaptive emotional compartmentalization in surgical training cultures. The authors should discuss alternative interpretations and avoid assuming a singular psychological meaning for emotional disengagement.

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The manuscript would benefit from deeper engagement with medical education literature specifically related to surgical residency culture. Much of the cited literature derives from psychotherapy, counseling, and nursing contexts. While these comparisons are valuable, orthopedic residency involves unique procedural, hierarchical, and performance-oriented pressures. The discussion should incorporate literature on surgical training environments, hidden curriculum, emotional suppression in medicine, and residency burnout more directly.

The manuscript repeatedly refers to "systemic injustice" and "structural burden," yet these concepts remain underdefined analytically. In Table 4, "Structural injustice (non-specialized work and inadequate salary)" appears as a subtheme, but the paper does not explain whether this refers to organizational exploitation, inequitable workload distribution, institutional neglect, or broader healthcare policy conditions. A more precise sociological interpretation would strengthen the manuscript considerably.

The exhaustive description section is one of the strongest components of the paper; however, several interpretive claims should be supported with additional direct quotations. For example, in subsection "D) The Reconstruction Process: Where Does Meaning Come From?", the authors identify four sources of meaning reconstruction, yet only limited participant excerpts are presented. Including longer verbatim quotations would improve interpretive credibility and preserve participants' narrative voice.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted.
Editor in Chief's decision: Accepted.

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