

COMMENTARY

The COVID-19 pandemic: A source of posttraumatic growth?

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As detailed by Rudolph et al. (2021), the COVID-19 pandemic is a source of several work-related stressors (e.g., increases in workload, work–family conflict, and job insecurity). As such, there is little doubt that workers will generally experience negative effects on their physical and psychological well-being as a result of the pandemic. It is important, however, to also consider the possible benefits that the pandemic might produce. The pandemic, in other words, could result in eustress (i.e., “good stress”; see Selye, 1964) for many workers. Indeed, Rudolph et al. acknowledge the possibility of beneficial effects. They note, for instance, that lessons learned while balancing work and family life during the pandemic could help workers become more effective spouses and parents. In this commentary—a collaboration between an industrial and organizational (I-O) psychologist and a clinical psychologist—we discuss how the clinical literature on posttraumatic growth (PTG) can further inform our understanding of how employees and organizations might benefit from experiences gained during the COVID-19 pandemic.

Overview of the posttraumatic growth literature

A PsycINFO search suggests that organizational researchers have largely overlooked the (mostly clinical) literature on PTG.¹ Thus, we first provide an overview of this literature. We then discuss the possibility of worker PTG within the context of the COVID-19 pandemic.

What is PTG?

PTG occurs when people experience positive outcomes following a traumatic event (Tedeschi & Calhoun, 2004). Several types of traumatic events have been examined within the PTG literature, including divorce, being diagnosed with a medical condition, involvement in military combat, and sexual assault. What qualifies as a “trauma,” we should note, differs somewhat between the PTG and the posttraumatic stress disorder literatures: Only the latter confines the concept to events that pose a threat of serious physical injury, death, or sexual violence (see American Psychiatric Association, 2013). Given the breadth of how trauma is defined within the PTG literature, a variety of work-related stressors caused by the pandemic could be regarded as traumatic events, including exposure to virus-infected customers or patients, job loss, and social isolation from coworkers. It is important to further note that PTG is not the polar opposite of posttraumatic distress; as a result, a person can experience both growth and distress as a result of a given trauma

¹On July 19, 2020, we conducted a PsycINFO search for papers on “posttraumatic growth” appearing in three journals that are particularly likely to publish occupational health psychology research—the *Journal of Applied Psychology*, *Journal of Occupational Health Psychology*, and *Work & Stress*. This search failed to yield a single article.

(Hobfoll et al., 2006). In fact, some instances of PTG might occur precisely because the person has experienced distress. The pain of losing custody of a child, for instance, may drive a parent to seek treatment for his or her drug addiction.

Is it possible, however, that PTG is so uncommon that it could be safely ignored? Given the attention that has long been paid to the detrimental effects following traumatic events, it may be surprising to learn that many people who have experienced trauma do, in fact, display at least some level of PTG. A meta-analysis by Xiaoli et al. (2019), for instance, found that approximately half of people experience moderate-to-high levels of PTG following various kinds of traumatic events (e.g., being diagnosed with a medical condition, surviving an earthquake, experiencing physical or sexual assault). This suggests that PTG is ubiquitous, and thus the lives of many people could be positively affected by an improved scientific understanding of PTG.

Some workers, of course, will not experience the pandemic as a major personal crisis. Can these workers still experience PTG? A recent meta-analysis suggests that PTG often occurs after crises, as well as after major positive life events (e.g., birth of a child, starting a new job; Mangelsdorf et al., 2019). This suggests that PTG may occur in response to various life events regardless of whether those events are perceived as positive or negative. Applying this to the current context, the COVID-19 pandemic may produce PTG even for those who do not experience the pandemic as a major trauma or crisis.

