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QUALITATIVE RESEARCH

"I am more me": Post-traumatic growth for New Zealand healthcare social workers during Covid-19

Christine Becker[1], **Ksenija Napan**[2] and **Shirley Jülich**[2]

[1] Whatu Ora New Zealand Health New Zealand

[2] Massey University, School of Social Work

ABSTRACT

INTRODUCTION: The Covid-19 pandemic posed major challenges to healthcare workers working on the front line. Their risk for negative mental health outcomes is well established, and a high volume of research has been directed at the causes, as well as measures to increase workers' coping and resilience. Further, holistic and salutogenesis-oriented research is emerging directed at the origins of wellness and opportunities to grow after experiencing adversity. We contribute to this evolving research by qualitatively exploring the experience of transformational growth for social workers who worked in healthcare in Aotearoa New Zealand during Covid-19.

METHODS: We conducted semi-structured, online interviews with a sample of six social workers. Their accounts were analysed using an explorative semantic and interpretative form of reflexive thematic analysis, and five main themes were identified. The lens for analysis was Tedeschi and Calhoun's post-traumatic growth (PTG) theory.

FINDINGS: Participants identified PTG in the form of an increased sense of self and self-identity. They reported significant vocational stresses and deep caring for their patients. They shared a strong occupational self-identification with the social work profession, which might have increased their likelihood of experiencing PTG. Most identified a transformational shift toward paying attention to their own needs.

CONCLUSION: These findings contribute to a new and more holistic perspective for our future pandemic response strategies. Further investigation is suggested to explore the identified shift in the balance between care for others and self-care within the profession.

Keywords: Post-traumatic growth; social worker; healthcare; Covid-19; pandemic; qualitative

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CORRESPONDENCE TO:
Christine Becker
ces.becker@gmail.com

On 5 May 2023, the World Health Organisation (WHO) declared an end to Covid-19 as a global health emergency, more than three years after they had declared it a pandemic on 11 March 2020 (WHO, 2023). Covid-19 is the illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in Wuhan, China in December 2019, and, from there, evolved into a global pandemic and the biggest health crisis of our time.

Aotearoa New Zealand was one of the most successful countries in controlling

the spread of Covid-19 and minimising the loss of health and lives. Its success was attributed to the elimination strategy *Going Hard and Going Early* (Ministry of Health, 2020), which involved entry controls at the border and a four-level national alert system including lockdowns. Healthcare workers, including social workers, were considered essential workers. This meant that they were expected to report for work as usual at all national alert levels including lockdown, following the approach, *we are here if you need us*. On 30 April 2021, a vaccination mandate for healthcare workers came into force in Aotearoa New Zealand (COVID-19 Public Health Response (Vaccinations) Order 2021).

The Covid-19 pandemic posed major global challenges for healthcare systems, particularly the healthcare workforce working at the front line. During the pandemic, healthcare workers faced an increased risk of morbidity and mortality, mental health issues, moral injury, and the fear of disease transmission to loved ones. Specifically, healthcare workers' risk for negative mental health outcomes has been well established and includes exhaustion, depression and anxiety, insomnia, alcohol and drug misuse, burnout, vicarious trauma, and PTSD (Koontalay et al., 2021; Stuijfzand et al., 2020).

The 2020 fast-evolving global Covid-19 crisis led to equally fast-evolving research published over the course of the pandemic. A substantial part of this research focused on workers' risk for negative mental health consequences and on individual and organisational measures to mitigate this risk (Croghan et al., 2021; Sun et al., 2021). While this research is important, another type of research is gaining credence: research that applies a salutogenic perspective and is interested in what the pandemic can teach us (Rajkumar, 2021). Salutogenesis, as opposed to pathogenesis, focuses on the origins of health and well-being instead of the causes of disease (Antonovsky, 1987). While this research is gaining momentum, there is still little research from a qualitative perspective about the rewarding and transformational outcomes for healthcare workers during Covid-19. This study aimed to address this gap. It is a qualitative study with the objective to explore social workers' post-traumatic growth (PTG) experiences from working in physical healthcare settings in Aotearoa New Zealand during the Covid-19 pandemic and its related lockdowns.

The theoretical lens for analysis in this study was post-traumatic growth (PTG) theory (Tedeschi et al., 2018). The theory defines PTG as "positive psychological changes experienced as a result of the struggle with traumatic or highly challenging life circumstances" (p. 13). It is based on the concept that we construct core beliefs about ourselves, and the world we live in, based on our personal experiences, life stories, and frames of reference. It defines trauma not as an external event but as an internal response to an event or to highly distressing circumstances over time. A traumatic experience involves, at least in part, the destruction of our core beliefs and the construction of new core beliefs thereafter. If the new core beliefs are more nurturing of potential and sophisticated than the old ones, we will see PTG, which can be observed in five domains: personal strength; relating to others; new possibilities; appreciation of life; and spiritual and existential change.

