

Coping Strategies for Nurses' Distress in Dealing with the COVID-19 Pandemic: A Scoping Review

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Abstract

It is a well-known fact that the COVID-19 pandemic exacerbated the work stressors of nurses, which were already a problem previously, causing great distress. Hence, the need for effective coping strategies has been realized to prevent such distress, especially if a pandemic recurs. Determining how the types of coping strategies used by nurses impact their distress level in COVID-19 Pandemic. This review was conducted using the PRISMA Statement Recommendations Checklist and PRISMA—Extension for Scoping Reviews (PRISMA-SCR). The databases used were Willey Library, Science Direct, SCOPUS, and Springer Link for the literature search. Nurse and (“coping type” or “brief cope”) and COVID were the keywords used for search. The search was carried out using the following initial filters: “English and Indonesian,” language, and “free full text” availability. Only original research articles with a sample of nurses and a focus on coping with the COVID-19 pandemic were synthesized. The review contained 21 articles in total. In the Brief-COPE framework, an instrument designed to measure the types of coping strategies, there are several ways of classifying the types of coping strategies: based on outcome, engagement, stressor management goals, and source of support. The top coping strategies were acceptance, active coping, planning, religion, positive reframing, and seeking emotional support. Avoidance coping strategies significantly increase one’s depression and anxiety, while acceptance and positive reframing protect against anxiety and depression. This knowledge forms the basis of planning and designing a stress management program for dealing with extreme work stressors, such as pandemics. Future research should investigate how different types of stressors influence the use of coping strategies and distress in other situations.

Keywords: coping type, COVID-19, distress, nurse

Abstrak

Strategi Mengatasi Distress Perawat dalam Menghadapi Pandemi COVID-19: A Scoping Review. Pandemi COVID-19 memperburuk stresor kerja perawat yang sebelumnya telah menjadi masalah. Koping yang efektif diperlukan untuk mempersiapkan manajemen stres dan mencegah distress jika pandemi terulang. Tinjauan ini bertujuan untuk mengetahui jenis koping yang digunakan perawat dalam menghadapi pandemi COVID-19 dan pengaruhnya terhadap distress. Tinjauan ini mengikuti panduan ceklis rekomendasi PRISMA, dan PRISMA—Extension for Scoping Reviews (PRISMA-ScR). Pencarian artikel dilakukan pada empat basis data yakni: SCOPUS, Science Direct, Springer Link, and Willey Library. Nurse and (“coping type” or “brief cope”) and COVID adalah kata kunci yang digunakan untuk mencari literatur. Pencarian dibatasi pada artikel berbahasa Indonesia, Inggris, dan dapat diakses lengkap tidak berbayar. Artikel yang ditinjau terbatas pada artikel penelitian berfokus pada koping dalam menghadapi pandemi COVID-19 yang disintesis oleh penulis dengan perawat sebagai sampel. Sebanyak 21 artikel masuk dalam analisis. Terdapat beberapa cara untuk mengkategorikan jenis koping dalam kerangka Brief-COPE atau instrumen untuk mengukur jenis-jenis koping, yaitu berdasarkan hasil, keterlibatan, tujuan manajemen stres, dan sumber dukungan. Koping teratas yang digunakan perawat adalah penerimaan, koping aktif, perencanaan, agama, pembiasaan ulang positif, dan mencari dukungan emosional. Strategi koping avoidance secara signifikan dapat meningkatkan depresi dan kecemasan sedangkan penerimaan dan positive reframing dapat membentengi diri dari kecemasan dan depresi. Pengetahuan ini menjadi dasar perencanaan program manajemen stres untuk menghadapi stresor kerja ekstrem seperti pandemi. Penelitian di masa depan harus menyelidiki bagaimana berbagai jenis stresor memengaruhi penggunaan strategi koping dan distress dalam situasi lain.

