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Learned Resiliency: Lived Experiences of First Responders

Kevin Francis Sullivan
Walden University

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Walden University

College of Social and Behavioral Health

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Kevin Francis Sullivan

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Walden University
2025

Abstract

Learned Resiliency: Lived Experiences of First Responders

by

Kevin Francis Sullivan

MS, Springfield College, 2012

BS, Southern New Hampshire University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

December 2025

Abstract

Scholarly literature has found that post-traumatic stress impacts first responders; however, little attention has been paid to how first responders learn resiliency through post-traumatic growth (PTG). The purpose of this hermeneutic phenomenological study was to explore a gap in the literature of first responders who learned resiliency through posttraumatic growth following a critical incident in the line of duty. The research study was grounded in Heidegger's philosophy of hermeneutic phenomenology, guided by resiliency theory, and informed by post-traumatic growth theory. Seven first responders from multiple disciplines were invited to participate in semi-structured interviews designed to provide rich and reflective accounts of the phenomenon. The data were interpreted using Gadamer's hermeneutic method to extract themes and subthemes that describe the phenomenon. Results indicated that although participants had expected to be exposed to trauma in their careers, the lived experience was more complex than expected. The major themes, including training and experience, the value of peer and organizational support, and the use of coping strategies such as human connection, exercise, introspection, and self-care, were supported by subthemes derived from the data. Participants also described experiencing growth in understanding, optimism, and purpose, which confirmed the learning of resiliency through PTG. Implications for positive social change include the need for counselor training programs to incorporate resiliency and PTG-informed education and practice to better prepare counselor educators and supervisors to meet the needs of first responders, and to support agencies in developing evidence-informed interventions.

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Dedication

It is with sincere gratitude that I dedicate this research to Christopher Patrick AuCoin. Chris was an amazing son, father, brother, husband, and my best friend. Chris was a highly decorated Major in the New Hampshire State Police and a United States Marine Corps combat Veteran. Chris served for over two decades in law enforcement, significantly influencing many in the first responder field and inspiring my research. I was also blessed to serve with Chris in the United States Marine Corps, and we participated in the liberation of Kuwait during Operation Desert Shield/Storm. Without Chris's support and motivation, I would never have been able to decide to begin or continue this research journey. Chris lost his courageous battle with complex PTSD and died by suicide on December 7, 2022, and is terribly missed by all who knew him. I also dedicate this to all the women, men, and families in the first responder community. Thank you for your service and sacrifice.

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I want to take this opportunity to thank my wife, Cathy. You have watched me spend countless hours researching and writing. You have been patient and reminded me how much you love me and how lucky I am to have you. You have always believed in me and my dreams. This gave me the extra push I needed to continue my dissertation. I could not have done this without you in my life. You have encouraged me, and your belief in me gave me the extra energy to continue this dissertation journey. I could not have made it without you. I love you.

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Chapter 1: Introduction to the Study

Recent clusters of emergency calls in the United States have created undue stress, stretched resources, and produced negative psychological stressors such as posttraumatic stress, moral injury (MI), depression, and vicarious trauma, resulting in increased suicide rates for first responders (Edwards & Wilkerson, 2020). Additionally, consistent work-related circumstances impact the long-term stress levels of these professionals as they navigate their careers. These stressful incidents occur regularly and impact the health and well-being and family systems of these individuals, as well as the communities they serve (Carbajal et al., 2021). With this study, I explored the lived experiences of first responders' exposure to trauma and development of posttraumatic growth (PTG) and resiliency. I focused on the lived experiences of first responders displaying PTG and resiliency after managing adverse conditions inherent to their work that led to the accumulation of stress. The research participants had not only experienced adverse effects on emotional and physical well-being but also demonstrated the ability to grow from their experiences. My main interest was to understand whether PTG or resiliency developed after exposure to trauma. PTG and resiliency are independent but may intersect through the growth process, and this study highlights that interaction. The results of this research support counselor educators in coaching counselors in the field on how first responders develop the potential for understanding learned resiliency from PTG following exposure to trauma.

Background

For this study, I selected several articles about how trauma impacts first responders negatively and positively, as well as personally and professionally. Although my research was designed to study positive influences on first responders following a traumatic event, it was essential to consider all influences to understand the full impact of trauma on an individual's well-being. Jetelina et al. (2020) claimed that law enforcement officers (LEOs) are subjected to harmful conditions continuously by the very nature of their profession, which contributes to accumulated stress that impacts their emotional and physical health, overall well-being, external support systems, friends, family, community, and coworkers. Jetelina et al. (2020) concluded that unfavorable interactions of LEOs with civilians contributed to accumulated stress. They also noted that race, ethnicity, or appearance of civilians did not influence stress. This study indicates that stress of LEOs accumulates as unfavorable interactions with civilians increase.

Repeated unfavorable interactions with civilians not only increase LEO stress, but also the likelihood of compassion fatigue or burnout. Headley et al. (2023) stated that the onset of burnout in first responders is characterized by the persistent mental, emotional, and physical tiredness frequently associated with the nature of their work or tasks. In short, the development of burnout is a consequence of persistent stress. It is highly likely that first responders, such as paramedics, firefighters, and police officers, experience burnout due to the high-stress nature of their work, which includes exposure to traumatic events, working long hours, and having demanding schedules (Edwards & Wilkerson, 2020). A study by Pennington et al. (2023) further found the likelihood of compassion

fatigue or burnout depended on each participant's attitude about their work environment—not just what they experience but how they think about the experiences. Pennington et al. (2023) also described how the first responder community must use emotional investment to connect to the people they are serving and indicated that this impacts their stress levels in a positive or negative way.

One of the risks associated with first responders' mental health is MI. Litz et al. (2022) defined MI as psychological, social, biological, and spiritual harm that occurs when an individual feels a breach of their morals, beliefs, or values. Litz et al. (2022) determined that potentially morally injurious events (PMIEs) can cause MI. PMIEs include acts of injustice and disloyalty, as well as witnessing, perpetrating, and failing to prevent acts of transgression that are against the person's moral code. Symptoms of MI typically manifest as feelings of guilt, anger, shame, moral disorientation, and social alienation. The research participants from this study were military veterans who shared similar experiences with first responders, such as peacekeeping or humanitarian missions, border protection, or bearing witness to the wrongdoings that created suffering in others. Additionally, Cummings et al. (2018) noted that other helping professionals can also suffer from vicarious trauma as they interact with the same victims and situations as the first responders.

Additional psychological risks among first responders also encompass diagnosable mental illnesses such as depression and posttraumatic stress disorder (PTSD), which is a mental health problem involving adverse psychological consequences resulting from trauma. Carbajal et al. (2021) conducted a study on individuals employed

in high-stress and high-risk situations and explored the impact of numerous experiences, such as traumatic incidents. First responders might develop PTSD and depression as a result of being exposed to stressful occurrences, such as motor vehicle accidents, natural disasters, domestic abuse, or witnessing severe injuries and death. The results of this study by Carbajal et al. (2021) were crucial in informing my research, as they contribute to the comprehension of how first responders are susceptible to depression and the factors that influence these symptoms.

A study by Burnett et al. (2019) concluded that not all first responders encounter burnout, PTSD, or other significant negative repercussions from their work. Certain individuals, because of the stress and trauma they encounter, experience positive emotions and outcomes. The term compassion satisfaction refers to positive experiences of individuals, including first responders, who are able to help and have a beneficial impact on others. When individuals are able to have a beneficial influence on the lives of others, they enjoy a sense of fulfillment and happiness, including feelings of personal fulfillment and satisfaction. Compassion satisfaction refers to the pleasant emotions and sense of achievement that individuals experience when they assist others, particularly first responders who feel both compassion and subsequent fulfillment through their ability to help.

PTG is a psychological concept developed by Dell'Osso et al. (2023) that refers to the probability of an individual undergoing positive personal development and transformation following a traumatic or challenging incident. It implies that individuals might undergo beneficial transformations by adjusting to adversity. These changes might

arise from successfully surmounting challenges and discovering solutions to problems. As such, PTG is portrayed as the antithesis of PTSD. Individuals who undergo traumatic circumstances may discover that it compels them to reassess their life objectives and values, giving them a new perspective on their priorities. Some individuals assert that, after experiencing a traumatic event, they can form more profound and significant connections with the people in their lives. They may have a renewed ability to understand and feel compassion after the traumatic exposure. Dealing with traumatic situations enables individuals to discover hidden sources of inner resilience and personal power. This optimistic view after trauma has “evolutionary possibilities” (Dell’Osso et al., 2022, p. 391) in that individuals can perform existential analyses and cultivate a more profound sense of meaning. It is crucial to remember that PTG is not a ubiquitous occurrence, and not all individuals who undergo terrible situations will inevitably undergo this process.

Stogner et al. (2020) stated that maintaining emotional control is an essential quality for first responders, particularly in high-pressure situations. Because they operate in settings that are emotionally draining and extreme, the first responders need to have a high level of resilience to be successful in their careers. These individuals need to possess the capacity to recover quickly from hardship to deal with the responsibilities that come with their employment and maintain control over their mental and emotional health, all while continuing to offer care that is both practical and compassionate to others who are in need (Stogner et al., 2020). In a study of resilience, the mental health information of 895 first responders residing in the 50 U.S. states and the Virgin Islands was analyzed cross-sectionally by Kshtriya et al. in 2020. The results indicated that, to sustain

resilience over time, an individual must establish robust social support networks. To conduct this study, researchers utilized a survey link and disseminated it through snowball sampling. The assessments evaluated occupational stressors, social support, PTSD, moderate depression, and generalized anxiety disorder symptoms and found that the 895 participants exhibited lower levels of PTSD if they also exhibited higher levels of social support. These studies demonstrated a need to continue research on the resiliency that first responders develop after a traumatic event.

There is a lack of knowledge regarding the lived experiences of first responders who develop resiliency after experiencing PTG after a traumatic event. Although PTG and resiliency are different constructs, Kira et al. (2020) offer that there is an intersection between these concepts when individuals experience a traumatic event and have the will to live. Through my research, I explored the lived experiences of first responders who reported growth after being exposed to trauma. My study included individuals who reported developing a closer connection to humanity following a traumatic event.

Problem Statement

Current demonstrations of social unrest in the United States have created unnecessary stress, stretched resources, and induced negative psychological stressors such as PTSD, MI, despair, and vicarious trauma, the impact of which is apparent in increasing suicide rates and suicidal ideation among first responders (Soravia et al., 2021). Additionally, regular work-related events affect the long-term stress levels of these individuals as they navigate their professions. These stressful occurrences occur

regularly and damage the health and well-being of first responders, their families, and the communities they serve (Stanley et al., 2016).

Research on first responders largely focuses on trauma, stress, and overall mental health issues and not on the individual first responders who manage their roles and the associated stress in a healthy way. Dawson (2019) stated that several factors serve as issues that plague law enforcement but did not provide details regarding whether and how individuals find balance in their life. Without this information, counselor educators and supervisors are ill-equipped to train counselors to support PTG and resilience in first responders.

Purpose of the Study

The purpose of this hermeneutic phenomenological study was to bridge a gap in the literature by understanding the lived experiences of first responders and the resiliency that they display after experiencing trauma in the line of duty. Through this qualitative study I examined the lived experiences of individuals who withstood work-related stress, MI, and traumatic events, and who then experienced PTG and displayed resiliency as a result of their experiences. Understanding learned resiliency from this phenomenon could benefit counselor educators in developing a means of creating training for counselors who support individuals in these professions. Future training could also support first responders in establishing habits that mitigate trauma and stress throughout their careers. One advantage would be to educate individuals to avoid unhealthy coping skills that impede their ability to gain optimal benefits from learned experiences after trauma. Including the results of this research on first responder resiliency as part the current

literature may broaden the understanding of this subject among counselor educators and provide them with information to assist them in educating and supporting this population.

Research Questions

RQ: For those who have experienced PTG, what are the lived experiences of first responders following traumatic professional encounters?

Sub-Q: How do these experiences contribute to or shape their development going forward?

Theoretical and/or Conceptual Framework for the Study

The theoretical basis for this study was hermeneutic phenomenology, which was founded by Heidegger (Pham, 2021). The term *hermeneutic phenomenology* refers to a mix of theory, reflection, and practice that weaves together vivid accounts of lived experience, phenomenology, and reflective interpretations of the significance of those experiences' hermeneutics (Patton, 2015). Resiliency theory, as described by Moore (2021), defines resiliency through the understanding of multiple definitions of resilience, including that associated with family, shame, community, and organization. Authors Shakespeare-Finch et al. (2013) stated that people can develop the ability to gain a positive perspective on life after experiencing a traumatic event. PTG is the phenomenon that occurs when an individual experiences trauma and develops positive changes in their mental state, such as meaning and purpose that cause them to better manage negative symptoms impacting their lives. PTG may be associated with resiliency and was the focus of this research. Through this study, I analyzed the lived experiences of first responders following traumatic encounters during the performance of their jobs.

Nature of the Study

This qualitative study had a hermeneutic phenomenological research design based on Van Manen's (2016) *Phenomenology of Practice*. To carry out my research, I conducted phenomenological interviews to capture data and obtain information on the lived experiences of first responders who had been exposed to trauma. I used purposive sampling and semistructured interviews to gather data from active first responders. I then used first and second cycle coding, as defined by Saldana (2016), for data analysis.

Definitions

Burnout: Emotional, physical, and mental exhaustion due to prolonged or excessive stress. Burnout is characterized by feelings of overwhelm, emotional depletion, and loss of capability to meet ongoing demands. While burnout can impact individuals in any field, it is especially prevalent among those in high-stress or helping professions, such as healthcare workers, first responders, and mental health providers (Headley et al., 2023).

Compassion fatigue: Often defined as secondary traumatic stress, compassion fatigue is the state of mental and physical depletion experienced by people regularly exposed to the suffering of others. Compassion fatigue is prevalent among social workers, first responders, and individuals in the caring profession. Over time, compassion fatigue can result in a reduced capacity to empathize or experience compassion towards others (Pennington et al., 2023).

Compassion satisfaction: Positive emotion and a deep sense of contentment that individuals in a helping profession derive from their capacity to offer aid, understanding,

and support to people in need. It is the antithesis of compassion fatigue and represents individuals' delight and contentment from their work or involvement in professions that involve helping others (Burnett et al., 2019).

Depression: Carbajal et al. (2021) stated that depression is a predominant and severe mental health condition that has adverse effects on one's emotions, cognition, and capacity to carry out daily tasks. Enduring emotions of sadness, despair, and a diminished capacity for enjoyment or engagement in activities are distinguishing factors. Depression is a disorder that impacts individuals of any age, gender, or background, and it typically necessitates intervention to enhance one's well-being (Ponder et al., 2023)

Moral injury (MI): The psychological, emotional, and spiritual damage individuals suffer when they engage in, fail to stop, or witness acts against their beliefs and expectations. Moral harm, in contrast to PTSD, is associated explicitly with emotions of guilt, shame, and betrayal rather than fear-based trauma. It frequently impacts people in high-pressure settings, such as military personnel or first responders (Litz et al., 2022).

Posttraumatic growth (PTG): Positive psychological changes that individuals may experience because of struggling with and processing the consequences of a traumatic event or significant life challenge (Donovan, 2022). While trauma can lead to adverse outcomes such as PTSD or depression, some individuals also report experiencing personal growth, resilience, and new perspectives on life. PTG represents a hopeful perspective that acknowledges the potential for resilience and positive change following adversity. It underscores the importance of acknowledging and processing trauma while

highlighting individuals' strengths and capacity for personal growth (Dell'Osso et al., 2023).

Posttraumatic stress disorder (PTSD): A psychiatric condition that develops following exposure to a traumatic incident, such as a military conflict, a devastating natural event, a motor vehicle collision, or sexual assault. Bryant (2022) stated that first responders are subject to "higher rates of psychological distress" (p.2) by the nature of their work. People who have PTSD may encounter a diverse range of symptoms, typically classified into four distinct categories: recurrent and unwanted memories, avoidance, adverse alterations in cognitive processes and emotional state, and alterations in physiological and psychological responses. PTSD symptoms can fluctuate in severity over time and are activated by stimuli that remind individuals of their traumatic event (Sparks, 2018).

Posttraumatic stress syndrome (PTSS): A term frequently used as a synonym for PTSD. Both phrases pertain to the state that arises following exposure to a traumatic incident. PTSD is the clinical term used in the medical field, while PTSS may be used more informally or in larger contexts (Sparks, 2018).

Resiliency: The capacity to recover from hardships or adjust to demanding circumstances rapidly. It can be relevant to people, communities, and organizations. Resiliency in people encompasses emotional fortitude, coping abilities, and the ability to recover from setbacks or trauma. In more extensive settings, such as communities or ecosystems, resiliency may encompass the ability to endure and recuperate from natural disasters, economic difficulties, or traumatic events (Stogner et al., 2020).

Social support: The aid, support, and solace that individuals receive from others, usually from their social circle, in times of necessity or strain. Social support is vital in fostering mental well-being, diminishing stress, and augmenting general resilience. A robust social support system enhances well-being, resilience, and general quality of life (Campos et al., 2023). Through nurturing and sustaining beneficial connections, individuals can successfully manage stress, conquer obstacles, and attain enhanced emotional and physical well-being. Engaging in the active pursuit and provision of social support fosters a feeling of inclusion and bolsters the overall resilience of social networks (Baek et al., 2021).

Assumptions

For this study, I assumed that participants were willing to openly describe their personal experiences with trauma in working as a first responder or health care professional. Moreover, I expected that participants would provide genuine narratives of their professional encounters and experiences. Understanding and applying the hermeneutical circle was a part of the process to eliminate any influences my experience and background in the military may have had that could lead to bias in interpreting the reactions of the participants as they detailed their experience with trauma. Ultimately, I presumed that employing comprehensive semistructured synchronous interviews would provide adequate data to allow understanding of the firsthand experiences of these participants.

Scope and Delimitations

Through this study, I focused on the lived experiences of first responders who had a positive outcome following a traumatic professional event. The participants included individuals currently employed or recently retired from law enforcement, firefighting, or crisis counseling. All participants were first responder personnel who were exposed to a traumatic event and had a positive experience; all others were excluded. These individuals were selected based on their regular exposure to traumatic situations/events and their ability to respond effectively to stressful incidents as first responders.

By focusing on these attributes, the results of this study are broadly applicable to other first responder communities. However, specific types or groups of first responders may have different characteristics and therefore derive varying benefit from the research results. For example, first responder agencies that have attended a critical incident may encounter different types and levels of stress compared to those who have not responded to a critical situation, potentially limiting the applicability of the research outcomes. Furthermore, the geographical location, magnitude, and nature of a critical incident may impact the applicability of research results due to potential disparities among specific agencies. Another variance lies in the cultural norms inside different agencies and how leadership responds to critical incidents.

Limitations

Based on my experience working with first responders who have participated in a critical incident, it is crucial to comprehend the symmetry between all perspectives. Leaders examine their department as a whole and, as the rank diminishes, the leader's

responsibilities are also reduced. Nevertheless, this does not necessarily need to be true. Lower-ranking individuals may need help communicating with their superiors. First responders adhere to a rule of silence that safeguards their members' privacy. The first responder community is aware of the issue of posttraumatic stress that might arise after a traumatic event, but openly addressing it is seen as undesirable. For this research, a comprehensive review of the literature was crucial. However, it was even more vital to verify the accuracy of the current information while maintaining an impartial perspective throughout the process.

First responders who have participated in a critical incident may continue employment with the same organization; they may, therefore, be unwilling to fully share their thoughts and perspectives, which restricts their willingness to discuss their mental well-being and experiences. Some individuals may be in retirement or working in a reserve capacity, resulting in additional constraints. Individuals who are identified as participants may experience emotional responses when describing a traumatic incident, as they may have previously suppressed their reactions and emotions, thus reopening unresolved emotional distress. Certain people exhibited hesitancy in responding due to potential or perceived consequences from their department. Therefore, ensuring that participant identities remained anonymous throughout this study was crucial. As part of the study, I inquired about the participants' coping mechanisms and whether their departments provided comparable support after their involvement in a critical incident. Participants were not pressured to respond to questions that made them uneasy.

Some additional limitations were that some tools and literature discovered were more than 5 years old, and not all agencies had a policy for peer assistance or aftercare following a traumatic occurrence. In validating this research, I confirmed that the findings accurately represented the firsthand experiences of the first responders who had been involved in a critical incident.