PTG theory recognises that the transformative process of growing involves the interaction of emotional, behavioural, social, spiritual, and environmental components. However, PTG theory identifies that the main activity leading to PTG is deliberate rumination following a traumatic experience.

Quantitative investigations into the experience of PTG for healthcare workers during Covid-19 suggest that PTG was common in this population, however, at differing levels. According to PTG scores, measured with the PTG Inventory (PTGI) and the PTG Inventory Short Form (PTGI-SF), the identified PTG levels ranged from *low* for nurses in

New South Wales (NSW), Australia from September to November 2020 (Aggar et al., 2022), to *moderate* for nurses in China in June 2020 (Zhang et al., 2021), to *high* for nurses in Hubei Province, China from February to April 2020 (Mo et al., 2022). A study by Feingold et al. (2022) during the Covid-19 spring peak in 2020 and six months thereafter found that four out of five healthcare workers at a hospital in New York City, USA experienced moderate to high levels of PTG. However, there remains a need for more qualitative research to better understand the trajectory of PTG as a lived experience and provide the depth and richness of knowledge that is needed to efficiently foster PTG in the healthcare workforce.

Overall, this study aims to contribute to a shift in perspective, away from a deficit-oriented and medicalised model of the human experience, toward a holistic and salutogenic-oriented model. It also aims to inform future occupational health measures that move beyond essentially helping workers to cope and bounce back, toward helping them grow and bounce forward. This shift provides the space for rethinking the nature of the crisis and how we conceive our response to it and offers chances for adaptation and growth to our future healthcare systems.

Methods

Participants

A purposive study sample of six registered social workers who worked in physical healthcare settings in Aotearoa New Zealand during Covid-19 was recruited over four months, from 1 March 2022 to 30 June 2022. The recruitment was conducted via the Aotearoa New Zealand Association of Social Workers (ANZASW) and the researchers' professional networks. Social workers who were currently receiving psychiatric treatment for an acute mental health crisis were not part of the sample. An anonymous demographic form was completed by all six participants. The qualifying diversity data was obtained to describe the cultural space that the participants occupied. The demographic data are depicted in Table 1.

Table 1. Demographic Data

DEMOGRAPHIC DATA	
Age range	The participating social workers report their age range as either between 51-60 years of age or 31-40 years of age, with the majority belonging to the higher age group.
Gender	All six participants identify as female.
Professional Experience	Most participants present with many years of professional experience, with about half of the participants having 21-plus years of experience.
Ethnicity	All six participants identify their ethnicity as European, either as Pakeha (New Zealand European) or Other European (from an English-speaking country overseas). One participant also identifies as having connections to iwi.
Relationship Status	The majority of the participants report being partnered or married. One participant reports being single.
Parental Status	The majority of the participants report having children. One participant reports having no children.
Social Work Role and Responsibilities	All six participating social workers are working in health. Two participants had front-line management responsibilities during COVID-19.
Previous Trauma	A question about earlier traumatic experiences in life was answered positively by most participants, with two participants being unsure.

Data generation

We used the methodological design of a reflexive thematic analysis (Braun & Clarke, 2022), and the method of individual online interviews with a semi-structured interview guide. The guide focussed on three subject areas: an exploration of whether there might have been particularly distressing or traumatic experiences during Covid -19; a reflection about whether something 'good' and transformative might have come out of it for the participant; and a critical reflection about what might have facilitated one's growth experiences. The interview style was participant-centred and empathic to enable a free flow of exploration led by the participants. The interviews took about an hour and participants were offered a choice of pseudonyms, which some of them did. Interviews were conducted from April to August 2022.

Positioning the authors

The interviewing researcher was employed as a senior social worker with Te Whatu Ora, New Zealand Health, during the pandemic and, as such, had insider researcher status. The research team used reflexivity to be transparent about the researcher's personal perceptions and how these could influence the research. At the time of this study, the researcher was in the second year of her master's degree in social work. The other two authors are doctorial supervisors.

Analysis

We chose the combination of an explorative and inductive semantic focus and an interpretive focus of analysis (Braun & Clarke, 2022). That is, we stayed close to the participants' language and concepts while using the lens of PTG theory to identify implicit meanings. This enabled us to obtain authentic contextual accounts and let them speak for themselves within an interpretive thematic framework. The software program NVivo 20 was used to support the analytic process.

Ethics

This research project was granted full human ethics approval by the Massey University Human Ethics Northern Committee in Auckland, New Zealand, on 6 December 2021: NOR 21/70.

The participants were informed about the risk for discomfort and distress that can arise from any conversation about potentially traumatic experiences and a list of support sources was provided.

