**From:** [em.tra.0.8f0c7f.5e98988c@editorialmanager.com](mailto:em.tra.0.8f0c7f.5e98988c@editorialmanager.com" \t "_blank) <[em.tra.0.8f0c7f.5e98988c@editorialmanager.com](mailto:em.tra.0.8f0c7f.5e98988c@editorialmanager.com" \t "_blank)> on behalf of Psychological Trauma: Theory, Research, Practice, and Policy <[em@editorialmanager.com](mailto:em@editorialmanager.com" \t "_blank)>  
**Sent:** Monday, October 28, 2024 4:57:30 PM  
**To:** Marguerite S Rwil <[msr21b@fsu.edu](mailto:msr21b@fsu.edu" \t "_blank)>  
**Subject:** Your Submission TRA-2024-4103 - [EMID:5760c691a15e0c20]

TRA-2024-4103  
Association of Posttraumatic Growth with Covid-19: A Meta-analytic Review  
*Psychological Trauma: Theory, Research, Practice, and Policy*  
  
Dear Rwil,  
  
I have now received the reviewers' comments on your manuscript. Based on their analysis and my own evaluation, I cannot accept this manuscript for publication in *Psychological Trauma: Theory, Research, Practice, and Policy*.

I found the manuscript to be difficult to understand in part because of the lack of clarity on how the studies were obtained and selected (numbers in the flow chart are confusing as to how 60 articles were distilled to 30); the actual data analysis used was unclear; the lack of discussion on cross-cultural comparisons given the heterogeneity of the participants; and the low quantitative scores given by the reviewers.   
  
For your guidance, I append the reviewers' comments below and hope they will be useful to you as you prepare this work for another outlet.  
  
Thank you for giving us the opportunity to consider your submission.  
  
Sincerely,  
  
Sylvia A. Marotta-Walters, PhD,ABPP  
Associate Editor  
*Psychological Trauma: Theory, Research, Practice, and Policy*  
  
Reviewers' comments:  
  
Reviewer #3: COMMENTS ADDED HERE WILL BE SHARED WITH THE AUTHOR. PLEASE BE MINDFUL OF YOUR AUDIENCE AS YOU INSERT YOUR COMMENTS. PLEASE ALSO MASK YOUR REVIEW - THIS IS ESSENTIAL. \*\*

Strengths:  
1. The size of the meta-analysis (30 studies and over 42,000 subjects) is impressive and adds confidence to the findings.  
2. This represents a great deal of work identifying the studies and evaluating each study's methodology and analytic approach.

3. The authors acknowledge areas of challenge such as the heterogeneity of the studies and their individual findings.

4. It's important to know that multiple studies found that PTG occurred during the pandemic.  
Challenges:

1. Given that the findings are complicated by the heterogeneity of the studies analyzed and the large range of correlations between various variables and PTG, the "Introduction" should discuss the challenges of understanding PTG and the challenges of disaster research.

2. Findings related to mental health factors (PTSD, Anxiety, Depression, etc.) are highly heterogeneous and the relation to coping is small, but these will be of interest to readers. The "discussion" or the "clinical significance" sections should say more about the heterogeneity of the findings and how difficult it is to understand how PTG relates to the clinical setting. Perhaps a paragraph could be added to say what future research is needed to help the field better understand the relationship (if any) between PTG and coping and between PTG and clinical symptoms.

3. The Figures seem to focus primarily on the methodology. Is there a way to represent the findings visually?

4. The Mechanisms section was a bit confusing. How does this relate to the rest of the manuscript? Perhaps this information could be integrated into the overall "discussion" section, so the relationship between the biological mechanisms and the findings of this meta-analysis could be made clearer.

5. The manuscript needs further proof reading. For example, in the introduction, "contiguous" should be "contagious," "alter" should be "altered," etc. There are many such examples throughout the manuscript. **Done.**  
u add your comments.  
  
  
Reviewer #4: The authors have worked really hard in executing this research. However, there are few points to ponder:

1)  
There is a constant claim by the authors that this is the first meta- analytic research on Covid 19 and PTG, from abstract, to Introduction, discussion and finally in the conclusion section as well. I would request the authors to please do search again if it is indeed the first meta analytic research.

2)  
the word is 'using' not 'suing' in the abstract section **Done** and repetition of 'in' **N**ot found again raises question that this manuscript needs a complete proof read.  
3) when the data is taken from four continents the implications need to address some cultural aspects to it as well.  
  
Introduction:  
1)

The author begins by comparing pandemic and other terminal diseases ( specifically cancer and cardiovascular disease) when they are very different to begin with as the latter doesn't spread through contact

2)  
Similarly, the other research given at the end of introduction section doesn't do justice to the rationale for this research.

3)  
The research should include articles from 2020 not 2000, please correct that as well. **Done.**

4)  
I am curious if the research data actually does include four continents as the studies are only from US, UK, Greece, Norway, Italy, Spain, Turkey, Pakistan, Saudi Arabia, Israel and China that equals three continents.  
  
Discussion:  
1)  
The discussion section need more literature to support the in-depth statistical analysis that has been done.

2)  
It is my suggestion that instead of giving 'mechanism' as a separate section integrate it with in the discussion section. As, it doesn't seem to be a part of this research.

.  
  
Reviewer #5: In their manuscript, Association of Posttraumatic Growth with Covid 19: A Meta analytic Review, the authors examine an important and interesting phenomenon in the field of traumatic stress studies. Investigating this in the context of a global pandemic provides unique opportunities and access to data sources. Problems noted in the manuscript are discussed below.  
The manuscript is difficult to read due to missing and misspelled words, awkward sentence construction and repetition of sentences (pages 2 and 3).

The authors frequently mention different sectors of the population page 2 (e.g. general populations, health care providers and infected patients) and Page 3 "assessed …different types of people (e.g. patients, health providers, community dwellers") but there is no mention of these subgroups in the analyses. Did all participants in the studies have Covid or only the threat of Covid? What is the difference between general populations and infected patients? Aren't all persons infected with Covid, patients, regardless of where they reside or their status as providers? It's not quite clear if the study included only patients with Covid or also providers without Covid?  
The authors bypass discussion of their finding that there was no significant association between PTG and the protective factors spirituality and social support despite these being two primary factors on the PTGI scale. There is also scant discussion of the five factors of the PTGI except on page 1 in the unclear statement, "Most observed domains of PTG involved greater positive changes in personal strength, appreciation of life and social relationships". However, no citation is included nor context given.

Covid vaccinations were available beginning December 2020, did this impact the threat or perceived threat in the study which includes studies published in 2023?

Figure 1 is hard to understand, the numbers don't seem to add up. The authors also note that studies in the meta-analysis were published from 2020-2022 (page 13) yet Table 1 shows 11 studies published in 2023.

The Discussion is wide ranging yet does not necessarily relate the study findings to the literature cited. For example, the authors suggest that "PTG will be related to the better prognosis of pathological process and a survival benefit for victims of long Covid". They also cite a study of PTG involving many domains - physiological, biochemical, immunological, neuronal, genetic - and a gene-environment interaction study without expanding how it fits with the current results or elaborating on more specific and targeted future directions. A discussion of how PTG would be trained, fostered and facilitated in populations exposed to catastrophic experiences could connect PTG and survival benefits and improved biological correlates of PTG as well as increase the clarity and clinical significance of the study results.

Amy L. Ai, PhD

Florida State University

2570 University Center Building-C

Tallahassee, FL 32306

(850) 644-3577

amyai8@gmail.com

November 2, 2024 based on rev of PTTS

Harris Cooper, PhD, Editor-in-Chief

*American Psychologists*(AP)

Hugo L. Blomquist professor emeritus

Dartment of psychology and neuroscience

Duke University

Dear Dr. Cooper,

Please find the manuscript, titled “*Does a Deadly Global Pandemic Make Humankind Stronger?*” uploaded to the *American Psychologists*(AP)submission site. We hope that itbe considered for review by your editorial board. The article is not commissioned, nor does it respond to a call for special issues. No conflict of interest is involved in this study. None of parts in this manuscript was a ChatGPT product.

We assume that the finding will be of interest to the readers of *AP* because this interdisciplinary study provides information on an aggregated outcome on a trauma-related concept, posttraumatic growth (PTG), in Covid-19, the deadliest pandemic that is traumatic event for all populations in the new century. It is the first meta-analysis for global findings on using this method.

Due to many study samples, we have 8 pages of References. To make the manuscript short, we must adjust font for tables. We hope that the under-investigated positive side may have important implications for patient-centered trauma care and enhancing the role of psychological sciences in human health. However, if you consider it to be unfit by glance, please inform us.

