



# Navigating through the COVID-19 storm toward posttraumatic growth

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## WEATHERING THE STORM

“We’re all in the same boat” has been a common refrain throughout the coronavirus disease 2019 (COVID-19) pandemic, though a more apt description may be that we are all caught at sea in the same violent storm. Although some individuals have been sailing through on luxury yachts, others are clinging to the side of crowded dinghies. Healthcare workers have become like crew members aboard large ships—working amid the wind and rain to adjust the rigging, bail out water, and ensure the passengers are secured below deck. Data show that rates of burnout and moral injury increased among physicians and other healthcare workers during pandemic surges.<sup>1,2</sup> Indeed, after more than 2 years of this public health crisis, most healthcare workers are seasick; and many feel we have fallen—or been pushed—into the water.

Despite the chaotic circumstances, many healthcare workers also feel ashamed to be struggling. They may not recognize the outsized impact that external factors can have on our functioning. But just as someone with a lifelong fear of water would react differently than an Olympic swimmer after being knocked overboard, those with more difficult life experiences (e.g., trauma history, relationship/financial problems, pre-existing burnout symptoms) are likely to struggle more than those without. Similarly, just as access to a life preserver and distance from the boat will affect our ability to swim to safety, the proximity and severity of our exposure to the virus (e.g., working in the emergency department or intensive care unit, losing a loved one to COVID-19, recovering from severe infection) may influence our ability to function.<sup>3</sup> Acknowledging that each of us is responding as best we can according to our personal experiences can help to increase compassion for ourselves, our colleagues, and our patients. The following guide may help physicians and other healthcare workers as they navigate through the COVID-19 storm.

## ACKNOWLEDGE REALITY

Our voyage must begin with recognizing that we are in the midst of a traumatic experience. While the current situation is not normal, our emotional reactions—including anger—are expected human responses. Feeling angry is not inherently bad. Righteous anger can motivate and accelerate positive action; but, resentment (i.e., anger turned inward) promotes rumination, leading to feelings of impotence. A typical human reaction following negative experiences is *shenpa* (a Tibetan word loosely translated as “getting hooked”). We cling to hurt feelings, even long after the event, and when something sparks a negative memory, we may find ourselves suffering all over again. This is problematic because when we worry about the future or ruminate about the past, we lose the opportunity to experience joy in the present. A healthier option is radical acceptance,<sup>4</sup> which involves acknowledging that something bad has occurred without judging it, complaining of injustice, or wishing it never happened. Through this practice, we accept that we cannot change what is already done, but we can choose a more adaptive path forward.

## ADJUST EXPECTATIONS

Most healthcare workers naturally demonstrate compassion toward patients, but many struggle with self-compassion, which involves acknowledging our own struggles and engaging in self-comfort and care. As high-achievers, we often set unrealistic expectations for ourselves and feel shame when failing to meet them. But we should not demand super-human performance from ourselves, especially in the midst of a life-altering global pandemic. Practicing self-kindness begins by offering ourselves the grace we might afford a best friend. It is helpful to remember that virtually everyone is struggling right now—even on our “bad days,” none of us is uniquely failing to meet this moment. By openly sharing our challenges, we can increase connection and help to reduce the feelings of isolation and shame

that pervade the healthcare environment. Mindfulness strategies and meditation are powerful tools to minimize our disruptive negative thinking, promote self-compassion, and encourage better functioning. For example, we might pause for a moment between patients to close our eyes and take deep breaths. We can remind ourselves that we face objectively difficult tasks (e.g., “Being a healthcare worker in the middle of a pandemic is really hard”)—that whatever our struggles, others can relate (e.g., “I am not the only person who is feeling this way. May I give myself the compassion that I need”). Much as temporarily floating on our backs might help as we swim back to the boat, taking self-compassion breaks<sup>5</sup> can help us regain the energy and perspective needed to continue our work.