Analysis and discussion

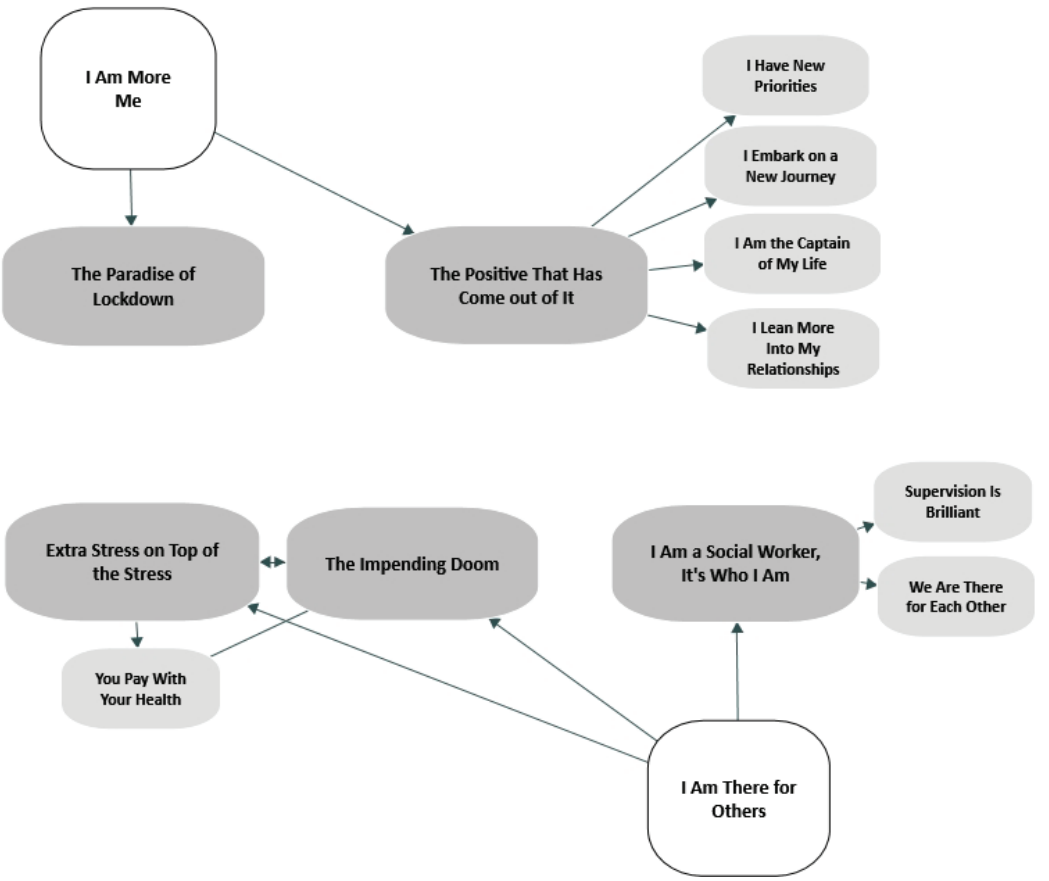
The analysis of this study identified a hierarchical thematic structure comprised of five themes, seven sub-themes, and two overarching themes. The themes were named: *I Am A Social Worker, It's Who I Am; The Impending Doom; Extra Stress on Top of the Stress; The Paradise of Lockdown;* and *The Positive That Has Come Out of It.* The two overarching themes were *I Am There for Others* and *I Am More Me.* These group the themes of this study into two main clusters. A map of this thematic structure is depicted in Figure 1.

Theme 1: I am a social worker, it's who I am

The theme, *I Am a Social Worker, It's Who I Am,* captured the construction of a strong and positive identification with the social work profession that was present across the dataset. For example: "It's intrinsically who I am, I'm a social worker because it's an extension of my value base. It's who I am. I don't know how to be anything else" (Camia). Nuances included placing social work within the bigger concept of a life purpose: "I think I identify as a healer, you know, as a social worker" (Angelica), and recognising tension:

> I do not have a love-hate relationship, but it can be very draining and you often get little reward from it, but I keep coming back to doing it, and whenever I consider doing anything else, I always come back to social work. (Poppy)

Figure 1. Thematic Structure



Key: Themes Are Depicted as Rounded Rectangles; Subthemes as Smaller Rounded Rectangles; Overarching Themes as Rounded Squares. A Single-Directional Arrow Indicates a Hierarchical Relationship Between Themes; a Bi-Directional Arrow a Lateral Relationship Between Themes; a Simple Line an Associative Relationship Between a Theme and a Subtheme of Another Theme.

This identification was accompanied by many declarations of love: "I love my job" (Nadine), "I love my role as a social worker" (Angelica), and even passion: "You cannot not be passionate when you're putting yourself [in danger] … it reinforces the passion for the field of social work, but also, for me, for families with children … the clients that I'm working with" (Poppy).