Significance

There is a lack of data regarding the lived experiences of first responders directly impacted by trauma or of those connected with individuals who had trauma experiences and were subsequently exposed vicariously. The lack of information on this subject leaves a severe gap in knowledge related to PTG and resiliency in the first responder community, consequently limiting the effectiveness of the people in this profession. The results of this study demonstrated ways to explore the lived experiences of first responders as they navigate a career filled with exposure to trauma. This knowledge can potentially assist counselor educators and supervisors in their endeavors to train counselors in addressing the mental health requirements of first responders. Implications for social change include increasing awareness of learned resiliency from PTG, disseminating current information on PTG and how it impacts resiliency in the first responder community, and developing programs for counselor educators to support training new counselors who work with these individuals. Through this study, my goal was to help improve counseling outcomes for first responders who have PTG.

Summary

The aim of this study was to investigate the development of resiliency via PTG. Through this study, I investigated the real-life experiences of first responders impacted by a critical incident and who continue to provide services to the communities they serve. This study results contribute insight that can be used by counselors to aid in support and education of first responders as they navigate their profession. Through this qualitative study, I addressed the lack of information in the existing literature regarding the personal experiences of first responders who have developed learned resiliency after experiencing PTG. The study results will assist counselor educators and supervisors who train counselors to support this population and ultimately help the communities they serve. Chapter 2 contains a comprehensive examination of existing literature.

Chapter 2: Literature Review

Introduction

First responders protect and serve our communities and, while this type of work comes with significant pressures that may negatively impact physical and mental health, it also has a positive impact on first responders. This literature review draws a connection between the negative and positive aspects of emergency response work on an individual's mental health.

Qualitative and phenomenological research is needed to fill a gap in the existing literature and provide counselor educators with information regarding the resiliency characteristics of first responders. The purpose of this study was to investigate the lived experiences of first responders who can endure stress linked to their jobs, encounter traumatic occurrences, and demonstrate resilience despite their experiences. It would benefit counselor educators to understand learned resilience because of these phenomena and design a method of teaching those working in this field to establish habits that reduce the effects of stress and trauma. Adding the results of this research on first responders' resiliency to the existing body of literature helps increase awareness and supports education on this topic.

Literature Search Strategy

In this research study, I used SAGE Journals, APA PsycArticles, APA PsycInfo, and the EBSCO database from the Walden University Library. In the library search engine, the following keywords were used: *first responder posttraumatic stress*, *first responder burnout*, *first responder anxiety*, *first responder depression*, *first responder*

MI, first responder compassion fatigue, first responder compassion satisfaction, first responder suicide, first responder post traumatic growth, first responder coping strategies, and first responder resilience. Some of these searches were older and out of date; however, the material was still accurate and applicable. I was able to find current information in journals, magazines, and books.

Theoretical Foundation

The theoretical basis for this study was resiliency theory as defined by Moore (2021). This theory defines resiliency by understanding multiple definitions of resilience, including family, shame, community, and organization. Shakespeare-Finch et al. (2013) stated that people can develop the ability to gain a positive perspective on life after experiencing a traumatic event. PTG is the phenomenon that occurs when an individual experiences trauma and develops positive changes in their mental state, such as an increased sense of meaning and purpose, which cause them to better manage negative symptoms impacting their lives. PTG is associated with resiliency and supports this research (Shakespeare-Finch et al., 2013).

Literature Review Related to Key Variables and/or Concepts

Resilience

To be successful in their employment, first responders need to have a high level of resilience because they work in emotionally draining and high-pressure situations. They can handle the pressures of their job, keep their mental and emotional health under control, and continue to provide practical and compassionate care to those in need because of their ability to bounce back from adversity. First responders must always be

able to control their emotions, especially in high-pressure situations (Stogner et al., 2020). A cross-sectional analysis conducted by Kshtriya et al. (2020) on mental health information from 895 first responders residing in the 50 U.S. states and the Virgin Islands suggests that an individual must construct solid social support networks to maintain resilience over time. Researchers used a survey link to conduct this study and shared it through snowball sampling via electronic efforts via first responder organizations and social media. The average time required to complete the survey was 30 to 40 minutes. It consisted of assessments to include occupational stressors, social supports, PTSD, mild depression, and generalized anxiety disorder symptoms.

Independent-sample t-tests revealed that the 895 participants in the analytic sample had significantly higher levels of social support ($t[985] = 2.24, p = .025$), and lower levels of PTSD ($t[979] = -2.82, p = .005$), mild depression ($t[980] = -3.40, p = .001$), and generalized anxiety disorder symptoms ($t[981] = -3.87, p < .001$) than the 92 participants who were dropped due to missing data (Kshtriya et al., 2020, p. 4).

The sample participants had a median age of 37.32 years, ranging from 18 to 73, and standard deviation (SD) = 12.09. Among the participants, 40.2% were women and 59.2% identified as men. The findings of this study are relevant to my research, as knowing the elements that contribute to resilience in the first responder community is a significant part of this work. It is helpful to have coworkers familiar with the specific difficulties associated with a position to foster a sense of belonging and camaraderie in the workplace. As indicated earlier, the value of social support is essential to resilience.

In addition, it is imperative to encircle oneself with family and friends who can provide emotional support (Lowery & Cassidy, 2022; O'Toole et al., 2022).

Receiving the appropriate training and continuing their education are two things that can help first responders feel more confident in their abilities. When confronted with adversity, having the knowledge and abilities that allow a person to respond to various obstacles can make that person feel more resilient (Katzman et al., 2021). It is essential to prioritize self-care by ensuring you get enough sleep, consume the appropriate foods, and participate in physical activities that get your body moving. It is abundantly clear that leading a healthy lifestyle, including regular exercise, a balanced diet, and enough rest, has numerous positive effects on one's body and mind. It is necessary to have access to programs that offer the support of peers and professionals working in the mental health field (Tan et al., 2022). First responders should not be afraid to ask for assistance out of fear of being stigmatized if assistance is required. It may be difficult for them to deal with the emotional toll that their work can take on them, but resources such as debriefing and counseling may be helpful to them in this regard (Szeto et al., 2019).

It is possible to assist first responders in healthy processing of their experiences by encouraging them to engage in positive coping strategies such as journaling, art therapy, and participation in supportive hobbies. Some organizations provide first responders with training programs in resilience that are specifically tailored to meet the requirements of their respective organizations (Wild, Greenberg, et al., 2020), thereby giving participants the tools to learn how to manage stress, develop emotional intelligence, and prevail in the face of challenges. The practice of mindfulness and other

stress reduction techniques can benefit first responders. Meditation, slow, deep breathing, and progressive muscle relaxation are some techniques that fall under this category.

These strategies can help them maintain their composure and focus even when faced with potentially life-threatening circumstances (McDonald et al., 2022).

First responders often work unpredictable or long hours, and their shifts often rotate. Adopting simpler and more easily manageable schedules and ensuring adequate time management minimizes the risk of burnout while fostering resilience. Both strong leadership and widespread support for the organization promote its success. Leadership can affect individuals' resiliency by, for example, fostering a culture that encourages people to seek help when needed and addressing systemic factors that contribute to stress in the community. Leadership that recognizes the significance of the health of first responders and makes it a top priority can have this effect. Promoting resilience is a multifaceted endeavor that requires the dedication of the individual and the organization, with a focus on the successful development and maintenance of resilience in each first responder. If a culture of care is fostered, mental and emotional health resources are made available, and self-care and peer support are encouraged, first responders will have a better chance of successfully navigating the challenges of the demanding profession in which they work (Crane et al., 2022; Wild et al., 2020).

Role of First Responders

Many first responders have historically endured various hardships while supporting their communities as they experience the challenging aspects of their work, which expose them to trauma (Bryant, 2022; Jetelina et al., 2020). The individuals

performing this work will typically put themselves in hazardous situations consistently and thereby subject themselves to potential physical, emotional, and spiritual harm.

While this type of work impacts their personal well-being, it could similarly affect the individuals caring for them, such as family members, friends, and peers (Campbell et al., 2019). One leading negative impact of this type of work is the development of PTSD symptoms (Leung & Shen, 2022; Pitel et al., 2018). Understanding the root cause of trauma prevalent in people responding to traumatic events may shed light on opportunities to discover and recognize the positive influences of these experiences on the development of a greater sense of resiliency (Zalta et al., 2021).

Posttraumatic Stress Disorder

PTSD encompasses mental health conditions brought on by an experience of, or exposure to, a traumatic event (Bryant, 2022). While it is accurate that symptoms of posttraumatic stress can be antithetical to growth and wellness, it is also essential to recognize that this condition typically arises from experiencing or witnessing traumatic events. Symptoms are often the brain's way of coping with or understanding those experiences. It could be a life-threatening event, a natural disaster, a physical or sexual assault, a conflict, or any other incident that causes intense fear, helplessness, or horror. Individuals with PTSD often manifest symptoms in a variety of ways, and not everyone who goes through a traumatic incident will develop PTSD. The prospect of developing PTSD can be increased by several factors, including previous traumatic experiences, preexisting mental health conditions, a deficiency of support systems, or existing environments that are high in stress (Carmassi et al., 2020).

Common symptoms of PTSD include intrusive thoughts or memories, avoidance, adverse changes in thinking, and hyperarousal (*Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. [*DSM-5*], 2013; Øvstebø et al., 2023). Intrusive thoughts are often unwanted, involuntary thoughts, images, or ideas that can be upsetting or uncomfortable, and may be challenging to control or manage. Although intrusive thoughts can be a common human experience, particularly during times of stress or worry, they become problematic, highly distressing, and interfere with daily functioning when they occur repeatedly. Intrusive thoughts can manifest as flashbacks and/or dreams—both of which involve intense, vivid, and distressing memories of the traumatic event that feel like a reliving of the trauma. Flashbacks involve intrusive and distressing recurrent memories of traumatic events during waking hours, whereas dreams occur in sleep (*DSM-5*, 2013). Sleep disturbances in general are common among those with PTSD. Such disturbances include difficulty falling asleep or staying asleep and experiencing restless and disturbed sleep patterns. Nightmares related to traumatic events may also contribute to sleep problems.

Another common symptom of PTSD is avoidance, which is defined as evading people, places, activities, thoughts, or situations that remind the individual of a traumatic experience. This avoidance can stem from the fear of experiencing distressing emotions or memories associated with the trauma. Avoidance can also present as an emotional numbing, whereby some individuals attempt to suppress their emotions or detach themselves from their feelings to ignore or avoid the pain and distress associated with the traumatic event. While avoidance behaviors might provide temporary relief, they can

contribute to increased anxiety, isolation, and difficulties in coping with trauma in the long term (*DSM-5*, 2013).

Adverse changes in thinking and mood are persistent in those with PTSD and can negatively impact daily functioning. Cognitive and mood disturbances encompass difficulty recalling critical features of the traumatic event, negative thoughts about oneself or the world, distorted feelings of blame or guilt, and decreased interest in activities once enjoyed before the manifestation of PTSD symptoms. Individuals experiencing PTSD may exhibit various behaviors related to changes in their emotional regulation and reactivity. These behaviors may include substance abuse, reckless driving, self-harm, or other behaviors that create a risk to their safety or well-being. Outbursts of anger or emotional dysregulation can lead to frequent or intense outbursts. Small triggers that remind the individual of the traumatic event might result in explosive or disproportionate emotional reactions. The affected individual may feel overwhelmed and overcome by emotions, thoughts, or sensations related to the traumatic event. This feeling of overwhelm might make it challenging to cope with daily stressors and can lead to a sense of being constantly on edge or emotionally overloaded. Symptoms of PTSD can disrupt the ability to regulate emotions effectively, resulting in difficulties managing and coping with intense emotions such as fear, sadness, or anger. Individuals might struggle to modulate these emotions, leading to emotional volatility or feeling emotionally numb (*DSM-5*, 2013).

Hyperarousal encompasses another cluster of symptoms generally associated with PTSD. Hyperarousal, or increased reactivity, is characterized by being easily startled,

feeling on edge or constantly vigilant, having difficulty concentrating, experiencing irritability and outbursts of anger, or having difficulty sleeping. Individuals experiencing hyperarousal may be sensitive to potential threats, leading them to react strongly to seemingly minor or nonthreatening stimuli. For example, people may startle easily in response to loud noises or sudden movements from others and have feelings of being on edge. There may be a persistent sense of being on guard, constantly scanning the environment for potential dangers, or fearful that their environment is full of dangers. This heightened state of alertness can be exhausting and constantly create and enhance feelings of anxiety and stress. Hyperarousal can lead to difficulties focusing or concentrating on tasks as the individual's attention might be frequently drawn away by intrusive thoughts, hypervigilance, or anxiety, making it challenging to complete daily activities. Irritability and outbursts of anger cause individuals with PTSD to experience mood swings or have difficulty controlling their temper. Minor stressors that might not have bothered them before the trauma may now trigger strong emotional reactions that impact functioning and relationships.

The above-mentioned symptoms of PTSD can also be present at various periods of time after the trauma—some may appear shortly after being exposed to a traumatic event and others may develop over time. O'Donnell et al. (2007) assessed 363 participants during a hospital stay following a motor vehicle accident, workplace injury, or assault, with 307 participants (84.6%) providing data during the next 12 months. Among the participants, 75.6% were male and the average age of all participants was 37.27 years. The study participants spent an average of 10.52 days in the hospital, where

they were assessed before discharge. The Clinician Administered PTSD Scale (CAPS-IV) was the instrument used by researchers to assess PTSD symptoms for severity and diagnosis. All clusters showed that the rate of increase in symptoms was higher in the PTSD group in comparison to the non-PTSD group. The results of the clusters indicated that reexperiencing trauma increased by 6.56 units, avoidance increased by 16.44 units, and arousal symptoms increased by 10.78 units among participants in the PTSD group over the 12-month period. The importance of this data relative to my study is that it showed an increased use of avoidance over 12 months, suggesting that the participants engaged in avoidant approaches to prevent any distressing reexperiencing and arousal symptoms. These ideas suggest that an excessively high level of avoidance can hinder the adjustment and change of the traumatic memory network, hence prolonging the symptoms. Having difficulty adjusting to change after exposure to a traumatic event can impact growth and resiliency.

PTSS and PTSD

There are similarities between posttraumatic stress syndrome (PTSS) and PTSD. However, the two conditions are distinct in intensity, duration, and influence on day-to-day functioning. PTSS encompasses the typical psychological and emotional reactions that people may have after being exposed to a terrible event (Sparks, 2018) and is not a diagnosable disorder. Anyone who has been exposed to a stressful or life-threatening incident, such as a natural disaster, combat, attack, or significant accident, is susceptible to experiencing this reaction, which is among the most prevalent responses to traumatic experiences. Similar to PTSD, intrusive thoughts, emotional anguish, nightmares,

hypervigilance, avoiding reminders of the traumatic event, and changes in mood or behavior are some of the symptoms that may be associated with PTSS. Although these symptoms might be upsetting and inconvenient to day-to-day living, they usually disappear over time as the individual works through the traumatic experience and adjusts to their new reality.

In contrast, PTSD is a diagnosable mental health disorder that manifests itself in particular people who have been subjected to one or more traumatic experiences, and symptoms last for a long period of time. To fit the criteria for a PTSD diagnosis, the individual must have symptoms that have persisted for more than a month and significantly affect their capacity to function in day-to-day life. The symptoms of PTSD are similar to those of PTSS, but often more severe, chronic, and incapacitating (Motreff et al., 2020). Multiple facets of an individual's life, including their relationships, career, and overall quality of life, can be profoundly impacted by PTSD.

PTSS and PTSD symptoms are also not unique to a specific population, region, race, gender, or incident within the first responder community, as a substantial amount of research associated with the study of war veterans has been carried out in this area (Kozyra et al., 2020). Research conducted by Motreff et al. (2020) indicated that when first responders helped survivors of the 2015 Paris, France terror attacks, they developed PTSS symptoms. Out of the 837 who initially provided informed consent to participate in the study, 614 people met the survey criteria. This group comprised volunteers, firefighters, police officers, and healthcare professionals associated with the attacks. Greater than 91% of these individuals came in contact with the dead or injured. Providing

additional support to this concept, this issue is not exclusive to large-scale incidents; Leung and Shen (2022) reported evidence of trauma in first responders after developing similar PTSD responses to trauma in rural settings. This study was conducted using the PCL-5 and administered to 34 first responders in rural Kansas. These studies suggest that the outcomes are not unique to the size and scope of the traumatic event but the impact the experience had on the individual(s) doing the work (Leung & Shen, 2022; Motreff et al., 2020).

Coping With PTSS

Motreff et al. (2020) maintained that, following exposure to trauma, first responders displayed coping skills that mitigated the adverse effects of the negative events. This study followed different types of first responders after a terror attack and how they managed their mental health. Some ways the subjects managed stress were exercise, writing, social engagement, and connection with others. Although the research stated that some of these coping skills were self-initiated, family engagement also played a significant role in coping. The article also suggested that further opportunities for support are helpful if more effort is dedicated to family engagement or clinical intervention with a mental health professional. This study is relevant to my research as it adds information regarding the impact of trauma on first responders, how they fare after being exposed to trauma, and implications for the development of a positive outcome from their experience.

Treatments for PTSS

Multicultural considerations are imperative during treatment and essential in supporting the helping process when caring for any individual with symptoms of PTSS. Counselors must understand and practice cultural competence, or they are susceptible to establishing additional issues for their clients and themselves. Many counselors use eye movement desensitization and reprocessing and cognitive behavioral therapy (CBT) as highly effective therapies for trauma-related disorders (Martin et al., 2021). It is essential to remember that the efficacy of these treatments may differ from person to person depending on various factors, including the nature of the trauma, the severity of symptoms, and the individual's readiness to participate in treatment. People are unique, and personal regard should be a priority when supporting clients. Campbell et al. (2019) indicated that having a good social network and a solid support system after a traumatic event that causes PTSS symptoms is valuable. Counselors must also be competent in supporting their client's unique needs and provide the correct services and treatment modalities (American Counseling Association [ACA], 2014).

Moral Injury

Definition and Prevalence of Moral Injury

MI originated within the framework of military psychology and refers to the psychological, biological, spiritual, and social harm caused when a person perceives a violation of their genuine morals and values (Litz et al., 2022). Although both MI and PTSD are rooted in traumatic events, they differ in that PTSD is a mental disorder diagnosable by the presence of specific fear-based symptoms, and MI is not a formal

mental disorder but rather a dimensional problem predominantly concerned with internal psychological conflict that occurs when a traumatic experience violates an individual's moral code (Barnes et al., 2019; Freeman & Odom, 2022; Litz et al., 2022).

Litz et al. (2022) conducted a study that included a group of predominantly White military personnel from the United States, although participants of other nationalities were included as well, with an age range of 30–39. All United States participants in the study had been involved in either the Iraq (OIF) or Afghanistan (OEF) wars, and most of them had direct combat experience that had exposed them to various stressors, traumatic experiences, and morally damaging situations. In the United States study, it was found that 73.1% of individuals who had experienced PMIEs reported at least one PMIE that affected themselves, 80% reported at least one PMIE that affected someone else, and 84.3% reported at least one betrayal event. When asked to report the most unfavorable and currently troubling PMIE, 38% recommended PMIE self, 39.4% endorsed a PMIE event involving someone else, and 22.5% endorsed a PMIE event involving treachery.

MI can occur when anyone is positioned to experience a traumatic event that violates their moral code (Tappenden et al., 2023) but the nature of the work conducted by military personnel, first responders, and healthcare professionals means they are often populations with which MI is most associated (Currier et al., 2020; Roth et al., 2023). Additionally, as the above study indicates, PMIEs are not uncommon and continue to impact the individual beyond the actual PMIE occurrence. Understanding the development of MI is imperative because it influences how a person reacts to and

recovers from trauma. In other words, the development of MI impacts the potential occurrence of posttraumatic growth (Koenig & Al Zaben, 2021).

Characteristics of Moral Injury

Perpetrating an event, failing to prevent an act of transgression, or witnessing something contradicting a deeply held moral belief can result in MI (Litz et al., 2022) and is MI is gaining attention in the scientific community. This attention is particularly prevalent among those studying traumatic experiences and mental health; nonetheless, the *DSM-5* (2013) does not yet include it as a separate diagnosis (American Psychiatric Association Publishing, 2022). Although no standard set of symptom criterion exists and symptoms might vary considerably from individual to individual, guilt and humiliation are commonly experienced. One may feel tremendous guilt and shame over activities, action, or inactions that violated their moral code. They may even feel personally responsible for hurting others or failing to stop an event when they had the chance.