The theoretical basis for PTG

Although researchers have used a variety of theoretical perspectives to understand PTG, conservation of resources (COR) theory may be particularly useful (see Hobfoll et al., 2006). COR theory has typically been used to explain why stressors (e.g., traumatic events) produce distress. In short, it predicts that distress results from the threatened loss or actual loss of one's personal resources, or from the failure of resource investment to yield anticipated resource gain. In some cases, however, exposure to a traumatic event could produce resource gain (Hobfoll et al. 2006). Receiving a cancer diagnosis or coping with the aftermath of a hurricane, for example, could encourage a person to develop social ties with others who share similar experiences, thus producing gains in the person's interpersonal resources.

Assessing PTG

PTG is typically assessed using self-report measures, the most popular of which is Tedeschi and Calhoun's (1996) multidimensional Posttraumatic Growth Inventory (PTGI). The PTGI assesses five dimensions of PTG: (a) improved appreciation for life, (b) seeing personal strength, (c) experiencing new possibilities, (d) improvements in relating to others, and (e) spiritual change.

Unfortunately, little research has examined temporal changes in many of these PTG dimensions. Mangelsdorf et al. (2019), for instance, included no longitudinal studies examining the PTG dimension improved appreciation for life within their meta-analysis. They included only three studies examining whether PTG occurs in the dimension seeing personal strength, two of which used postdictive designs. Postdictive reports are often necessary because the unpredictable nature of traumatic events often precludes the administration of pre-event measures. Unfortunately, participants may be unable to provide accurate postdictive reports of their PTG. As a result, PTG could be more effectively assessed with prospective designs that include both pre- and postevent measures.

The pandemic and PTG within an organizational context

Variability in PTG across work contexts

It is important to acknowledge that the stressors produced by the COVID-19 pandemic may vary systematically in their form and severity from one worker to the next. Frontline workers, for instance, are likely to experience different stressors than are remote workers, workers who are parents of school-aged children are likely to experience different stressors than are workers who are not parents, and workers employed in “hot zones” (e.g., Florida in mid-July 2020) are likely to experience different stressors than are workers employed in locations where the spread of the virus appears to be contained (e.g., Connecticut in mid-July 2020). The pandemic, in other words, is not a monolithic event—it imposes different stressors on different workers.

Although many workers will likely experience PTG following the pandemic, it is unclear whether between-worker differences in the severity of pandemic-related stressors will differentially influence PTG. Mangelsdorf et al. (2019) found that following all major life events (positive, negative, and ambiguous), people generally experienced improvements in the relating to others PTG dimension. This suggests that workers may experience improvements in this aspect of PTG regardless of whether or not they experience the pandemic as being traumatic.

Promoting employees' PTG

PTG is generally regarded as a desirable outcome. Therefore, it is important to address how organizations might facilitate PTG among their workers. But first, however, we should consider whether it is always worthwhile for organizations to actively encourage PTG. Efforts to encourage PTG, in fact, may often be unnecessary. Indeed, in the absence of any intervention, roughly half of people who have experienced a trauma report some level of PTG (see the meta-analysis by Xiaoli et al., 2019), suggesting that many people have an inherent capacity for growth. It is further possible that PTG interventions could inadvertently thwart the recovery process that many workers would naturally experience (see van Emmerik et al., 2002). Thus, rather than indiscriminately implement PTG interventions across all workers, it may instead be more effective to focus interventions on only those workers who lack an inherent capacity to experience PTG.

In addition to identifying which workers should be the focus of intervention, it is also important to consider the content of PTG interventions. Generally, these interventions may be similar to those previously described within the occupational stress literature (for a review of occupational stress interventions, see Bowling et al., 2012). PTG interventions, for example, may use various primary (e.g., job redesign), secondary (e.g., stress management classes), or tertiary (e.g., clinical therapy) approaches. From the standpoint of COR theory, PTG interventions could be seen as means of increasing workers' personal resources. An additional approach to identifying content for PTG interventions could involve “reverse engineering” the self-care strategies used by others who have previously experienced PTG. Indeed, trauma survivors may be in the best position to provide insights into how PTG can be most effectively encouraged.

