

# Coping Strategies of Nurses During the COVID-19 Pandemic: Worldwide Experiences Review

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	<b>Abstract</b>
<b>Article history:</b> Received: 1 Sep 2025 Accepted: 13 Nov 2025 Available online: 19 Nov 2025	<b>Background:</b> The COVID-19 pandemic forced nursing education and practice into an unprecedented crisis that is constantly shifting most teaching online overnight and intensifying already high levels of stress among nurses. <b>Objective:</b> This review examines how nursing students and professional nurses around the world experienced and managed heightened psychological pressure during the pandemic, highlighting both adaptive and maladaptive ways of coping. <b>Methods:</b> A narrative synthesis of international studies conducted between 2020 and 2025 explored common stressors, preferred coping approaches, and factors that supported or hindered resilience in diverse settings. <b>Results:</b> Academic workload, fear of infection, isolation from peers and family, financial strain, and limited hands-on training emerged as universal sources of distress. Many turned to helpful strategies such as planning ahead, seeking emotional support from colleagues, reframing difficult situations positively, and using humor or structured reflection techniques. These approaches consistently reduced anxiety, lowered burnout, and helped people stay in school or remain at work. In contrast, avoidance, denial, or emotional detachment often worsened mental health and increased dropout intentions. Strong social networks, institutional mental health programs, resilience training, and clear communication tools proved especially protective. <b>Conclusion:</b> The pandemic exposed serious gaps in mental health support for nursing students and nurses, yet it also revealed remarkable adaptability worldwide. Moving forward, nursing programs and healthcare organizations should routinely teach evidence-based stress management, build peer-support systems, and provide accessible counseling. Embedding these practices into everyday training will better equip the next generation of nurses to handle future crises while protecting their own well-being.
<b>Keywords:</b> Nurses COVID-19 Stress Coping Strategies Resilience Mental Health Online Education Psychological Impact	

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## Introduction

The COVID-19 pandemic dramatically disrupted nursing education worldwide, forcing a rapid shift to online learning and exposing both logistical challenges

that show gaps in students' preparation [1,2]. As Morin pointed out early in the crisis, educators were left wondering whether nursing education would simply revert to its pre-pandemic form or undergo permanent

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change [1]. Moving most non-clinical coursework online created significant gaps in hands-on skills, especially communication, which revealed surprisingly poor understanding of basic scientific concepts about the disease itself. For example, Cabreja-Castillo et al. found that nursing and medical students scored relatively well (around 75% correct) on questions about technology and protective measures, but only about 25% answered core COVID-19 disease-concept questions correctly, which highlights a clear need for stronger scientific literacy [3]. These disruptions happened against an already demanding educational environment in which nursing students routinely experience moderate to high levels of stress [4,5,6].

Even before the pandemic, nursing and medical students consistently reported stress from heavy academic workloads, intense clinical duties, difficult interactions with faculty or peers, financial pressures, which caused anxiety about future competence [4,5,8]. Studies show that up to two-thirds of students experience significant stress, and many turn to a mix of coping strategies [7]. Adaptive approaches like problem-focused coping, seeking social support, planning, and positive reframing are common and linked to better mental health and performance [4,5,6]. However, maladaptive strategies such as avoidance, denial, or (less commonly) substance use also appear, especially when students feel overwhelmed by finances or academic demands [6,8].

The pandemic intensified these pre-existing stressors while simultaneously limiting access to traditional support systems and hands-on practice. Yet it also accelerated innovation, particularly the widespread adoption of information and communication technologies (ICT). Virtual classrooms, simulation platforms, and digital tools helped maintain continuity of theoretical learning [9], and targeted interventions such as the COMFORT communication curriculum tested by Wittenberg et al. that successfully improved students' confidence and skills in virtual patient interactions that include PPE-related communication [10]. Despite these successes, the irreplaceable nature of in-person clinical experience remained a clear limitation [9].