Anxiety, depression, anger, and self-loathing can also result from MI. The events that caused MI can leave a person with the sense that life has lost its meaning and there is no longer a purpose for living. People with MI often contemplate their values, world place, and societal standing. Social isolation may occur, as individuals who have suffered MI may find it difficult to talk about their experiences or fear of being judged or rejected by others, which can cause them to avoid social situations and connections (Barnes et al., 2019; Currier et al., 2020; Litz et al., 2022).

When someone suffers an MI, it often prompts them to reevaluate their spiritual or existential beliefs. Existential crises, a loss of faith, or spiritual anguish may occur in

people at various points in their lives, resulting in a greater likelihood that they will engage in self-harm. In some circumstances, people who have suffered an MI may be more likely to engage in self-destructive behaviors, such as abusing substances or inflicting physical harm on themselves, to cope with the emotional agony they are experiencing (Griffin et al., 2019).

People who have suffered MI sometimes struggle with falling asleep or staying asleep due to intrusive thoughts and mental distress. It is common for individuals affected by hypervigilance to emerge as a coping technique in reaction to traumatic experiences in the past or imagined dangers. They might also develop a state of hypervigilance, also known as hyper alertness, in which they are constantly scanning their environment for any threats or risks that could compromise their morality (Barnes et al., 2019).

There is no guarantee that someone will experience MI simply because of exposure to an ethically complex situation, and the severity and duration of symptoms can vary from person to person. It is necessary for people suffering from MI to seek the support of trained professionals in the mental health field, such as counselors. People can benefit from therapy in several ways, including processing their experiences, reducing feelings of guilt and shame, and the pursuit of reconnection with their moral views and values. The support of friends, family, and community members can also be helpful during recovery (Currier et al., 2020).

Causes of Moral Injury

MI occurs when a person is subject to violations of the foundation of their specific moral code. Understanding the moral violation's origin is essential to treatment strategy.

Each of the following aspects of MI vary greatly, but they intersect via their significant impact due to violation of a deeply held value or moral issue that is difficult to resolve. It is important to, again, note that MI is not limited to military or combat contexts; it can occur in various situations, including among first responders facing unique ethical dilemmas or individuals who have experienced betrayal by trusted organizations or authority figures (Litz et al., 2022; Kidwell & Kerig, 2021).

Acts of Perpetration

Acts of perpetration used in the psychological framework linked to trauma and victimization refer to actions in which an individual engages in harmful, abusive, or criminal behavior, usually towards another person (Litz et al., 2022; Neria & Pickover, 2019). These actions can include many harmful behaviors, often associated with causing physical, psychological, or emotional harm.

The fundamental areas that define acts of perpetration are harmful actions, perpetrator and victim dynamics, and psychological effects. Harmful actions include physical violence, neglect, exploitation, sexual and emotional abuse, and unlawful actions such as deception or assault. Understanding the dynamic between the victim and perpetrator is essential in relating to the issues regarding the abuse, victimization, and trauma associated with each action. Psychological consequences manifest in both victim and perpetrator. The victim of perpetration is impacted by traumatic events, posttraumatic stress, and a host of other psychological disorders (Currier et al., 2020). In contrast, the offender may experience guilt, remorse, or psychological distress because of their actions. Studying acts of perpetration related to their social implications is essential to

understanding and confronting issues related to violence, criminal behavior, and abuse. Understanding the social implications can be beneficial in the prevention of harm and creating a safer society (Litz et al., 2022).

Failure to Prevent

Failure to prevent relates to conditions in which a person, or someone in a leadership position in an organization, neglects to use their abilities to avert a detrimental or harmful incident (Currier et al., 2020). The event occurred when the person had the capacity or personal accountability to prevent harm and did nothing, whether or not the lack of action was intentional. Moral reasoning occurs when an organization or person uses their position to enact a policy or procedure that neglects the safety of the individuals who work in or interact with the organization. Failing to protect the best interests of people instead of what is perceived as a best practice for the company can result in harassment in the workplace, misconduct, fraud, or a physically unsafe environment. Failing to prevent a safe workplace can result in death or injury and cause legal issues. A person or company can suffer further consequences to their reputation and future business by failing to follow ethical and legal guidelines (Campbell et al., 2023).

Shale (2020) illustrates how patients and families feel a sense of “betrayal” from institutions that failed to prevent harm, and this concept has many implications for how organizations or leaders neglect to provide adequate support to the individuals who work for them and care for others. Accountability is typically at the center of failure to prevent and, to remedy this, an organization or leader can put a processes or procedures in place to provide support honestly and equitably (Roth et al., 2023; Shale, 2020).

Bearing Witness

The act of observing, testifying, or acknowledging the experiences undergone by others, particularly in the context of enduring a horrific incident, can be regarded as a form of bearing witness (Koenig & Al Zaben, 2021). Observation commonly necessitates the observer to exhibit empathy or sympathy for the affliction experienced by the other individual or group they are observing. Bearing witness can elicit powerful emotions within an individual when they comprehensively understand the severe injustice they are seeing. Various forms of bearing witness encompass activities such as physically attending, attentively listening to, or methodically recording occurrences of trauma that encompass experiences of anguish, distress, or mortality. Individuals can observe and document acts of war crimes, genocide, and breaches of human rights. Alternatively, they may indirectly experience these atrocities by listening to firsthand testimonies provided by survivors (Freeman & Odom, 2022). Witnessing is considered a moral and ethical obligation within some spiritual and religious customs. It requires being conscious of the suffering that others are experiencing here and now, cultivating empathy for those in similar situations, and actively participating in acts of compassion and solidarity (Freeman & Odom, 2022).

The ability to empathize with others, show compassion, and take moral responsibility depends on our ability to bear witness. It is not enough to observe or hear what is happening around you; you must also comprehend what others are going through and find a way to alleviate their pain. As a result, bearing witness has the potential to significantly influence individuals, groups, and societies, especially primarily by

controlling our collective reaction to the challenges and injustices we face (Koenig & Al Zaben, 2021).

Betrayal

Characterized by violating someone's trust, betrayal is devastating because it destroys the trust that is the foundation of many human relationships. Betrayal is a profoundly offensive and emotionally charged action that involves breaking a promise, disappointing someone's expectations, or disregarding someone's loyalty, often resulting in disappointment, anger, hurt, and a sense of disloyalty. Betrayal can occur in various settings and contexts, including personal relationships, platonic friendships, professional environments, and in society or politics (Currier et al., 2020; Papazoglou et al., 2020). There are also numerous ways betrayal can manifest itself within these settings, including failing to keep personal or professional commitments, breaking promises, deceiving another, lying, manipulating, concealing crucial information, stealing the work or credit of another, undermining colleagues, and breaching confidentiality agreements.

Healing from the emotional harm caused by betrayal can be lengthy and challenging. Possible steps to healing include addressing emotional wounds, reestablishing trust, establishing healthy boundaries, and possibly seeking support through therapy or counseling. One of the difficulties presented by betrayed relationships is the need to forgive (Currier et al., 2020; Litz et al., 2022). Some people may forgive the person who betrayed them as part of their healing process, while others may find forgiving difficult or even impossible. In some cases, betrayal can lead to the complete

breakdown of a relationship. It can potentially erode trust and cause irreparable damage to friendships and professional relationships.

Preventing betrayal requires open communication, the setting of clear expectations, and the demonstration of one's integrity and loyalty in one's relationships. Overall, betrayal refers to a damaging breach of trust that can occur in various personal and social contexts. It can have a substantial emotional and psychological impact and a lasting effect on one's health and relationships. To address and recover from the impact of betrayal, it is frequently necessary to understand the underlying causes, deal with the emotional fallout, and sometimes seek support and reconciliation (Currier et al., 2020).

Treating Moral Injury

Typically, the treatment for MI involves addressing the mental and emotional distress the patient is experiencing through therapy and support. Recognizing and addressing MI is crucial for the well-being of individuals who have experienced it, as it can have long-lasting and profound effects on a person's mental health and overall quality of life. Moreover, creating environments that prioritize ethical decision-making and provide support for individuals confronted with moral dilemmas can aid in the prevention of MI (Kreh et al., 2021; Shale, 2020).

Popular treatments such as CBT, acceptance and commitment therapy, and group therapy can aid individuals in processing their experiences, reducing feelings of guilt and shame, and pursuing more congruent moral beliefs (Koenig & Al Zaben, 2021). CBT has proven to help individuals identify and challenge negative thought patterns related to their MI, manage distressing emotions, and develop coping mechanisms (Currier et al.,

2020). Acceptance and commitment therapy emphasizes the acceptance of challenging emotions and values-based behavior (Griffin et al., 2019; Koenig & Al Zaben, 2021). It can assist individuals in communicating their values and taking steps that bring them closer to living by those values. MI can have repercussions on relationships, and counseling for families and couples provides support to individuals and their loved ones as they navigate the challenges and transitions occurring in their relationships (Held et al., 2019).

Additional treatments include counseling in group settings, spiritual/existential counseling, meditation practices, or medication management. Group counseling is effective for people who have suffered an MI because they are able discuss their experiences and emotions with others who have endured similar circumstances, which provides a space free from criticism and judgment, where individuals can discuss their difficulties and improve (Held et al., 2019). This creates a level of normalization, reduces isolation caused by shame, and fosters a unified healing process. Spiritual and existential counseling is available for individuals whose MI has a significant impact on their faith, understanding of morality, or conception of self and humanity. This type of counseling can help those with MI investigate these issues of faith, significance, and function (Freeman & Odom, 2022). Mindfulness practices are also supportive of individuals with MI, as it fosters an increased awareness of distressing thoughts and emotions without attaching judgment to those experiences. Therapists can incorporate mindfulness-based interventions to alleviate their patients' mental suffering.

In some instances, however, psychotherapy practices such as group counseling, spiritual counseling, and mindful-based counseling, are not enough to support healing from MI. Individuals with MI who are experiencing symptoms of anxiety, depression, or several mental health conditions may find medication management helpful for symptom reduction. A psychiatrist can determine whether medicine is required and prescribe the appropriate treatment. Access to supportive services and resources, such as peer support groups, social services, and vocational rehabilitation, may be essential for addressing the practical and social consequences of MI (Griffin et al., 2019).

Providing individuals with information about MI, its effects, and the available treatment options can be empowering and reduce feelings of isolation and guilt in those who suffer from it. Recognizing that MI treatment must be highly individualized due to each person's unique experiences and beliefs is one of the most crucial aspects of this topic. Specific individuals may require shorter-term interventions, whereas others may benefit more from longer-term treatment. Having the professional support of a mental health provider who specializes in trauma and MI is of immeasurable value when developing an effective treatment plan. In addition, the participation of a supportive social network, which may include family and friends, can significantly assist the individual on the road to recovery (West & Cronshaw, 2022).

Depression

Depression is a mental health condition characterized by constant feelings of sadness, hopelessness, and a lack of interest in activities that were once enjoyable. Depression can be caused by a mixture of genetic, biological, environmental, and

psychological factors, and symptoms can affect anyone regardless of age, gender, or background. It can affect how a person thinks, feels, and manages daily activities, most often leading to various emotional and physical problems. Common symptoms include persistent sadness or feeling empty, loss of interest or pleasure in activities, changes in appetite or weight, sleep disturbances (insomnia or oversleeping), fatigue or loss of energy, feelings of worthlessness or guilt, difficulty concentrating or making decisions, and thoughts of death or suicide (Feldman et al., 2021; Jones, 2017; Ponder et al., 2023). Especially noteworthy is how depression plays a role in understanding how individuals can grow after a traumatic event, while others are nonadaptive to healing.

Carbajal et al. (2021) conducted research with a nonprofit mental health agency that serves veterans, first responders, and their families. The study collected data from 2018 to 2020 for their program evaluation. The data were obtained from first responder intake assessments. There were pre- and post-COVID-19 cohorts of participants. The individuals in the pre-COVID-19 group were first responders ($N = 69$) obtaining clinical care in an outpatient mental health organization in the southwestern United States before March 13, 2020. Men made up 73.9% of this group, and the mean age was 38.21 years; 75.4% of this group identified as White. The participants comprised first responders in three groups: law enforcement, 39.1%; emergency medical technicians, 23.2%; and fire rescue, 29.0%. Among the participants, 15.9% stated that they had prior military service.

The next group of first responder participants was assessed during the COVID-19 pandemic ($N = 75$) as they were obtaining clinical care in an outpatient mental health organization in the southwestern United States after March 13, 2020. Men made up

76.0% of this group, and the mean age was 38.61 years; 82.7% of this group identified as White. The participants comprised first responders in three groups: law enforcement, 56.0%; emergency medical technicians, 18.7%; and fire rescue, 18.7%. Among the participants, 20.1% stated that they had prior military service. The following assessments were used in the study: Generalized Anxiety Disorder-7 (GAD-7), PTSD Checklist-5 (PCL-5), Suicide Behaviors Questionnaire-Revised (SBQ-R), Experiences in Close Relationships (ECR), Response to Stressful Experiences Scale (RSES-22), and Patient Health Questionnaire-9 (PHQ-9).

Depression among first responders, such as firefighters, police officers, emergency medical technicians (EMTs), and other individuals who work in high-stress and high-risk environments, is influenced by various factors, including traumatic events. Exposure to traumatic incidents, such as motor vehicle accidents, natural disasters, domestic violence, or bearing witness to severe injuries and even death, can lead to posttraumatic stress and depression among first responders. This study is relevant to my research as it supports understanding of how first responders are subject to depression and what influences their symptoms.

Factors such as chronic stress, work related or physical demands, stigma, organizations, coping skills, and culture are also prevalent in the cultivation of depressive symptoms in the first responder community (Jones, 2017). The nature of these types of jobs involves constant exposure to stressful situations, long work hours, unpredictable environments, and the constant pressure of making critical decisions quickly, which contributes to chronic stress that can lead to depression. Work-related demands, including

the need to remain composed in dangerous situations, dealing with emotionally charged interactions, and consistently facing life-threatening scenarios, can take a toll on the capacity for stress management and maintenance of mental health. Physical demands such as irregular work schedules, sleep disturbances, physical injuries, and continuous strain of physically demanding work can also contribute to the manifestation of mental health challenges (Ponder et al., 2023).

A prevailing culture within the first responder community is one that discourages seeking help for mental health issues due to perceived stigma; this can prevent individuals from seeking the support they require. An environment fostering this stigma and culture inside the first responder population prevents individuals from seeking support and retaining the care needed to maintain a healthy work environment. Lack of adequate mental health support, insufficient resources to support healthy coping mechanisms, and a failure to address the mental well-being of first responders within organizations can also contribute to depression (Vig et al., 2020). Some individuals may adopt unhealthy coping strategies, such as substance abuse, to deal with the stress and trauma they experience in their line of work, which can exacerbate depressive symptoms (Alden et al., 2020).

Recognizing and addressing depression among first responders is crucial to supporting their mental well-being and guaranteeing they receive the care they need to cope with the challenges inherent in their profession (Huang et al., 2022). It is essential to seek help from mental health professionals when experiencing symptoms of depression.

Treatments for depression often include therapy (such as CBT or interpersonal therapy), medication, lifestyle changes, and building and maintaining a healthy support system.

Compassion Fatigue

Individuals who frequently engage in empathetic interactions or caregiving roles, such as first responders, are susceptible to developing compassion fatigue, which is characterized by many physical and emotional symptoms, including chronic fatigue, irritability, difficulty concentrating, insomnia, feelings of isolation, increased cynicism, decreased empathy, and detachment from one's work or the people served. The jobs of first responders frequently place them in hazardous environments and subject them to strenuous emotional requirements. Compassion fatigue is brought on by prolonged and repeated exposure to high-stress environments, as well as witnessing the suffering of other people (Figley, 2013).

Pennington et al. (2023) studied a group of 54 firefighters and paramedics from Vancouver Fire and Rescue Services via an anonymous online questionnaire. The participants stationed at a supervised injection facility (SIF) were 98.1% male and 92.5% White; their average age was 42.9 years and had an average of 16.1 years in the fire service. Among the participants, 88.9% were married, engaged, or cohabitating, and 9.3% were military veterans. The assessment conducted was the Professional Quality of Life Scale: Compassion Satisfaction and Fatigue Version 5 (ProQOL; Stamm, 2010). Among the respondents, 26% were in the negative attitude group; the remaining participants fell into the neutral/mixed (48%) and positive attitude groups (26%). The outcomes differed based on ratings for burnout, vicarious trauma, and compassion fulfillment. Individuals

with negative attitudes exhibited higher burnout levels than those with positive or neutral/mixed attitudes. Individuals with negative attitudes had greater vicarious stress scores than those with positive or neutral/mixed attitudes.

Similarly, individuals with negative attitudes had lower compassion satisfaction scores than those with positive or neutral/mixed attitudes. There were no significant differences in burnout, secondary traumatic stress, or compassion satisfaction levels between individuals with positive attitudes and those with neutral/mixed attitudes. The study found no significant variations among the three groups in terms of secondary traumatic stress. However, there was a statistically significant correlation between occupational stress and scores of secondary traumatic stresses. Post hoc comparisons revealed that individuals with negative attitudes had higher burnout scores than those with neutral/mixed attitudes.

In contrast, individuals with negative attitudes had considerably lower compassion satisfaction scores than those with good attitudes. Fundamental considerations concerning compassion fatigue in first responders are the character of the work, empathy and emotional investment, and strategies for prevention and coping. The character of the work aspect within the first responder community is often present during the traumatic events to which they respond, such as accidents, acts of violence, and natural disasters. Their work requires them to offer immediate assistance and support to people in a crisis, frequently putting them in emotionally taxing situations (Pennington et al., 2023).

First responders frequently put their hearts into their work by investing emotionally in their interactions with the people they assist. Empathy and emotional investment are essential when connecting to the people they serve but put them at risk for stress. Although maintaining this level of emotional engagement is necessary for their work, doing so for extended periods can cause emotional exhaustion. Problems adapting to trauma and ongoing exposure to traumatic events can lead first responders to experience higher degrees of stress and anxiety, as well as a sense that they are powerless. They might have a difficult time emotionally detaching themselves from the upsetting experiences that they go through. Compassion fatigue can negatively impact work performance, decision-making ability, and personal well-being. It is also possible that it will lead to burnout, negatively impacting the individual responder and the quality of care they provide (Figley, 2013; Quitangon & Evces, 2015).

Organizations can implement strategies to address compassion fatigue, such as providing mental health resources, encouraging self-care, offering counseling services, cultivating a supportive work environment, and offering training on stress management and resilience. It is imperative for first responders to be aware of the warning signs of compassion fatigue and to seek help when they feel they need it (Headley et al., 2023). Seeking help could involve speaking with coworkers, seeking professional counseling, or participating in peer support group meetings. It is necessary to take a multifaceted approach to the problem of compassion fatigue in first responders, including individual coping strategies and organizational support for those affected. It is essential to ensure the

well-being of these essential frontline workers, to recognize the challenges that they face, and to actively work toward mitigating the effects of stress and trauma (Figley, 2013).

Burnout

The development of burnout in first responders arises from continuous emotional, mental, and physical exhaustion that is often related to their job or set of responsibilities. Burnout develops because of prolonged stress (Cummings et al., 2018). Exposure to traumatic events, long hours, continuous stress, limited resources, lack of control, and personal sacrifice, means that first responders, such as paramedics, firefighters, and police officers, are especially prone to burnout (Headley et al., 2023; Pennington et al., 2023). This unrelenting barrage of traumatic and/or stressful experiences can wear a person down physically and emotionally, especially when they are expected to provide care to others under these circumstances (Yung et al., 2022). The experience of seeing someone else suffer, get hurt, or pass away can leave a person feeling helpless and emotionally drained. In certain circumstances, first responders may have the impression that they do not have control over their work environment or that they do not have sufficient resources to deal with the rigors of their jobs. Feelings of lack of control can bring on both frustration and burnout (Headley et al., 2023).

It is necessary to recognize the signs of burnout, which include exhaustion, detachment, decreased performance, and cynicism. In this high-stress profession, early intervention, and positive measures to support first responders' mental health and well-being are essential for preventing and addressing burnout (Wild et al., 2020). Taking a multifaceted approach to combat burnout among first responders is often necessary.

Organizations should provide support and resources to their members, such as counseling services, mental health support, stress management, and resilience training. Fostering a healthy work-life balance and taking adequate time off to rest and recover are essential to avoid burnout. Communication and support from peers creating a supportive work culture in which first responders can freely discuss their experiences, share their concerns, and seek support from their colleagues can effectively prevent burnout. Providing first responders with training programs that concentrate on self-care, coping strategies, and recognizing the signs of burnout can empower these individuals to manage the effects of stress more effectively. Burnout can also be reduced by implementing policies that address excessive work hours, provide adequate rest periods between shifts, and promote wellness initiatives (Wild et al., 2020).