Kata Kunci: COVID-19, distress, jenis koping, perawat

Introduction

While severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was rapidly spreading across the world, the World Health Organization (WHO) was bound to classify the outbreak as a pandemic on March 11, 2020 (WHO, 2020) and declare a Public Health Emergency of International Concern on January 30, 2020. Before COVID-19 Pandemic, distress was already acknowledged as a work hazard for nurses (Arnetz et al., 2020), and the COVID-19 pandemic exacerbated their work stressors (Akrim et al., 2021; Arnetz et al., 2020). For nurses, stressors included long shifts, work overload, exposure to illness, close contact with COVID-19 patients, the stigma of potentially carrying the infection, social media demands, and an increase in the number of fatalities (Ahmadidarrehsima et al., 2022; Nopa et al., 2020; Siswadi et al., 2021). Epidemiologically, distress is described as an emotional disturbance characterized by symptoms of anxiety and depression (Belay et al., 2021). A person uses coping strategies in response to stressors, which help people deal with stressful, difficult, or burdensome circumstances (Algorani & Gupta, 2023). Different coping strategies emerge in response to different stressors. To prevent distress, effective coping strategies are needed (Ding et al., 2021).

“Brief Coping Orientation to Problems Experienced” (Brief-COPE) is one of the most common instruments used to measure the types of coping strategies used by nurses (Aryal & D’mello, 2020; Halcomb et al., 2022; Rahman et al., 2021). Brief-COPE represents 14 distinct coping strategies, namely denial, active coping, planning, use of emotional support, use of instrumental support, religion/spiritual beliefs, positive reframing, substance use, behavioral disengagement, self-distraction, humor, acceptance, venting, and self-blame (Halcomb et al., 2022).

To be better prepared for managing stress if the pandemic recurs, knowing the coping strategies

used by nurses to deal with COVID-19 and its impact on distress is required. This review aims to determine the types of coping strategies used by nurses in dealing with the COVID-19 pandemic and their impact on their distress levels.

Methods

The following procedures were used in this scoping review: 1) defining the research question; 2) selecting keywords; 3) identifying relevant databases; 4) deciding on inclusion criteria; and 5) screening, examining, and analyzing the chosen articles. The research question was as follows: What types of coping strategies were used by nurses in dealing with COVID-19, and what were their effects on distress levels in nurses? The Joanna Briggs Institute’s PCC formula formed the basis for the keywords used (Peters et al., 2017). “Nurse,” “coping type,” “Brief-COPE,” and “COVID-19” were the keywords chosen in the SCOPUS and Springer Link databases. “Nurse,” “Brief-COPE,” and “COVID-19” were the keywords used in the Willey Library and Science Direct databases. The restrictions applied to the database search were text accessibility (free full text) and language (English and Bahasa). The inclusion criteria were original research articles utilizing a sample of nurses and concentrating on how to deal with the COVID-19 pandemic. The authors excluded duplicate articles and those that did not analyze coping strategy types using the Brief-COPE instrument.

Using the search method, 190 publications were found. After language (Indonesian and English) screening, 187 publications were available. Following access (open access) filtering, 97 items were available. After screening 97 articles for duplication, 78 remained.

The evaluation of the titles and abstracts resulted in the removal of 43 articles that did not meet all the inclusion criteria of the sample being nurse, usage of the Brief-COPE instrument, and analysis of the type of coping strategy. After reading 35 articles in their entirety, 21 arti-

cles were selected for the study. Figure 1 displays the flowchart of this study.

Results

Based on the variables analyzed, 21 articles examined the coping strategies employed by nurses in dealing with the COVID-19 pandemic, and 7 articles examined the impact of these strategies on nurses' distress. The articles are listed in Table 1.

Discussion

Coping strategies were most used. Thirteen (13) articles specifically analyzed 14 types of coping strategies and the most-used coping strategies. Of the 14 types of coping strategies, 6 of it, which are among the top copings were most used by nurses in dealing with the COVID-19 pandemic, namely, acceptance (AlJhani et al., 2021; Chui et al., 2021; Cook et al., 2021; Costa et al., 2022; Agsaoay et al., 2022; Gillen et al.,