The convergence of heightened stress, reduced clinical exposure, and rapid digital transformation shows the urgent need for institutional support focused on mental health and resilience. Resilience training, peer-support networks, structured mental health education, and accessible counseling services have all shown promise in reducing burnout and strengthening adaptive coping [5,6,7]. As nursing education evolves in a post-COVID world, integrating these evidence-based stress-management and resilience-building strategies alongside continued technological innovation appears

essential for preparing competent, resilient, and mentally healthy future nurses. So, we aimed at reviewing coping strategies in this era worldwide.

## Methods

This review employed a narrative synthesis approach designed to integrate heterogeneous empirical evidence on the coping strategies used by nursing students and professional nurses during the COVID-19 pandemic. The review team conducted a search process that drew on major international databases, CINAHL, PubMed, Scopus, Web of Science, and PsycINFO, using controlled vocabulary and free-text keywords related to nursing students, nurses, COVID-19, stress, coping, resilience, and psychological impact. Search strings were developed through preliminary scoping, reviewed for conceptual completeness, and adapted to the indexing conventions of each database, which resulted in broad retrieval of relevant literature published between January 2020 and January 2025.

First, titles and abstracts were independently reviewed by two researchers to determine preliminary eligibility according to predefined inclusion criteria: studies were required to (a) focus on nursing students, professional nurses, or both; (b) examine stress, psychological burden, or coping strategies in the context of the COVID-19 pandemic; (c) employ empirical, peer-reviewed methods such as quantitative surveys, qualitative interviews, mixed-methods approaches, or intervention studies; and (d) be published in English. Exclusion criteria eliminated commentaries, editorials, non-COVID-19-related research, which did not report findings related to coping processes.

The synthesis process unfolded in several phases: first, extracted data were grouped according to conceptual categories reflecting types of stressors, coping styles, and influencing factors; next, patterns were examined within and across categories that helped identify convergent themes or recurring constructs; finally, emergent themes were contextualized within broader theoretical perspectives on stress, coping, and resilience in the nursing profession.

## Results

A growing body of research has made it increasingly evident that the COVID-19 crisis left a deep and often enduring psychological imprint on nurses, nursing students, and a wide array of other healthcare workers, which exposed a spectrum of coping behaviors, ranging from highly adaptive to markedly unhelpful, that shaped their resilience and overall sense of well-being throughout the pandemic's prolonged disruption. For example, academic staff in the health sciences reported that they navigated the abrupt transition to remote

instruction by constructing highly structured daily routines and by clearly delineating when their work began and ended, strategies that allowed them to preserve a sense of order and professional identity despite the upheaval of online teaching [11]. Many nurses, when attempting to verbalize their lived experience, resorted to vivid, often militaristic imagery, describing themselves as if deployed on an unpredictable battlefield that required extraordinary resolve in the face of ever-present fear of contagion [12]. Meanwhile, student nurses, the pipeline of the future workforce, expressed widely differing perceptions of their own preparedness; although a portion of them believed their training had given them sufficient grounding, a substantial number acknowledged that they lacked confidence in crisis intervention, emotional regulation, and strategies for managing pandemic-related anxiety that accompanied the ongoing disruptions to their education [13]. The magnitude of the global emergency, worsened by pandemic-specific fears and the isolating conditions imposed by long spans of limited social contact, exerted a powerful strain on the academic perseverance of these students, which revealed just how heavy the psychological burden became for many of them [14].

Across studies, researchers consistently emphasized that coping strategies, both beneficial and detrimental, served as major determinants of mental health trajectories during this period. Structured emotional-processing techniques, such as the “three-questions method,” which prompts individuals to recall the day’s salient events, assess their emotional state, and reflect on the adequacy of their support systems, were frequently reported by nurses and students as practical and grounding tools that helped them manage the emotional load associated with frontline work [15]. Among practicing nurses, positive reframing emerged as a particularly powerful mechanism, enabling them to reinterpret threatening situations in less catastrophic ways that maintained a more stable emotional footing [16]. Studies likewise pointed out that nursing students in Israel who demonstrated stronger resilience and a capacity for humor tended to report lower anxiety [17]; that targeted COVID-19 training programs substantially reduced anxiety among Yemeni healthcare workers [18]; and that active, problem-oriented coping strategies were closely linked with lower stress levels in Ghanaian health staff [19]. Higher resilience consistently functioned as a protective barrier against secondary traumatic stress [20], and intentional use of adaptive approaches, such as seeking collegial support, applying analytical problem-solving skills, or reframing distressing events through metaphor, appeared to safeguard staff from burnout, diminish stress, and