Thank you for your attention! Look forward to hearing your editorial decision*!*

Sincerely,

Amy L. Ai, PhD

FSU Distinguished Research Professor

**Does a Deadly Global Pandemic Make Humankind Stronger?**

Amy L. Ai, PhD1

Qizhou Duan, MS2

Marguerite Rwil, UROP RA3

**(Running Head: Covid-19 and PTG)**

(10/08/2024, in Submission to AP)

### 1. Corresponding author: Distinguished Research Professor, Colleges of Social Work, Medicine (Social Medicine and Behavioral Science), and Nursing, 2570 University Center Building C, Florida State University (FSU), Tallahassee, FL, 32306; amyai8@gmail.com

2. Department of Psychology, University of Notre Dame, qduan@nd.edu

3. Undergraduate Research Assistant, msr21b@fsu.edu

***Acknowledgement:*** All Authors have contributed to substantive development of this research and writing and agreed to be a co-author of this manuscript.

***Sources of Funding:*** None.

***Disclosures:*** None.

The authors have no conflicts of interest to declare. Amy L Ai served as lead for conceptualization, project administration, article review, and writing–review and editing. Qizhou Duan served in a role for methodology, article review, formal analysis, software, visualization, and writing–review and editing. Marguerite S Rwil contributed equally to [Data curation](http://159.203.176.220/contributor-roles/data-curation/), abstract review, and served in a supporting role for data curation, tables, and editing. Henry Carretta served in a supporting role for methodology, and writing–review and editing. Correspondence concerning this article should be addressed to Amy L Ai, Florida State University, 2570 University Center Building-C, Tallahassee, FL 32306. Email: amyai8@gmail.com

[Funding acquisition](http://159.203.176.220/contributor-roles/funding-acquisition/)—NA

[Investigation](http://159.203.176.220/contributor-roles/investigation/)—Ai, Q

[Methodology](http://159.203.176.220/contributor-roles/methodology/)—Q, Ai

[Project administration](http://159.203.176.220/contributor-roles/project-administration/)—M, Ai

[Resources](http://159.203.176.220/contributor-roles/resources/)—C, A

[Software](http://159.203.176.220/contributor-roles/software/)—Q

[Supervision](http://159.203.176.220/contributor-roles/supervision/)—Ai

[Validation](http://159.203.176.220/contributor-roles/validation/)—Q, Ai

[Visualization](http://159.203.176.220/contributor-roles/visualization/)—Q

[Writing – original draft](http://159.203.176.220/contributor-roles/writing-original-draft/)—Ai, Q

[Writing – review & editing](http://159.203.176.220/contributor-roles/writing-review-editing/)—Ai,

**Does a Deadly Global Pandemic Make Humankind Stronger?**

**(Running Head: Covid-19 and PTG)**

(10/08/2024, in Submission to AP)

**Abstract: Background**. Friedrich Nietzsche said: What doesn’t kill me makes me stronger. Using aggregated data from four continents, we conducted the first meta-analysis of the association between Posttraumatic growth (PTG) and Covid-19 . Our question was: Could the deadly pandemic lead to PTG, the positive gain arising from the struggle with trauma, in populations with diverse cultures and performing different roles (e.g., patients, health providers, and general populations) during this global crisis. **Method.** PubMed (30), PsychINFO (6), Academic Search Complete (4), Ovid MEDLINE (20), electronic databases were systematically searched (05/23/2023—05/31/2024) to identify eligible studies reporting the targeted association by using the predetermined Medical Subject Heading and psychological terms. Adjusted effect estimates were employed, and pooled analysis was conducted, using the Hartung-Knapp-Sidik-Jonkman random-effects model. Sensitivity and subgroup analyses were performed. The Meta-analysis-of-Observational-Studies-in-Epidemiology (MOOSE) reporting guideline was followed. **Results.** The final selection involved a composite of 75 studies, comprising 67,611 participants. COVID-19 was significantly associated with PTG as mostly determined by Posttraumatic Growth Inventory (PTGI) (*g*= 1.9813 ; 95%CI, 0.76-3.2; *p* = 0.0015). A post-hoc analysis showed that various types of coping strategies had a significant effect in the model baseline effect size with PTG in 38 studies (*N=*23,386). **Conclusion.** The findings indicate that COVID-19 pandemic events could be associated with PTG as an optimal population outcome. More prospective studies and research on underlying bio-behavioral mechanisms are needed in future investigation. **Implications**: Exploring the PTG phenomena may orient psychological intervention and health policy to positive changes in populations affected in catastrophic pandemics. ***Keywords:*** Meta-analysis and systematic review, cardiovascular disease (COVID-19), post-traumatic growth (PTG), myocardial infarction, stroke, cardiac procedures

**Introduction**

Since the World Health Organization declared the 2019 novel coronavirus (Covid-19) as a global emergency (Sohrabi et al., 2020), the pandemic has created a sweeping impact on mortality and detrimental psychiatric consequences in three years (O’Connor et al., 2020; Wang et al., 2022). Unlike other severe diseases (e.g., cardiovascular diseases, cancer), Covid-19’s effect is pervasive and traumatic, influencing many sectors of populations (Krishnamoorthy et al., 2020) and at all levels (individual, family, community, nation, and the word). In medical settings, its highly contagious nature also generated health and existential threats to both patients and health-care providers (Adjorlolo et al., 2022; Castiglioni et al., 2023; Chen et al., 2021; Khattab et al., 2020; Lewis et al., 2022; Yeung et al., 2022; Zhang et al., 20210)

Consequently, mental health problems, psychiatric distress, and altered human cognition (e.g., negative thoughts or views of the world) could rise as do following other traumas (Moreland et al., 2023).Nevertheless, positive cognition, such as posttraumatic growth (PTG), can also emerge with struggles as trauma-related psychological gains (e.g., positive mindset changes in cognition and worldview) (Calhoun & Tedeschi, 2006).Most observed domains of PTG involved greater positive changes in personal strength, appreciation of life, and social relationships. PTG includes a posttraumatic outlook change in varied domains, or positive outlook, that could lead to optimal behavioral alternation. The worldview-based gain is consistent with psychiatrist Frankl’s (2004; p. XIII)survival tenon: “when we are no longer able to change a situation, we are challenged to change ourselves.”

PTG is also a kind of adaptive outcomes in patients with life-threatening diseases (Ma et al., 2022; Pieta & Rzeszutek, 2022; Sawyer et al., 2010; Shand et al., 2015; Wang et al., 2022). Meta-analyses have associated it with low mortality in non-pandemic patients (Ma et al., 2022; Wan et al., 2023). One meta-analysis on individuals living with HIV/AIDS, a previously life-changing pandemic, has shown a positive relationship between PTG and adjustment (Pieta & Rzeszutek, 2022). Current deadly events, like the highly contentious COVID-19, have imposed more severe public health risks in a rapid and widely spread manner. Yet, there is a paucity of meta-analyses for this optimal outcome after this catastrophic pandemic in the United States and globally. Given the long-term and vast impact of Covid-19 (Kocatürk et al., 2021; Parums, 2021), it is necessary to examine if PTG could emerge. In his 1980 autobiography W*ill,* Friedrich Nietzsche said: What doesn’t kill me makes me stronger. We, thus, extended the statement to a population-based question: *Does a Deadly Global Pandemic Make Mankind Stronger*?

Emerging evidence has shown the promise answer. In 2021, a national representative study of US veterans reported moderate to greater levels of PTG resulting from the COVID-19 experience, especially among those suffering from posttraumatic stress symptoms (PTSD) linked with positive Covid-19 results (Pietrazk et al., 2021). A large-sample Swiss study found PTG emerged with sense of control and self-mastery two years since the onset of Covid-19 (Petrocchi et al., 2023). In Israel, researchers identified resilience, growth, and distress in participants belonging to the ultra-Orthodox society during the second wave of COVID-19 there (Levinsky et al., 2024). Yet, there has been no one pooled analysis on PTG across different types of people in various roles (e.g., general populations, health-care providers, and infected patients) throughout the traumatic pandemic around the world. Accordingly, we conducted this first meta-analysis, involving studies on many sectors across global populations, to examine the scope of this positive worldview-based mindset following COVID-19.

By synthesizing empirical studies, we attempted to provide more reliable and robust conclusion on PTG. The aim was to reveal whether PTG could be observed under the existential threat of COVID-19 to humankind. Based on the literature, we hypnotized a positive relationship of PTG to Covid-19 across different sectors of global populations in a main analysis.

# **Methods**

# **Data Sources and Search Strategy**

This systematic meta-analytic review was conducted and presented following the recommendations of the Meta-analysis of Observational Studies in Epidemiology (MOOSE) reporting guideline (Stroup et al., 2000). A systematic literature search of Ovid MEDLINE, PsycINFO, Academic Search Complete, and PubMed was performed for research articles published from since the onset of Covid-19, January, 2020, to May, 2024. The following Medical and Psychological Subject Heading terms were used to identify studies that assessed PTG in patients with COVID-19: posttraumatic growth, stress-related growth, adverse growth, COVID-19 MI, positive effects, positive outcome, and self-growth. Furthermore, references from selected studies and relevant review articles were reviewed to identify additional publications (Bovero et al., 2023; Hyun et al., 2021; Karbasi et al., 2024; Kowalski et al., 2021; Li et al., 2022; Van der Hallen & Godor et al., 2022) Additional search was conducted based on the information found from references of early identified publications. Several missing or incomplete effect size were obtained through outreach to authors.