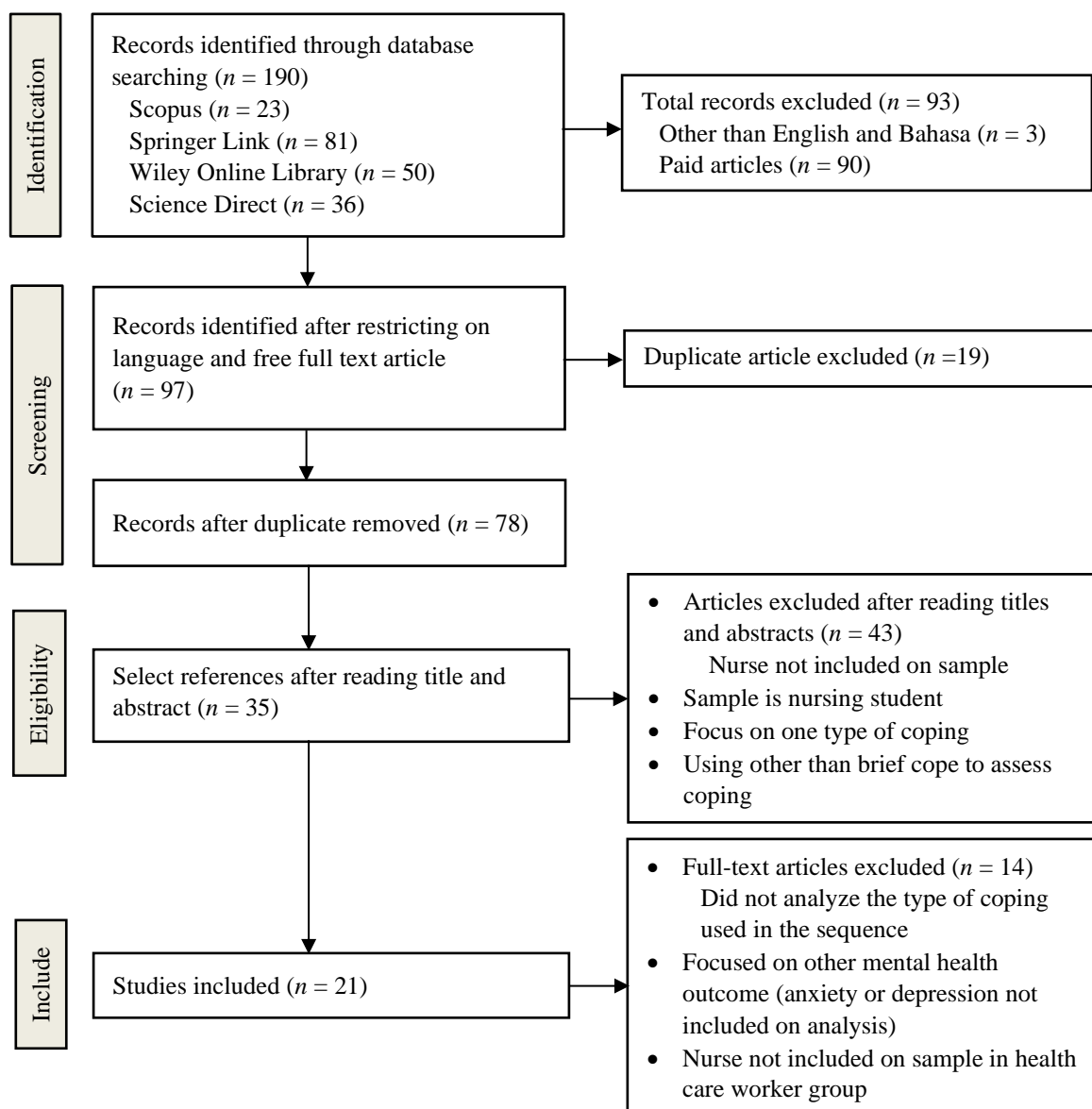


Figure 1. Flowchart for the Selection of Articles

Table 1. Articles Included in the Review

Article	Analysis	Design	Sample	Results
Alnazly and Hjazeen (2021)	Type of coping strategy	Cross-sectional	130 nurses	Nurses generally use maladaptive coping strategy (self-distraction, denial, substance use, behavioral disengagement, ventilation, and self-blame). The nature of a stressful event can influence the type of coping strategy used. According to the study's findings, nurses who looked after patients with suspected COVID-19 infections tended to use planning coping mechanisms, but those who looked after patients with confirmed COVID-19 infections tended to use behavioral disengagement and self-distraction. The mean differences were statistically significant for self-distraction. Nurses who worked longer shifts (more than 36 hours per week) showed higher mean self-distraction scores than those who worked 24 hours per week.
Cook et al. (2021)	Type of coping strategy	Cohort	<ul style="list-style-type: none"> • Cleaners ($n = 2$) • Managers ($n = 4$) • Ophthalmologists ($n = 3$) • Optometrists ($n = 2$) • Doctors ($n = 1$) • Nursing staff members ($n = 9$) • General employees ($n = 10$) 	During Time 1 (June 1, 2020–July 31, 2020), the top three coping strategies used by participants were as follows: <ol style="list-style-type: none"> 1. Active coping 2. Planning 3. Religion During Time 2 (August 10, 2020–September 20, 2020), the top three coping strategies used by participants were as follows: <ol style="list-style-type: none"> 1. Acceptance 2. Positive reframing 3. Active coping
Stefanowicz-Bielska et al. (2022)	Type of coping strategy	Cross-sectional	130 nurses	Problem-focused coping strategy was most commonly used by Polish nurses during the COVID-19 pandemic.
Gillen et al. (2022)	Type of coping strategy	Cross-sectional	1410 nurses	The top three coping strategies used by participants were as follows: <ol style="list-style-type: none"> 1. Acceptance 2. Active coping 3. Planning
Jubin et al. (2022)	Type of coping strategy	Cross-sectional	9898 nurses	The top three coping strategies used by participants were as follows: <ol style="list-style-type: none"> 1. Active coping 2. Positive reframing 3. Planning
Lee et al. (2022)	Type of coping strategy	Cross-sectional	85 nurses from intensive care unit (ICU)	The top three coping strategies used by the nurses were as follows: <ol style="list-style-type: none"> 1. Active coping 2. Planning 3. Acceptance
AlJhani et al. (2021)	Type of coping strategy	Cross-sectional	<ul style="list-style-type: none"> • 318 (79%) nurses • 85 (21%) physicians 	The top three coping strategies used by the participants were as follows: <ol style="list-style-type: none"> 1. Religious 2. Acceptance 3. Active coping

Table 1. Articles Included in the Review

Article	Analysis	Design	Sample	Results