Compassion Satisfaction

Some first responders do not experience burnout, PTSD, or other severe consequences of their job-related experiences. Compassion satisfaction, in contrast to compassion fatigue, encompasses the positive feelings and a sense of fulfillment that a person obtains from helping others (Burnett et al., 2019). Some first responders frequently find that their work provides them with this compelling sense of purpose and fulfillment, as they are able to provide significant aid and benefit to individuals and communities in times of need (Burnett et al., 2019; Pennington et al., 2023). Likewise, job satisfaction and morale improve when first responders witness positive outcomes, such as successful management of emergencies and lives saved, cultivation of positive

relationships with the community, or comfort and care provided to those seeking assistance (Gomes et al., 2022).

Keeping a healthy relationship between compassion satisfaction and compassion fatigue is essential, acknowledging that although experiencing satisfaction from compassionate work is a positive aspect of the job, this satisfaction must also be in balance with efforts to avoid and manage compassion fatigue (Sak et al., 2021). When it comes to continuing overall well-being, it is fundamental for a first responder to acknowledge the mental and emotional toll that the work takes on them and schedule time for self-care at regular intervals (Burnett et al., 2019; Davies et al., 2022; Papazoglou et al., 2019).

Social Support

The unique stressors and challenges that first responders face in their roles require social support for maintenance of their health and well-being. There are a variety of ways in which first responders can benefit from receiving social support. For example, establishing peer support networks within organizations that provide first responder services enables coworkers to share their experiences, provide understanding, and offer emotional support to one another (Campos et al., 2023). Additionally, counseling services that are kept confidential ensure that first responders have access to professional mental health support whenever required. Individual counseling, group therapy, or specialized programs for the management of stress and trauma are all examples of this type of mental health care (Haber et al., 2007).

Support programs may also include resources for spouses, children, and other family members in recognition of the impact that a first responder's job has on their family. There is a relationship between education about the difficulties that first responders face and increased levels of understanding and strengthened family bonds. Other ways to contribute to a healthier work setting include implementation of wellness programs that focus on employees' physical and mental well-being; these could be fitness programs, workshops on stress reduction, and other activities that promote overall wellness (Baek et al., 2021).

Providing first responders with the ability to manage stress and preserve a healthy work-life balance by providing flexible work schedules and opportunities for downtime can have significant benefit. For optimal physical and mental recovery, it is necessary to have sufficient time off between extremely demanding shifts (Xiao et al., 2020). When first responders require someone to talk to or seek guidance, ensuring they have access to crisis hotlines and support resources within and outside their organizations provides an additional layer of assistance. Through the participation of the local community in providing support to first responders, a sense of appreciation and comprehension is fostered. Creating a supportive community environment can be accomplished through the implementation of community events, outreach programs, and initiatives that highlight the positive impact of first responders (Padhy et al., 2022).

In addressing specific work-related challenges faced by first responders, peer support can be constructive because other first responders can personally relate to those challenges. Support of education and training on mental health issues for first responders

and their colleagues also contributes to the development of a supportive culture. Among these trainings are the ability to identify the symptoms of stress, the comprehension of the significance of seeking assistance, and the reduction of the stigma associated with mental health. It is possible to assist first responders in processing their feelings and reactions by providing them with opportunities to debrief and discuss critical incidents. Professionals in the mental health field who have received training in trauma response can help facilitate this process. Establishing a culture that places a high value on mental health and promotes open communication regarding stress and well-being is essential for emergency response organizations. It is possible to reduce the likelihood of first responders developing long-term mental health problems by cultivating a network of support that encourages them to seek assistance when it is required (Jackman et al., 2020).

Posttraumatic Growth

PTG is a concept in psychology that describes the likelihood that a person will experience positive personal growth and change in the years following a traumatic or highly challenging event. The concept suggests that individuals can experience significant positive changes in several areas of their lives due to coping with and adapting to adversity. These changes can occur through overcoming challenges and finding solutions to problems. PTG is typically depicted as the opposite of PTSD, which is a mental health condition characterized by the detrimental psychological effects of trauma. In the 1990s, psychologists Richard G. Tedeschi and Lawrence G. Calhoun were responsible for popularizing the idea of PTG. In recent years, this subfield of research has made an essential contribution to the fields of psychology and mental health. In studying

PTG, researchers have been able to investigate existential questions that lead to development of a more profound sense of purpose. Some individuals have reported a heightened sense of gratitude for the positive aspects of life following a traumatic experience. It is essential to keep in mind that PTG is not a universal phenomenon, and not all people who go through traumatic experiences will undergo this process. (Dell’Osso et al., 2023).

Individuals who experience traumatic events may find that it prompts them to reevaluate their life priorities and values, giving them a fresh viewpoint on what is essential to them. Some individuals claim that, in the aftermath of a traumatic experience, they can forge more profound and meaningful bonds with the people in their lives. They might discover a revitalized capacity for empathy and compassion as a result. The process of coping with traumatic experiences allows them to uncover latent reserves of inner resilience and personal strength. They will be able to face future challenges with more confidence with this newly found strength (Anderson, 2018; Dell’Osso et al., 2023).

Some people look to religion or spirituality to discover meaning when faced with adversity. It is essential to keep in mind that the connection between spirituality and PTG is highly personal and can be quite different from one person to the next, depending on both their beliefs and their life experiences. Not everyone turns to spirituality in times of trauma, and not everyone experiences PTG. It is possible that counseling or therapy, both nonspiritual approaches, will play a more significant part in the recovery and development of specific individuals. The connection between spirituality and PTG is ultimately one that is intricate and multifaceted, influenced by an individual’s unique sets

of beliefs, experiences, and support systems available to them (Prieto-Ursúa & Jódar, 2020; Surgenor et al., 2020).

Forming meaningful social connections and receiving support from others are two of the most critical factors that can significantly impact and facilitate PTG. People who have been through traumatic experiences may benefit from the emotional support provided by social connections such as family, friends, organizations, and support groups (Brooks et al., 2018). Talking to someone who listens and empathizes can be crucial to the healing process and contribute significantly to PTG. Talking about one's experiences with others who have been through the same or similar traumatic events can help people feel understood and validated in their reactions to those experiences. The connection can be reassuring and affirming, fostering a sense of connection and the belief that they are not the only ones going through the struggles that they are experiencing (Donovan, 2022). Social connections can offer different perspectives and coping strategies. Learning from the experiences of those who have been through adversity and come out on the other side with their heads held high can provide invaluable insights and tools for personal development. Social connections have the potential to instill in people a sense of purpose and belonging, in addition to providing them with a sense of direction in life. Finding meaning in life and promotion of PTG can be facilitated by involvement in activities or causes that support and help others (Dell'Osso et al., 2022; Slade et al., 2019).

The presence of loving and accepting friends and family members can motivate and encourage individuals to seek treatment, practice self-care, and take constructive

steps toward recovery. This motivation has the potential to be a significant factor in PTG. Social connections can help individuals challenge negative beliefs and thoughts that may emerge after a traumatic event. Instances of self-criticism or self-blame can be neutralized by supportive friends and family. Social connections can also help reduce the feeling of isolation frequently associated with traumatic experiences. Feeling isolated can slow recovery, therefore connecting with others can help mitigate the adverse effects of feeling isolated and promote PTG (Luo et al., 2022).

Prieto-Ursúa and Jódar (2020) collected data from 1,091 residents in Madrid, Spain, through a questionnaire. The study sample was split into age groups, with 34.4% of participants aged 19–29 years, 8.1% aged 30–39 years, 18.1% aged 40–49 years, 22.0% aged 50–59 years, and 16.5% aged 60 years and older; 69.4% were women. The surveys were distributed online to various participants using a snowball sampling technique. The questionnaire was anonymous. Inclusion criteria required that participants were over 18 years old and residing in Spain during the COVID-19 pandemic lockdown. All the data were collected in May 2020. The Purpose in Life Test-10 (PIL-10; García-Alandete et al., 2013) was used in the study. The Purpose in Life Test (PIL; Crumbaugh & Maholick, 1969) is an instrument used in meaning research related to the perception and general assessment of the meaning of life (Satisfaction and Sense of Life, SSL) and motivational factors related to the establishment of specific goals and vital purposes (Goals and Purposes in Life, GPL). The Community Posttraumatic Growth assessment (CPTG; Páez et al., 2012) was also employed. The CPTG explores PTG at four levels: personal, interpersonal, social, and sociopolitical participation. The results were

consistent with growth and meaning in the older population of the study in Spain during pandemic lockdown. The older participants achieved personal growth opportunities. The study found that, in every growth dimension, the highest values were found among women. Participants in the study stated that they were collectively religious and spiritual. At the same time, 20% of the participants were neither religious nor spiritual, and 31.7% identified as both religious and spiritual; spirituality connected with meaning in predicting growth, specifically social and interpersonal growth, meaning that perceived spirituality affected this growth after traumatic events. The results of the study suggested that the participants showed an increased sense of PTG when they perceived a connection to their religious community.

PTG is not linear or predictable. PTG, both in terms of its degree and nature, can look very different from one person to the next, depending on factors such as the severity of the traumatic event, the individual's level of resilience, and the availability of support systems. Individuals who have been through traumatic experiences may benefit from working with therapists and mental health professionals to support them in navigating the PTG process. Providing opportunities for posttraumatic support groups and therapy sessions designed to foster growth involve forming social connections. Individuals are provided with a secure environment to share their experiences, gain knowledge from those around them, and make strides toward personal development in these settings. Developing resilience through staying associated with their social network factors into an individual's overall strength and is an essential component of PTG. Robust social support systems can help individuals bounce back from adversity and adapt to life changes.

Positive and supportive relationships can be a benefit in PTG, while negative or unsupportive relationships can hinder the process. Therefore, individuals who have experienced trauma should seek out and nurture relationships that provide understanding, empathy, and encouragement, remembering that the nature and quality of social connections are both essential factors (Anderson, 2018; Brooks et al., 2018; Prieto-Ursúa & Jódar, 2020).

Summary and Conclusions

First responders deal with a variety of pressures, including trauma, PTSD, burnout, and MI. The experiences of PTG may provide a counterbalance to those pressures and thus foster resiliency. This chapter has provided information from the current literature on how first responders can recover after a traumatic event and maintain the ability to grow from their experiences.

Chapter 3: Research Methods

Introduction

I used hermeneutic phenomenological methods to explore, interpret, and understand the lived experiences of first responders and their resilience following PTG after trauma experienced in their work.

Hermeneutic phenomenology is a way of thinking about meaning that can reveal and explain that meaning. In his writings, Heidegger stated that the visible, which phenomenology lets us see, might not really be seen or only “appear.” The philosophy of meaning and interpretation includes essential ideas about the hermeneutic circle, the merging of scopes, and the hermeneutic phenomenological attitude. The meaning is not apparent at first and stays hidden most of the time. Meaning is different from what can be seen. However, the meaning is also an important part of what can be seen. The meaning shows where it comes from. In the hermeneutic circle, to engage with the relationship between parts and the whole, you must pay attention to the meaningful parts that come from experience and words. By consciously focusing on the event as it happens, we think about it, which brings out and reveals undisclosed parts of our lives (Suddick et al., 2020).

Research Design and Rationale

The qualitative research method selected for exploration of the research question was phenomenology. This method is instrumental in studying a phenomenon within an individual or group. Phenomenology originated from philosophy, the humanities, and psychology, and is used to comprehend a phenomenon that a human or group of people is

experiencing. Researchers then analyze interviews and transcripts to provide data on the study and how the phenomenon originated and is present. In-depth interviews allow collection of information on the subject's experiences (Patton, 2015). The specific phenomenon that I explored is resiliency in first responders. Research on resiliency within this field provides counselor educators with information to support people who have mental illness from work-related trauma and offer training opportunities to support resiliency among these individuals. The rationale for using this qualitative research method was that it provided a method to assess characteristics of first responders individually or in groups and allows identification of resiliency traits after PTG. The hermeneutic phenomenological approach is a technique through which to think about meaning that has the capacity to both reveal and explain it. Understanding PTG and the development of resilience can lead to providing support and education for first responders as they navigate their careers.

Role of the Researcher

As a researcher, I was mindful of my influence and paid close attention to reflexivity. Ravitch and Carl (2016) discussed the capacity of the researcher to understand their ability to influence or how they are influencing data and to ensure to avoid or correct it. My goal in this research was to allow the phenomenon to present itself and avoid any influence by me, as the researcher, or by the participants. Ethical practices are at the center of each step of this research process. ACA (2014) detailed a wealth of knowledge and guidance on each area of research project design, conducting, and

reporting. As Shenton (2004) stated, the study's results should come from the participants and not be influenced by the researchers.

Methodology

I utilized a hermeneutic phenomenology methodology to obtain insight into the lived experiences of first responders who had experienced a traumatic event. This chapter details the rationale for using the hermeneutic phenomenological design to explore the research problem. The first responder population I recruited consisted of LEOs, firefighters, emergency medical technicians, and a crisis counselor.

Participant Selection Logic

I intended to achieve a sample size ranging from 6 to 12 first responders. Saturation is often achieved when further interviews no longer yield original information or awareness of the subject studied. My intent was to achieve data saturation via interviews with 6 to 12 subjects, to capture the profound and intricate nature of the participants' actual experiences. Upon reaching data saturation, I was better able to deeply comprehend the phenomenon.

In a hermeneutic phenomenological study, the population is characterized by certain demographic factors such as age range, gender, geographical location, ethnicity, and profession (Saldana, 2016). I researched resiliency in the first responder community. To understand this phenomenon, I studied first responders and used positive-deviant comparisons for sampling to identify individuals who displayed resiliency when their peers did not share the same lived experiences. Positive-deviant comparison sampling is a means of understanding the information that positively deviates from others. In this

study, the individuals who displayed resiliency to traumatic or stressful events provided the intended data.

Instrumentation

I employed comprehensive semistructured synchronous interviews to facilitate the interview process by investigating, analyzing, comprehending, and illustrating participants' encounters with the phenomenon using open-ended and unbiased inquiries.

Procedures for Recruitment, Participation, and Data Collection

I employed hermeneutic phenomenology as it was the most suitable approach to investigate the firsthand experiences of first responders who had personally experienced a traumatic event. I used a deliberate sampling approach. Purposeful sampling is based on the idea that samples with a significant amount of pertinent information are chosen to comprehensively understand the phenomenon (Ravitch & Carl, 2016). In addition, it enhances the reliability of research studies that do not require extensive sample sizes (Creswell, 2013). The snowball sampling method is appropriate for identifying my intended population, where the initial set of research participants leads to the recruitment of additional participants (Ravitch & Carl, 2016). This sampling strategy enhances trustworthiness. Throughout this research study, I employed purposeful sampling methodology. This approach helped to mitigate potential bias and safeguard the confidentiality of each research participant.

The interview procedure was initiated by recruiting individuals through posting flyers or using social media. The inquiry began with an assessment of potential participants' willingness to be interviewed and contribute to the research study. I was

unfamiliar with any of the participants in this research. The interviews took place in a secure location using the Zoom virtual meeting platform. I recruited participants from the United States, which provided safety and privacy for all participants. Although I reside and work in the state of New Hampshire, I was not acquainted with any of the study participants. All participants were recruited from first responder organizations in New Hampshire. They shared a similar experience of having collaborated with my law enforcement acquaintance, who helped me recruit them. I, therefore, needed to familiarize myself with the participants.

In case of potential emotional triggers during interviews, I offered participants the opportunity to bring a close associate for support, if desired. Before conducting the interviews, free or low-cost counseling was offered to participants if they needed additional support. During the interviews, if a participant encountered any elicited emotions, the session was halted until the participant was prepared to proceed, reschedule, or terminate the interview altogether, as necessary.

I inquired about any additional first responders from participants connected in the traumatic event to ascertain their potential willingness to participate in an interview as well. The participants were recruited using a purposive approach. The participant interviews ranged from 20 to 60 minutes and were considered complete when data saturation was reached. Following each interview, I expressed gratitude for the participants' cooperation and requested their consent to contact them later if more questions arose that were necessary to complete the study. Upon receiving approval of

the research results, I informed the participants and inquired whether they would prefer to receive a copy of the completed study.

I gathered data from the interviews performed with each participant. Due to the necessity of trust between myself and the participant, I encouraged responsiveness using an amicable and encouraging demeanor when interacting with each participant. I permitted adaptable inquiries if a new subject emerged, as use of a responsive interview technique facilitates exploring a participant's authentic real-life experience.

I used an electronic recording device and transcribed my observations and the recorded interviews using software. I clarified the transcriptions and analyzed the interviews. I performed coding of the typed transcripts from these interviews. The purpose was not to medically evaluate the participants, but to get insight into their thoughts. The number of participants was sufficient for this study.

Data Analysis Plan

Data analysis is the process by which researchers utilize data to comprehend the facts conveyed by the study. Study participants provide data by allowing researchers to examine their personal experiences and record the phenomenon of interest. Qualitative design utilizes the phenomenology approach for data analysis. This analytical method prioritizes the examination of participants' lived experiences to investigate their collective experiences (Ravitch & Carl, 2016). A phenomenological interview was used to gather data on the lived experiences of first responders and to characterize and interpret this information. Snowball sampling is a method used to recruit participants for a study by obtaining referrals from those who are already part of the study. This sampling

method was advantageous for this study as it enabled the identification of participants who could contribute important data relevant to the research conducted. An essential consideration of this sampling technique is the need to exercise caution to avoid distorting the data by misusing rapport to attract participants (Patton, 2015). Chapter 3 will provide a concise and precise overview of the data analysis techniques employed to address the research questions in the study.

Issues of Trustworthiness

ACA (2014) issued a checklist to ensure ethical compliance for researchers. This checklist has assured numerous researchers of the best way to organize their study and determine its starting point. I received the necessary permissions and diligently followed the checklist, particularly in safeguarding the confidentiality of the participants. I took measures to ensure that the identities of the first responder participants remained anonymous in both the study and the data presented in my dissertation. In hermeneutic phenomenological research, the study's credibility is determined by the researcher's ability to interpret and present the findings while accurately displaying transparency.

An important issue with this study was the reliance on research conducted from the viewpoint of the participants included in the study. An exceptional study portrays the experiences of the individuals examined and accurately reflects the true significance of their lived experiences. One limitation of this study was that a distinct set of individuals may see the phenomenon differently, or researchers may reference different literature compared to another study on the same topic (Patton, 2015).

Credibility

Credibility pertains to the alignment of the findings with reality. Credibility in qualitative research is linked to how the findings accurately reflect the topic under investigation. Credibility also pertains to the integrity, correctness, and trustworthiness of a research project's data-gathering and analysis processes (Patton, 2015). Using the hermeneutic phenomenological circle in this research study supported credibility through my ability to interpret and present the findings while displaying transparency and avoiding bias.

Transferability

Researchers should consider the setting, the participants, and their personal experiences when conducting qualitative research. Transferability is utilized in qualitative research and, from my perspective as a researcher, it is essential to establish links between my findings and comparable findings from other published research papers. Transferability requires that the qualitative researcher produce a comprehensive and detailed description of the research environment. This account must include all relevant information regarding the research setting, the participants in the research, the time frame, and any other elements that may affect the study (Adler, 2022).

Dependability

Dependability refers to the consistent and stable nature of study findings throughout the record. Researchers meticulously document their methodologies, data collection strategies, and analytical procedures to ensure trustworthiness (Ahmed, 2024). Establishing and maintaining an audit trail comprising a detailed log of decisions made

during the research process enables other researchers to replicate the study, thus ensuring the reliability of the findings (Patton, 2015). In qualitative research, dependability denotes the reliability and stability of the acquired data. I scrutinized the results of this hermeneutic phenomenology research to evaluate the dependability of the findings by meticulously documenting and reviewing all the acquired information in the study.

Confirmability

Confirmability is essential for the trustworthiness of qualitative research. Reflexivity is essential for establishing confirmability and mitigating bias. Reflexivity denotes understanding researchers' partiality, encompassing their prejudices, experiences, and ideals (Ahmed, 2024). I kept notes and used those notes to examine my role and biases in the research; my notes comprised remarks regarding the data collection method, my insights, and any apprehensions I had regarding the responses of research participants to the study.