# **Study Selection**

We followed the guidelines provided by Covidence for study selection (Covidence, 2024). Selected articles were in English, though no language restriction was used to cover publications in both the United States and abroad. Two investigators (A.A., Q.D) independently reviewed the potential candidates for this review. Eligible studies were original empirical research articles that assessed posttraumatic and adulthood growth related terms in different types of people who had various with the global pandemic (e.g., patients, health providers, community dwellers, etc.). Studies on other pandemic only (e.g., Ebola, influenzas) or other disasters were excluded. Then, for the purpose of uniformity of measure, we decided to adopt PTGI (Posttraumatic Growth Inventory) (Tedeschi & Calhoun, 1996) as the standard scale for measuring PTG. Any standard variants of PTGI (e.g., PTGI-SF) that could be converted to its scoring style were included. Stated differently, only those with mean scores on PTG with standard deviation or correlates with PTG were included.

Studies using open-ended measures were excluded due to the lack of validation. Studies that did not employ an established and validated scale that specifically focused on PTG, or used other types of measures for gains were excluded. Measures such as Stress-related growth scales (e.g., SRGS; Park, Cohen, & Murch, 1996) that were derived from a different set of items, and accesses different aspects of PTG, were excluded. The latter type of exclusion also involved measures on such broader positive changes as Benefit Finding Scale (Mohr et al., 1999)and Perceived Benefit Scale (McMillen & Fisher., 1998),because gains did not all pertain to growth.

**Data Extraction and Quality Assessment**

According to pre-planned protocol and using a standardized form, an assistant investigator (M.R.) reviewed all abstracts first to identify potential studies for inclusion. Full text articles were obtained for all eligible studies and were independently reviewed by two investigators (A.A., Q.D.). Disagreement on the selected studies were then discussed for finalizing the sample. Next, the second reviewer (Q.D.) extracted data from the selected studies. The following data were extracted: study characteristics (e.g., author, year of publication, sample size, study design), patient characteristics (e.g., age, sex, COVID-19 diagnosis), PTG assessment tools, the measures (e.g. PTGI) of PTG, and the standard deviation of the measures for each study. The quality of the selected studies was assessed using Meta-analyses of Observational Studies in Epidemiology Checklist (Zuuren & Fedorowicz, 2016).

**Statistical Analysis**

R (version 4.3.1) was used to conduct the meta-analysis. The current study selected articles that reported the mean and standard deviation (SD) of PTG as assessed by the either PTGI (Tedeschi & Calhoun, 1996) or its variants. The PTG scale used in this study (PTGI) involved summing up ratings across 21 self-reported questions, resulting in a possible score range of 0 to 105. The weighted mean of PTGI was used to identify the level of PTG on COVID-19 patients. To categorize the level of PTG, a cutoff point was established: scores below 45 indicated none to low levels of PTG, while scores of 45 or above indicated medium to high levels of PTG. This cutoff point was chosen based on its frequent usage in existing literature (Mazor et al., 2016; Naghavi et al., 2020; Taher & Allan, 2020; Wall et al., 2023).The PTG scale used in this study (PTGI) involved summing up ratings across 21 self-reported questions, resulting in a possible score range of 0 to 105.

Various forms of PTGI (e.g., PTGI-SF, Ottaviani et al.,2024; PTGI-X, Bai et al., 2024) can be converted to the equivalent scores to the original PTGI by using normalization techniques (Huang et. al, 2023). The weighted mean of PTGI was used to identify the level of PTG on COVID-19 patients. If the PTG measure collected from the studies were significantly higher than cut-off point of 45 Citation, then, the link of PTG with COVID-19 was seen as evident.

We employed a random effect meta-analytical model for the analysis. Random effect model does not assume a single true effect size, but rather assumes a distribution of true effect sizes. This means ensures the flexibility to take the between-study variability/heterogeneity in effect sizes into account in the analysis. A post-hoc analysis was conducted with coping.

**Results**

Figure 1 illustrates a flow diagram of the literature and related screening process. The search yielded 117 unique publications, of which 87 qualified for full-text review. In the end, 75 studies (See Table 1).Of these 75 included in the analysis, all employed PTGI or its variants (e.g. PTGI-SF) to examine PTG. For the selected studies involving a total of 67,611 individuals, table 1 presents their overall characteristics, including study designs.

Table 1 contains the specifics of the demographic characteristics. Among the selected studies from developed countries, two were performed in Australia, four in Greece, seven in Italy, two in Poland, ten in the United States, and three in the United Kingdom. In addition, Canada, France, Norway, Switzerland, had one study each (See Table 1). Among those from developed countries, one was conducted in Ghana, seventeen in the Middle Eastern areas of Turkey, Pakistan, Iran, Saudi Arabia, Lebanon and Israel, and twenty-four in Asia (See Table 1).Included articles involved a variety of different types of people suchas patients and the general population, nurses and medical doctors, pregnant women, and studentsmost of which centered on the general population during COVID 19 (Table 1).

The analysis included 71 studies involving a total of 65,704 subjects. The sample size of these studies ranged from 35 Carola et al. (2022) to 12,586 individuals (Ulset & von Soest, 2022). Among the studies, different proportions of male participants were observed, with the percentage ranging from 3% (Liu et al., 2020)to 74% (Willey et al., 2022). Mean age of them ranged from age of 16 (Ulset & Soest, 2022) to age of 76.3 (Willey et al., 2022). The mean age of the participants varied with studies, with a few not providing explicit data, but indicating that the participants were adults above 18 years old (Arnout & Al-Sufyani, 2021; Gul et al., 2023; Morales et al., 2023). The mean PTG ranged from 26.54 to 98.30 with varying degrees of standard deviation, indicative of the range and spread of PTG scores in these studies. Table 1 presents overall characteristics of all studies.

The analysis revealed a significant positive effect (*M*=59.704) relative to the cutoff point of 45. The hedges’ g calculated to reflect the deviation from the 45 cutoff points was 2.034 with 95% CI [0.76, 3.31]. Based on the rule of thumb, 0.5 showed a medium effect and 0.8 or above presented a large effect (Taylor & Alanazi, 2023). These results showed a highly positive link between PTG and COVID-19: *I2* value 99.99% with high heterogeneity.

Finally, the post-hoc analysis evaluated various types of coping strategies with PTG in 38 studies (*N=*23,386). The baseline effect size was *g*= 0.77, and the regression coefficient for coping was *B=2.42*; 95%CI [0.016, 4.82]; *p*=0.0485. Coping has a significant effect in the model baseline effect size. The for the model considering coping was 99.99%.

**Discussion**

This study, the first meta-analysis on the association of PTG with Covid-19, was to determine if the deadly global pandemic could make humankind stronger. As we hypothesized, the synthesized result demonstrates a moderate level of growth in diverse populations internationally. The association is shown with a weighted mean PTGI score 59 involving 67,611 participants from 75 international studies (Table 1). Indeed, a positive outcome could rise from the ashes of a catastrophic event that imposed existential crisis worldwide.

A strength in this meta-analysis lies in the diversity of data sources across many different populations. Selected studies cover research being conducted in the United States and beyond, including countries from both high and low incomes in four most popularized continents. As such, the current review provides compelling evidence for Covid-19-related PTG since late 2019, one that implies the resiliency of humankind as whole. In other words, through collective struggles the affected world’s populations could become stronger after experiencing this wide-spread existentialchallenge, as was shown in other chronic ailments with certain life risks (Ma et al., 2022; Pieta & Rzeszutek, 2022; Sawyer et al., 2010; Shand et al.,2015; Wang et al., 2022).

Moreover, selected samples involve different roles of participants during Covid-19 (e.g., patients, health care providers, students, veterans, and general populations). This implies that the overall sample have exposed to different degree of risk and included t diverse conditions, ranging from very sick to very healthy, while facing the same crisis of Covid-19. Different from those previously evident diseases, Covid-19 took lives of nurses and physicians who provided direct or indirect services of patients who were infected. Accordingly, the current finding may provide valuable information for trauma psychologists, public health workers, and health care providers with respect to pandemic-related risk-management and emergency care in the future. However, there was heterogeneity (*I* statistic of 99.72%), which may not be a surprise given the diversity shown in populations, settings, and designs of selected studies. Admittedly, subgroup analyses did not provide explanation for this heterogeneity (data not shown), which suggests the need for further investigation on the moderation of undetected factors.