Agsaoay et al. (2022)	Type of coping strategy	Cross-sectional	<ul style="list-style-type: none"> • 12 rehabilitation nurses • 12 resident doctors in rehabilitation medicine • 19 physical therapists • 10 occupational therapists • 1 psychologist • 3 prosthetists/orthotists 	The top three coping strategies used by the participants were as follows: <ol style="list-style-type: none"> 1. Acceptance 2. Active coping 3. Planning
Salman et al. (2022)	Type of coping strategy and the impact on distress	Cross-sectional	<ul style="list-style-type: none"> • 133 (33.4%) nurses • 205 (51.5%) physicians • 60 (15.1%) pharmacists 	The top three coping strategies used by the participants were as follows: <ol style="list-style-type: none"> 1. Religious coping 2. Acceptance 3. Planning Maladaptive coping had a moderately positive association with both depression and anxiety ($r = 0.377, P < 0.001$; $r = 0.324, P < 0.001$) Anxiety ($r = 0.269, P < 0.003$) and depression ($r = 0.146; P < 0.003$) were negatively correlated with adaptive coping.
Chan et al. (2021)	Type of coping strategy and the impact on distress	Cross-sectional	124 nurses	Approach coping strategy was most frequently adopted. The avoidance-coping strategy was significantly associated with GAD-7 (anxiety). The avoidance-coping strategy was significantly associated with PHQ-2 (depression).
Ji et al. (2021)	Type of coping strategy	Cross-sectional	<ul style="list-style-type: none"> • 314 (43.43%) nurses • 409 (56.57%) physicians 	The top three coping strategies used by the nurses' group were as follows: <ol style="list-style-type: none"> 1. Active coping 2. Acceptance 3. Positive reframing
Fteropoulli et al. (2021)	Type of coping strategy and the impact on distress	Cross-sectional	<ul style="list-style-type: none"> • 974 (90.9%) nurses and midwives • 39 (3.7%) physicians • 58 (5.4%) nonmedical staff members 	Approach coping strategy was most commonly used by nurses' group. Greater use of the avoidance coping strategy was linked to worse scores in anxiety ($\beta = 0.44, P < 0.001$) and depression ($\beta = .48, P < 0.001$)
Costa et al. (2022)	Type of coping strategy and the impact on distress	Cross-sectional	<ul style="list-style-type: none"> • 117 (68%) physicians • 55 (22%) nurses 	The top three coping strategies used by the participants were as follows: <ol style="list-style-type: none"> 1. Planning 2. Active coping 3. Acceptance
Perego et al. (2022)	Type of coping strategy and the impact on distress	Cross-sectional	<ul style="list-style-type: none"> • 97 (33.3%) nurses • 91 (31.3%) physicians • 22 (7.6%) clerks • 81 (27.8%) other healthcare professionals 	Problem-focused coping strategy was most commonly used by nurses' group. Avoidant coping strategy significantly increased depression and anxiety, while emotion-focused coping strategy significantly increased depression. Problem-focused coping strategy significantly reduced both depression and anxiety.

