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| RESEARCH ARTICLE

Coping Strategies Among COVID-19 and SARI Ward Nurses Amidst the COVID-19 Pandemic

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| ABSTRACT

Frontline healthcare service amidst the COVID-19 pandemic exposed nurses to physically and emotionally demanding healthcare environments characterized by prolonged duty hours, increased patient loads, fear of infection, and rapidly changing clinical demands. This study examined the coping strategies of nurses in COVID-19 and SARI wards during healthcare delivery amid the pandemic. Using a mixed-methods research design, 92 nurses assigned to COVID-19 and SARI wards at a tertiary government hospital in the Eastern Visayas, Philippines, participated in the study. Findings revealed that nurses predominantly utilized engagement coping strategies, particularly social support, problem-solving, cognitive restructuring, and emotional regulation, compared with disengagement coping mechanisms. Four major coping themes emerged from the qualitative findings: escapism and distraction, seeking support, self-care, and adapting. Significant relationships were also observed between age, years of experience, and engagement coping strategies. The findings depict the adaptive coping responses and resilience demonstrated by nurses amidst stressful healthcare conditions during the COVID-19 pandemic.

| KEYWORDS

Pandemic, healthcare system, psychological outcomes, nursing welfare, nursing management, stress- coping mechanisms

| ARTICLE INFORMATION

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INTRODUCTION

The Coronavirus Disease 2019 (COVID-19) pandemic has challenged the healthcare systems worldwide, particularly among frontline healthcare workers directly involved in patient care. Nurses assigned to COVID-19 and Severe Acute Respiratory Infection (SARI) wards were continuously exposed to high-risk clinical environments characterized by increased workload, prolonged duty hours, fear of infection, emotional exhaustion, and rapidly changing healthcare demands. These stressful working conditions affected nurses' physical, emotional, and psychological well-being. According to Pappa et al. (2020), frontline nurses experienced elevated levels of anxiety, depression, stress, and burnout during the pandemic because of prolonged exposure to critically ill patients and overwhelming healthcare responsibilities.

Coping strategies are defined as the cognitive and behavioral efforts employed by individuals to manage stressful situations and reduce emotional distress (Lazarus & Folkman, 1984). In healthcare settings, coping mechanisms help nurses adapt to occupational stressors, maintain psychological stability, and continue quality patient care despite challenging working conditions. Effective coping strategies may improve resilience, emotional regulation, and professional functioning, while maladaptive coping responses may contribute to burnout, emotional exhaustion, and poor mental health outcomes.

Previous studies have shown that healthcare workers utilize both adaptive and maladaptive coping strategies during public health emergencies. Adaptive coping strategies include problem-solving, cognitive restructuring, seeking social support, and positive reframing, which help individuals manage stress constructively and maintain emotional well-being (Folkman & Lazarus, 1980). Conversely, maladaptive coping strategies such as social withdrawal, wishful thinking, problem avoidance, and self-

criticism may provide temporary emotional relief but can negatively affect long-term psychological health (Carver et al., 1989). During the COVID-19 pandemic, nurses commonly relied on engagement coping mechanisms, including teamwork, emotional support, spirituality, and resilience-building activities, to endure the demanding conditions within healthcare facilities (Chew et al., 2020).

Studies have further emphasized the importance of social support and adaptive coping among nurses during healthcare crises. García-Izquierdo et al. (2016) reported that emotional support from family members, colleagues, and peers has reduced occupational stress and improved coping capacity among healthcare professionals. Similarly, Xu et al. (2021) reported that physical activities, social interaction, and recreational activities contributed positively to nurses' psychological well-being during the pandemic.

In the Philippines, nurses encountered additional challenges related to workforce shortages, increased patient loads, inadequate healthcare resources, and fear of virus transmission. Despite these challenges, Filipino nurses demonstrated resilience by employing various coping strategies to manage stress and sustain healthcare delivery. However, limited local studies explore the coping strategies utilized by COVID-19 and SARI ward nurses during the pandemic. Uncovering these coping responses is important to develop responsive mental health interventions, support systems, and organizational programs that promote nurses' well-being and resilience in times of healthcare emergencies.