reduce their likelihood of leaving the profession [12, 20, 21]. In contrast, reliance on avoidance, emotional numbing, or other dissociative strategies tended to predict poorer psychological outcomes [20]. Even as widespread reports from the United Kingdom documented escalating burnout and declines in well-being among nurses, midwives, and allied health professionals [21], many individuals still found meaningful relief and renewed resilience through deliberate engagement with constructive coping methods.

A number of investigations further revealed persistently high levels of anxiety and depression among healthcare workers across different regions. One study carried out in Albania, for instance, found that nearly one-quarter of participants experienced moderate anxiety and that more than one-fifth met criteria for moderate depression, which highlighted the substantial emotional toll borne by the workforce [22]. Elevated risk perception, coupled with a tendency toward less effective coping strategies, was especially pronounced among younger nurses working directly with COVID-19 patients, who reported feeling overwhelmed by the severe workload, constant exposure risk, and the scarcity of robust workplace mental health resources, gaps that researchers repeatedly identified as urgent priorities for improvement [22].

Nevertheless, the literature also points toward clear opportunities for positive adaptation and highlights the essential contribution of effective coping mechanisms. In Brazil, for example, the mutual support found within nursing teams acted as a vital protective factor, enabling individuals to manage extraordinary stress that was mitigated through shared understanding and collective emotional buffering [23]. Research conducted in China indicated that healthcare workers who possessed strong confidence in their ability to navigate the crisis, who responded empathetically to others, and who avoided unrealistic or wishful thinking were more likely to adhere to crucial infection-prevention practices [24]. Among Turkish primary care nurses, higher psychological resilience, often bolstered by educational attainment and economic stability, was associated with healthier, more constructive styles of coping with stress [25]. Importantly, while active coping was most strongly linked to indicators of positive psychological growth (VPTG), findings also suggested that even passive or avoidance-leaning strategies may offer some advantage over complete inaction, which implies that any form of engagement with the overwhelming stressor might be preferable to none at all [26]. Table 1 summarizes studies used to navigate these findings.

**Table 1.** Studies used in this review

Authors	Country	Population	Summary
Brown et al.	Australia/UK	Health Academics	Used routines, boundaries, and adaptability to manage stress
Mahmood et al.	Yemen	Healthcare Professionals	Spiritual coping and TV/YouTube distraction most common
Gillen et al.	UK	Nurses, Midwives, AHPs	Increased negative and avoidance coping during later waves
Sümen & Adıbelli	Turkey	Nursing Students	Moderate coping; curriculum needs better crisis preparation
Labrague	Philippines	Nursing Students	Social support and adaptive coping reduced phobia impact
Riaz et al.	Bangladesh	Health Professionals	Predominantly spiritual coping and distraction techniques
McFadden et al.	UK	Health & Social Care Workers	Active and help-seeking coping linked to better wellbeing
Kamberi et al.	Albania	Healthcare Workers	Poor coping frequent; workplace mental health support urged
Tang et al.	China (HK, Fujian)	Healthcare Students	Effective coping strategies predicted better prevention adherence
Akarşlan & Yildiz	Turkey	Primary Care Nurses	Higher resilience through adaptive stress-coping styles

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## Discussion

Our systematic review, synthesizing global experiences of nursing students and nurses during the COVID-19 pandemic, corroborates the profound mental health toll previously documented across healthcare professionals [27]. The widespread prevalence of anxiety, depression, and stress observed in the meta-review of systematic reviews [27], ranging from 16–41% for anxiety, 14–37% for depression, and 18.6–56.5% for stress, mirrors the distressing stressors we identified in our sample, including amplified academic burdens, pervasive fear of infection, profound social isolation, financial pressures, and curtailed hands-on clinical practice. This convergence shows the universal psychological impact of the pandemic across the nursing spectrum, from students navigating disrupted education to experienced nurses facing operational and emotional duress. While our focus included students often overlooked in broader healthcare mental-health assessments [27], the core stressors reported align significantly with those affecting the wider workforce.

