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Guest Editorial

Reflection on Coping During the COVID-19 Pandemic

It was March 11th, 2020, and I was sitting in a crowded Mexican restaurant with my husband. I had just left the trauma unit at the hospital as their psychologist and was nervously discussing the chatter about COVID-19 in the hospital and what it may mean. At that moment, the news broke that the National Basketball Association had suspended their season, and the world started to shut down. In the hours, days, and weeks that followed, email after email arrived in my inbox, both from the university and hospital. Visitor restrictions, elective surgery cancellations, mandatory telework for nonessential personnel, remote meetings, the first COVID patient arrived, and a final personal blow, my clinical psychology students, who covered much of the consult service were not allowed to come in anymore. I was doing this all on my own.

When I applied to graduate school to be a clinical health psychologist in 2008, it was not part of the plan to work in the intensive care unit during the middle of a worldwide pandemic. While many of my psychology colleagues transitioned to all remote work, I spent much of the pandemic embedded in the hospital, providing me a front seat to see the impacts of COVID-19 on our health system. I typically greet patients in their hospital room with a warm smile and an empathetic ear, and I arrived looking like an alien, shouting my name over foggy goggles, a mask, and face shield. Instead of discussing coping skills, I was getting special permission from visitor restrictions for family death notifications. While I typically prepare an anxious patient for a magnetic resonance imaging by practicing breathing exercises, I was now walking with patients to their magnetic resonance imaging as they pleaded to not be alone. I let patients video chat with their children they hadn't physically seen for months from my phone. I saw unprecedented levels of trauma and grief as physical child abuse injuries increased (Kovler et al., 2021), intentional injuries were through the roof (Abdallah et al., 2021), and substance abuse rates increased (Grossman et al., 2020). The stress of the pandemic working in a trauma center went far beyond fears of catching COVID-19.

COVID-19 brought high levels of uncertainty and stress that stretched across the globe and touched us all in some way. Our frontline health-care workers, in particular nurses, faced some of the greatest challenges. Workplaces suffered with shortages of adequate personal protective equipment, and nurses found their jobs abruptly changed. I was asked to temporarily provide counseling to our health-care workers as part of our hospital's Employee Assistance Program. I spoke to nurses with preexisting health conditions who were scared to go to work. I listened to nurses who couldn't sleep, instead replaying a patient dying alone as they

held up their phone for a family member saying goodbye. Research during the pandemic is consistent with much of my personal observations. A study by Guttormson et al. (2022) found anxiety, depression, and posttraumatic stress disorder risk impacted a third to nearly half of intensive care unit nurses working during the pandemic, along with moderate to high levels of burnout and moral distress. Similarly, in a nationwide survey of more than 9,200 registered nurses released in March 2021 conducted by National Nurses United, participants reported 43% had more trouble sleeping than before the pandemic, more than 61% felt more stressed, anxiety increased 57%, half felt more sad or depressed, and nearly 60% feared they would contract COVID-19 and infect a family member.

I thought a lot about coping during this time, not just my own but also that of my colleagues and patients. I remembered a talk I did on posttraumatic growth that was inspired by reading psychologist Dr. Stephen Joseph's book "What Doesn't Kill Us: The New Psychology of Posttraumatic Growth" (2013). Posttraumatic growth refers to positive psychological changes that lead to personal growth after experiencing a trauma. Posttraumatic growth may occur after the traumatic event and is perceived as an experience that has significant meaning in one's overall life experience (Tedeschi and Calhoun, 1996). However, it emphasizes that growth should not come at the expense of empathy for the pain and suffering of trauma survivors. Posttraumatic growth and distress coexist, and the growth emerges from the struggle with coping, not from the trauma itself (Tedeschi and Calhoun 2004).

Looking back over the past three and a half years, my ability to deal with uncertainty and face difficult challenges has stretched farther than I could imagine, despite my strong preference that COVID-19 never happened at all. What I am doing now in many aspects of my life, I am certain, I would not be brave enough to do in March 2020. Working in health care is difficult under the best circumstances, but my experiences during the COVID-19 pandemic gave me perspective, inspiration, and hope that I would have never had without it.

I am grateful and proud of the things I learned, despite never wanting to. **I learned how to take care of my own mental health.** As health-care workers, the very best thing we can do for our patients is to take care of ourselves and speak up for what we need. I was lucky enough to have good support from my hospital and leadership during that time, but for those that felt too burned out or unsupported, I had many talks with colleagues about whether it was ok to step away and prioritize your mental health and family, or even set out on an entirely new path. **I learned I was not alone.** Talking to my peers and sharing my struggles helped me feel like I wasn't the only one. **I learned I can do hard things,** and sometimes there is beauty in them. Through some of the darkest times, I had

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some of my greatest clinical moments. I remember walking my patient down to the discharge area and watching him give his mom, whom he hadn't seen since his accident several months prior, the longest hug I ever witnessed. I remember receiving an email from my patient months after he was discharged, telling me my daily visits got him through his darkest days, when his family was not allowed to be there. **I learned that struggles were expected during an event of this magnitude.** While this situation was far from normal, the difficult emotions were. **I learned to focus on things I had control over.** I didn't have control over when COVID went away, but I had control over my own behaviors and ways that I could be a small part of the solution.

Lastly, I reminded myself of the meaning behind all these changes as they were occurring. When working on difficult things with my patients, I like to take a step back and ask, "What is the point?" or "What does the light at the end of the tunnel look like?" In the thick of things, I visualized a world where there was traffic on my way to work again and the elevators were full of family members with flowers and balloons on their way to see their loved one. Years later, these visualizations have come to life. Once again, I share chips and salsa with my husband at our favorite Mexican restaurant, this time discussing vacations with family, time with friends, and debating the name of our future baby boy on the way.

"I think trauma really does confront you with the best and the worst. You see the horrendous things that people do to each other, but you also see resiliency, the power of love, the power of caring, the power of commitment, the power of commitment to oneself, and the knowledge that there are things that are larger than our individual survival. And in some ways, I don't think you can appreciate the glory of life unless you also know the dark side of life."

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