This paper sought to (1) determine the levels of coping strategies employed by COVID-19 and SARI ward nurses in terms of engagement and disengagement coping mechanisms; (2) identify the coping mechanisms utilized by nurses during healthcare delivery amidst the COVID-19 pandemic; and (3) determine the relationship between the respondents' demographic profile and coping strategies.

METHODS

Research Design

This study utilized a mixed-method research design employing both quantitative and qualitative approaches to examine the coping strategies among COVID-19 and SARI ward nurses during healthcare delivery amidst the COVID-19 pandemic. The quantitative component determined the demographic profile, levels of coping strategies utilized by nurses and the relationship between demographic profile and coping strategies. The qualitative component explored the coping mechanisms employed by nurses in managing occupational stress during healthcare delivery. The study was anchored on the transformative paradigm advocated by Mertens (1999, 2007, 2009), which integrates social justice perspectives and emphasizes understanding the experiences of marginalized and vulnerable groups within healthcare settings.

Research Locale

The study was conducted in a tertiary government hospital in Eastern Visayas, Philippines, serving as the referral hospital in the region. The hospital operated designated COVID-19 and SARI wards during the height of the pandemic and catered to patients requiring specialized healthcare services.

Research Respondents

For the quantitative aspect, the respondents consisted of nurses assigned in COVID-19 and SARI wards. Purposive sampling was employed in selecting respondents based on the following inclusion criteria: (1) regular or job-order nurses without comorbidities and cleared by the employee clinic, (2) assigned for at least one complete duty rotation in COVID-19 or SARI wards, and (3) assigned during the period from January 2023 to December 2023. A total of 92 nurses participated in the quantitative phase of the study.

For the qualitative aspect, another group of COVID-19 and SARI ward nurses, nursing supervisors, and human resource management personnel participated in focus group discussions and interviews. Participant recruitment continued until data saturation was achieved.

Research Instruments

The study utilized a self-administered standardized questionnaire adapted from the studies of Gholamzadeh et al. (2011), Liu et al. (2010), and the Lazarus Coping Strategies Inventory developed by Tobin et al. (1983). The questionnaire consisted of two sections: demographic profile and coping strategies.

The coping strategies questionnaire measured engagement and disengagement coping mechanisms. Engagement coping included problem-solving, cognitive restructuring, social support, and expressing emotions. Disengagement coping included

problem avoidance, wishful thinking, self-criticism, and social withdrawal. Responses were measured using a five-point Likert scale with corresponding verbal interpretations.

The research instrument underwent expert validation by academic and healthcare professionals before pilot testing. Reliability testing yielded Cronbach's alpha coefficients greater than 0.70, which indicates acceptable internal consistency.

For the qualitative aspect, a semi-structured focus group discussion guide was utilized to explore nurses' coping mechanisms, stress experiences, and coping responses in healthcare delivery amidst the pandemic.

Data Gathering Procedure

Before data collection, ethical clearance and institutional approval were secured from the hospital administration and ethics review committee. Informed consent was obtained from all participants before participation in the study.

For the quantitative phase, respondents were given sufficient time to answer the questionnaires privately. Completed questionnaires were collected and secured to maintain confidentiality.

For the qualitative phase, focus group discussions and interviews were conducted among selected nurses, nursing supervisors, and human resource personnel. Discussions focused on occupational stress, coping strategies, and workplace support utilized during healthcare delivery. Interviews were audio-recorded with participant consent, and nonverbal responses were documented through field notes.

Data Analysis

Quantitative data were analyzed using descriptive and inferential statistics through the Statistical Package for Social Sciences (SPSS). Frequency, percentage and mean were utilized to describe demographic characteristics and levels of coping strategies. Chi-square and Spearman rho tests were employed to determine the relationship between demographic profile and coping strategies. An alpha level of 0.05 was used to determine statistical significance.