Poppy's comment reveals another consistently identified dimension: deeply caring for patients. For example: "I've struggled with that mentally, what was happening to some of those clients out there" (Jenny). For a few participants, their caring involved the stretching of professional boundaries during a lockdown: "I found myself doing grocery shopping for her [a patient] on the Saturday morning because I was worried about her" (Angelica) and "There's a lot of emotion in my voice [during phone consults] … there's fewer boundaries between me and patients" (Rebecca). These comments reflect a bigger construction: putting the needs of others at the centre of one's (vocational) attention. It was captured in the overarching theme, *I Am There for Others*, which is one of two overarching themes in this research.

Participants' identification with social work seems to offer favourable properties for the experience of PTG. One is occupational self-identification itself (Mo et al., 2022). Another is the knowledge of social work theoretical models to inform thinking (Cui et al., 2021), including models of meaning-making (Feingold et al., 2022) and trauma (Moreno-Jiménez et al., 2021). For example: "Carl Jung … the work he did was so powerful. We all need to take personal responsibility for our own shadow-self and work on our own, you know, pain and trauma" (Angelica). For several participants, a personal trauma history seemed to deepen their theoretical understanding: "I feel like, I've sort of worked through a lot of major traumas" (Rebecca) and "You think: 'Oh my God, nothing like this has ever happened to me in my life', but actually, to some degree or other, different events of traumas [have similarities]" (Nadine).

Inherent to social work seems to be a belief in the possibility of positive transformation, the key tenet of PTG:

> Social work, it's like Covid, it's often unpredictable, it's often really hard work, and you can't see the light at the end of the tunnel, but you just keep going because you know at some point you'll see the light or there'll be some change or shift or breakthrough … and with social work, you know, often there is. (Poppy)

The participants' identification with social work encompassed its characteristic values and principles: "As a social worker, my truth and integrity are far more important to me [than pleasing others]" (Angelica). A specific area of traumatic tension arose for some from a perceived incompatibility between their commitment to the right of autonomy and the vaccination mandate for healthcare workers: "We don't have that sovereignty over our bodies … we've essentially lost that human right and that was the biggest thing I felt, and still do to a degree, grief over" (Nadine) and "The most difficult thing for me, over this two-year period, has basically been feeling silenced as a social worker. And being seriously concerned about our lack of choice" (Angelica).

Expertise in the area of self-care was identified by many participants as a means of their resistance during the pandemic: "I had developed a self-care training that we could do at team meetings, even on Zoom" (Camia), "It's about being in tune with yourself" (Camia), "I'm a pretty mindful person … when you wake up in the morning, what do you hear first? The birds, you know, the tui" (Rebecca), and "If we're angry, it's not the other person or the government, what's the point, I have to look after myself … it's part of my self-care" (Angelica).

Sub-theme: We are there for each other

The sub-theme *We Are There for Each Other* is one of two sub-themes to the theme *I Am a Social Worker, It's Who I Am*. It captures the idea of camaraderie between colleagues, which was present in every data item. Between peers: "My team were super supportive on an emotional level for me" (Nadine); "We also got a support group sort of going between us … and that side of things was good" (Jenny); "She and I kind of banded together in the crucible of life … and so we kind of had this gluing together" (Camia); "A lot of our Zoom meetings about planning ended up actually being more a collegial support group … that was a huge support" (Poppy).

And, between workers and management: "My boss is very nice … and she's understanding if I don't get work done" (Rebecca) and "My manager stepped up to the plate, and they were very good because I needed quite a bit of time off" (Nadine).

Social support and subjective social support were identified as correlates of PTG by studies into the healthcare workforce during Covid-19 (Zhang et al., 2021).

Sub-theme: Supervision is brilliant

The sub-theme *Supervision Is Brilliant* is the second sub-theme to the theme *I Am a Social Worker, It's Who I Am*. It captures the construction of a nurturing mentorship that was endorsed by every participant. For example: "I regularly had supervision, each month, and it was great. I found that brilliant" (Jenny) and:

> I have a supervisor … she was great. She was so good. I can't thank her enough for how supportive she was and how she did try to help me look at things from a different perspective … she was fantastic. (Nadine)

> My supervisor is a good listener. She's got a really positive style. She hears me out with whatever I'm feeling. She helps me focus on what's important to me. It's been really valuable. (Rebecca)

> Very empathetic, very empowering, just quality supervision, where it's productive, you're sort of getting to the core of what the issues are … I think that my supervisor could really side and guide. (Poppy)

Studies on PTG experiences for healthcare workers suggest supervision to be a PTG-fostering measure during the pandemic (Veronese et al., 2022).