Table 1. Articles Included in the Review

Article	Analysis	Design	Sample	Results
Mennicken et al. (2022)	Type of coping strategy and the impact on distress	Cross-sectional	<ul style="list-style-type: none"> • 393 (73%) nurses • 149 (27%) physicians 	<p>Approach coping strategy was most commonly used by the participants.</p> <p>Avoidant coping strategy is a significant predictor of anxiety, while approach coping strategy is a significant predictor of depression.</p>
Chui et al. (2021)	Type of coping strategy	Cross-sectional	859 nurses	<p>The top three coping strategies used by the participants were as follows:</p> <ol style="list-style-type: none"> 1. Religion 2. Acceptance 3. Positive reframing <p>Highly stressed or depressed nurses often used avoidance coping strategy.</p>
Cansız et al. (2021)	Type of coping strategy and the impact on distress	Cross-sectional	700 health workers	<p>The top three coping strategies used by the participants were as follows:</p> <ol style="list-style-type: none"> 1. Religious coping 2. Planning 3. Using emotional support <p>Adaptive coping strategies protected against state anxiety, while maladaptive coping strategies increased the risk of anxiety.</p>
Romero-García et al. (2022)	Type of coping strategy and the impact on distress	Cross-sectional	<ul style="list-style-type: none"> • 279 (64.3%) nurses • 75 (17.2%) physicians • 63 (14.5%) nursing assistant • 10 (2.3%) orderly • 6 (1.4%) physiotherapists • 1 (0.2%) psychologist 	<p>The top three coping strategies used by the participants were as follows:</p> <ol style="list-style-type: none"> 1. Active coping 2. Acceptance 3. Using emotional support <p>The model revealed several factors as potential predictors of anxiety, including self-distraction, substance use, low levels of acceptance, self-blame, denial, the use of instrumental assistance, and behavioral disengagement.</p> <p>The model revealed several factors as potential predictors of depression, including self-blame, self-distraction, absence of positive reframing, denial, substance use, and behavioral disengagement.</p>
Zaman et al. (2021)	Type of coping strategy	Cross-sectional	<ul style="list-style-type: none"> • 51 (59%) nurses • 36 (41%) physicians 	<p>Problem-focused coping strategy was most commonly used by nurses' group.</p>
Tsouvelas et al. (2022)	Type of coping strategy	Cross-sectional	222 nurses	<p>The top three coping strategies used by nurses were as follows:</p> <ol style="list-style-type: none"> 1. Acceptance 2. Positive reframing 3. Planning
Brady et al. (2023)	Type of coping strategy	Cross-sectional	<ul style="list-style-type: none"> • 181 (48.0%) physicians • 166 (44.0%) nurses • 30 (8%) radiographers 	<p>In the nurses' group, approach coping strategy was used more frequently than avoidant coping strategy [Mean: Avoidant 22.4 (5.1), Approach 29.5 (6.7)].</p> <p>Junior staff members were more likely to utilize avoidant coping mechanisms than senior staff members, while males were less likely to do so than females.</p> <p>Compared to doctors, nurses were far more likely to turn to religion as a coping mechanism.</p>