Specifically, we found no significant association between PTG and risk/protective factors such as posttraumatic stress disorders (PTSD), except coping. This result suggests that more concise analysis should be done to identify these relationships across diverse populations or roles during the pandemic to facilitate better intervention and prevention in the future. Twenty-two of the selected studies demonstrated the mental health damage of Covid 19 in this analysis (Adjorlolo et al., 2022; Arnout & Al‐Sufyani, 2021; Barnicot et al, 2023; Castiglioni et. al, 2023; Chasson et al., 2022; Chen & Tang, 2021; Chen et al., 2020; Das et al., 2023; El-Khoury Malhame et al., 2023; Kalaitzaki et al., 2022; Lan et al, 2023; Lau et al., 2021; Lewis et al. ,2022; Mo ,2022; Morales et al, 2023; Tu et al., 2023; Ulset & Soest ,2022; Vazquez et al., 2021; Wang et. al, 2023; Willey et al., 2022; Zhang et al., 2021; Zhou et al., 2020).Observed PTG indicates the renewal of worldview, including restoration of meaning and purpose. Individuals high in growth could possess other unrevealed psychosocial strengths or traits, motivationally, behaviorally, and affectively.

**Mechanisms**

The literature suggests certain overlapping areas between the emerging research on the scientific mechanism of PTG and the more established one on that of PTSD. Because PTSD, and other psychiatric disorders (e.g., depression) have been related to the poor prognosis of CVD, more interdisciplinary research on the mechanism PTG may assist better clinical CVD care through enhancement on CVD-related PTG in the future.Most studies in this meta-analysis did not involve basic science investigation, but evidence has emerged in the past decade. In the neuroendocrine and immunological area, research has assorted higher levels of PTG with low levels of cortisol in patients suffering from PTSD and women with breast c­­ancer, respectively (Smyth et al., 2008; Diaz et al., 2014). In studies on brain function and structures, PTG was linked with the frontocentral EEG alpha asymmetry in survivors of motor vehicle accidents, controlling for trait positive affect (Rabe et al., 2006) and was negatively correlated with grey matter volume in left dorsolateral prefrontal cortex during Covid-19 (Lan et al., 2023). However, PTSS was positively associated with grey matter volume in medial prefrontal cortex/dorsal anterior singular cortex in structured magnetic resonance imaging data acquired before the pandemic (Lan et al., 2023).

A pioneer work in the genomic area found a relation of PTG to the gene-environment (GxE) interaction study using a New Orleans sample of low-income non-Hispanic Black individuals who exposed to Hurricane Katrina (Dunn et al., 2014). Among the identified ten common variants in seven genes, the presence of homozygotes rs4606 variants of RGS2 gene was strongly associated with greater PTG after multiple testing, which appeared to be driven by a GxE interaction. Finally, due to the emergent pandemic, studies in this meta-analysis were published in a narrow period (2020-2024) with a few conducted using a prospective design. Accordingly, basic science research of PTG in Covid-19 may assist better understanding of its medical implications.

**Limitations**

The limitations of this meta-analysis should be acknowledged. First, methodological heterogeneousness exists across studies and contributed to divergent findings of studies included. The diverse populations, concerning age, race, cultural, geographic location, and roles in the pandemic (e.g., patients, health providers, general populations), may also lead to heterogeneous findings. This divergence suggests the need for further subgroup analysis (e.g., roles). The link between Covid-19 and PTG was nevertheless evident through these studies. Second, to be conceptually sound, we excluded studies with scales without specific foci on growth and those with only invalidated, single-item measures. This decision could exclude potentially valuable information or deflate the effect size.

Third, important medical indices are missing in most studies; thus, we could not systematically assess their associations with PTG. Fourth, covariates included in studies vary wildly, which may account for the heterogeneity in our subgroup analysis. Fifth, most studies employed convenient samples that compromise the representativeness of them (Wu 2024). Finally, due to the emergent pandemic, studies in this meta-analysis were published in a close period (2020-2024) with few were conducted in a prospective design. Many studies are cross-sectional, which does not allow conclusions on causality. The increased overtime growth has been observed by a new Covid-19 (Kalaitzaki et al., 2023) and a few non-Covid (Ai et al.,2021; Hu et al., 2020; Kelly et al., 2018) studies, a fact underscoring the need to follow-up post-pandemic PTG.

**Conclusions**

Over the past two decades, burgeoning research has shown PTG as a promising endpoint after trauma and disasters. The findings from this first meta-analysis suggest that the optimal outcome could occur among patients, health care providers, and general populations who were all exposed to the Covid-19 threat globally. Based on the finding, social science related health care policies may encourage the population under threat of deadly pandemics to seek such positive changes cognitively and behaviorally as part of emergency and crisis management. Investigations should also address important medical questions (e.g., What could be behavioral and salutogenic bio-psycho-behavioral mechanism to inform clinical practices). Finally, trauma psychologists may help distressed clients under the pandemic related existential threat to prioritize their goals and strategies with openness to positive changes and other potentials.

**Reference**

Adjorlolo, S., Adjorlolo, P., Andoh-Arthur, J., Ahiable, E. K., Kretchy, I. A., & Osafo, J. (2022). Post-traumatic growth and resilience among hospitalized Covid-19 survivors: A gendered analysis. *International Journal of Environmental Research and Public Health, 19*(16), 10014. [**https://doi.org/10.3390/ijerph191610014**](https://doi.org/10.3390/ijerph191610014)

Aggar, C., Samios, C., Penman, O., Whiteing, N., Massey, D., Rafferty, R., Bowen, K., & Stephens, A. (2022). The impact of COVID-19 pandemic-related stress experienced by Australian nurses. *International journal of mental health nursing, 31*(1), 91–103. [**https://doi.org/10.1111/inm.12938**](https://doi.org/10.1111/inm.12938)

Ai, A. L., Hall, D., Pargament, K., & Tice, T. N. (2013). Posttraumatic growth in patients who survived cardiac surgery: the predictive and mediating roles of faith-based factors. *Journal of behavioral medicine, 36*(2), 186–198.

Ai, A. L., Raney, A., & Huang, B. (2023). Well-being following Hurricane Michael: Complex pathways involving substance use and character strengths. *Applied Research in Quality of Life, 18*(1), 435-453. DOI: 10.1007/s11482-022-10083-7

Akdağ, S., Korkmaz, B., Tiftik, T., & Uzer, T. (2023). Ruminative reminiscence predicts COVID-related stress symptoms while reflective reminiscence and social reminiscence predict post-COVID growth. *Current psychology (New Brunswick, N.J.)*, 1–15. Advance online publication. [**https://doi.org/10.1007/s12144-023-04750-7**](https://doi.org/10.1007/s12144-023-04750-7)

Arnout, B. A., & Al‐Sufyani, H. H. (2021). Quantifying the impact of Covid‐19 on the individuals in the kingdom of Saudi Arabia: A cross‐sectional descriptive study of the posttraumatic growth. *Journal of Public Affairs, 21*(4).

Atay, N., Sahin-Bayindir, G., Buzlu, S., Koç, K., & Kuyuldar, Y. (2023). The relationship between posttraumatic growth and psychological resilience of nurses working at the pandemic clinics. *International journal of nursing knowledge, 34*(3), 226–235. [**https://doi.org/10.1111/2047-3095.12397**](https://doi.org/10.1111/2047-3095.12397)

Azman, N., Nik Jaafar, N. R., Leong Bin Abdullah, M. F. I., Abdul Taib, N. I., Mohamad Kamal, N. A., Abdullah, M. N., Dollah, S. N., & Mohamed Said, M. S. (2023). Stigma and posttraumatic growth among COVID-19 survivors during the first wave of the COVID-19 pandemic in Malaysia: a multicenter cross-sectional study. *Frontiers in psychiatry, 14*, 1152105. [**https://doi.org/10.3389/fpsyt.2023.1152105**](https://doi.org/10.3389/fpsyt.2023.1152105)

Bai, C., Ma, J., Bai, B., & Zhu, S. (2023). How does strength use relate to posttraumatic growth in health care workers during the COVID-19 pandemic? The mediating role of self-efficacy and optimism. *Psychological trauma: theory, research, practice and policy,* 10.1037/tra0001626. [**https://doi.org/10.1037/tra0001626**](https://doi.org/10.1037/tra0001626)

Bai, C., & Bai, B. (2024). Control beliefs about stress and post-traumatic growth in nurses during the COVID-19 pandemic: The mediating roles of basic psychological needs satisfaction and optimism. *International journal of mental health nursing,* 10.1111/inm.13293. Advance online publication. [**https://doi.org/10.1111/inm.13293**](https://doi.org/10.1111/inm.13293)

Barnicot, K., McCabe, R., Bogosian, A., et al. (2023). Predictors of post-traumatic growth in a sample of United Kingdom mental and community healthcare workers during the COVID-19 pandemic. *International journal of environmental research and public health, 20*(4), 3539. [**https://doi.org/10.3390/ijerph20043539**](https://doi.org/10.3390/ijerph20043539)

Bovero, A., Balzani, S., Tormen, G., Malandrone, F., & Carletto, S. (2023). Factors Associated with Post-Traumatic Growth during the COVID-19 Pandemic: A Systematic Review. *Journal of clinical medicine, 13*(1), 95. [**https://doi.org/10.3390/jcm13010095**](https://doi.org/10.3390/jcm13010095)

Calhoun, L. G., & Tedeschi, R. G. (2006). The Foundations of Posttraumatic Growth: An Expanded Framework. In L. G. Calhoun & R. G. Tedeschi (Eds.), H*andbook of posttraumatic growth: Research & practice*, 3–23. Lawrence Erlbaum Associates Publishers.