Theme 2: The impending doom

The theme *The Impending Doom* captured the construction of an intense sensation that something tragic and life-threatening was about to happen that was identified across the dataset. For example: "Our biggest problem was the mental emotional impact and fatigue of the impending doom" (Camia); "I can remember the news of Covid and lockdown, and just one doctor and I looking at each other and thinking: 'What is this year going to look like? ... What have we got ahead of us?'" (Angelica); "Sitting on the edge of our seats for two and a half years waiting for it to hit, that's been the hardest bit. And that bit has kind of been like a roller coaster" (Camia), and:

> We didn't know what Covid was, what the impact of Covid would be, and so it was just very airy, like an apocalyptic type feeling driving to work in the mists with no cars, just me … I can slightly feel it in my body now. It's like an internal shaking feeling, it's like on the outside you seem fine, but on the inside, your core, it feels very primal … maybe that is fear. Yeah, just the unknown, going into the unknown when everybody else in society was not doing it. (Poppy)

The described sensation, that something threatening was about to occur seems to be partly linked to fear of the unknown: "That first lockdown, it was stressful, it was, you know, the unknown" (Angelica); and "The first lockdown was probably the worst experience, and probably because it was all so new" (Nadine). Other fears included the fear of infection and transmission of the disease and the fear of war-like frontline combat. These align with fears identified in the literature including fear of self-sacrifice from workers' morality of duty (Fontanini et al., 2021; Liu et al., 2020).

The language used in some studies was analogous to military language, evoking a sense of uniting as a front-line defence to fight a common enemy. Similar analogies were present in this study: "Me working from home, I'm not on the front line with them trying to figure this out" (Camia); and "Like in war, it's a survival thing, you're just doing whatever you can to help as many people as you can to get through" (Poppy).

Several participants described the fear of infection and transmission: "A lot of it was worry and: 'are we going to get infected?'" (Jenny); and "My worry was that I would go to work and bring home this supposedly deadly virus to my children and that would be disastrous" (Poppy).

An additional fear was the elimination of healthcare workers' rights associated with a possible healthcare emergency: "There were times when I have felt calm and safe, and times when that's the last thing I felt, like not knowing whether my rights and freedom would be taken away" (Angelica).

Participants continued their work despite their fears. An inner conflict became visible in several reflections: "Everything in my body's internal warning system was going: 'You shouldn't be going to work'" (Poppy), "I'm not one for running away, so we just kind of cracked on. But it made me feel like it was a big melee" (Camia); and "I felt a huge sense of responsibility to be brave and show up for work" (Poppy).

This indicates a commitment to patients at a level of putting oneself at risk and resonates with the overarching theme *I Am There for Others.*

Theme 3: Extra stress on top of the stress

The theme *Extra Stress on Top of the Stress* captured the idea of an agglomeration of stress, chronic vocational stress, and acute Covid-19-related stress that was detectable almost in every data item. For example: "The roles are generally very busy anyway, so the extra layer of Covid just pushes people over to breaking point" (Poppy); "It's a slightly impossible space even without a pandemic" (Camia); "Our services are full to the brim … we're always at the max" (Rebecca); "We're all just about burned out, we're all hanging on by our fingernails" (Nadine); and "It was, like: 'The whole place is on fire'" (Camia).

This aligns with the finding of Magnavita et al. (2021) that "the Covid-19 pandemic presents a sort of perfect storm regarding the intersection of chronic workplace stress resulting in high rates of healthcare workers' burnout and acute traumatic stress imposed by the pandemic" (p. 3).

The identified agglomeration of stress encompassed different types of stress. These included the double burden of stress at work and in private: "My mother had an anxiety episode. That was all going on simultaneously. It was pretty messy. And I was messy" (Nadine) and "It was the thought of, if I needed to be able to go overseas [to help older parents], I couldn't go, that I struggled with" (Jenny). These stresses also included heat stress from using personal protective equipment (PPE) at home visits: "I'm wearing the 95 mask, the goggles or the visor, the gloves, the full apron, the whole works, and it's so warm, especially on a hot sunny day" (Jenny) and "It's uncomfortable wearing the 95 mask because you really can't breathe very well" (Rebecca).

Also included was stress from trying to stay informed: "The other stress at the time was a huge communication all the time, on a daily, almost hourly, basis" (Angelica); and "It felt, like, four times a day we were getting different information from further up the chain because everyone was building their comms as they were thinking about them" (Camia).

Acute traumatic stress for some was caused by the vaccination mandate. This stress seemed not to relate to the vaccination itself, but to the fact that it was mandated for the healthcare workforce: "You know, it [the mandate] changed my worldview. I don't trust the government, and I don't know what the future is going to look like" (Angelica), "It [the mandate] left me with little respect for the service, or for the government, for everything" (Nadine); and "I was so angry at the management, at the government, I've never been so angry in my life" (Nadine).