2022; Ji et al., 2021; Lee et al., 2022; Romero-García et al., 2022; Salman et al., 2022; Tsouvelas et al., 2022), active coping (AlJhani et al., 2021; Cook et al., 2021; Costa et al., 2022; Agsaoay et al., 2022; Gillen et al., 2022; Ji et al., 2021; Jubin et al., 2022; Lee et al., 2022; Romero-García et al., 2022), planning (Cansız et al., 2021; Cook et al., 2021; Costa et al., 2022; Agsaoay et al., 2022; Gillen et al., 2022; Jubin et al., 2022; Lee et al., 2022; Salman et al., 2022; Tsouvelas et al., 2022), positive reframing (Chui et al., 2021; Cook et al., 2021; Ji et al., 2021; Jubin et al., 2022; Tsouvelas et al., 2022), religion (AlJhani et al., 2021; Cansız et al., 2021; Chui et al., 2021; Cook et al., 2021; Salman et al., 2022), and seeking emotional support (Cansız et al., 2021; Romero-García et al., 2022). The distribution of the top three coping strategies is presented in Figure 2.

The results show that nurses use four types of emotion-focused coping strategies (acceptance, positive reframing, religious, and seeking emotional support) and two types of problem-focused coping strategies (active coping and planning). A person tends to use problem-focused coping strategy when the stressor can be controlled; conversely, a person tends to use emotion-focused coping strategy when the stressor cannot be changed or controlled (Ding et al., 2021). Nurses faced unprecedented difficulties arising from the novel coronavirus illness (COVID-19) pandemic. The pandemic created a perfect storm of issues for nurses, endangering their health, well-being, and ability to perform their duties (Arnetz et al., 2020). During the COVID-19 Pandemic, nurses realized that they cannot and must not avoid work stressors. The nurses were prepared to complete their tasks in a pandemic crisis, feeling that they had a professional commitment to providing standard care to patients under any conditions (Costa et al., 2022).

Categorization of types of coping strategies.

Fourteen articles categorized the types of coping strategies from Brief-COPE instruments, which categorize types of coping strategies in five ways (Table 2).

Four articles were categorized based on the outcome, namely maladaptive and adaptive coping strategies (AlJhani et al., 2021; Alnazly & Hjazeeen, 2021; Cansız et al., 2021; Salman et al., 2022). Maladaptive coping strategy scales were linked to undesirable outcomes like depression and anxiety, whereas adaptive coping strategy scales were linked to desirable outcomes like eustress. Adaptive coping strategies work toward concrete solutions, seeking support, and looking for alternative solutions, while maladaptive strategies ignore stressful situations and do not seek solutions to problems (Cansız et al., 2021).

Three articles were categorized based on engagement, namely, approach, and avoidant coping strategies (Brady et al., 2023; Chan et al., 2021; Mennicken et al., 2022). Approach coping strategy seeks to cope with the threat and its associated emotions, whereas avoidant coping strategy seeks to avoid the threat and the emotions associated with it (Hofmann & Hay, 2018). Avoidant coping strategy is not ideal for managing stress, while approach coping is better at managing stress. This categorization excludes the humor and religion subscales because they do not exclusively cover any of the aforementioned categories (Salman et al., 2022). One article categorized it as more specific, namely, approach, support seeking, and avoidant (Fteropoulli et al., 2021). Approach refers to making an active attempt to address the issue, support seeking refers to looking for environmental support, and avoidance refers to not addressing the issue at all (Fteropoulli et al., 2021).

Five articles were categorized based on stressor management goals, namely problem-focused, emotion-focused, and avoidance/dysfunctional/ineffective coping strategies (Agsaoay et al., 2022; Lee et al., 2022; Perego et al., 2022; Stefanowicz-Bielska et al., 2022; Zaman et al., 2021). Problem-focused strategies aimed at changing a stressful situation, emotion-focused strategies aimed to regulate emotions associated with a stressful situation, and avoidance coping strategy involved physical or cognitive