Cardinali, P., Olcese, M., Antichi, L., & Migliorini, L. (2024). Cumulative trauma and perceived community resilience: A serial mediation model. *Journal of community psychology, 52*(1), 276–288. [**https://doi.org/10.1002/jcop.23097**](https://doi.org/10.1002/jcop.23097)

Carola, V., Vincenzo, C., Morale, C., Cecchi, V., Rocco, M., & Nicolais, G. (2022). Psychological Health in Intensive Care Unit Health Care Workers after the COVID-19 Pandemic. *Healthcare (Basel, Switzerland), 10*(11), 2201. [**https://doi.org/10.3390/healthcare10112201**](https://doi.org/10.3390/healthcare10112201)

Castiglioni, M., Caldiroli, C. L., Procaccia, R., et al. (2023). The up-side of the COVID-19 pandemic: Are core belief violation and meaning making associated with post-traumatic growth?. *International journal of environmental research and public health, 20*(11), 5991. [**https://doi.org/10.3390/ijerph20115991**](https://doi.org/10.3390/ijerph20115991)

Chasson, M., Orit, T., Ben, A., & Salam, A.S. (2022). Posttraumatic growtma, h in the wake of COVID-19 among Jewish and Arab pregnant women in Israel. Psychological trauma: theory, research, practice and policy, 14(8), 1324-1332. doi:10.1037/tra0001189 Chen, C., & Tang, S. (2021). Profiles of grief, post-traumatic stress, and post-traumatic growth among people bereaved due to Covid-19. *European journal of psychotraumatology, 12*(1), 1947563. doi:10.1080/20008198.2021.1947563

Chen, R., Sun, C., Chen, J. J., et al. (2021). A large-scale survey on trauma, burnout, and posttraumatic growth among nurses during the COVID-19 pandemic. *International journal of mental health nursing, 30*(1), 102-116. doi:10.1111/inm.12796

Covidence systematic review software, Veritas Health Innovation, Melbourne, Australia. Available at [**www.covidence.org**](file:///C:\Users\aai\Downloads\www.covidence.org).

Cui, P. P., Wang, P. P., Wang, K., Ping, Z., Wang, P., & Chen, C. (2021). Post-traumatic growth and influencing factors among frontline nurses fighting against COVID-19. *Occupational and environmental medicine, 78*(2), 129–135. [**https://doi.org/10.1136/oemed-2020-106540**](https://doi.org/10.1136/oemed-2020-106540)

Dahan, S., Levi, G., & Segev, R. (2022). Shared trauma during the COVID-19 pandemic: Psychological effects on Israeli mental health nurses. *International journal of mental health nursing, 31*(3), 722–730. [**https://doi.org/10.1111/inm.12996**](https://doi.org/10.1111/inm.12996)

Das, K., Qureshi, S., Haider, A., Tarique, M., & Bhatija, R. R. (2023). Post-traumatic growth among frontline doctors fighting against COVID-19 at a tertiary care public hospital in Karachi, Pakistan. *The Journal of the Pakistan Medical Association, 73*(8), 1653–1657. [**https://doi.org/10.47391/JPMA.7813**](https://doi.org/10.47391/JPMA.7813)

Deitz, A. H. H. (2024). Self-compassion, childhood emotional neglect, and posttraumatic growth: Parental well-being during COVID-19. *Journal of Affective Disorders, 350*, 504–512. [**https://doi.org/10.1016/j.jad.2024.01.130**](https://doi.org/10.1016/j.jad.2024.01.130)

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

Diaz, M., Aldridge-Gerry, A., & Spiegel, D. (2014). Posttraumatic growth and diurnal cortisol slope among women with metastatic breast cancer. *Psychoneuroendocrinology, 44*, 83-87. [**https://doi.org/10.1016/j.psyneuen.2014.03.001**](https://doi.org/10.1016/j.psyneuen.2014.03.001)

Dunn, E. C., Solovieff, N., Lowe, S. R., et al. (2014). Interaction between genetic variants and exposure to Hurricane Katrina on post-traumatic stress and post-traumatic growth: a prospective analysis of low income adults. *Journal of affective disorders,* 152-154, 243–249. [**https://doi.org/10.1016/j.jad.2013.09.018**](https://doi.org/10.1016/j.jad.2013.09.018)

El Khoury-Malhame, M., Sfeir, M., Hallit, S., & Sawma, T. (2023). Factors associated with posttraumatic growth: Gratitude, PTSD and distress; one year into the COVID-19 pandemic in Lebanon. *Current psychology (New Brunswick, N.J.),* 1–10. [**https://doi.org/10.1007/s12144-022-04159-8**](https://doi.org/10.1007/s12144-022-04159-8)

Fino, E., Bonfrate, I., Fino, V., Bocus, P., Russo, P. M., & Mazzetti, M. (2023). Harnessing distress to boost growth in frontline healthcare workers during COVID-19 pandemic: the protective role of resilience, emotion regulation and social support. *Psychological medicine, 53*(2), 600–602. [**https://doi.org/10.1017/S0033291721000519**](https://doi.org/10.1017/S0033291721000519)

Foster, K., Shakespeare-Finch, J., Shochet, I., ., et al., (2024). Psychological distress, well-being, resilience, posttraumatic growth, and turnover intention of mental health nurses during COVID-19: A cross-sectional study. *International journal of mental health nursing,* 10.1111/inm.13354. Advance online publication. [**https://doi.org/10.1111/inm.13354**](https://doi.org/10.1111/inm.13354)

Frankl, V. (1946). Man’s search for meaning. Beacon Press.

Gaboardi, M., Naddeo, D., Meneghini, A. M., et al. (2024). Yes, I will do it! Factors promoting the intention to volunteer after COVID-19 pandemic in Italy. *International journal of psychology: Journal international de psychologie, 59*(3), 471–475. [**https://doi.org/10.1002/ijop.13110**](https://doi.org/10.1002/ijop.13110)

Gesi, C., Cafaro, R., Achilli, F., et al. (2024). The relationship among posttraumatic stress disorder, posttraumatic growth, and suicidal ideation among Italian healthcare workers during the first wave of COVID-19 pandemic. *CNS spectrums, 29*(1), 60–64. [**https://doi.org/10.1017/S1092852923002493**](https://doi.org/10.1017/S1092852923002493)

Gul, H., Ehsan, N., Iqbal, N., & Hassan, B. (2023). Illness perception, social isolation, psychological distress, and posttraumatic growth in the aftermath of Covid-19. *Pakistan Journal of Psychological Research, 38*(2), 309–327. [**https://doi.org/10.33824/pjpr.2023.38.2.19**](https://doi.org/10.33824/pjpr.2023.38.2.19)

Hu, R., Wang, X., Liu, Z.., et al. (2022). Stigma, depression, and post-traumatic growth among Chinese stroke survivors: A longitudinal study examining patterns and correlations. *Topics in stroke rehabilitation, 29*(1), 16–29. [**https://doi.org/10.1080/10749357.2020.1864965**](https://doi.org/10.1080/10749357.2020.1864965)

Huang, L., Qin, J., Zhou, Y., Zhu, F., Liu, L., & Shao, L. (2023). Normalization techniques in training dnns: Methodology, analysis and application. *IEEE transactions on pattern analysis and machine intelligence, 45*(8), 10173-10196.

Hyun, S., Wong, G. T. F., Levy-Carrick, N. C., et al. (2021). Psychosocial correlates of posttraumatic growth among U.S. young adults during the COVID-19 pandemic. *Psychiatry research, 302*, 114035. [**https://doi.org/10.1016/j.psychres.2021.114035**](https://doi.org/10.1016/j.psychres.2021.114035)

Jiang, H., Huang, N., Tian, W., Shi, S., Yang, G., & Pu, H. (2022). Factors Associated With Post-traumatic Stress Disorder Among Nurses During COVID-19. *Frontiers in psychology, 13,* 745158. [**https://doi.org/10.3389/fpsyg.2022.745158**](https://doi.org/10.3389/fpsyg.2022.745158)

Kalaitzaki, A., & Rovithis, M. (2021). Secondary traumatic stress and vicarious posttraumatic growth in healthcare workers during the first COVID-19 lockdown in Greece: The role of resilience and coping strategies. *Psychiatrike = Psychiatriki, 32*(1), 19–25. [**https://doi.org/10.22365/jpsych.2021.001**](https://doi.org/10.22365/jpsych.2021.001)

Kalaitzaki, A., Tsouvelas, G., & Tamiolaki, A. (2022). Perceived posttraumatic growth and its psychosocial predictors during two consecutive Covid-19 lockdowns. *International Journal of Stress Management*. [**https://doi.org/10.1037/str0000273**](https://doi.org/10.1037/str0000273)

