



Building Resilience in the COVID-19 Pandemic

Coronavirus disease 2019 (COVID-19) is affecting our health care community in unprecedented ways. As a pediatric oncologist who studies resilience in the context of illness, I started thinking about what this pandemic means for our professional resilience a few weeks ago, when the first US patient with fatal COVID-19 died in my home city of Seattle, Washington.

Promoting resilience among health care workers and organizations starts with understanding what resilience is (and what it is not). Historical psychology and social science suggested resilience was either a trait (eg, hardiness), a process (eg, adaptation), or an outcome (eg, the absence of posttraumatic stress or the presence of posttraumatic growth after a particular adversity).¹ The first and last conceptualizations are questionable. The potential for resilience is not a unique trait that one has or does not have; the capacity for resilience is inherent in all people. Resilience is not a single dichotomous outcome measured at a point; we can simultaneously experience posttraumatic stress and growth, and these (and other) outcomes dynamically evolve throughout our lives. Finally, both trait and outcome conceptualizations suggest resilience is something that happens to the fortunate and something we can hope for but not necessarily achieve. This is incorrect. Resilience is neither lucky nor passive. It takes deliberate effort.

Table. Evidence-Based Categories of Resilience Resources and Possible Applications in the Era of Coronavirus Disease 2019

Resilience resource category	Individual	Community	Existential
How to consider the resilience resource category	What do I (or we) do when times get hard?	Who helps me (or us) when times get hard?	Who do I (or we) want to be when this is over? What will it have meant for me (or us)?
Classic examples of the resilience resource category	Reliance on personal or group characteristics (eg, grit, hardiness, optimism) in the face of personal or environmental adversity (eg, loss of a loved one, job loss, divorce, illness, natural disaster, etc.)	Reliance on social support (eg, family, friends, community, religious group, etc.) in the face of personal or environmental adversity (eg, loss of a loved one, job loss, divorce, illness, natural disaster, etc.)	Reliance on a sense of purpose, meaning, and spirituality in the face of personal or environmental adversity (eg, loss of a loved one, job loss, divorce, illness, natural disaster, etc.)

The process of resilience requires these deliberate actions. It is complicated and contextual. It is promotable. The pandemic of COVID-19 has already shown us how dramatically and quickly our world can shift in its approach to population health and individual patient needs. Many of us, as individuals and organizations, are in the beginning phase—the getting-through phase, the one-foot-in-front-of-the-other phase. We can only imagine the end phase, the

looking-back phase. We cannot guess exactly what we will have learned. We can only know that none of us will forget.

So, let us now be proactive. Let us imagine our future narrative and direct ourselves toward its end. Let us harness our individual, community, and existential resources so that we not only navigate this experience but also continue to thrive. Let us ensure that when we look back on this story, we will be able to say we adapted well.

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