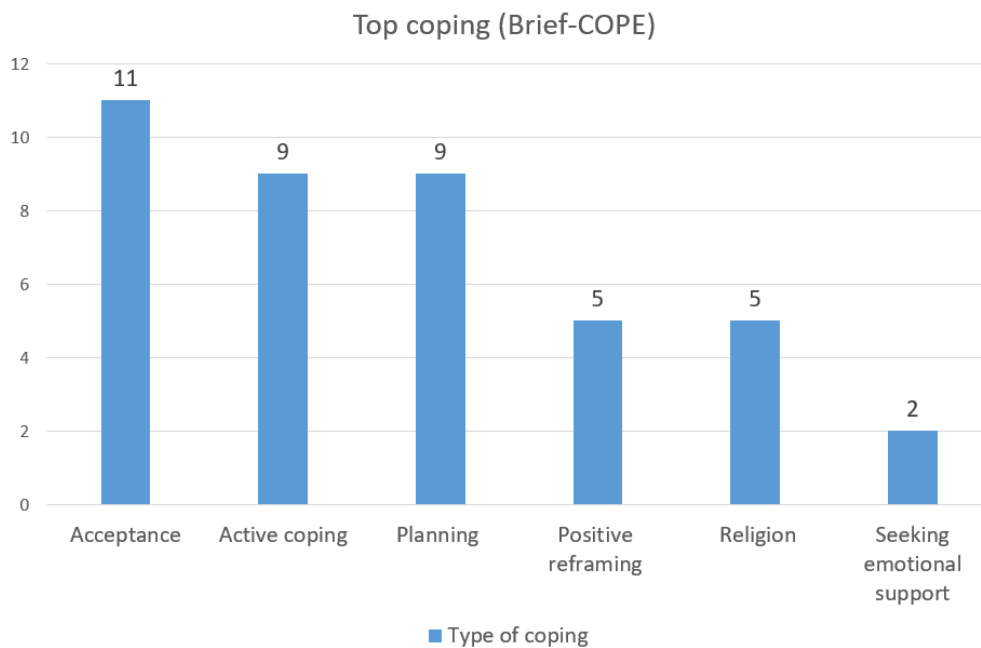


Figure 2. Distribution of the Top Coping Strategies

Table 2. Categorization of Types of Coping Strategies

Coping categorization	Articles
<ul style="list-style-type: none"> Maladaptive coping strategy (self-distraction, denial, substance use, behavioral disengagement, venting, and self-blame) Adaptive coping strategy (active coping, use of emotional support, use of instrumental support, positive reframing, planning, humor, acceptance, and religion) 	AlJhani et al. (2021); Alnazly and Hjazeen (2021); Cansiz et al. (2021); Salman et al. (2022)
<ul style="list-style-type: none"> Avoidance coping strategy (denial, substance use, venting, behavioral disengagement, self-distraction and self-blame) Approach coping strategy (active coping, positive reframing, planning, acceptance, seeking emotional support, and seeking informational support; humor and religion types are excluded) 	Brady et al. (2023); Chan et al. (2021); Mennicken et al. (2022)
<ul style="list-style-type: none"> Approach coping strategy (active efforts to deal with the problem) Support-seeking coping strategy (seeking support from the environment) Avoidance coping strategy (avoiding dealing with the problem, excluding humor and religion types) 	Fteropoulli et al. (2021)
<ul style="list-style-type: none"> Problem-focused coping strategy (active coping, planning, and use of instrumental support) Emotion-focused coping strategy (positive reframing, use of emotional support, acceptance, sense of humor, and turning to religion) Avoidance/dysfunctional/ineffective coping strategy (self-distraction, denial, venting, substance use, behavior disengagement, and self-blame) 	Agsaoay et al. (2022); Lee et al. (2022); Perego et al. (2022); Stefanowicz- Bielska et al. (2022); Zaman et al. (2021)
<ul style="list-style-type: none"> Self-sufficient coping strategy (active, positive reframing, planning, humor, and acceptance) Socially supported coping strategy (emotional support, instrumental support, venting, and religion) Avoidant coping strategy (self-distraction, substance use, denial, disengagement, and self-blame). 	Costa et al. (2022)