Furthermore, the resilience demonstrated by nursing students and frontline nurses in our review echoes coping mechanisms identified in other studies. Our findings highlight adaptive strategies such as planning ahead, seeking collegial or familial emotional support, positive reframing, humor, and structured reflection, strategies that collectively buffered against burnout and anxiety. These align with coping strategies reported by clinical nurses in the qualitative synthesis [29], who similarly benefited from organizational support and positive cognitive adjustments, and with resource utilization noted by nurse managers [28], who employed management skills and institutional backing.

Conversely, maladaptive strategies such as avoidance or emotional detachment, which we observed to worsen psychological outcomes and increase dropout intentions, resonate with the negative impacts of unaddressed stress noted across studies.

Ultimately, while the specific roles and contexts differed, from students to practicing nurses, including managers, our review collectively showed the critical need for targeted, accessible mental-health interventions, robust social and institutional support systems, and resilience training, echoing recommendations from each of these studies to fortify the nursing workforce against future crises. Our review synthesized global experiences, identifying universal stressors such as academic workload, fear of infection, isolation, financial strain, and reduced hands-on training as key challenges for nursing students and nurses worldwide during COVID-19. These findings resonate with earlier research highlighting localized impacts; for instance, studies conducted in Alabama hospitals indicated that organizational support and the availability of necessary resources, such as adequate PPE, were pivotal in mitigating physio-psychosocial symptoms stemming from demanding job conditions [30].

Furthermore, our analysis revealed consistent themes regarding adaptive coping mechanisms—including planning ahead, seeking emotional support from colleagues or social networks, reframing situations positively, and using humor or structured reflection—all of which were effective in reducing anxiety and burnout [33]. This aligns with research suggesting that efficient coping strategies, encompassing both practical and emotional approaches, are crucial for maintaining well-

being under crisis conditions [33]. Conversely, our findings on maladaptive strategies like avoidance and denial were corroborated by research identifying inefficient coping mechanisms, such as risky behaviors, which exacerbate psychological distress and negatively impact professional outcomes [33].

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The importance of robust social networks and institutional support, emphasized in our review, was also demonstrated in studies showing that organizational support significantly buffered stress for nurses [30] and was crucial for resilience [30]. While our review captured broad global coping experiences, the specific ethical dilemmas detailed in some studies [31] echoed underlying stressors related to resource shortages and moral uncertainty, contributing to the overall psychological burden. Collectively, these studies, including our own review [30–32], show the profound mental-health toll of the pandemic on the nursing workforce and student population, highlighting the need for integrated support systems and targeted interventions.

## Conclusion

This review shows that the COVID-19 pandemic constituted an extraordinary disruption to nursing

education and clinical practice, exposing both the vulnerability and resilience of nursing students and professional nurses as they confronted unprecedented psychological, academic, and ethical pressures. The synthesis of international evidence reveals that coping during such a multifaceted crisis was neither uniform nor static; rather, individuals drew upon a shifting constellation of personal, social, and institutional resources to manage persistent uncertainty, emotional strain, and the demands of rapidly evolving clinical and educational environments. Adaptive strategies, such as active problem-solving, emotional support seeking, reflective practice, positive reframing, and the intentional use of humor, emerged across diverse settings as meaningful mechanisms through which nurses and students attempted to maintain psychological equilibrium while fulfilling their professional and academic responsibilities. At the same time, the widespread use of maladaptive strategies, including avoidance, suppression, and disengagement, highlights persistent gaps in mental health literacy, resilience preparation, and organizational support structures that became increasingly visible as the pandemic progressed.

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