Several participants resisted by prioritising the needs of others: "You keep yourself together because you have to, because other people are falling apart around you. Yeah, that sense of needing to not fall apart because you want to be there for other people" (Poppy); and "The option of just curling up under a rock and having a complete mental breakdown myself, that luxury wasn't an

option" (Nadine). This, again, resonates with the overarching theme *I Am There for Others.*

From the perspective of PTG theory, the theme *Extra Stress on Top of the Stress* is closely linked with the theme *The Impending Doom.* Both themes capture the types of stresses and fears that have the potential to impact a person's core beliefs – the prerequisite for posttraumatic growth.

Sub-theme: You pay with your health

The sub-theme *You Pay with Your Health* is a sub-theme of the theme *Extra Stress on Top of the Stress*. It captures the construction that working during Covid-19 had come at a cost to participants' mental health. For example: "I could see Covid was continuing and it was affecting my health, the level of stress" (Poppy), "In my car on the way home, I would've had a few tears, probably more exhaustion than fear" (Poppy); "Yeah, lots of tears, lots of meltdowns" (Nadine); "I was so emotional by that stage, I did get stuff mixed up in my head" (Nadine), and:

> I think you're in a lot of automatic pilot when you're trying to get everything done. But I do think there was a high level of anxiety, like, you started to acclimatise to living at this moderate anxiety level all of the time. And so, then, being moderately anxious all of the time became normal. (Camia)

From the perspective of PTG theory, negative mental health outcomes and PTG often coexist in a person.

Theme 4: The paradise of lockdown

The theme *The Paradise of Lockdown* captured the construction of a more connected state of being during the pause of normal life created by the lockdown. This was revealed in the many positive comments: "I think, less travel during lockdown is okay, there are more birds you can hear" (Rebecca), "People were looking out for each other. Neighbours were communicating and talking and that was cool" (Nadine), and:

> One thing I did find that I did enjoy during lockdown was when we were doing our regular walks with the dog. It took me back to my childhood in lots of ways. We would actually take the backpack and make a coffee or a cup of tea and take a flask with us to go for a walk. (Jenny)

Life during lockdown seemed to evoke a deeper sense of connection to the self, to others and to the environment. This resonates with the second overarching theme, *I Am More Me*.

This experience of a more connected way of being, in the midst of a landscape characterised by extreme Covid-19-related stresses, might have provided a context for the rumination process and thereby the creation of new core beliefs.

Theme 5: The positive that has come out of it

The theme *The Positive That Has Come Out of It* captured the transformational experience of PTG. All six participants, on reflection, identified positive changes to what they perceived to be true about themselves and the lives they lived. Their powerful testimonies were captured in the sub-themes, *I Lean More Into My Relationships, I Am the Captain of My Life, I Have New Priorities*, and *I Embark Upon a New Journey*. These align with the respective PTG sub-domains, relating to others, personal strength, appreciation of life, and new possibilities.

The essence of the participants' identified growth experiences seems to be an increase in their sense of self and self-identity. This increase was captured in the overarching theme *I Am More Me.* For example: "It's been hard, it's been hard the whole time, and it's been hard in lots of different ways for different reasons, but I feel more myself now than I did two and a half years ago" (Camia);

and "To be more of myself, to listen to me more, rather than always catering to other people's perspectives and points of views. Yeah, I think, COVID time has helped me to grow" (Rebecca).

Sub-theme: I lean more into my relationships

The sub-theme *I Lean More Into My Relationships* captured the construction of growth in the form of a vitalisation of the participants' relational connectedness. It was identified by two: "I found a new network of supportive people, which was really, really helpful. That was one of the positive things that came out of the trauma" (Angelica); and "I'm conscious of connecting more with my family … it's made it more apparent that relationship is needed" (Jenny).

For Jenny, PTG, in the form of a revitalisation of her relationships with loved ones, seems to go hand in hand with a new way of engaging:

> Doing things as a family. Like, I texted my son a couple of nights ago, and we're both on about going to a movie together … In the past, it may have been a case of talking about doing it, but you never get around to actually arranging to do it. (Jenny)

Sub-theme: I am the captain of my life

The sub-theme *I Am the Captain of My Life* captured the construction of growth in the form of a realisation on the part of many participants of how strong they were and how much agency they had. For example: "For me, I guess, one of the positives is, it has actually shown me how strong I actually am, yeah" (Angelica); "I do very much feel, like, I am now captain of my own ship, both personally and also professionally" (Camia); and "I'm probably more connected to my functional home environment now than I was" (Nadine).

Camia appeared to have discovered that she has what it takes and that she has had this in her all along: "I think I came out understanding more of who I am as a person, who I am as a leader, and the value that I can bring to a space" (Camia), while Nadine seemed to have become aware of her ability to actualise change: "I had to say: 'Okay … I'll do whatever it takes', and I never thought that I would actually do something like that, but that's been part of the growth too" (Nadine).