## PRACTICE PERSPECTIVE-TAKING

This pandemic has afforded healthcare workers myriad targets for anger. When the anger manifests as resentment, it increases feelings of futility and robs us of time that could be spent more productively. Indeed, if we fall overboard, nurturing anger toward the person who pushed us will not help us back to the boat. Instead, we can choose to assume that most people are doing their best and recognize that not everyone has equal abilities or resources. Sometimes an individual’s “best” is not very good, but practicing perspective-taking (i.e., actively considering the reason for another’s behavior) can help to decrease anger and minimize negative consequences. We can start by considering, “Why might a hospitalized patient be rude to his medical team? What are the reasons a person might have failed to get vaccinated? What could cause a visitor to become aggressive towards the staff?” Rather than searching for excuses, our goal is to understand the behavior so we can actively choose a more appropriate response. This helps to decrease negativity, improve communication, and increase potential options, which maximizes the likelihood of a positive outcome.

## CHOOSE AN APPROPRIATE RESPONSE

Physicians and other healthcare workers typically rely on logic and data to find solutions, and this “problem-focused coping” is generally adaptive. However, not all problems have solutions that are within our control. Just as sailors may need to change course to avoid unfriendly waters, sometimes we must adjust our strategy. “Emotion-focused coping”<sup>6</sup> involves changing our response to a stressor; for example, by considering another perspective or seeking support from others—allowing someone to listen to or cry with us and to provide encouragement. Historically, the culture of medicine has not been particularly supportive of this approach, encouraging physicians and trainees to “just get over it” when they struggle. Fortunately, the recent recognition of burnout among healthcare workers has led more individuals to reach out to colleagues, family members, and mental health professionals.

## LEARN TO FORGIVE

Perhaps the most important task in navigating this journey is learning to embrace forgiveness. The waters along the route to forgiveness can be rough and may require multiple attempts to sail through. However, the documented benefits of forgiveness (e.g., decreased negative emotion, fatigue, stress, and physical symptoms) make the effort worthwhile. Forgiveness increases peace, happiness, self-acceptance, self-esteem, and a sense of meaning and purpose in our lives. But, just as one must decide to raise the sails before having a chance to catch the wind, the first step in forgiveness is simply choosing to forgive. Next, we begin to let go of negative responses (e.g., rumination and resentment), recognizing the personal benefit. As theologian Lewis B. Smedes explained, “To forgive is to set a prisoner free, and discover the prisoner was you.”<sup>7</sup> In fact, the person (or people) we forgive need not be involved; they do not even need to know. We can put the offense(s) in perspective by remembering that all humans have weaknesses and then begin cultivating a more positive response. For example, we may develop feelings of pity, sympathy, empathy, or even compassion for our offender(s), and choose to wish them well despite the way(s) they have hurt us.

## BEGIN MOVING FORWARD

Resilience can be described as having the necessary internal and external resources available to cope with a situation. However, even highly resilient people will face situations that extend beyond their individual ability to manage. In those extenuating circumstances (e.g., the COVID-19 pandemic), the only two options are: (1) become overwhelmed, or (2) seek additional resources/support to move in the direction of posttraumatic growth. The destination of this voyage is a life of meaning that combines fulfilling work and rewarding personal relationships. Along the journey, we learn better ways to adapt to future challenges. Indeed, those who successfully navigate through trauma often experience a host of residual benefits,<sup>8</sup> such as increased appreciation for life, improved relationships with others, expanded view of life’s possibilities, enhanced view of personal strength, and positive spiritual change.

Importantly, we must remember that it is unreasonable to expect ourselves or our colleagues to experience this growth while we are still in the midst of the crisis. As we navigate future surges and—eventually—return to a less chaotic healthcare environment, there will remain a risk of being blown off course as physicians continue to deal with the trauma of COVID-19 for years to come. To move forward, we must set our compass toward a focus on doing our best (whatever our best may be in that moment) one day at a time, one shift at a time, 1 h at a time, or even one patient at a time. Only then will we and our crewmates safely arrive at our intended destination.

## CONFLICTS OF INTEREST

The authors have declared no conflicts of interest.

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