Kalaitzaki, A. E., Tamiolaki, A., Tsouvelas, G., Theodoratou, M., & Konstantakopoulos, G. (2023). Gain from pain: Exploring vicarious posttraumatic growth and its facilitators among health care workers across two consecutive lockdowns during the COVID-19 pandemic. *International Journal of Stress Management.* [**https://doi.org/10.1037/str0000314**](https://doi.org/10.1037/str0000314)

Kalaitzaki, A., Theodoratou, M., Tsouvelas, G., Tamiolaki, A., & Konstantakopoulos, G. (2024). Coping profiles and their association with vicarious post-traumatic growth among nurses during the three waves of the COVID-19 pandemic. *Journal of clinical nursing,* 10.1111/jocn.16988. Advance online publication. [**https://doi.org/10.1111/jocn.16988**](https://doi.org/10.1111/jocn.16988)

Kelly, G., Morris, R., & Shetty, H. (2018). Predictors of post-traumatic growth in stroke survivors. *Disability and rehabilitation, 40*(24), 2916–2924. [**https://doi.org/10.1080/09638288.2017.1363300**](https://doi.org/10.1080/09638288.2017.1363300)

Khattab, M. F., Kannan, T. M. A., Morsi, A., et al. (2020) The short-term impact of COVID-19 pandemic on spine surgeons: A cross-sectional global study. *European Spine Journal, 29*(8), 1806–1812. [**https://doi.org/10.1007/s00586-020-06517-1**](https://doi.org/10.1007/s00586-020-06517-1).

Kocatürk, E., Salman, A., Cherrez-Ojeda, I., et al. (2021). The global impact of the COVID-19 pandemic on the management and course of chronic Urticaria. *Allergy, 76*(3), 816–830, [**https://doi.org/10.1111/all.14687**](https://doi.org/10.1111/all.14687).

Kowalski, R. M., Carroll, H., & Britt, J. (2022). Finding the silver lining in the COVID-19 crisis. *Journal of health psychology, 27*(6), 1507–1514. [**https://doi.org/10.1177/1359105321999088**](https://doi.org/10.1177/1359105321999088)

Krishnamoorthy, Y., Nagarajan, R., Saya, G. K., & Menon, V. (2020). Prevalence of psychological morbidities among general population, healthcare workers and COVID-19 patients amidst the COVID-19 pandemic: A systematic review and meta-analysis. *Psychiatry research, 293*, 113382. [**https://doi.org/10.1016/j.psychres.2020.113382**](https://doi.org/10.1016/j.psychres.2020.113382)

Lafuenti, L., Dinapoli, L., Mastrilli, L., et al. (2023). Post-traumatic growth in oncological patients during the COVID-19 pandemic. *Health psychology report, 12*(2), 142–153. [**https://doi.org/10.5114/hpr/169165**](https://doi.org/10.5114/hpr/169165)

Lan, H., Suo, X., Zuo, C., et al. (2023). Distinct pre-COVID brain structural signatures in COVID-19-related post-traumatic stress symptoms and post-traumatic growth. *Cerebral cortex (New York, N.Y. : 1991), 33*(23), 11373–11383. [**https://doi.org/10.1093/cercor/bhad372**](https://doi.org/10.1093/cercor/bhad372)

Lau, B. H. P., Chan, C. L. W., & Ng, S. M. (2021). Post-traumatic growth in the first Covid outbreak in Hong Kong. *Frontiers in psychology, 12,* 675132. [**https://doi.org/10.3389/fpsyg.2021.675132**](https://doi.org/10.3389/fpsyg.2021.675132)

Levinsky, M., Schiff, M., Pat-Horenczyk, R., & Benbenishty, R. (2024). Emotional distress and posttraumatic growth during the COVID-19 pandemic: The case of the ultra-Orthodox Jewish society in Israel. *Psychological trauma : theory, research, practice and policy, 16*(1), 57–67. [**https://doi.org/10.1037/tra0001406**](https://doi.org/10.1037/tra0001406)

Lewis, C., Lewis, K., Edwards, B., et al. (2022). Posttraumatic growth related to the Covid-19 pandemic among individuals with lived experience of psychiatric disorder. *Journal of traumatic stress, 35*(6), 1756–1768. [**https://doi.org/10.1002/jts.22884**](https://doi.org/10.1002/jts.22884)

Li, L., Mao, M., Wang, S., et al. (2022). Posttraumatic growth in Chinese nurses and general public during the COVID-19 outbreak. *Psychology, health & medicine, 27*(2), 301–311. [**https://doi.org/10.1080/13548506.2021.1897148**](https://doi.org/10.1080/13548506.2021.1897148)

Liu, G., Zeng, L., Wang, F., et al. (2024). Prevalence and factors of posttraumatic growth among Hubei residents during the COVID-19 pandemic: A cross-sectional study. *Psychology, health & medicine, 29*(1), 100–107. [**https://doi.org/10.1080/13548506.2022.2132409**](https://doi.org/10.1080/13548506.2022.2132409)

Liu, S., Curenton, S. M., Sims, J., & Fisher, P. A. (2024). The promotive and protective effects of parents' perceived changes during the COVID-19 pandemic on emotional well-being among U.S. households with young children: an investigation of family resilience processes. *Frontiers in psychology, 14,* 1270514. [**https://doi.org/10.3389/fpsyg.2023.1270514**](https://doi.org/10.3389/fpsyg.2023.1270514)

Liu, X.; Ju, X.; Liu, X. The Relationship between Resilience and Intent to Stay among Chinese Nurses to Support Wuhan in Managing COVID-19: The Serial Mediation Effect of Post-traumatic Growth and Perceived Professional Benefits. *Nurs. Open.* 2021, 8, 2866–2876.

Lyu, Y., Yu, Y., Chen, S., Lu, S., & Ni, S. (2021). Positive functioning at work during Covid‐19: Posttraumatic growth, resilience, and emotional exhaustion in Chinese frontline healthcare workers. *Applied Psychology: Health and Well-Being*. [**https://doi.org/10.1111/aphw.12276**](https://doi.org/10.1111/aphw.12276)

Ma X, Wan X, Chen C. (2022). The correlation between posttraumatic growth and social support in people with breast cancer: A meta-analysis. *Front Psychol, 13*,1060150. doi:10.3389/fpsyg.2022.1060150

Mazor, Y., Gelkopf, M., Mueser, K. T., & Roe, D. (2016). Posttraumatic Growth in Psychosis. *Frontiers in psychiatry, 7,* 202. [**https://doi.org/10.3389/fpsyt.2016.00202**](https://doi.org/10.3389/fpsyt.2016.00202)

McMillen, J. C., & Fisher, R. H. (1998). The Perceived Benefit Scales: Measuring perceived positive life changes after negative events. *Social Work Research, 22*(3), 173–186. [**https://doi.org/10.1093/swr/22.3.173**](https://doi.org/10.1093/swr/22.3.173)

Mo, Y.,Tao, P., Liu, G., et al. (2022). Post-traumatic growth of nurses who faced the Covid-19 epidemic and its correlation with professional self-identity and social support. *Frontiers in psychiatry, 12*, 562938. [**https://doi.org/10.3389/fpsyt.2021.562938**](https://doi.org/10.3389/fpsyt.2021.562938)

Mohr D. C., Dick L. P., Russo D., et al. (1999). The psychosocial impact of multiple sclerosis: Exploring the patient’s perspective. *Health Psychology, 18*(4), 376–382.

Morales, D. X., Grineski, S. E., & Collins, T. W. (2023). The silver lining of the COVID-19 pandemic: Undergraduate research experiences, mentorship, and posttraumatic growth. *Research in Higher Education.* [**https://doi.org/10.1007/s11162-023-09763-6**](https://doi.org/10.1007/s11162-023-09763-6)

Moreland, M. L., Rickman, S. R. M., & Yalch, M. M. (2023). Influence of trauma and personality on posttraumatic cognitions in military veterans. *Traumatology.* [**https://doi.org/10.1037/trm0000469**](https://doi.org/10.1037/trm0000469)

Moreno-Jiménez, J. E., Blanco-Donoso, L. M., et al. (2021). The Role of Healthcare Professionals' Passion in Predicting Secondary Traumatic Stress and Posttraumatic Growth in the Face of COVID-19: A Longitudinal Approach. *International journal of environmental research and public health, 18*(9), 4453. [**https://doi.org/10.3390/ijerph18094453**](https://doi.org/10.3390/ijerph18094453)

Naghavi, A., Teismann, T., Asgari, Z., et al. (2020). Accurate Diagnosis of Suicide Ideation/Behavior Using Robust Ensemble Machine Learning: A University Student Population in the Middle East and North Africa (MENA) Region. *Diagnostics (Basel, Switzerland), 10*(11), 956. [**https://doi.org/10.3390/diagnostics10110956**](https://doi.org/10.3390/diagnostics10110956)

Nie, T., Tian, M., & Liang, H. (2021). Relational Capital and Post-Traumatic Growth: The Role of Work Meaning. *International journal of environmental research and public health, 18*(14), 7362. [**https://doi.org/10.3390/ijerph18147362**](https://doi.org/10.3390/ijerph18147362)

Northfield, E.-L., & Johnston, K. L. (2022). I get by with a little help from my friends: Posttraumatic growth in the Covid-19 pandemic. *Traumatology, 28*(1), 195–201.