Ethical Procedures

Participation in this study was voluntary and anonymous. The first responders were not compelled to participate in the research and were informed that there were no rewards for participating. All participants were offered the option to participate in the research project after being told about its nature. No subjects experienced any physical or psychological harm. If a first responder declined to engage in the study, there were no repercussions for their nonparticipation. Participants were not compelled to provide comments or statements if they did not wish to, particularly if they felt uneasy responding to the questions posed during the interview. The study participants possessed the

prerogative to terminate the interview at their discretion, without any obligation to provide a specific justification. The study incorporated demographics such as race, gender, and age for identification purposes. The information provided by the participants were for the research study only and were handled with strict confidentiality and security measures. The interviews and instruments utilized in this investigation were employed exclusively for this study. I safeguarded the data obtained from the participants by storing it in a locked filing cabinet and securing the electronic data in an encrypted file on a password-protected computer. After completion of this dissertation project, all participants will have the option to receive a copy of the study and a dissertation summary upon request. I will delete the data 5 years after the conclusion of the study.

Summary

This chapter presented justifications for employing qualitative methodologies in investigating the concept of resiliency among first responders. The study entailed examination, interpretation, and description of the lived experiences of first responders who may build resilience following exposure to a traumatic event. Participants were selected by purposive sampling and data were gathered using comprehensive semistructured synchronous interviews. In this chapter, I carefully considered the privacy and security of collected data and participant identity. Chapter 4 delineates the environment, demographics, data collection methods, data analysis, proof of trustworthiness, and findings of this study.

Chapter 4: Results

The purpose of this qualitative study was to gain an understanding of the lived experiences of first responders who report a positive experience after being exposed to a traumatic event. The research question that guided this study was:

RQ1: For those who have experienced posttraumatic growth, what are the lived experiences of first responders following traumatic professional encounters?

Sub-Q: How do these experiences contribute to or shape their development going forward?

Chapter 4 includes evidence of trustworthiness, participant recruitment procedures, study setting, participant demographics, the data collection process, data analysis, and findings.

Setting

The participant prescreening process was conducted through email; participants read flyers posted on social media and confirmed they fit the criteria for the study by communicating through email with me. I conducted each interview in a secure and private setting. There were no personal or organizational conditions that influenced participants or their experience at the time of the study that may have influenced interpretation of the study results. All seven participants worked as first responders at some point, but current employment as a first responder was not required for this study. I collected data using in-depth semistructured synchronous interviews.

As the researcher, I collected and analyzed all the data myself. Each interview session lasted less than 60 minutes. All interviews took place over Zoom, capturing audio-only communication in English. Interviews were audio-recorded using Zoom's

recording feature and transcribed using the software transcription feature. I thoroughly reviewed and edited each transcription to ensure accuracy.

Demographics

Potential research participants who did not meet the criteria were excluded from the study via email notification. Out of the eight potential research participants, only one individual did not meet the criteria necessary for participation. Participants were required to be at least 18 years old, live and work/worked in the United States, have worked or be currently working as a first responder or crisis counselor, and report a positive outcome after experiencing trauma while working as a first responder. In this study, seven participants met the criteria and were interviewed (Table 1).

To maintain participant confidentiality, given names were not used. Instead, their given names were replaced by pseudonyms they provided: Shock Advised, Hornet, Crawler, Viking, Star Lord, Pop, and Mick. Also, to safeguard the confidentiality of participants, I used pseudonyms when sending initial and follow-up emails instead of actual given names. Before asking interview questions, I restated that I would be using pseudonyms rather than given names, as stated in the informed consent form they previously read.

Table 1*Participant Demographics*

	Gender and professional identity	Sexual orientation	Other identity
Participant A – Shock Advised	Male EMT/Fire	Heterosexual	Crisis responder
Participant B – Hornet	Male Law enforcement	Heterosexual	Crisis responder
Participant C – Crawler	Male EMT/Fire	Heterosexual	Crisis responder
Participant D – Viking	Male Law enforcement	Heterosexual	Crisis responder
Participant E – Star Lord	Male Law enforcement	Heterosexual	Crisis responder
Participant F – Pop	Male Law enforcement	Heterosexual	Crisis responder
Participant G – Mick	Male Law enforcement	Heterosexual	Crisis responder

Note. All selected participants indicated they had a positive experience after responding to a critical incident as a first responder. All participants also lived and worked in the United States

Data Collection

January 2025 marked the start of data gathering, which lasted until February 2025. Through gathering information from the seven individuals, data saturation was achieved. I used my Walden University email to log into Zoom. To protect participants' privacy and confidentiality, all interviews were held in a private setting where no one else could overhear the discussions. Each participant received a unique passcode and meeting code to log into the Zoom interview. Prior to each interview, I verbally reviewed explicit details of the informed consent to ensure participants were aware of their rights. Participation in this qualitative study was private and entirely optional. Participants were

free to decline participation, discontinue interviews, or leave the study at any moment without having to give a reason or risk negative repercussions.

Data were gathered using a hermeneutic phenomenological approach. I used semistructured synchronous interviews with open-ended, nonjudgmental questions to investigate this subject. Zoom was used to capture audio-only recordings of the data. Additionally, I documented the interview process by transcribing the audio into a Word document, and participant data were organized using a digital log. I chose to code the interview data using NVivo software. I transcribed participant answers to the interview questions, and each interview was saved in a Microsoft Word document and kept in a secure place on a password-protected USB drive, locked in a fire-resistant safe that is locked in my home office. The hermeneutic circle was used in data analysis. Using the hermeneutic circle, one must focus on the significant components that originate from experience and language to connect with the relationship between parts and the whole. The Hermeneutic Circle was used to interpret the data, as is the case in all hermeneutic phenomenological inquiry. The Circle represents the constant movement between the parts and the whole of understanding, so in this study, the “parts” were each participants’ individual meanings in statements and descriptions, and the “whole” was a more complete understanding of the ways first responders encounter and make meaning out of critical incidents, trauma, and self-discovery.

I began my close reading of each transcript by attending to the individual meanings in each participant’s story, and as these interpretations accumulated, they became the basis for an understanding of the essence across participants. In turn, as more

emerged from the whole, this understanding informed my return to the parts and interpretations of individuals. I moved iteratively between these two, revisiting and revising, to discover the depth and nuance of meaning in the data.

The process of interpretation was not a linear progression of understanding from the parts to the whole. Instead, I engaged in an interpretive dialogue between myself, the data, and the phenomenon. My pre-understandings were never entirely set aside, as they are shaped by all of our experiences with a phenomenon and, in this study, my own background knowledge included both first responder culture and literature on trauma, as well as my professional experiences as a counselor. However, through reflexivity, journaling, and continued interaction with the participants' voices, I remained open to meanings that emerged.

By remaining in this cyclical interpretive process, my understanding of the phenomenon was deepened. Thus, the Hermeneutic Circle informed the analytic process that ultimately revealed the essence of first responders' experiences and demonstrated how meaning develops and transforms through this interaction. Thinking about the event by purposefully concentrating on it as it occurs highlights and exposes hidden aspects of our existence (Suddick et al., 2020). To better arrange and monitor themes and subthemes, I made tables with rows and columns using a Microsoft Word document and transferred the data from NVivo. I was able to scan through the data line by line using thematic coding to find themes, subthemes, and patterns. I took the coded data and then arranged it in tables for simpler display and analysis. I was able to derive understandings and conclusions by analyzing data patterns and linkages after structuring the tables.

Preparation of tables facilitated identification of themes, subthemes, patterns, and insights in the data via visual arrangement and summary of the results. By using an organized approach to qualitative data analysis, it was possible to compare and contrast the themes and subthemes that were identified.

In my research, coding with NVivo and preparing tables was a beneficial approach for several reasons. First, I had complete control and flexibility over the coding process. Second, I was able to keep track of themes and subthemes, which was a useful method for organizing and managing qualitative data. Third, by meticulously examining and coding data by hand, I was able to gain profound knowledge. Throughout the coding process, I carefully reviewed the data. The coding process was transparent, which increased the legitimacy and dependability of the findings. The recordings and data have been, and will continue to be, stored in a secure lockbox and on a secure server. As mandated by Walden University, data and recordings will be retained for a minimum of 5 years. Physical document shredding and permanent erasure from electronic devices and databases are examples of disposal techniques to be used when data storage is no longer required.

Data Analysis

I ensured that the research process was conducted openly and honestly throughout this qualitative study that employed hermeneutic phenomenological methodology. My committee chair, Dr. Patton, was provided with detailed reports of the information gathered. I used thematic coding during this research process and my ability to study and interpret the data collected from each participant in the research allowed me to discover

themes, subthemes, and patterns, as well as develop awareness and draw conclusions from the data. The findings are presented in Tables 1–3. Before concluding each Zoom interview, the research participant was notified that they would receive an email containing a link to a webpage summarizing the overall results. The email containing the link to the results summary was sent to the address they provided when they agreed to participate in the research project.

Before coding the data, I obtained NVivo software and learned how to use it. I then imported all the participant interview information into the software, and it provided me with codes, themes, and subthemes. This process was very supportive when comparing it to my notes, as it added value to ensuring I was not biased to any of the information provided. The decision stemmed from the fact that following the acquisition of the qualitative analysis software NVivo and subsequently learning how to use it, I reached out to my chair, Dr. Jason Patton, and maintained my use of NVivo and my notes to code and organize data. I developed coding structures that included themes and subthemes and proceeded to organize the data. This alternative allowed me to visualize my data easily while facilitating its classification and evaluation. Although mastering new software took considerable time and presented significant challenges, I gained the ability to visualize my data in a way that was easy to understand. The transcripts were verified for accuracy by listening to each audio-only interview recording before they were uploaded into the NVivo software. My review of handwritten notes alongside audio-only interview recordings converted to text helped confirm their accuracy through cross-referencing.

Codes

In the first phase of open coding, 91 unique codes were generated from the seven interviews using NVivo coding software. Some examples of the NVivo codes include “I always had the understanding that I was part of the job,” “there’s a lot of preplanning,” and “critical incidents really makes you appreciate your time here.” NVivo codes reflected participants’ exact words to convey their lived experiences.

Categories

The second step involved grouping the codes into larger categories based on similar ideas through iterative coding and constant comparison. For example, the codes “an officer from a different company found me and called a mayday” and “they just don’t really seem like a big deal because you’ve, you’ve seen worse or something equivalent” were grouped into the high-risk situations category. The codes “adopting the mindset that anything that happened right before this moment” and “getting comfortable being uncomfortable” were grouped under the training and experience category.

Themes

Four themes that answered the research question regarding the lived experiences and PTG of first responders following traumatic professional encounters were developed based on the categories.

Anticipated the Crisis

Participants had expectations of being in critical incidents. “It’s inevitably going to happen.” “I always had the understanding that it was part of the job and it would eventually happen.”

Ready for Anything

Participants felt that training and experience prepared them for unexpected experiences. “Through all my experiences and years of training...” “I understand that the only thing I can absolutely control is how I react to things.”

Identity Shaped by Positive Outcomes

Some participants stated they found meaning and growth through their service, despite difficulties. “I had a little bit more confidence and I took a little more pride.” “Today is the only day that I have left, and I owe it to myself and many others to maximize that and make it the best I can.”

Influenced by Experience

Participants indicated how critical incidents prepared them for future incidents. “I’m supposed to do this.” “When you make the right decisions, you know you reflect upon what you did right or what you did wrong.”

Summary

The process of moving from codes to categories to themes is an inductive analytic process consistent with hermeneutic phenomenology. This procedure enabled me to understand the collected data and the phenomenon under investigation. I could easily visualize this format while sorting and analyzing my data. I listened carefully to each audio recording before transcribing it into NVivo to ensure the accuracy of the transcripts. I ensured my handwritten notes were correct by cross-referencing them with the corresponding audio-only interview recordings, which had been transcribed to text. Qualitative analysis was inductive and guided by a constant comparison process. After

several readings of the transcripts, text segments that conveyed relevant information were coded line-by-line, reflecting participants' words and experiences as close to verbatim as possible. I compared the codes across transcripts and grouped them into categories that expressed overarching meanings and patterns. Categories were further refined and connected into larger themes that reflected the structure of the participants' lived experiences through cycles of continued comparison. The connections between codes, categories, and themes were documented in the findings to enhance trustworthiness through transparency and confirmability. Following this procedure helped me gain a deeper understanding of both the data collected and the phenomenon under investigation. It was suggested by Ravitch and Carl (2016) that data analysis and reflection be performed concurrently with journaling in order to track the progression of a researcher's thinking concerning the phenomena. By following this practice, I was able to monitor the development of my thoughts and my comprehension of the phenomenon over time. At this point, additional interviews were not contributing substantially to the emerging understanding of the phenomenon; the developing understanding showed that the participants' narratives were beginning to reveal the same observed information and that additional interviews were contributing support rather than new or substantially different descriptions. In hermeneutic phenomenology, the desired degree of saturation is sufficient richness of description to enable the essence of the participants' experience to be confidently interpreted.

Evidence of Trustworthiness

According to Patton (2015), validity in qualitative research includes aspects such as trustworthiness and authenticity. The validity of qualitative research is affected by the appropriateness of the methods and procedures used, in addition to the data collected (Ravitch & Carl, 2016). Research validity encompasses both the findings from the data and their interpretations to ensure an accurate depiction of the phenomena analyzed. The aim of my research was to explore how first responders experience personal growth following traumatic events encountered while performing their professional duties. The implementation of purposive sampling throughout my research data collection and analysis process helped me remove potential biases from my study (Stratton, 2024). The process was implemented to guarantee trustworthiness throughout each research procedure. Purposeful sampling helped me target specific characteristics and experiences within a defined population. The research recruited first responders through purposive sampling which focused on self-identified first responders who demonstrated resilient traits following job-related traumatic experiences. I collected information through in-depth semistructured synchronous interviews which were recorded in audio format using Zoom. Throughout each in-depth semistructured synchronous interview session with a research participant, I employed multiple data-gathering techniques to ensure the data's authenticity and quality.

Credibility

A research study's credibility depends on how well its findings match reality. Credibility in qualitative research evaluates how accurately the findings represent the

subject investigated. Credibility in the context of a research study is the requirement of integrity by ensuring that the data collection and processing procedures maintain both correctness and trustworthiness (Vella, 2024). Throughout this qualitative research project, I ensured thorough documentation of all procedures related to each data collection instrument, which allowed validation of the analysis process. Vella (2024) stated that research credibility improves when participants review early conclusions from data collection to provide their feedback and additional details. To prevent or reduce any personal bias from affecting the results of my research study, I used NVivo software to compile information and report results. I then compared the results from NVivo with my notes to determine accuracy. I held detailed semistructured real-time virtual interviews with first responders who reported experiencing PTG following their exposure to work-related traumatic events. I used this approach to gather data. During the in-depth semistructured synchronous interviews I conducted with each study participant, I implemented multiple data collection approaches. I audio-recorded interviews conducted in Zoom. These recordings documented the personal experiences of research study participants. After each interview, I examined the audio recordings and written transcriptions of the research participants. The purpose of this procedure was twofold: it verified the clarity and accuracy of the material and collected additional information to enable further information gathering. I achieved precise data entry into NVivo because of my organized approach which enabled me to conduct comparisons between participant responses and to verify saturation was achieved. The data provided by all participants displays a high degree of similarity across responses.

Transferability

While conducting qualitative research, transferability should be maintained. Peoples (2020) referred to transferability as the qualitative researcher reporting the exact details regarding the research setting and participants, along with time frame information and all other elements that might affect the study. This is particularly important if the qualitative research findings are, or become, relevant to subsequent research projects. This qualitative research study used hermeneutic phenomenology to explore and interpret first responders' lived experiences and their resilience following job-related trauma.

Dependability

I conducted data analysis in this qualitative research study by studying and interpreting data to describe and comprehend it. This process allowed me to reveal themes and subthemes along with insights and conclusions that matched the research findings collected. The qualitative research study's developing themes and findings emerged from the thorough examination and explanation of the collected data, which was evaluated accurately and comprehensively. The data analysis ensured that the general conclusions of this qualitative research study received proper representation and verification, while also reinforcing those findings. Throughout this study, I verified that my data analysis and interpretation were consistently aligned with the themes, subthemes, patterns, insights, and conclusions that emerged during my investigation. My work demonstrated that my analysis and interpretation of data followed a consistent method.

Confirmability

Although confirmability is the last of the qualitative research standards, it remains an essential element for establishing trustworthiness. This investigation addressed the confirmability concept by applying reflexivity techniques. The term *reflexivity* represents the practice of acknowledging and valuing researchers' personal perspectives, which consist of their opinions, biases, experiences, and beliefs. Qualitative researchers practice reflective thinking when they analyze and record data collection methods together with their learning progress and participant reactions to the research process. Data collection can occur with researchers documenting reflexivity throughout the study. To achieve confirmability, researchers must ensure the presence of credibility as well as transferability and dependability (Ide & Beddoe, 2023).

Results

Thus far in Chapter 4, I have delineated my findings. My research findings show a relationship with the selected theoretical framework for my study. The hermeneutic phenomenological method was the theoretical foundation selected to explore the direct experiences and resilience traits displayed by first responders after their exposure to trauma during their work. This research study, therefore, assessed experiences that can be relatable to the life of a first responder. Others in similar situations may be able to recognize patterns of struggle, resilience, and meaning making, which could enhance the transferability and applicability of the study's findings.

The following sections serve to introduce the research participants to better contextualize the findings of this study. Background information about the participants is

shared, as appropriate, to provide a sense of who they are (while still maintaining confidentiality), including role as a first responder (e.g., police, firefighter, emergency medical worker), years in the field, the types of critical incidents experienced, among other pertinent details about their lives. Furthermore, for the purpose of this section, I have also included details about aspects of their experiences with positive growth, their resilience strategies, and their unique contributions to this study.

Participant A

Shock Advised was an EMT/fire lieutenant with over 35 years of experience as a first responder. Shock Advised stated, “I have multiple certifications from fire level one all the way through fire level three, hazmat, technician.” In response to the question regarding the type of critical incident(s) that he was involved in, which resulted in unexpected positive long-term benefits, and that you feel were unexpected, he responded that there were multiple. However, the primary incident was one in which he went into cardiac arrest, died, and was then revived. Shock Advised stated, “I went into cardiac arrest and basically was technically dead for four minutes.” When asked the question regarding the expectation of being in a traumatic event, he responded, “Traumatic event on my own person, no.” Shock Advised shared his lived experiences of decades of working as a first responder and being personally impacted by traumatic events as well as vicarious trauma from being concerned for the safety of his fellow first responders. Shock Advised recalled an experience where his fire crew responded to a multivehicle accident and was hit by a vehicle, “I didn’t know if my other crew member was dead or alive or

the patient he was working on was dead or alive.” Shock Advised described how the multiple traumas he experienced would have some positive benefit in the long term.

Training is something that Shock Advised credits for preparation to respond to a critical incident, “it was just the training.” He also credits continuing education, “We are constantly doing Con Ed, you know, continuing education,” and preparedness to respond to future incidents. Shock Advised had his first traumatic experience within his first year working as a first responder and recognized himself as being “a little bit kinder to people” following exposure to trauma at work. He also stated that this had positively impacted his personal life, and he tries to “get the most out of that day.” He stated that his mental awareness following the incident compared to prior is due to understanding that “you realize how fleeting life can be. How easily it can, it can be your last day.” He credits his “maturity level” as how he grew personally. Shock Advised continued to credit multiple coping skills, such as sharing stories with others or martial arts, as what supports him with managing stressors. Shock Advised’s lived experiences and training, along with his exposure to trauma, show his ability to understand how these impact his resiliency.

Participant B

Hornet worked for Homeland Security and has over 30 years of experience as a first responder in law enforcement. Hornet stated, “I started out as a deputy sheriff then became a police officer for my last 10 years, I was a police chief for a small town.” He recalled an incident that resulted in unexpected positive long-term benefits after responding to the completed suicide of a man he knew from his community. Hornet

recalled his experience: "I went and did that death notification, um, and sat with that family at their kitchen table, you know, held the elderly father and mother's hand and hugged them and, just stayed with them for a while." He went on to explain that this had a positive impact on him because of his kindness to the man's parents going forward. "The good thing that came out of that was, uh, kind of a bond with his parents." Hornet said that he expected to be involved in a critical incident as a first responder, but it was not quite what he had expected, "Yeah, just the kind of things that I thought would happen are not really what happened." When asked about being directly involved in a critical incident, he recalled an event in which he was in a position, directly, where he thought he would have to shoot a woman with a gun and stated, "that is the closest I've come to shooting somebody at work. It's close." Hornet did say that he had to injure the woman but was "glad" that he did not shoot her.