Future research directions

The COVID-19 pandemic provides a novel opportunity to examine work-related PTG. In the remainder of this commentary, we describe several research directions that would contribute to a better understanding of PTG within an organizational context. In addition to having implications for how organization may effectively respond to the COVID-19 pandemic, these research directions would also yield insights into how organizations should manage future crises (e.g., economic downturns, natural disasters, and terrorist attacks). Furthermore, this research would improve scientific understanding of the fundamental character of PTG, thus addressing basic issues that are relevant to clinical theory and practice.

Assessing PTG within an organizational context

PTG has typically been assessed by clinical psychologists as a general, nonwork outcome. Should organizational researchers use these general measures to assess workers' PTG? Or should they instead develop work-specific PTG measures? We recommend a hybrid approach. Researchers should first consider existing conceptualizations of PTG, such as Tedeschi and Calhoun's (1996) multidimensional model. In many cases, existing PTG dimensions could be easily adapted to a work-related context. Tedeschi and Calhoun's relating to others dimension, for example, could be adapted to measure relating to coworkers. To more fully capture worker PTG, however, it may be important to also assess areas of growth that are generally omitted from existing PTG measures. Organizational researchers, for instance, may be particularly interested in assessing increases in technical knowledge and skill acquisition that workers have experienced as a result of the COVID-19 pandemic (e.g., learning to use teleconferencing software).

Assessing PTG within an organizational context may also require researchers to consider various levels of measurement. PTG is typically assessed as an individual-level phenomenon, which obviously aligns with clinical psychology's primary objective of treating individual clients. A similar individual-level approach is also appropriate in many—if not most—work-related contexts. That said, in order to gain a more comprehensive understanding of work-related PTG, it is necessary to consider team- and organizational-level PTG. If individual workers grow as a result of the pandemic, then it stands to reason that their work teams and organizations will also grow. Macro-level PTG, however, may often go beyond just the sum of individual-level PTG. Responding to the pandemic, for instance, may teach an organization how to adapt its policies and procedures to better deal with crises. Such macro-level growth transcends any PTG experienced by individual workers.

Differential effects of stressors on PTG

Future studies should examine whether different types of stressors produce different types of PTG. To date, researchers have generally examined PTG resulting from what we would regard as moderate high intensity (e.g., divorce) to very high intensity (e.g., sexual assault) traumas. This begs several important questions. Can relatively low-intensity, work-related stressors (e.g., having to adapt to working remotely) also produce PTG? If so, is the type of PTG that a person displays related to the intensity of the stressor that he or she has experienced? Does a “no pain, no gain” effect characterize some forms of PTG? That is, do some types of growth (e.g., improved appreciation for life, and spiritual or existential growth) occur only after a person has endured a serious trauma?

The effectiveness of PTG interventions

Research should examine several questions regarding the effects of organizational interventions on PTG. An obvious priority is determining which types of interventions are most effective. Initial research should focus on the effects of established occupational stress interventions on PTG. This research should give particular attention to the mediating processes linking interventions to PTG—particularly the processes identified by COR theory (i.e., resource gain; see Hobfoll et al., 2006). This is important because existing research has largely ignored the mechanisms that produce PTG.

Research should also examine the potential benefits of focusing PTG interventions on particular workers. It is possible that stable individual differences moderate the effects of interventions on PTG. Workers who lack a predisposition toward experiencing growth, for instance, may benefit more from PTG interventions than do workers who have a predisposition toward growth. This research may also find that interventions can sometimes undermine the natural recovery process, thus producing unintended negative effects among some workers (e.g., increased distress, reduced PTG).

Summary

The COVID-19 pandemic has clearly had many negative effects on workers and their organizations: Among workers it has led to increases in workload, work–family conflict, and job insecurity; among organizations, it has led to lost revenue, struggles to adapt existing policies and practices to the realities of the pandemic, and loss of personnel due to illness. Despite this, it is important that workers and organizations grow from their experiences in dealing with the pandemic. Failing to grow would mean squandering an important opportunity.

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