Sub-theme: I have new priorities

The sub-theme *I Have New Priorities* captured the construction of growth in the form of a new appreciation of life. Participants talked about a transformational shift toward paying more attention to their own needs. This shift seems to be an essential finding of this study and resonates with the overarching theme *I Am More Me*. For example: "It's made me more conscious that I definitely do need to look after me as a person." (Jenny); and "I think Covid, and maybe the extra stresses and the extra things we've had to do under Covid, made me realise, well actually, my well-being is quite important, I need to focus on my own time, for me" (Rebecca).

Poppy seemed to have experienced a pull toward a deeper appreciation of her family life and health: "I think that experience made me reassess my priorities, and I think, actually … my own health and my family's well-being … I wanted to put them first" (Poppy).

While Rebecca appeared to have experienced a deepening of her connection with herself and an appreciation of her worth: "Rather than … carry on that same 'looking after somebody else all the time' … I'm honouring a bit more that part of me that needs to do my own things" (Rebecca); and "I've been 'Why do I need a raise, they pay me enough', but 'No, actually, Rebecca.' I'm realising, trying to be more, just a bit more self-focused" (Rebecca).

For Jenny, joyful engagement seems to have become a priority:

> For instance, I joined some dancing classes online … In the past, if I was running late home from work … I would have probably said: 'Oh, I won't go tonight'…whereas now, it's probably made me more aware of: 'No, I actually need to go, it's good for me to go, and I get a lot out of going'. So, I'll make more of a conscious effort of trying to plan my days accordingly. (Jenny)

Sub-theme: I embark upon a new journey

The sub-theme *I Embark Upon a New Journey* captured the construction of growth in the form of liberation and self-actualisation. Angelica seemed to have found new motivation to pursue long-desired career opportunities:

> I've worked in the system for a long time, and I have felt constrained within it. So, the silver lining might be that I might finally go out into private practice. And I'm not sure whether that will be as a registered social worker, or whether it will be a more alternative health kind of work or some kind of counselling. (Angelica)

It seemed that the whole experience was transformative for participants albeit it manifested in unique ways for each participant.

Summary of findings

Analysing the accounts of six social workers who worked in health settings in Aotearoa New Zealand during the Covid-19 crisis, this study identified six strands of stories about personal transformational growth woven into a powerful narrative; a narrative that was told about the experience of PTG (Tedeschi et al., 2018) during pandemic times.

This narrative can be divided into three segments. The first segment, the beginning, is set in the participants' normal healthcare occupational environment, which many described as thinly stretched, even at the best times. The participants strongly identified with their social work profession and described a deep caring for their patients. Their identification with social work and its culture, values, and theoretical concepts, might have increased the likelihood for the sample to experience PTG. This aligns with the findings that a higher occupational self-identification (Mo et al., 2022), psychoeducation (Moreno-Jiménez et al., 2021), and meaning-making (Feingold et al., 2022) increase the likelihood of experiencing PTG.

The second segment is set in the unknown world of the virus. It begins when the Covid-19 pandemic reaches the shores of Aotearoa New Zealand, and the country goes into lockdown. All six participating social workers provided accounts that they accepted the call to duty when the pandemic started. Two participants recognised a moment of hesitation at the point of entry into the never-before-experienced environment of Covid-19. This hesitation is illustrated in one participant's comment about her travel to work on the first day of lockdown: "I go through quite a few roundabouts, and it was very tempting to just go right around the roundabout and head back home" (Poppy).

The participants in this study identified that, once they found themselves in the special environment of Covid-19, they benefitted from bonding with their colleagues and attending supervision, while they adapted to the confusing rules of the pandemic, including those of how and when to use PPE. The participants' ability to engage in collegial support might have further increased the likelihood of them experiencing PTG (Mo et al., 2022); as might have their ability to engage in critical reflection during supervision (Veronese et al., 2022).