Table 3. Relationship between Coping and Distress

Type of coping	Article
Avoidant/Maladaptive coping strategy significantly increases anxiety	Cansız et al. (2021); Chan et al. (2021); Fteropoulli et al. (2021); Mennicken et al. (2022); Perego et al. (2022); Romero-García et al. (2022)
Avoidant/Maladaptive coping strategy significantly increases depression	Chan et al. (2021); Fteropoulli et al. (2021); Perego et al. (2022); Romero-García et al. (2022)
Adaptive coping strategies are protective against anxiety	Cansız et al. (2021)
Problem-focused coping strategy significantly reduces both depression and anxiety	Perego et al. (2022)
Low levels of acceptance and absence of positive reframing are potential predictors of anxiety	Romero-García et al. (2022)

efforts to disengage from the stressor (Perego et al., 2022).

One article categorized strategies into self-sufficient, socially supported, and avoidant (Costa et al., 2022). Self-sufficient coping strategies focus on problem and emotions that lessen feelings of threat, socially supported coping mechanisms are social environment oriented, and avoidance coping tends to use behaviors toward rejection (Costa et al., 2022).

Coping type and distress. Six articles conducted multivariate analysis to determine the relationship between coping type and distress. The results are presented in Table 3.

Avoidance coping strategy was found to be a significant predictor of depression and anxiety (Cansız et al., 2021; Chan et al., 2021; Fteropoulli et al., 2021; Mennicken et al., 2022; Perego et al., 2022; Romero-García et al., 2022). Instead of dealing with stressors, avoidance coping involves trying to avoid them. People actively involved in stressful situations are more likely to be able to control and change them, whereas those who avoid them experience less possibility of dealing with stressors (Dijkstra & Homan, 2016). Avoidance strategy is ineffective as it provides short-term relief; however, this same strategy can sustain stress in the long term and prevent the processing necessary for recovery (Tipsword et al., 2023).

Adaptive coping strategy protects against anxiety (Cansız et al., 2021). Adaptive coping strategies focus on problems and emotions. Both problem-focused and emotion-focused coping strategies can support one another. Successfully reducing threats through problem-focused coping strategies will cause fewer emotional reactions. Similarly, an emotion-focused coping strategy lessens emotional distress, enables one to approach a problem calmly, and improves one's problem-focused coping ability (Hofmann & Hay, 2018).

Problem-focused coping strategy significantly reduces both depression and anxiety (Perego et al., 2022). Acceptance and positive reframing, which can be categorized as emotion-focused or approach coping strategies, are protective predictors of anxiety and depression (Mennicken et al., 2022; Romero-García et al., 2022). Finding the good parts of what happened is known as a positive-reframing coping strategy. Reframing the stressor in a more positive way helps a person accept what has happened. Finding positive aspects of stressful events may create pathways to resilience (Ji et al., 2022). Hence, an acceptance coping strategy is characterized by the recognition that the situation is unchangeable, and it effectively helps one control emotions generated from stressful situations (Popa et al., 2020).

This review shows the types of coping strategies

that are effective for dealing with a situation such as a pandemic. This review also shows that nurses do not use social coping strategies. They rarely use emotional or instrumental support. If a pandemic recurs, social support should be provided to help nurses fight distress.

Conclusion

In dealing with the COVID-19 pandemic, nurses often used emotion-focused coping strategies. They must avoid using avoidant coping strategy to prevent distress. Nurses develop various coping mechanisms in response to various stressors. Future studies should examine how different types of stressors affect coping and distress.

The review has some limitations. First, articles published in other languages may have been omitted because the articles had to be limited to only two languages: English and Bahasa. Second, it is possible that certain papers indexed in other databases were not included because the assessment involved only four databases (Scopus, Springer Link, Willey Library, and Science Direct).

This information forms the basis for planning a stress management program for nurses dealing with extreme work stressors such as a pandemic. With effective coping, nurses may manage stressors, reduce their stress levels, and have fulfilling careers. This review helps nurses make wise decisions about how to cope with a situation involving a pandemic.

Providing training to nurses for improving their knowledge of potential workplace stressors, controllable, and uncontrollable stressors, strategies for positive reframing, acceptance, engagement in active coping, and prevention of avoidance coping remains essential. Counseling services and buddy system can be used to make sure that social support is available to them, as it can help them manage their work-related stress effectively and improve their health and quality of the services they deliver.

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