Nowicki, G. J., Schneider-Matyka, D., Godlewska, I., Tytuła, A., Kotus, M., Walec, M., Grochans, E., & Ślusarska, B. (2024). The relationship between the strength of religious faith and spirituality in relation to post-traumatic growth among nurses caring for COVID-19 patients in eastern Poland: a cross-sectional study. *Frontiers in psychiatry, 14*, 1331033. [**https://doi.org/10.3389/fpsyt.2023.1331033**](https://doi.org/10.3389/fpsyt.2023.1331033)

O'Connor, R. C., Wetherall, K., Cleare, S., McClelland, H., Melson, A. J., Niedzwiedz, C. L., O'Carroll, R. E., O'Connor, D. B., Platt, S., Scowcroft, E., Watson, B., Zortea, T., Ferguson, E., & Robb, K. A. (2021). Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 mental health & wellbeing study. *The British journal of psychiatry: the journal of mental science, 218*(6), 326–333. [**https://doi.org/10.1192/bjp.2020.212**](https://doi.org/10.1192/bjp.2020.212)

Ottaviani, G., Canfora, F., Leuci, S., et al. (2024). COVID-19 impact on post-traumatic stress symptoms in burning mouth syndrome: A multicentric study. *Oral diseases,* 10.1111/odi.14915. Advance online publication. [**https://doi.org/10.1111/odi.14915**](https://doi.org/10.1111/odi.14915)

Özönder Ünal, I., Ünal, C., Duymaz, T., & Ordu, C. (2023). The relationship between psychological flexibility, self-compassion, and posttraumatic growth in cancer patients in the COVID-19 pandemic. *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer, 31*(7), 428. [**https://doi.org/10.1007/s00520-023-07891-4**](https://doi.org/10.1007/s00520-023-07891-4)

Paeizi, Z., Akbari, M., Mohammadkhani, S., Faiz, S.H.R. and Griffiths, M.D. , 2024. A cross-sectional survey on the relationship between spirituality and posttraumatic growth during the COVID-19 pandemic: the mediating role of emotion regulation and self-compassion. *International Journal of Cognitive Therapy.* ISSN 1937-1209

Park, C. L., Cohen, L. H., & Murch, R. L. (1996). Stress related growth scale (SRGS). APA PsycTests. [**https://doi.org/10.1037/t17236-000**](https://doi.org/10.1037/t17236-000)

Paums, Dinah V. (2021). Editorial: Long COVID, or Post-COVID syndrome, and the global impact on health care. *Medical Science Monitor, 27*. [**https://doi.org/10.12659/msm.933446**](https://doi.org/10.12659/msm.933446).

Peng, X., Zhao, H. Z., Yang, Y., Rao, Z. L., Hu, D. Y., & He, Q. (2021). Post-traumatic Growth Level and Its Influencing Factors Among Frontline Nurses During the COVID-19 Pandemic. *Frontiers in psychiatry, 12*, 632360. [**https://doi.org/10.3389/fpsyt.2021.632360**](https://doi.org/10.3389/fpsyt.2021.632360)

Petrocchi, S., Pellegrino, S. A., Manoni, G., Petrovic, G., & Schulz, P. J. (2023). "What does not kill you… mutates and tries again." A study on personality determinants of post-traumatic growth during the COVID-19 pandemic. *Current psychology (New Brunswick, N.J.),* 1–15. Advance online publication. [**https://doi.org/10.1007/s12144-023-04415-5**](https://doi.org/10.1007/s12144-023-04415-5)

Pfeiffer, K., Cunningham, T., Cranmer, J. N., et al. (2023). Changes in Posttraumatic Growth After a Virtual Contemplative Intervention During the COVID-19 Pandemic. *The Journal of nursing administration, 53*(1), 40–46. [**https://doi.org/10.1097/NNA.0000000000001240**](https://doi.org/10.1097/NNA.0000000000001240)

Pięta M, Rzeszutek M. (2022). Posttraumatic growth and well-being among people living with HIV: A systematic review and meta-analysis in recognition of 40 years of HIV/AIDS. *Qual Life Res, 31*(5),1269-1288. doi:10.1007/s11136-021-02990-3

Pietrzak, R. H., Tsai, J., & Southwick, S. M. (2021). Association of symptoms of posttraumatic stress disorder with posttraumatic psychological growth among US veterans during the COVID-19 pandemic. *JAMA network open, 4*(4), e214972. [**https://doi.org/10.1001/jamanetworkopen.2021.4972**](https://doi.org/10.1001/jamanetworkopen.2021.4972)

Rabe, S., Zoellner, T., Maercker, A., & Karl, A. (2006). Neural correlates of posttraumatic growth after severe motor vehicle accidents. *Journal of Consulting and Clinical Psychology, 74*(5), 880–886. [**https://doi.org/10.1037/0022-006X.74.5.880**](https://doi.org/10.1037/0022-006X.74.5.880)

Read, R. K., Mason, O. J., & Jones, C. J. (2023). A randomised controlled trial (RCT) exploring the impact of a photography intervention on wellbeing and posttraumatic growth during the COVID-19 pandemic. *Arts & health, 15*(3), 275–291. [**https://doi.org/10.1080/17533015.2022.2107033**](https://doi.org/10.1080/17533015.2022.2107033)

Sarıalioğlu, A., Çiftçi, B., & Yıldırım, N. (2022). The transformative power of pain and posttraumatic growth in nurses with Covid-19 PCR positive. *Perspectives in psychiatric care, 58*(4), 2622–2630. [**https://doi.org/10.1111/ppc.13102**](https://doi.org/10.1111/ppc.13102)

Sawyer A, Ayers S, Field AP. (2010). Posttraumatic growth and adjustment among individuals with cancer or HIV/AIDS: a meta-analysis. *Clin Psychol Rev, 30*(4), 436-447. doi:10.1016/j.cpr.2010.02.004

Shand LK, Cowlishaw S, Brooker JE, Burney S, Ricciardelli LA. (2015). Correlates of post-traumatic stress symptoms and growth in cancer patients: a systematic review and meta-analysis. *Psychooncology, 24*(6), 624-634. doi:10.1002/pon.3719

Smyth, J. M., Hockemeyer, J. R., & Tulloch, H. (2008). Expressive writing and post-traumatic stress disorder: Effects on trauma symptoms, mood states, and cortisol reactivity. *British Journal of Health Psychology, 13*(1), 85–93. [**https://doi.org/10.1348/135910707X250866**](https://doi.org/10.1348/135910707X250866)

Sohrabi, C., Alsafi, Z., O'neill, N., Khan, M., Kerwan, A., Al-Jabir, A., Iosifidis, C., & Agha, R. (2020). World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19). *International Journal of Surgery, 76*, 71-76. [**https://doi.org/10.1016/j.ijsu.2020.02.034**](https://doi.org/10.1016/j.ijsu.2020.02.034)

Song, Y., Chen, Q., & Wang, L. (2024). The effect of familism emotions on Post-Traumatic Growth among the elderly in China: The mediating roles of Taoist personality and sense of community. *Psychology research and behavior management, 17*, 641–652. [**https://doi.org/10.2147/PRBM.S446550**](https://doi.org/10.2147/PRBM.S446550)

Stroup, D. F., Berlin, J. A., Morton, S. C., et al. (2000). Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis of observational studies in epidemiology (MOOSE) group. *JAMA, 283*(15), 2008–2012. [**https://doi.org/10.1001/jama.283.15.2008**](https://doi.org/10.1001/jama.283.15.2008)

Sun, H. L., Chen, P., Bai, W., et al. (2024). Prevalence and network structure of depression, insomnia and suicidality among mental health professionals who recovered from COVID-19: a national survey in China. *Translational psychiatry, 14*(1), 227. [**https://doi.org/10.1038/s41398-024-02918-8**](https://doi.org/10.1038/s41398-024-02918-8)

Taher R., Allan T. (2020). Posttraumatic growth in displaced Syrians in the UK: A mixed-methods approach. *Journal of Loss & Trauma, 25*(4), 333–347. [**https://doi.org/10.1080/15325024.2019.1688022**](https://doi.org/10.1080/15325024.2019.1688022)

Taylor, J. M., & Alanazi, S. (2023). Cohen's and Hedges' g. *The Journal of nursing education, 62*(5), 316–317. [**https://doi.org/10.3928/01484834-20230415-02**](https://doi.org/10.3928/01484834-20230415-02)

Tedeschi RG, Calhoun LG. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress.* 1996;9(3):455-472.