Hornet credited "field training" for preparation for being able to respond to critical incidents. Hornet stated that it was about 20 years into his career as a first responder when he responded to a critical incident from which he felt a positive experience. After this experience, he recalled a positive emotion of feeling closer to his family, "I went home, and kind of, kind of cried a little bit and held my kid and, um, just thank GOD that my child was okay, and I just felt very thankful for what I have." When asked how his positive emotions affected his personal or professional life, he replied that he went through some trying times but said "say, hey, life is not that bad. Things are pretty good." In response to the question of describing how he grew personally in a positive way from being exposed to a critical incident, he described going for specific

training to install car seats and helping parents keep their children safe in motor vehicles. He talked about how his connection with his children is an inspiration for helping others. Hornet described breathing as his primary coping skill and finds it helpful. "I was going through this breathing exercise, and I, I still do it now when I'm trying to fall asleep, or I'm stressed out." Hornet's lived experiences and training, family connections, coping strategies, and exposure to trauma demonstrate his ability to connect to his resilience.

Participant C

Crawler worked as an emergency room nurse but has 20 years of experience as an EMT/fire service worker in the first responder community. Crawler stated, "I work full time as an emergency department nurse, and per diem, you know, as needed wherever I can help out as a firefighter paramedic." Crawler described his extensive career, which brought him a positive experience from exposure to a critical incident. The general topic he covered was pediatric crisis responses. One was a 19-month-old child who was having breathing issues, and his intervention saved the child's life: "It was a very, very successful resuscitation." Crawler said, "A horrible situation, a horrible circumstance for that family that ended very well, but I feel like that had a positive influence on my career." Crawler stated that he was expecting to be involved in a critical incident from working as a first responder. He described being a primary responder to many critical incidents during his career. Reflecting on the question of what prepared him to respond to critical incidents, he credited his military experience, "the mindset that anything that happened right before this moment, like I cannot change, but I can change how I respond to it now and the decisions I make going forward." Crawler stated that the first critical

incident he responded to that brought him a positive experience was during his first year working as a first responder.

Crawler described his post-critical positive emotion as “relief” and recalls that it was due to his ability to do his job successfully. The impact of these experiences on his professional and personal life was the ability to recognize illness better and care for his patients and daughter. “I feel as though the experiences gained helped me, you know, as a father and also in the professional role.” Crawler indicated that post-incident mental awareness “definitely validated that, hey, these things happen.” When asked how he grew personally in a positive way from his experiences with critical incidents, he responded, “Today is the only day that I have left, and I owe it to, you know, to myself and many others, to you know, maximize that and make it the best I can,” which was a good summary of his experience. The primary coping skill Crawler found helpful was debriefing after critical incidents. Crawler’s lived experiences and his exposure to pediatric trauma connected him to his resilience and gave him the drive to pursue furthering his education to work with this population.

Participant D

Viking was retired from law enforcement after 15 years of experience. His experience included having an “advanced peace officer’s license in the state of Texas, and numerous trainings and certifications.” Viking also said that he spent time in a leadership capacity. Viking was a member of a “high risk warrant team,” which involved his critical incidents that resulted in unexpected positive long-term benefit. He said he expected to be involved in a critical incident as “part of the job.” Viking was directly

involved in the critical incident, which occurred 7 years into his work as a police officer. Viking said that experience and training in law enforcement and his military service prepared him to respond to critical incidents.

Viking described a positive emotion post-critical incident as “a sense of elation.” Viking recalled that his positive emotions after a critical incident benefited his professional life because he could use his experiences as “teachable moments” for his coworkers, who were new to his profession. He also said this benefited his personal life by allowing him to process his experiences with his wife. Viking also stated that his sense of pride from feeling “capable within his field” was significant to him. Viking’s description of comparing his mental awareness after a positive outcome versus before was that of more confidence in his abilities as a LEO. Viking had a similar answer regarding how he grew personally as well. Viking replied that he grew personally by being able to identify experiences and how to react to them. Equanimity is the coping strategy identified by Viking as the way to manage stressors. Viking uses stoicism to “remain calm.” Viking talked about experiences of positive post-critical incidents as something that prepares him for future incidents. Viking’s lived experiences and resilience show his commitment to helping his peers and individuals new to his profession make good decisions and stay safe and healthy.

Participant E

Star Lord had been working in law enforcement for the Department of Veterans Affairs for 12 years and had an additional 8 years of experience in this field. He worked and lived in the United States. Star lord responded that he had expected to be involved in

a critical incident when starting his career, and the critical incident that he was involved in, that resulted in a positive long-term benefit, was “talking people from committing suicide.” Star Lord credited his past experiences with critical incidents, along with training, for successful outcomes and the ability to work with someone to help them decide not to commit suicide. Star Lord responded that the first critical incident that resulted in a positive experience for him was a year into working in law enforcement. The positive emotion that Star Lord felt following the critical incident was pride, “I felt proud and successful that we were able to save another human being’s life.” Star Lord stated that positive emotions affected his life post-critical incident by creating optimism in both his professional and personal life. Star Lord said that his mental awareness did not change and continued to remain unchanged after a positive outcome versus before due to “many critical incidents” he has attended. Star Lord stated that his personal growth after exposure to a critical incident resulted from past success in previous incidents. Star Lord used human connection and talking as coping strategies. Star Lord explained how he was prepared for future incidents: “The way I was prepared mentally going forward was that I can handle it.” This indicated his ability to draw on experience to feel confident going forward. Star Lord added that mental health treatment has helped him process stressors related to critical incidents, and that it has helped him in his personal life and career. Star Lord’s lived experiences and training, along with his connection to others, demonstrated his ability to understand how to impact others in a meaningful way.

Participant F

Pop worked in law enforcement for 22 years, including at local and state law enforcement agencies. Pop was retired but knew he would be exposed to a critical incident when entering the first responder field, “it was nothing unexpected.” Pop responded that he was exposed to the “gamut” of critical incidents throughout his career. Pop credited his military training for the preparation to respond to a critical incident. “The military; I definitely feel like they prepared you a lot better.”

In the first 5 years as a LEO, Pop was exposed to a critical incident and he had a positive experience. He stated that he was able to perform cardiopulmonary resuscitation (CPR) on a man and revive him. He felt appreciation after a positive experience with a critical incident: “I feel like being exposed to a lot of those critical incidents makes you appreciate your time here.” Pop responded that he used his experience with critical incidents to provide support to others after they were exposed to “critical instances,” using his understanding to help others: “I think that it helped maintain calm and composure for other people that we are going through those critical instances when you are calm it, it helps calm reassure them that everything is going to be okay and calm them down.” When asked how he grew positively from being exposed to a critical incident, he stated that he could remain calm in stressful situations and hold that space for others. Pop credited breathing as his coping skill that helped him in stressful situations. Pop said that he recognized a critical incident’s impact on him, and that is how he prepared himself for future incidences. Pop’s lived experiences and training demonstrated his ability to maintain composure and hold a safe space for himself and others.

Participant G

Mick lived and worked in the United States, was a retired LEO and worked as a patrolman/canine officer for a large city in New Hampshire. Mick stated that his basic day-to-day responsibilities as a police officer were to respond to “calls for service.” Mick recalled a particular critical incident where he responded to a call for service originally as a domestic incident, but it soon developed into a child abuse case after further investigation. The positive long-term benefit that Mick claimed to have felt from this incident was that he was able to follow the progress of the children and was privileged to know that his efforts changed the lives of the children, as they went on to live in a better environment, “A family had adopted both of them within the same family, so I got to be present for that, and um, the little boy had remembered me, and it was really a positive experience for me to see that he was going to be placed in a good home.” Mick said that he thought he would be involved in a critical incident but not like the one involving child abuse, “I knew it was possible, but I never really conceived it happening on that level.” For this particular incident, Mick had been the first person to respond.

When asked what prepared him to respond to critical incidents, Mick primarily attributed experience, “I learned how to do that just over the years.” Mick stated that his first critical incident was responding to a house fire during his first year as a police officer. When asked what types of positive emotions he experienced during a post-critical incident, Mick said that he “was very satisfied.” He continued to say that the impact on his personal life and career was “a kind of positive affirmation in my career and then as a dad.” Mick responded that he grew positively by saying, “It’s just rewarding.” He

continued to say that he feels less stress over time. When asked about coping strategies and their effectiveness, Mick responded that he found talking helpful and staying physically fit, “people are counting on you to be physically fit or mentally fit.” Mick credited experience as preparation for future critical incidents. He responded that reflection on his decisions drove him to make better decisions during incidents, which fostered better outcomes. He concluded the interview by stating a need for research into support for first responders and their mental health. Mick’s lived experiences with his exposure to trauma demonstrated his ability to understand human connection how that impacted his resiliency and had life changing effects on others.

Table 2*Themes and Subthemes from Data Collected*

	Files	References
RQ1: For those who have experienced posttraumatic growth, what are the lived experiences of first responders following traumatic professional encounters	7	128
Theme 1: Participant had expectation of being in critical incidents and experienced high risk and child-related incidents	7	27
04 Role within the first responder community	7	7
Fire lieutenant	2	2
Law enforcement	5	5
05 Critical incidents resulting in unexpected positive long-term benefit	7	13
Child-related	3	6
High risk situations	4	7
06 Expectation of being in a critical incident	7	7
Not something like that	2	2
Yes	5	5
Theme 2: Participant felt that training and experience prepared them for unexpected experiences	7	41
07 Involved in a critical incident, response after, role during the incident	7	16
Responded to unexpected conditions	7	16
08 What prepared you to respond to critical incidents?	7	16
Training	3	5
Training and experience	5	11
09 First critical incident resulting in a positive experience	7	9
20 years in	1	3
In the very beginning	4	4
Under 10 years	2	2
Theme 3: Participant experienced positive growth in their personal and professional life	7	60
10 After a critical incident, what types of positive emotions, positive thoughts, or positive behaviors did you feel?	7	11
Appreciation	7	11
11 Positive emotions' impact on ones life	7	12
Maintain calm and composure	1	1
Optimistic	6	11
12 Positive mental awareness before or after an incident	7	12
I was generally aware, but I didn't have an appreciation for it as much	7	12
13 Positive personal growth from critical incident exposure	7	11
Successful	7	11
14 Coping strategies	7	14
Deep breath	2	4
Multiple	2	5
Talk about it	3	5
RQ1a: How do these experiences contribute to or shape their development going forward?	0	0
Theme 4: Critical incident prepared participants for future incidents	7	9
Learn	7	9

Theme 1: Anticipated the Crisis

All participants stated that they expected to be involved in a critical incident when entering the first responder field of work. Shock Advised responded, “I know I would be involved with critical incidents because of the nature of the job.” Pop said, “It was nothing unexpected.” The understanding of the work and their lived experiences to that point gave them the impression that they would be involved in experiences of a significant nature. Each participant had roles within the first responder community: Shock Advised and Crawler reported fire service/EMT, and Hornet, Viking, Star Lord, Pop, and Mick all report law enforcement. A subtheme emerged as some participants identified that the specific critical incidents they had envisioned being exposed to were not what they had expected. Hornet said, “Just the kind of things that I thought would happen aren’t really what happened.”

Additionally, other subthemes emerged from responses from the research participants when they spoke about expectations regarding critical incidents, particularly when becoming a first responder. These included being personally involved in critical incidents, high-risk, and child-related incidents. Shock Advised detailed an incident in which he was personally involved where he went into cardiac arrest: “It was a kitchen fire. I was working the hose line and there’s a little mystery still there, but I went into cardiac arrest and basically was technically dead for four minutes, um, and a fellow firefighter, an officer from a different company found me and called a mayday.” Hornet recalled an incident in which he was personally involved where he was put in a position to shoot someone: “She started pulling up what I thought was a shotgun, and I was pretty

close. So, I went towards her.” Star Lord shared, “I responded during the incident right as it was happening. It was an individual who wanted to die, she had a firearm and wanted myself and another officer to shoot her.” These research participants described a clear expectation that the type of work they would be involved in would expose them to critical incidents, but indicated that their expectation was not the reality of their lived experiences.

Theme 2: Ready for Anything

The seven participants offered insights into how their training equipped them for unforeseen experiences and influenced their responses to critical incidents. All participants answered that they responded to critical incidents involving unexpected conditions but felt training had prepared them for it. Shock Advised stated that he was working to put out a kitchen fire when he had a heart attack. “I went into cardiac arrest and basically was technically dead for four minutes.” This experience is the primary one that he discussed that provided a positive experience because he was saved by the other first responders he worked with. They brought him back to life, and he made a full recovery. Although he indicated that the critical incident came after working many years as a first responder, he stated that his first incident occurred on his first day. Hornet also responded that training prepared him to respond to critical incidents. Hornet recalled responding to the suicide of a man he knew from his town and had to deliver the death notification to the man’s parents. Hornet said that the positive experience that resulted from this critical incident was a bond created between him and the man’s parents, “the good thing that came out of that was, uh, kind of a bond with his parents.”

Crawler also recalled having a positive experience following a critical incident where he was able to care for a child who might have died had he not intervened. He credits training and experience for his ability to respond. Crawler stated, “The pediatric intensive care unit (ICU) team told the family, you know, had the paramedics not done what they did, you know she wouldn’t be here right now. And I still get a Christmas card from them.” He also described his response to a critical incident that resulted in a positive experience for him within his first year working as a first responder. Viking was 7 years into his career when he experienced a critical incident that resulted in a positive experience. He also credited his preparation, through training and experience, for this ability to respond to these incidents: “My training and experience as a police officer after having been through numerous incidents of similar type, but did not end in the same way also prepared me for this.” Star Lord also credited experience and training for his ability to respond to critical incidents.

Additional subthemes emerged from the research participants; these involved, as described previously, the number of years working as a first responder before being exposed to a critical incident that had a positive impact and exposure to unexpected conditions during the critical incident. Regarding time to the first critical incident that had a positive impact, “Within the first 5 years,” stated Pop, whereas Mick said, “immediately.” These research participants defined how their training and experience supported them in their work and described the time they were exposed to an incident that resulted in a positive experience for them.

Theme 3: Identity Shaped by Positive Outcomes

The data analysis revealed that all seven participants reported that they experienced positive growth professionally and personally after being exposed to a critical incident. Subthemes that also emerged from this study were the types of positive emotions, positive thoughts or behaviors, impact of positive emotions on life, positive mental awareness, positive personal growth, and coping strategies. Some of the positive life changes Shock Advised reported are “I am a little bit kinder to people” and “I try to get the most out of that day.” His description of how he grew professionally and personally was “positively.” Shock Advised described how he would comfort the people in his community during a crisis by telling them how they might recover from their issues. He said he would advise them by telling them, “My crew has done this multiple times, and everything is going to be okay.” Positive growth is a commonality stated among all seven participants. Hornet responded, “It made me realize how important the positive things were in life.” Crawler responded, “Today is the only day that I have left. I owe it to, you know, to myself and many others to, you know, maximize that and make it the best I can.” Viking answered with “a real sense of satisfaction” as his response to how he grew positively from being exposed to a critical incident. “Being able to maintain composure” was the response from Pop. The response from Mick was “rewarding,” when describing how he felt that he grew following a critical incident. Each participant had a unique way of depicting personal and professional growth, but they all grew from being exposed to trauma while working as a first responders.

Some of the coping strategies the participants found useful were as follows:

Viking used equanimity, “We do not have to get overly excited or under excited,” while Star Lord stated that talking was helpful for him, whereas breathing was helpful for Pop, as he indicated, “take a minute, breathe, look around really helps kind of bring you back to your center.” When asked about coping strategies, Mick found it helpful to talk to peers, family, and friends when needed, and to stay physically fit by hiking or running. These findings show the importance of ongoing support and self-care practices to lessen the effects of individual trauma, particularly trauma due to the type of work they perform regularly.

Theme 4: Influenced by Experience

In response to questions regarding how their positive experiences, after being exposed to a critical incident, prepared them for future incidents, all participants had the commonality of learning from that experience. Each of them described in their own words how they would react going forward. Shock Advised: “Something never works the way it is supposed to work, and we just improvise and adapt and overcome each situation;” Hornet: “I guess thinking, just that once you get through it, things are going to be okay;” Crawler: “the best medicine is prevention;” Viking: “I look at everything as a chance to learn, there is no failure, there were just new opportunities to learn and to develop;” Star Lord: “the way I was prepared with it mentally going forward was that I can handle it;” Pop: “honing yourself;” and Mick: “you just build upon your successes.” Each participant shared a unique way of reflecting on their experiences to navigate future critical incidents.

Summary

In Chapter 4, I have reported the findings of my study, in which data were collected using in-depth semistructured, synchronous interviews. In this chapter, I addressed the lived experiences of first responders displaying PTG and resiliency after managing adverse conditions inherent to their work. These participants addressed the topic of exposure to trauma due to their own lived experiences and the various forms of trauma they experienced. Despite the lived experiences they endured, participants showed resilience and an obligation to continue their work helping others.

The study findings also showed that training, experience, coping strategies, self-care practices, therapy, and support group practices helped participants grow professionally and personally. Solid professional boundaries and personal experiences foster healthy work and home environments. Participants revealed the understanding that positive emotions were fundamental to their resiliency and important to their overall health. Overall, the findings of this study demonstrated that first responders, through their training and experiences of trauma during the performance of their duties may develop resiliency through PTG. First responders who experience PTG provide significant help to each other and other people in their communities, drawing from their lived experiences to foster healing and resilience. Next, in Chapter 5, I provide interpretation of the findings, address limitations of the study, and include recommendations, implications, and a conclusion.

Chapter 5: Discussions, Conclusions, and Recommendations

This hermeneutic phenomenological study aimed to explore, interpret, understand, and describe the lived experiences of first responders who reported a positive experience after exposure to a traumatic event. In January 2025, interviews began and culminated in February 2025. All participants were at least 18 years old, worked as a first responder, lived and worked in the United States, and reported a positive experience after being exposed to trauma while responding to a critical incident working as a first responder. Participants expressed interest in sharing their lived experiences with PTG to help other first responders. Four themes emerged from the data analysis (see Table 2).

Interpretation of the Findings

Using Gadamer's hermeneutics philosophy, authors Alsaigh and Coyne (2021) stated the importance of the interview with participants. I found it significant for participants to share their lived experiences regarding the phenomenon with me. It was rewarding to listen intently to their statements and have the ability to go back and review that information again to increase depth of meaning and understanding, and then report the findings. Findings from this study confirmed that first responders who reported a positive experience after exposure to a traumatic event developed learned resiliency. From responses to the interview questions, several themes and subthemes emerged.

Participants had expectations of being in critical incidents and experienced high risk and child-related incidents. All participants indicated that there was an expectation of responding to a critical incident as a first responder. The response of Shock Advised was similar to the others in that he felt as though responding to critical incidents were

“nature of the job,” but he did not anticipate that he would be the central part of a critical incident while performing his job working as a firefighter. It was the sentiment of all the respondents that entering the first responder workforce would come with the responsibility of responding to calls for service that had the potential for crisis. Reflecting on his lived experiences of being a police officer, Hornet recalled multiple incidents that were critical in nature and resulted in high-risk situations. Crawler and Mick both described incidents for which they were first responders that involved children and brought them each rewarding experiences post-incident due to the lessons learned from the experience. When first responders anticipate the need to face a crisis before being employed, it is often part of the reason they decide to proceed in that line of work. The reality of the critical incident, however, is usually much different than the anticipated scenario. First responders assume they will be in a place of fast-paced, intense, high stakes, and heroic action, as is often depicted in the media. They feel as though they can do something to help and make a difference. There is a false sense of right and wrong, and assumption that decisions can be made with clarity and the knowledge that they will be able to handle the situation due to proper training. There is an expectation that they will remain calm, cold, and unaffected by the crisis. The reality of the lived experiences of the participants was that they had an expectation of being subject to a crisis, but the reality of the critical incident was not what they expected.

Participants felt that training and experience prepared them for unexpected experiences. In this research study, the first responders spoke about training and field experiences that prepared them for unexpected situations while responding to critical

incidents. Training and experience requirements for first responders may vary by role and agency, such as differing preparation for emergency medical technicians (EMTs), firefighters, and police officers, but generally include emergency preparedness, quick and solid decision-making, public safety, and legal guidance. Training and experience requirements include practices specific to the individual professions but overlap in some ways. For example, LEOs may spend considerable effort learning laws specific to their state or community, whereas firefighters may focus on types of fire suppression. Each type of first responder has a lifesaving component in their training.

Participants shared how training and experience played a significant role in their preparation for exposure to a critical incident and their ability to manage themselves during a crisis. Each participant spoke about how their training provided a base for how they would manage the basic process for addressing specific critical incidents. However, prior experience was key in development of confidence of success and positive outcome via prior exposure to similar situations.

Participants experienced positive growth in their personal and professional life.