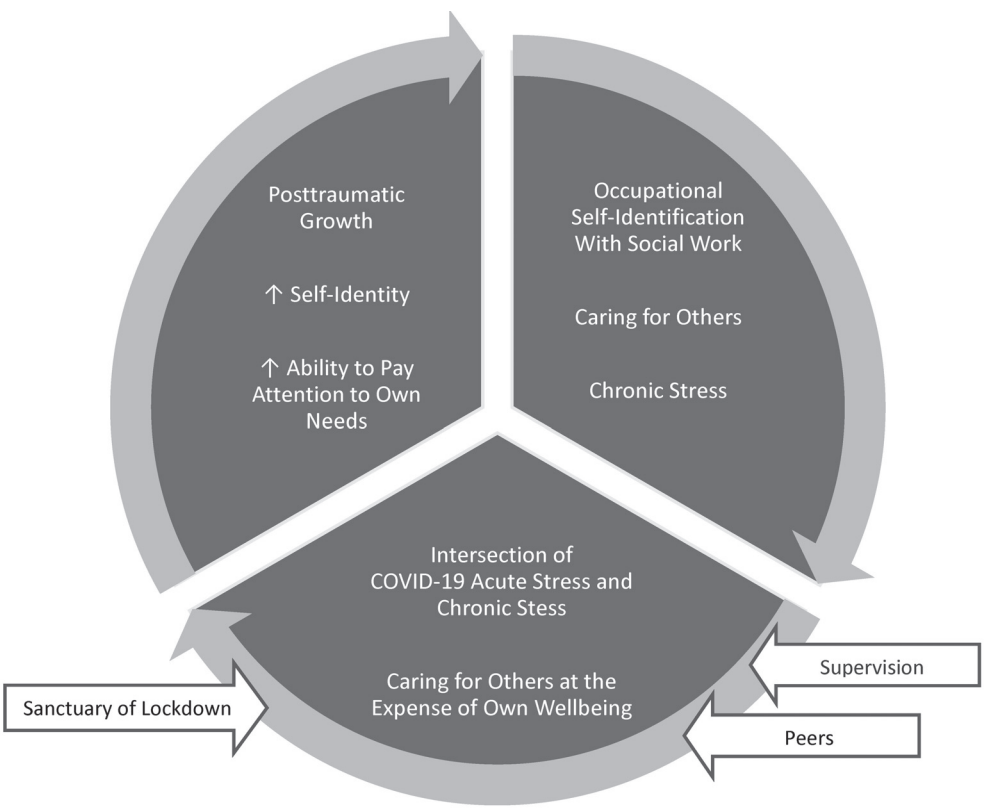
Journeys continued in the special world of the virus, with participants reporting they experienced extreme pandemic-related

stresses, deep and novice fears, a sense of impending doom, loss of their human rights, and trauma. Their stresses aligned with the vocational stresses identified in the literature (Magnavita et al., 2021); as did their fears. They talked about negative health and mental health consequences from their work, including heat stress, exhaustion, and anxiety, which fall in with the negative consequences established in the literature; and they talked about their resistance, using the coping strategies they knew, including self-care. A key feature identified across the dataset is deep caring for others and commitment to the duty of care for patients, even at the expense of one's own well-being.

The third segment began as the pandemic finally ceased. The experience of returning to a normal working life is captured in one of the participants' comments: "It's been a crazy couple of years, it's been a crazy couple of years, yeah, we survived" (Camia). The participating social workers reflected on their return as being alive, however, positively transformed. On reflection, all six identified PTG experiences in at least one of the PTG sub-domains, relating to others, personal strength, appreciation of life, and new possibilities. These included experiences in the form of a realisation of how strong they were, how much agency they had, and what they could achieve; in the form of a coming to life of their relationships with loved ones; in the form of seizing new and long-desired career opportunities; and, in the form of a shift in their priorities in life. For some participants, their experience of PTG also included a realisation that they must have had these potentials in them all along.

The participating social workers identified different PTG experiences. However, the most significant finding

Figure 2. Key Findings



of this study was that most participants experienced PTG in the form of an increased sense of self and self-identity and a shift toward being able to pay attention to their own needs versus the needs of others. These key findings respond to the study objective by drawing attention to a shared phenomenon of growth that warrants further investigation in the healthcare population.

A surprise finding of this study was the positive comments participants made about the special quality of life they experienced outside work in the afternoons and on the weekends during a lockdown. Their comments portrayed life during the lockdown as a sanctuary, almost in the midst of the Covid-19 stresses, with references to a peaceful environment with birdsong and fresh air and a sense of togetherness. The key findings of this study are depicted in Figure 2.

The findings speak to the promotion of a shift in our approach to occupational health, a shift away from an exclusively medicalised model of the human experience toward a salutogenic and holistic model. Introducing a post-traumatic growth focus into the reflexive process during supervision can be suggested as one of the promising occupational health measures in this context.

Conclusion

This study identified deeply personal and meaningful transformational growth experiences for social workers from their work in healthcare during the Covid-19 pandemic in Aotearoa New Zealand. This finding holds merit in relation to the development of future pandemic response strategies that go beyond the preservation of healthcare workers' functioning and coping at adverse times, toward new occupational health approaches with an emphasis on transformation and growth.

A consistent finding in this study was post-traumatic growth in the form of an increased sense of self and self-identity and a shift toward being able to pay attention to one's own needs. This key finding calls for further investigation for the benefit of the social work profession. Overall, social work might possess favourable properties to facilitate PTG experiences in its workers. These include the importance of professional supervision emphasised by the participants in this study.

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No conflicts of interest were declared.

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