Tu, A. K., Restivo Haney, J., O'Neill, K., et al. (2023). Post-traumatic growth in PhD students during the COVID-19 pandemic. *Psychiatry research communications, 3*(1), 100104. [**https://doi.org/10.1016/j.psycom.2023.100104**](https://doi.org/10.1016/j.psycom.2023.100104)

Ulset, V. S., & von Soest, T. (2022). Posttraumatic growth during the Covid-19 lockdown: A large-scale population-based study among Norwegian adolescents. Journ*al of traumatic stress, 35*(3), 941-954. doi:10.1002/jts.22801

Uziel, N., Gilon, E., Meyerson, J., et al. (2021). Dental personnel in Israel, Canada, and France during the COVID-19 pandemic: attitudes, worries, emotional responses, and posttraumatic growth. *Quintessence international (Berlin, Germany : 1985), 52*(5), 444–453. [**https://doi.org/10.3290/j.qi.b936999**](https://doi.org/10.3290/j.qi.b936999)

Van der Hallen, R., & Godor, B. P. (2022). COVID-19 pandemic-related posttraumatic growth in a small cohort of university students: A 1-year longitudinal study. *Psychiatry research, 312*, 114541.https://doi.org/10.1016/j.psychres.2022.114541

Van Zuuren, E. J., and Z. Fedorowicz. (2016). Moose on the loose: checklist for meta‐analyses of observational studies. *British Journal of Dermatology, 175.5*, 853-854.

Vazquez, C., Valiente, C., García, F. E., et al. (2021). Post-traumatic growth and stress-related responses during the Covid-19 pandemic in a national representative sample: The role of positive core beliefs about the world and others. *Journal of Happiness Studies.* [**https://doi.org/10.1007/s10902-020-00352-3**](https://doi.org/10.1007/s10902-020-00352-3)

Veronese, G., Mahamid, F. A., & Bdier, D. (2022). Subjective well-being, sense of coherence, and posttraumatic growth mediate the association between COVID-19 stress, trauma, and burnout among Palestinian health-care providers. *The American journal of orthopsychiatry, 92*(3), 291–301. [**https://doi.org/10.1037/ort0000606**](https://doi.org/10.1037/ort0000606)

Wall, C. L., Carson, J., Brown, G. (2023). COVID-19 Relates to Both PTSD and PTG in a Non-clinical Population, Why? *Journal of Loss and Trauma, 28*:1, 61-73, DOI: 10.1080/15325024.2022.2068264

Wan, X., Huang, H., Peng, Q., et al. (2023). A meta-analysis on the relationship between posttraumatic growth and resilience in people with breast cancer. *Nurs Open, 10*(5),734-2745. doi:10.1002/nop2.1540

Wang, S., Quan, L., Chavarro, J. E., et al. (2022). Associations of depression, anxiety, worry, perceived stress, and loneliness prior to infection with risk of post-COVID-19 conditions. *JAMA psychiatry, 79*(11), 1081–1091. [**https://doi.org/10.1001/jamapsychiatry.2022.2640**](https://doi.org/10.1001/jamapsychiatry.2022.2640)

Wang, S., Zhao, Y., & Li, J. (2023). True grit and brain: Trait grit mediates the connection of DLPFC functional connectivity density to posttraumatic growth following COVID-19. *Journal of affective disorders, 325*, 313–320. [**https://doi.org/10.1016/j.jad.2023.01.022**](https://doi.org/10.1016/j.jad.2023.01.022)

Willey, B., Mimmack, K., Gagliardi, G., et al. (2022). Racial and socioeconomic status differences in stress, posttraumatic growth, and mental health in an older adult cohort during the Covid-19 pandemic. *EclinicalMedicine, (45*), 101343. [**https://doi.org/10.1016/j.eclinm.2022.101343**](https://doi.org/10.1016/j.eclinm.2022.101343).

Wu A. (2024). The relationship of social support to posttraumatic growth in COVID-19 among college students after experiencing campus lockdown: the effects of belief in a just world and meaning in life. *Frontiers in psychiatry, 15*, 1337030. [**https://doi.org/10.3389/fpsyt.2024.1337030**](https://doi.org/10.3389/fpsyt.2024.1337030)

Yao, X., Wang, J., Yang, Y., & Zhang, H. (2023). Factors influencing nurses' post-traumatic growth during the COVID-19 pandemic: Bayesian network analysis. *Frontiers in psychiatry, 14,* 1163956. [**https://doi.org/10.3389/fpsyt.2023.1163956**](https://doi.org/10.3389/fpsyt.2023.1163956)

Yeung, N. C. Y., Wong, E. L.Y., Cheung, A. W.-L., Leung, C. S.-Y., Yeoh, E.-K., & Wong, S. Y.-S. (2022). Finding the positives from the Covid-19 pandemic: factors associated with posttraumatic growth among nurses in Hong Kong. *European Journal of Psychotraumatology, 13*(1). [**https://doi.org/10.1080/20008198.2021.2005346**](https://doi.org/10.1080/20008198.2021.2005346)

Yıldız, E. (2021). Posttraumatic growth and positive determinants in nursing students after Covid‐19 alarm status: A descriptive cross‐sectional study. *Perspectives in Psychiatric Care.* [**https://doi.org/10.1111/ppc.12761**](https://doi.org/10.1111/ppc.12761)

Yılmaz-Karaman, İ. G., Yastıbaş-Kaçar, C., & Ece İnce, F. (2023). Posttraumatic growth levels of healthcare workers in two periods with different intensities of COVID-19 pandemic. *PsyCh journal, 12*(2), 297–306. [**https://doi.org/10.1002/pchj.599**](https://doi.org/10.1002/pchj.599)

Yim, J. Y., & Kim, J. A. (2022). Factors influencing posttraumatic growth among nurses caring for COVID-19 patients: A path analysis. *Journal of nursing management, 30*(6), 1940–1948. [**https://doi.org/10.1111/jonm.13660**](https://doi.org/10.1111/jonm.13660)

Zeng, Z., Wang, H., Zhou, Y., et al. (2023). The prevalence and factors associated with posttraumatic growth after 3-years outbreak of COVID-19 among resident physicians in China: a cross-sectional study. *Frontiers in psychiatry, 14*, 1228259. [**https://doi.org/10.3389/fpsyt.2023.1228259**](https://doi.org/10.3389/fpsyt.2023.1228259)

Zhai, H. K., Li, Q., Hu, Y. X., Cui, Y. X., Wei, X. W., & Zhou, X. (2021). Emotional creativity improves posttraumatic growth and mental health during the COVID-19 pandemic. *Frontiers in psychology, 12,* 600798. [**https://doi.org/10.3389/fpsyg.2021.600798**](https://doi.org/10.3389/fpsyg.2021.600798)

Zhang, X. T., Shi, S. S., Qin Ren, Y., & Wang, L. (2021). The Traumatic Experience of Clinical Nurses During the COVID-19 Pandemic: Which Factors are Related to Post-Traumatic Growth?. *Risk management and healthcare policy,14*,2145–2151. [**https://doi.org/10.2147/RMHP.S307294**](https://doi.org/10.2147/RMHP.S307294).

Zhang, N., Bai, B., & Zhu, J. (2023). Stress mindset, proactive coping behavior, and posttraumatic growth among health care professionals during the COVID-19 pandemic. *Psychological trauma : theory, research, practice and policy, 15*(3), 515–523. [**https://doi.org/10.1037/tra0001377**](https://doi.org/10.1037/tra0001377)

Zhou, Y., MacGeorge, E. L., & Myrick, J. G. (2020). Mental health and its predictors during the early months of the Covid-19 pandemic experience in the United States. *International Journal of Environmental Research and Public Health, 17*(17), 6315. [**https://doi.org/10.3390/ijerph17176315**](https://doi.org/10.3390/ijerph17176315)

Żurko, M., Słowińska, A., Senejko, A., Madeja-Bień, K., & Łoś, Z. (2022). Pandemic-activated psychological growth: significance of extraversion, self-consciousness and COVID-19 related anxiety. *Current issues in personality psychology, 11*(3), 182–192. [**https://doi.org/10.5114/cipp.2022.112945**](https://doi.org/10.5114/cipp.2022.112945)

**Figure 1: Flowchart of Study Selection**

Studies included in review.

(n = 75)

**Identification**

**Included**

Reports assessed for eligibility.

(n = 92)

Reports excluded Wrong Scale. (n = 7)

Reports excluded Lack of Effect Size. (n = 10)

Duplicates removed. (n = 10)

Records screened.

(n = 115)

Records excluded\*\*

(n = 20)

Reports sought for retrieval.

(n = 92)

Reports not retrieved.

(n = 0)

**Screening**

Studies from databases/registers (n = 125)

**Table 1: Overview of the selected studies (k=75) for main analysis**

**A table of numbers and letters

Description automatically generated**

**Table 2: Statistical result of Main Analysis**

**A table with numbers and letters

Description automatically generated**

**Figure 2: Forest Plot of Main Analysis**

**A graph of a number of numbers

Description automatically generated with medium confidence**