After critical incidents, the common positive emotion for all seven respondents was a feeling of appreciation. Pop stated, "Being exposed to a lot of those critical incidents really makes you appreciate your time here." He went on to say that he also has an appreciation for other people's time, which brings him closer to humanity. Mick reflected on his family after a critical incident:

kind of just reaffirmed to me that I liked what I was doing for a living, that I could help people, and that made me really appreciate that my kids, who I loved so much, didn't have to be in a situation like that.

Like Pop, Mick grew closer to humanity and his family and felt a great connection to life. Viking responded that he felt a sense of satisfaction by using his positive emotions to pass that along to first responders he was training, to help them develop an appreciation for positive outcomes. Some of the other subthemes that emerged were a sense of optimism, learning to have a sense of appreciation post-incident, feeling successful regarding positive growth post-incident, and coping strategies.

Each of the first responders discussed coping strategies that were successful for them. Some common themes emerged, such as breathing, talking, exercise, and connecting with others. It was clear that part of their success was that each of these respondents had practiced coping strategies regularly to combat stress. In addition, they shared that they had consistent self-care practices. These individuals also shared the meaning of self-care with their peers to support their needs. Having a strategy for self-care was a key factor in preventing and resolving stress. It allowed them to perform their jobs in a manner that allowed them to make better choices, which resulted in less stress and greater resiliency. As stated in Chapter 2, Motreff et al. (2020) indicated that, following exposure to trauma, first responders exhibited coping skills that mitigated stressors and helped to manage their mental health. The participants in this study had similar coping skills, such as exercise, social engagement, and connection with others. Findings from the current study are consistent with those of Motreff et al. (2020) in that

the impact of trauma on first responders supports the development of a positive outcome from their experiences.

Critical incidents prepared participants for future incidents. The results of this qualitative research study suggest that critical incident preparedness can help current and future counselors and researchers understand the quality of learning from experience, particularly regarding the perception of first responders, who understand the benefit of and positive aspects of learning from having successfully navigated critical incidents. The study findings revealed the importance of highlighting the learning process that occurs following exposure to a crisis event. Hornet reflected, “I guess thinking, just that once you get through it, things are going to be okay.” Shock Advised said, “Go in with that mentality, if you go in with knowing that I’m supposed to do this on this call.” Crawler talked about how his experiences prepared him for the path in nursing that he is pursuing. Viking stated, “There were just new opportunities to learn and to develop.” Star Lord responded, “So whatever is thrown at me, I will be able to figure out how to solve it or adapt it to come back with a positive outcome for the next one.” Pop said, “Your mind and body become more accustomed to those stressful situations; just takes a minute, breathe, look around really helps kind of bring you back to your center,” and Mick replied, “You get better at it as you go because you just build upon your successes.” The findings from this research study can benefit current and future counselors in their support of first responders in recognizing the positive growth they gained from experiences with critical incidents. This study’s findings confirm, disconfirm, and extend

prior literature in the discipline, as noted in the peer-reviewed sources reviewed in Chapter 2.

This study's findings confirm the results of earlier studies, which established that first responders experience critical incidents that result in significant stress (Bryant, 2022; Jetelina et al., 2020). Respondents expressed resilience and even PTG, as reflected in the study by Shakespeare-Finch et al. (2013). Similar to the conclusions of Campos et al. (2023), the participants in this study emphasized the role of peer support and shared experiences in coping with stress and promoting well-being. The current findings further support and corroborate prior research that suggests that resilience is not only a personal attribute but also a process that is sustained through social and organizational support (Baek et al., 2021).

The results of this study also disconfirmed some of the findings reported in earlier literature. For example, while past research established that first responders are not likely to talk about their emotional struggles due to stigma (Szeto et al., 2019), some participants in this study mentioned increased openness in their agencies about mental health concerns. In other words, organizational culture may be changing faster than earlier research has suggested, with training, peer support, and public awareness initiatives leading to increased acceptance and support. The current study disconfirms the general claims of stigma as a factor that prevents first responders from seeking support.

This research also contributes to the literature by underscoring that participants did not merely survive their experiences but reframed trauma as a source of meaning and purpose. Although prior studies have addressed PTG in military personnel and veterans,

fewer investigations have focused on first responders. The experiences of the participants offer new insights into promoting and supporting growth after exposure to critical incidents, especially through the mentoring of new responders and engagement in community service. These perceptions expand the concept of resilience from an individualistic coping strategy to a collective practice, which may be suggestive of a larger framework for understanding how first responders maintain their well-being throughout their careers.

The findings from this study have multiple implications for theory, practice, and further research. Theoretically, the results support the foundations of resilience and PTG frameworks. The study provides evidence of how these constructs operate within the experience of first responders. However, the findings also suggest that theoretical models could be enhanced by considering the collective and relational aspects of growth, instead of focusing on individual resilience and coping. From a practical perspective, the results indicate the importance of organizational culture in shaping how first responders process trauma. Agencies that promote peer support, open communication, and wellness proactivity may limit negative impacts and increase the potential for growth. The results of this study also suggest potential areas for further research. For example, variations in resilience across different responder roles, years of service, or types of critical incidents are not well understood. Further research in these areas could lead to the development of more targeted interventions that benefit responder well-being and long-term workforce sustainability.

Limitations of the Study

I interviewed seven male first responders to provide insight and understanding of their lived experiences as first responders who had a good experience after being exposed to a traumatic event, such as responding to a critical incident during their work hours. In this qualitative research study with a hermeneutic phenomenological approach, following data collection and analyzing the data, I became aware of several limitations. The first limitation of this study is that the participants included only male first responders living and working in the United States. The second is the number of research participants may be too small to represent the range of experiences possible for the studied phenomenon. The third limitation is subjectivity, in which my prejudices could have affected the data interpretation, thus threatening the validity of the results. I must acknowledge that I tried to be careful and not have any biases when assessing and interpreting the data.

Recommendations

Compassion fatigue and burnout are serious health issues for first responders, and they can impact all affected individuals, as well as their families and the communities they serve. Recommendations to address these issues include identifying appropriate training and support services for those impacted by trauma, providing training for organization and community leaders, conducting further research and data collection in this area, and supporting self-care for first responder professionals. Understanding and tackling mental health stigma is crucial in efforts for first responders to obtain appropriate support when needed.

First responders are a diverse group of individuals with many complex responsibilities. Areas for future research include a more nuanced look at the possible differences in these experiences between the various types of first responders (law enforcement, firefighters, paramedics, dispatch, etc.). Qualitative and quantitative comparative studies may yield role-specific protective and risk factors that can be used to inform further interventions. Longitudinal studies are also encouraged to more clearly track the resilience and PTG of responders over time, particularly as it relates to cumulative exposure to trauma. Additionally, the role of organizational culture and support may be further explained, especially in terms of leadership practices and their impact on resilience. Finally, quantitative studies may help to extend the qualitative findings in this research by testing specific factors and strengthening the overall evidence base that can be used to develop evidence-informed policies and programs.

This study examined the lived experiences of first responders to better understand resilience and PTG as developed and maintained in the context of repeated exposure to critical incidents. The results supported much of the existing literature, refuted certain assumptions, and expanded current knowledge by offering new insights into the relational and collective aspects of the resilience process. Theoretical, practical, and research implications were provided, with particular attention to the role of organizational culture, peer support, and meaning making in upholding well-being. This study has the potential to both advance disciplinary knowledge and aid in the development of practical and evidence-based approaches to strengthening the resilience of this important workforce.

Implications

There was a gap in the research related to the lived experiences of first responders who developed understanding and learned resiliency via PTG following exposure to trauma. The data from this study has helped fill that gap by adding to the body of knowledge in the counseling field. Based on a hermeneutic phenomenological approach, the research findings illustrated that first responders who had a positive experience after being exposed to a crisis event developed resilience that supported them going forward in their professional and personal lives. By examining these first responders' lived experiences and perceptions, the study results demonstrated how these participants served as positive role models for other first responders and their families. The findings show that first responders could use their situational knowledge to pass experiences on to their peers and the individuals they train to foster an environment of positive change. The reported findings show that the first responders exposed to a traumatic event can be positive role models for their peers and other community members. Their lived experiences can inspire optimism and encouragement, demonstrating that exposure to trauma can serve as a pathway to positive growth. Being a positive role model can encourage other first responders to seek counseling, support, and additional resources to help with their healing journey. Also, the study findings revealed that first responders are effective in helping peers exposed to trauma by supporting them in recognition of how their experience has helped improve their lives in different ways. Helping other first responders identify PTG is an important part of the social change movement to combat

unhealthy practices and coping strategies. In addition, the findings of this study showed the importance of support groups, individual counseling, and crisis debriefings.

Regarding social change, first responders can provide supportive groups for peers after a critical incident. These debriefings can provide first responders with the awareness and understanding needed to identify positive ways to navigate and manage stress. Finally, first responders who understand how PTG contributed to their own resilience can play an important role in promoting social change by empowering peers to seek positive ways to manage stressful incidents; they could also advocate for effective critical incident debriefings and establishment of support groups for first responders following exposure to trauma. The communities and agencies that employ first responders can sponsor these debriefings and groups.

Counselor educators and supervisors can take some actionable steps. First, they can implement this new knowledge into training programs to effectually support first responders in developing positive meaning from their exposure to critical incidents. Second, they can highlight the importance of first responders with positive experiences following a crisis, serving as positive role models for social change within the first responder community and encouraging their peers to seek resources to promote healthy healing from trauma. Third, they can promote the involvement of leaders of organizations in the first responder community to recognize and understand patterns of stress and the need for healthy outlets that support members of their departments in healing from trauma. Finally, they can advocate for and help develop safe and supportive training and critical incident debriefings, furthering the movement for social change. Providing

counselors with this original information can promote social change and support the first responder community with information through which to identify PTG and ways to create resiliency. Counselor educators and supervisors can create training programs to equip organizational leadership within the first responder community to address the intricate needs of first responders exposed to trauma through recognition of PTG and how to support development of resiliency, stress management, and a healthy lifestyle.

Conclusions

Many studies have explored PTSD, PTG, and resilience. Nevertheless, with a hermeneutic phenomenological approach, this qualitative research study has contributed to a deeper understanding of the lived experiences of first responders who respond to a critical incident that results in a positive experience and developed resilience via PTG. The findings of this research study will contribute to the existing literature related to the counseling profession. The results of this study indicated that first responders can identify when exposure to a critical incident produces a deeper connection to their humanity and increases their resilience. By revealing the hidden lived experiences of first responders, this study was designed improve understanding of the complex processes of resilience and PTG. The results demonstrated that the skills and protective factors that contributed to resilience and growth were not simply fixed individual traits, but rather learned, shared, and supported through a wide range of complex interactions between people, communities, and organizations. Moreover, through their stories, participants gave voice to the very real costs of the first responder role as well as the personal meaning, growth, and transformation that is possible. Therefore, this research not only contributes to the

growing body of knowledge on critical incident exposure but also affirms the resilience and essential contributions of first responders. By continuing to develop practices and research to support and learn from this vital workforce, we can strive to uphold and promote their well-being.

References

- Adler, R. H. (2022). Trustworthiness in qualitative research. *Journal of Human Lactation*, 38(4), 598–602. <https://doi.org/10.1177/08903344221116620>
- Ahmed, S. (2024). The pillars of trustworthiness in qualitative research. *Journal of Medicine, Surgery, and Public Health*, 2, 100051. <https://doi.org/10.1016/j.glmedi.2024.100051>
- Alden, L. E., Matthews, L. R., Wagner, S., Fyfe, T., Randall, C., Regehr, C., White, M., Buys, N., Carey, M. G., Corneil, W., White, N., Fraess-Phillips, A., & Krutop, E. (2020). Systematic literature review of psychological interventions for first responders. *Work & Stress*, 35(2), 193–215. <https://doi.org/10.1080/02678373.2020.1758833>
- Alsaigh, R., & Coyne, I. (2021). Doing a hermeneutic phenomenology research underpinned by Gadamer’s philosophy: A framework to facilitate data analysis. *International Journal of Qualitative Methods*, 20. <https://doi.org/10.1177/16094069211047820>
- American Counseling Association. (2014). *2014 ACA Code of Ethics*. <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- American Psychiatric Association. (2022). Desk reference to the diagnostic criteria from *DSM-5-TR* (2nd ed.).
- Anderson, K. M. (2018). Post-traumatic growth and resilience despite experiencing trauma and oppression. *Journal of Family Social Work*, 21(1), 1–4. <https://doi.org/10.1080/10522158.2017.1402540>

- Baek, H., Han, S., & Seepersad, R. (2021). The impact of social support and occupational stress on burnout in the Trinidad and Tobago police service. *Police Quarterly*, 25(3), 310–337. <https://doi.org/10.1177/10986111211036007>
- Barnes, H. A., Hurley, R. A., & Taber, K. H. (2019). Moral injury and PTSD: Often co-occurring yet mechanistically different. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 31(2), A4–103. <https://doi.org/10.1176/appi.neuropsych.19020036>
- Brooks, S., Amlôt, R., Rubin, G. J., & Greenberg, N. (2018). Psychological resilience and post-traumatic growth in disaster-exposed organisations: Overview of the literature. *BMJ Military Health*, 166(1), 52–56. <https://doi.org/10.1136/jramc-2017-000876>
- Bryant, R. A. (2022). The nature of posttraumatic stress disorder in treatment-seeking first responders. *European Journal of Psychotraumatology*, 13(1). <https://doi.org/10.1080/20008198.2021.2011602>
- Burnett, M., Sheard, I., & St Clair-Thompson, H. (2019). The prevalence of compassion fatigue, compassion satisfaction and perceived stress, and their relationships with mental toughness, individual differences and number of self-care actions in a UK police force. *Police Practice and Research*, 21(4), 383–400. <https://doi.org/10.1080/15614263.2019.1617144>
- Campbell, E. M., Welsh, D. T., & Wang, W. (2023). Above the law? How motivated moral reasoning shapes evaluations of high performer unethicality. *Journal of Applied Psychology*, 108(7), 1096–1120. <https://doi.org/10.1037/apl0001054>

- Campbell, S. B., Fortney, J., Simpson, T. L., Jakupcak, M., & Wagner, A. (2019). Change in social support while participating in behavioral activation for PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy, 11*(8), 905–908. <https://doi.org/10.1037/tra0000470>
- Campos, F., Chambel, M., & Lopes, S. (2023). Work social support and PTSD in police officers: The mediating role of organizational commitment. *Sustainability, 15*(24), 16728. <https://doi.org/10.3390/su152416728>
- Carbajal, J., Ponder, W. N., Whitworth, J., Schuman, D. L., & Galusha, J. M. (2021). The impact of COVID-19 on first responders' resilience and attachment. *Journal of Human Behavior in the Social Environment, 32*(6), 781–797. <https://doi.org/10.1080/10911359.2021.1962777>
- Carmassi, C., Foghi, C., Dell'Oste, V., Cordone, A., Bertelloni, C., Bui, E., & Dell'Osso, L. (2020). PTSD symptoms in healthcare workers facing the three coronavirus outbreaks: What can we expect after the COVID-19 pandemic. *Psychiatry Research, 292*, 113312. <https://doi.org/10.1016/j.psychres.2020.113312>
- Crane, M. F., Falon, S. L., Kho, M., Moss, A., & Adler, A. B. (2022). Developing resilience in first responders: Strategies for enhancing psychoeducational service delivery. *Psychological Services, 19*(Suppl 2), 17–27. <https://doi.org/10.1037/ser0000439>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). SAGE Publications.
- Crumbaugh, J. C., & Maholick, L. T. (1969). *Manual of instructions for the Purpose in*

Life Test. Psychometric Affiliates.

Cummings, C., Singer, J., L. Hisaka, R., & Benuto, L. T. (2018). Compassion satisfaction to combat work-related burnout, vicarious trauma, and secondary traumatic stress. *Journal of Interpersonal Violence, 36*(9-10), NP5304–NP5319.

<https://doi.org/10.1177/0886260518799502>

Currier, J. M., Drescher, K. D., & Nieuwsma, J. (2020). Introduction to moral injury. In *Addressing moral injury in clinical practice* (pp. 3–18). American Psychological Association. <https://doi.org/10.1037/0000204-001>

Davies, L. E., Brooks, M., & Braithwaite, E. C. (2022). Compassion fatigue, compassion satisfaction, and burnout, and their associations with anxiety and depression in UK police officers: A mixed method analysis. *The Police Journal: Theory, Practice and Principles, 96*(3), 509–529.

<https://doi.org/10.1177/0032258x221106107>

Dawson, J. (2019, April 8). Fighting stress in the law enforcement community. *National Institute of Justice Journal, 281*. <https://nij.ojp.gov/topics/articles/fighting-stress-law-enforcement-community>

Dell’Osso, L., Carpita, B., Nardi, B., Bonelli, C., Calvaruso, M., & Cremone, I. (2023). Biological correlates of post-traumatic growth (PTG): A literature review. *Brain Sciences, 13*(2), 305. <https://doi.org/10.3390/brainsci13020305>

Dell’Osso, L., Lorenzi, P., Nardi, B., Carmassi, C., & Carpita, B. (2022). Post traumatic growth (PTG) in the frame of traumatic experiences. *Clinical Neuropsychiatry, 19*, 390–393. <https://doi.org/10.36131/cnforitieditore20220606>

- Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). (2013). American Psychiatric Association.
- Donovan, N. (2022). Peer support facilitates post-traumatic growth in first responders: A literature review. *Trauma, 24*(4), 277–285.
<https://doi.org/10.1177/14604086221079441>
- Edwards, D. L., & Wilkerson, N. D. (2020). Emotional exhaustion and its relationship with suicide risk in emergency responders. *Psychiatry Research, 293*, 113379.
<https://doi.org/10.1016/j.psychres.2020.113379>
- Feldman, T. R., Carlson, C. L., Rice, L. K., Kruse, M. I., Beevers, C. G., Telch, M. J., & Josephs, R. A. (2021). Factors predicting the development of psychopathology among first responders: A prospective, longitudinal study. *Psychological Trauma: Theory, Research, Practice, and Policy, 13*(1), 75–83.
<https://doi.org/10.1037/tra0000957>
- Figley, C. R. (2013). *Treating compassion fatigue*. Routledge.
- Freeman, D. R., & Odom, S. (2022). Moral injury and US army social work officers. *Social Work & Christianity, 49*(4), 371–396.
<https://doi.org/10.34043/swc.v49i4.290>
- García-Alandete, J., Martínez, E. R., & Sellés, P. (2013). Estructura factorial del Purpose-In-Life Test de Crumbaugh y Maholick (PIL) en una muestra de estudiantes universitarios [Factor structure of the Purpose in Life Test of Crumbaugh and Maholick (PIL) in a sample of university students]. *Anales de Psicología, 29*(3), 921–927. <https://doi.org/10.6018/analesps.29.3.130462>

- Gomes, G., Ribeiro, N., & Gomes, D. (2022). The impact of burnout on police officers' performance and turnover intention: The moderating role of compassion satisfaction. *Administrative Sciences, 12*(3), 92.
<https://doi.org/10.3390/admsci12030092>
- Griffin, B. J., Purcell, N., Burkman, K., Litz, B. T., Bryan, C. J., Schmitz, M., Villierme, C., Walsh, J., & Maguen, S. (2019). Moral injury: An integrative review. *Journal of Traumatic Stress, 32*(3), 350–362. <https://doi.org/10.1002/jts.22362>
- Haber, M. G., Cohen, J. L., Lucas, T., & Baltes, B. B. (2007). The relationship between self-reported received and perceived social support: A meta-analytic review. *American Journal of Community Psychology, 39*(1-2), 133–144.
<https://doi.org/10.1007/s10464-007-9100-9>
- Headley, A. M., Witkowski, K., Remington, C., Ganapati, N., & Contreras, S. L. (2023). Trauma-informed organizational climate and its impact on first responder burnout during COVID-19. *Public Administration Review*. Advance online publication.
<https://doi.org/10.1111/puar.13764>
- Held, P., Klassen, B. J., Hall, J. M., Friese, T. R., Bertsch-Gout, M. M., Zalta, A. K., & Pollack, M. H. (2019). “I knew it was wrong the moment I got the order”: A narrative thematic analysis of moral injury in combat veterans. *Psychological Trauma: Theory, Research, Practice, and Policy, 11*(4), 396–405.
<https://doi.org/10.1037/tra0000364>
- Huang, G., Chu, H., Chen, R., Liu, D., Banda, K., O'Brien, A., Jen, H.-J., Chiang, K.-J., Chiou, J.-F., & Chou, K.-R. (2022). Prevalence of depression, anxiety, and stress

among first responders for medical emergencies during COVID-19 pandemic: A meta-analysis. *Journal of Global Health*, 12, 05028.

<https://doi.org/10.7189/jogh.12.05028>

Ide, Y., & Beddoe, L. (2023). Challenging perspectives: Reflexivity as a critical approach to qualitative social work research. *Qualitative Social Work*, 23(4), 725–740.

<https://doi.org/10.1177/14733250231173522>

Jackman, P. C., Henderson, H., Clay, G., & Coussens, A. H. (2020). The relationship between psychological wellbeing, social support, and personality in an English police force. *International Journal of Police Science & Management*, 22(2), 183–

193. <https://doi.org/10.1177/1461355720907620>

Jetelina, K. K., Beauchamp, A. M., Gonzalez, R. J., Molsberry, R. J., Biship, S. A., & Lee, S. C. (2020). Cumulative, high-stress calls impacting adverse events among law enforcement and the public. *BMC Public Health*, 20(1), 1137.

<https://doi.org/10.1186/s12889-020-09219-x>

Jones, S. (2017). Describing the mental health profile of first responders: A systematic review. *Journal of the American Psychiatric Nurses Association*, 23(3), 200–214.

<https://doi.org/10.1177/1078390317695266>

Katzman, J. W., Tomedi, L. E., McCoy-Hayes, S., Richardson, K., Romero, E., Rosenbaum, N., Greenwood-Ericksen, M., Medrano, J., Archer, G. D., Jacoby, M. K., Everly, G., & Katzman, J. G. (2021). The project echo first responder resiliency program: Curriculum development, listening groups and lessons learned to support providers virtually during a pandemic. *International Review of*

Psychiatry, 33(8), 682–690. <https://doi.org/10.1080/09540261.2021.2021867>

Kidwell, M. C., & Kerig, P. K. (2021). To trust is to survive: Toward a developmental model of moral injury. *Journal of Child & Adolescent Trauma*, 16(2), 459–475. <https://doi.org/10.1007/s40653-021-00399-1>

Kira, I. A., Arıcı Özcan, N., Shuwiekh, H., Kucharska, J., Al-Huwailah, A. H., & Kanaan, A. (2020). The compelling dynamics of “will to exist, live, and survive” on effecting posttraumatic growth upon exposure to adversities: Is it mediated, in part, by emotional regulation, resilience, and spirituality? *Traumatology*, 26(4), 405–419. <https://doi.org/10.1037/trm0000263>

Koenig, H. G., & Al Zaben, F. (2021). Moral injury: An increasingly recognized and widespread syndrome. *Journal of Religion and Health*, 60(5), 2989–3011. <https://doi.org/10.1007/s10943-021-01328-0>

Kozyra, M., Zimnicki, P., Kaczerska, J., Śmiech, N., Nowińska, M., & Milanowska, J. (2020). Veterans suffering from post-traumatic stress disorder – literature analyzing: Symptoms, statistics and therapies. *Journal of Education, Health and Sport*, 10(8), 40–48. <https://doi.org/10.12775/jehs.2020.10.08.005>

Kreh, A., Brancaleoni, R., Magalini, S., Chieffo, D., Flad, B., Ellebrecht, N., & Juen, B. (2021). Ethical and psychosocial considerations for hospital personnel in the COVID-19 crisis: Moral injury and resilience. *PLOS ONE*, 16(4), e0249609. <https://doi.org/10.1371/journal.pone.0249609>

Kshtriya, S., Kobezak, H. M., Popok, P., Lawrence, J., & Lowe, S. R. (2020). Social support as a mediator of occupational stressors and mental health outcomes in

first responders. *Journal of Community Psychology*, 48(7), 2252–2263.

<https://doi.org/10.1002/jcop.22403>

Leung, T., & Shen, Q. (2022). Implementing a post-traumatic stress disorder screening for first responders in rural area. *Public Health Nursing*, 39(4), 788–796.

<https://doi.org/10.1111/phn.13058>

Litz, B. T., Plouffe, R. A., Nazarov, A., Murphy, D., Phelps, A., Coady, A., Houle, S. A., Dell, L., Frankfurt, S., Zerach, G., & Levi-Belz, Y. (2022). Defining and assessing the syndrome of moral injury: Initial findings of the moral injury outcome scale consortium. *Frontiers in Psychiatry*, 13.

<https://doi.org/10.3389/fpsy.2022.923928>

Lowery, A., & Cassidy, T. (2022). Health and well-being of first responders: The role of psychological capital, self-compassion, social support, relationship satisfaction, and physical activity. *Journal of Workplace Behavioral Health*, 37(2), 87–105.

<https://doi.org/10.1080/15555240.2021.1990776>

Luo, C., Santos-Malave, G., Taku, K., Katz, C., & Yanagisawa, R. (2022). Post-traumatic growth and resilience among American medical students during the COVID-19 pandemic. *Psychiatric Quarterly*, 93(2), 599–612. <https://doi.org/10.1007/s11126-022-09981-8>

Martin, A., Naunton, M., Kosari, S., Peterson, G., Thomas, J., & Christenson, J. K.

(2021). Treatment guidelines for PTSD: A systematic review. *Journal of Clinical Medicine*, 10(18), 4175. <https://doi.org/10.3390/jcm10184175>

McDonald, M. A., Yang, Y., & Lancaster, C. L. (2022). The association of distress

tolerance and mindful awareness with mental health in first responders.

Psychological Services, 19(Suppl 1), 34–44. <https://doi.org/10.1037/ser0000588>

Moore, C. (2021, March 19). *Resilience theory: What research articles in psychology teach us*. Positive Psychology. <https://positivepsychology.com/resilience-theory/>

Motreff, Y., Baubet, T., Pirard, P., Rabet, G., Petitclerc, M., Stene, L., Vuillermoz, C., Chauvin, P., & Vandentorren, S. (2020). Factors associated with PTSD and partial PTSD among first responders following the Paris terror attacks in November 2015. *Journal of Psychiatric Research, 121*, 143–150.

<https://doi.org/10.1016/j.jpsychires.2019.11.018>

Neria, Y., & Pickover, A. (2019). Commentary on the special issue on moral injury: Advances, gaps in literature, and future directions. *Journal of Traumatic Stress, 32*(3), 459–464. <https://doi.org/10.1002/jts.22402>

O'Donnell, M. L., Elliott, P., Lau, W., & Creamer, M. (2007). PTSD symptom trajectories: From early to chronic response. *Behaviour Research and Therapy, 45*(3), 601–606. <https://doi.org/10.1016/j.brat.2006.03.015>

O'Toole, M., Mulhall, C., & Eppich, W. (2022). Breaking down barriers to help-seeking: Preparing first responders' families for psychological first aid. *European Journal of Psychotraumatology, 13*(1). <https://doi.org/10.1080/20008198.2022.2065430>

Øvstebø, A., Bjørshol, C., Grønlien, S., Lund, H., & Lindner, T. (2023). Symptoms of post-traumatic stress disorder among first aid providers. *Resuscitation Plus, 14*, 100373. <https://doi.org/10.1016/j.resplu.2023.100373>

Padhy, M., Ralte, L., Padiri, R. A., & Chelli, K. (2022). Well-being of police personnel:

Role of perceived social support and perceived control of internal states. *The Police Journal: Theory, Practice and Principles*, 96(2), 318–330.

<https://doi.org/10.1177/0032258x221085689>

Páez, D., Basabe, N., Ubbillos, S., & González-Castro, J. L. (2012). Social sharing, participation in demonstrations, emotional climate, and coping with collective violence after the March 11th Madrid bombings. *Journal of Social Issues*, 68(3), 476–492. <https://doi.org/10.1111/j.1540-4560.2012.01758.x>

Papazoglou, K., Blumberg, D. M., Chiongbian, V., Tuttle, B., Kamkar, K., Chopko, B., Milliard, B., Aukhojee, P., & Koskelainen, M. (2020). The role of moral injury in PTSD among law enforcement officers: A brief report. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.00310>

Papazoglou, K., Koskelainen, M., & Stuewe, N. (2019). Examining the relationship between personality traits, compassion satisfaction, and compassion fatigue among police officers. *Sage Open*, 9(1). <https://doi.org/10.1177/2158244018825190>

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). SAGE Publications, Inc.

Pennington, M. L., Dupree, J., Hoffman, K., Beattie, E. H., Coe, E., Ostiguy, W., Kimbrel, N. A., Meyer, E. C., & Gulliver, S. B. (2023). First responder attitudes regarding working near a supervised injection facility: Relationship to burnout, secondary traumatic stress, and compassion satisfaction. *Workplace Health & Safety*, 71(11), 543–550. <https://doi.org/10.1177/21650799231188364>

- Peoples, K. (2020). *How to write a phenomenological dissertation: A step-by-step guide (qualitative research methods book 56)*. SAGE Publications, Inc.
- Pham, S. (2021). The distinctions of Heideggerian phenomenological research method. *Qualitative Research Journal*, 22(2), 261–273. <https://doi.org/10.1108/qrij-09-2021-0093>
- Pitel, M., Papazoglou, K., & Tuttle, B. (2018). Giving voice to officers who experienced life-threatening situations in the line of duty: Lessons learned about police survival. *Sage Open*, 8(3). <https://doi.org/10.1177/2158244018800904>
- Ponder, W. N., Walters, K., Simons, J. S., Simons, R. M., Jetelina, K. K., & Carbajal, J. (2023). Network analysis of distress, suicidality, and resilience in a treatment seeking sample of first responders. *Journal of Affective Disorders*, 320, 742–750. <https://doi.org/10.1016/j.jad.2022.09.097>
- Prieto-Ursúa, M., & Jódar, R. (2020). Finding meaning in hell. The role of meaning, religiosity and spirituality in posttraumatic growth during the coronavirus crisis in Spain. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.567836>
- Quitangon, G., & Evces, M. R. (2015). *Vicarious trauma and disaster mental health: Understanding risks and promoting resilience*. Routledge.
- Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research bridging the conceptual, theoretical, and methodological* [original book]. Sage Publications.
- Roth, S. L., Andrews, K., Protopopescu, A., Lloyd, C., O'Connor, C., Losier, B. J., Lanius, R. A., & McKinnon, M. C. (2023). Development and preliminary evaluation of the moral injury assessment for public safety personnel.

Traumatology, 29(2), 301–308. <https://doi.org/10.1037/trm0000367>

Sak, R., Nas, E., Şahin-Sak, İ., Öneren-Şendil, Ç., Tekin-Sitrava, R., Taşkın, N., Kardeş, S., Yayla, A., & Dirik, Y. (2021). Compassion as a source of satisfaction and fear in professionals who work with people. *Psychological Reports*, 126(2), 946–966. <https://doi.org/10.1177/003329412111061701>

Saldana, J. (2016). *The coding manual for qualitative researchers* (3rd ed., Vol. 25). SAGE Publications, Inc.

Shakespeare-Finch, J., Martinek, E., Tedeschi, R. G., & Calhoun, L. G. (2013). A qualitative approach to assessing the validity of the posttraumatic growth inventory. *Journal of Loss & Trauma*, 18(6), 572–591. <https://doi.org/10.1080/15325024.2012.734207>

Shale, S. (2020). Moral injury and the COVID-19 pandemic: Reframing what it is, who it affects and how care leaders can manage it. *BMJ Leader*, 4(4), 224–227. <https://doi.org/10.1136/leader-2020-000295>

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–75. <https://doi.org/10.3233/EFI-2004-22201>

Slade, M., Rennick-Egglestone, S., Blackie, L., Llewellyn-Beardsley, J., Franklin, D., Hui, A., Thornicroft, G., McGranahan, R., Pollock, K., Priebe, S., Ramsay, A., Roe, D., & Deakin, E. (2019). Post-traumatic growth in mental health recovery: Qualitative study of narratives. *BMJ Open*, 9(6), e029342. <https://doi.org/10.1136/bmjopen-2019-029342>

- Soravia, L. M., Schwab, S., Walther, S., & Müller, T. (2021). Rescuers at risk: Posttraumatic stress symptoms among police officers, fire fighters, ambulance personnel, and emergency and psychiatric nurses. *Frontiers in Psychiatry, 11*. <https://doi.org/10.3389/fpsyt.2020.602064>
- Sparks, S. W. (2018). Posttraumatic stress syndrome: What is it? *Journal of Trauma Nursing, 25*(1), 60–65. <https://doi.org/10.1097/jtn.0000000000000343>
- Stamm, B. H. (2009). *Professional quality of life: Compassion satisfaction and fatigue version 5 (ProQOL 5)*. <https://doi.org/10.1037/t05192-000>
- Stanley, I. H., Hom, M. A., & Joiner, T. E. (2016). A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics. *Clinical Psychology Review, 44*, 25–44. <https://doi.org/10.1016/j.cpr.2015.12.002>
- Stogner, J., Miller, B., & McLean, K. (2020). Police stress, mental health, and resiliency during the COVID-19 pandemic. *American Journal of Criminal Justice, 45*(4), 718–730. <https://doi.org/10.1007/s12103-020-09548-y>
- Stratton, S. J. (2024). Purposeful sampling: Advantages and pitfalls. *Prehospital and Disaster Medicine, 39*(2), 121–122. <https://doi.org/10.1017/s1049023x24000281>
- Suddick, K., Cross, V., Vuoskoski, P., Galvin, K. T., & Stew, G. (2020). The work of hermeneutic phenomenology. *International Journal of Qualitative Methods, 19*, 1609406920947600. <https://doi.org/10.1177/1609406920947600>
- Surgenor, L. J., Snell, D. L., & Dorahy, M. (2020). Factors associated with psychiatric morbidity, post-traumatic stress disorder and post-traumatic growth in paramedic

- first responders: The role of core beliefs. *Australasian Journal of Paramedicine*, 17. <https://doi.org/10.33151/ajp.17.727>
- Szeto, A., Dobson, K. S., & Knaak, S. (2019). The road to mental readiness for first responders: A meta-analysis of program outcomes. *The Canadian Journal of Psychiatry*, 64(1_suppl), 18S–29S. <https://doi.org/10.1177/0706743719842562>
- Tan, L., Petrie, K., Deady, M., Bryant, R. A., & Harvey, S. B. (2022). Systematic review of first responder post-deployment or post-incident psychosocial interventions. *Occupational Medicine*, 72(3), 160–169. <https://doi.org/10.1093/occmed/kqab182>
- Tappenden, P. C., Cole, T. A., Valentine, J. N., & Lilly, M. M. (2023). Examining the psychometric properties of the Expressions of Moral Injury Scale in a sample of first responders. *Psychological Trauma: Theory, Research, Practice, and Policy*, 16(8), 1319–1328. <https://doi.org/10.1037/tra0001569>
- Vella, J. (2024). In pursuit of credibility: Evaluating the divergence between member-checking and hermeneutic phenomenology. *Research in Social and Administrative Pharmacy*, 20(7), 665–669. <https://doi.org/10.1016/j.sapharm.2024.04.001>
- Vig, K. D., Mason, J. E., Carleton, R. N., Asmundson, G. G., Anderson, G. S., & Groll, D. (2020). Mental health and social support among public safety personnel. *Occupational Medicine*, 70(6), 427–433. <https://doi.org/10.1093/occmed/kqaa129>
- Vujanovic, A. A., Lebeaut, A., & Leonard, S. (2021). Exploring the impact of the COVID-19 pandemic on the mental health of first responders. *Cognitive Behaviour Therapy*, 50(4), 320–335.

<https://doi.org/10.1080/16506073.2021.1874506>

- West, C., & Cronshaw, D. (2022). Warrior welcome home: A phenomenological case study of moral injury and soul repair. *Journal of Spirituality in Mental Health*, 25(3), 177–197. <https://doi.org/10.1080/19349637.2022.2094852>
- Wild, J., El-Salahi, S., & Esposti, M. (2020). The effectiveness of interventions aimed at improving well-being and resilience to stress in first responders. *European Psychologist*, 25(4), 252–271. <https://doi.org/10.1027/1016-9040/a000402>
- Wild, J., Greenberg, N., Moulds, M. L., Sharp, M.-L., Fear, N., Harvey, S., Wesley, S., & Bryant, R. A. (2020). Pre-incident training to build resilience in first responders: Recommendations on what to and what not to do. *Psychiatry*, 83(2), 128–142. <https://doi.org/10.1080/00332747.2020.1750215>
- Xiao, H., Zhang, Y., Kong, D., Li, S., & Yang, N. (2020). The effects of social support on sleep quality of medical staff treating patients with coronavirus disease 2019 (COVID-19) in January and February 2020 in China. *Medical Science Monitor*, 26, e923549. <https://doi.org/10.12659/msm.923549>
- Yung, M., Du, B., Gruber, J., Hackney, A., & Yazdani, A. (2022). Fatigue measures and risk assessment tools for first responder fatigue risk management: A scoping review with considerations of the multidimensionality of fatigue. *Safety Science*, 154, 105839. <https://doi.org/10.1016/j.ssci.2022.105839>
- Zalta, A. K., Tirone, V., Orlowska, D., Blais, R. K., Lofgreen, A., Klassen, B., Held, P., Stevens, N. R., Adkins, E., & Dent, A. L. (2021). Examining moderators of the relationship between social support and self-reported PTSD symptoms: A meta-

analysis. *Psychological Bulletin*, 147(1), 33–54.

<https://doi.org/10.1037/bul0000316>

Appendix A: Response Email to Potential Participants

Today's Date: _____

Dear Potential Research Participant,

Thank you for reading my recruitment flyer (research flyer) and expressing interest in my qualitative research study. Attached to this email is the informed consent form. Please read through the informed consent form in its entirety. The informed consent form is part of a process called “informed consent” to allow you to understand this research before deciding whether to take part in the study. If you feel you understand the research study and wish to volunteer, please indicate your consent by responding to the email (Kevin.sullivan1@waldenu.edu) containing the informed consent form with the statement, “**I consent.**”

If you have any further questions or require further information about my research study, please email me at Kevin.sullivan1@waldenu.edu.

Sincerely,

Kevin Francis Sullivan, Doctoral Student in the Counselor Education and Supervision Program at Walden University

Email: Kevin.sullivan1@waldenu.edu

Appendix B: Recruitment Flyer

Research study seeks first responders that report a positive experience after being exposed to a traumatic event on the job.

There is a new qualitative research study about the first responders that report a positive experience after being exposed to a traumatic event on the job. For this research study, you are invited to describe your lived experiences as a first responder that reports a positive experience after being exposed to a traumatic event.

About the study:

- Take part in a confidential, audio-recorded interview in English. The total investment should be 60 minutes using Zoom with audio-only. Research participants are not required to have a Zoom account in order to participate in this interview.
- To protect your privacy, the published study will not share any names or details that identify you.

Volunteers must meet these requirements:

- You are at least 18 years old living and have worked/are working in the United States.
- You have worked or are currently working as a first responder or crisis counselor.
- You report a positive outcome after experiencing trauma while working as a first responder.

This interview is part of the doctoral study for Kevin Francis Sullivan, a Ph.D. student at Walden University. Interviews will start taking place in January 2025. **To confidentially volunteer, contact the researcher Kevin Francis Sullivan at:**

Kevin.sullivan1@waldenu.edu. Please do not respond to the post on social media and use e-mail only to respond.

Appendix C: Interview Questions

Today's Date: _____

Location of Interview: Zoom (Audio Only)/Audio Recorded

Name of Interviewer/Researcher: Kevin F. Sullivan

Pseudonym for Research Participant: _____

Interview Questions:

1. Would you share some information about yourself, specifically what agency you work for, your position in that agency, and if you live and work in the United States?
2. What is your highest level of education/training and your current length of employment in your profession?
3. Are you currently working as a first responder or retired?
4. How would you describe your role within the first responder community?
5. What type of critical incident(s) have you been involved in which resulted in unexpected positive long-term benefit, and that you feel as though they were unexpected?
6. Did you ever think that you would have been involved in a critical incident?
7. Were you directly involved in a critical incident, or did you respond after the incident, and what was your role during the incident?
8. Thinking back on your personal experiences and training/education, what prepared you to respond to critical incidents?

9. How far into your career did the first critical incident occur that you had a positive experience from?
10. After your experience with a critical incident, what types of positive emotions, positive thoughts or positive behaviors did you feel after the event?
11. How did your positive emotions affect you in your career and personal life?
12. How was your mental awareness regarding a positive outcome after the incident versus before the incident?
13. Please describe how you feel like you grew personally in a positive way from being exposed to a critical incident?
14. What are your thoughts on coping strategies and their effectiveness? If you use them, could you give examples?
15. Can you explain how your positive experience after being exposed to a critical incident prepared you for future incidents?
16. As we complete our interview, please feel free to share any additional comments or information you think are important to this research.