Qualitative data gathered from interviews and focus group discussions were analyzed using thematic analysis. Transcripts were coded and categorized to identify recurring themes and coping mechanisms utilized by nurses during healthcare delivery amidst the COVID-19 pandemic.

Ethical Considerations

The study adhered to ethical principles in research involving human participants. Ethical clearance was obtained from the Institutional Ethics Review Committee prior to data collection. Participation in the study was voluntary, and respondents were informed of their right to withdraw at any time without penalty. Confidentiality, anonymity, and privacy of participant information were strictly maintained throughout the study. All collected data were used solely for research purposes.

RESULTS

Table 1. Demographic Profile of COVID-19 and SARI Ward Nurses (n = 92)

Profile Variables	Frequency (*f*)	Percentage (*%*)
Age		
21–30 years old	7	7.61
31–40 years old	38	41.30
41–50 years old	41	44.57
51–60 years old	4	4.35
60 years old and above	2	2.17
Sex		
Male	22	23.91
Female	70	76.09
Marital Status		
Single	36	39.13
Married	56	60.87
Employment Status		

Profile Variables	Frequency (*f*)	Percentage (*%*)
Regular	86	93.48
Contractual	6	6.52

Demographic Profile of COVID-19 and SARI Ward Nurses

Table 1 presents the demographic profile of the COVID-19 and SARI ward nurses. The study revealed that the majority of the respondents belonged to the 41–50 years old age group, with 41 respondents or 44.57%, followed by nurses aged 31–40 years old, comprising 38 respondents or 41.30%. Meanwhile, only 7.61% belonged to the 21–30 years old age group, while 4.35% and 2.17% were aged 51–60 years old and 60 years old and above, respectively.

In terms of sex, female nurses dominated the respondents with 70 or 76.09%, while male nurses comprised only 22 or 23.91%. In terms of marital status, the majority were married, with 56 respondents or 60.87%, while 36 respondents or 39.13% were single.

In terms of employment status, most respondents were regular employees, comprising 86 or 93.48%, while only 6 or 6.52% were contractual employees. This indicates that the respondents were predominantly middle-aged, female, married, and regular nurses assigned to COVID-19 and SARI wards.

Table 2. Level of Engagement Coping Strategies Among COVID-19 and SARI Ward

Engagement Coping Strategies	Mean	Verbal Interpretation
Problem Solving	4.32	Above Average
Cognitive Restructuring	4.28	Above Average
Social Support	4.41	Above Average
Expressing Emotions	4.05	Above Average
Overall Mean	**4.27**	**Above Average**

Level of Engagement Coping Strategies Among COVID-19 and SARI Ward Nurses

Table 2 shows the level of engagement coping strategies among COVID-19 and SARI ward nurses. The results revealed that social support obtained the highest mean score of 4.41, verbally interpreted as Above Average. This indicates that nurses frequently relied on emotional and psychological support from colleagues, family members, and peers during stressful situations.

Problem-solving followed with a mean score of 4.32, while cognitive restructuring obtained a mean score of 4.28, both verbally interpreted as Above Average. These suggest that nurses commonly utilized adaptive coping strategies such as positive thinking, emotional regulation, and practical problem management during healthcare delivery amidst the pandemic.

Expressing emotions obtained the lowest mean score among the engagement coping strategies, with a mean of 4.05, although it remained verbally interpreted as Above Average. Overall, engagement coping strategies garnered an overall mean score of 4.27, interpreted as Above Average, indicating that nurses predominantly utilized adaptive coping responses during the COVID-19 pandemic.

Table 3. Level of Disengagement Coping Strategies Among COVID-19 and SARI Ward Nurses

Disengagement Coping Strategies	Mean	Verbal Interpretation
Problem Avoidance	2.61	Average
Wishful Thinking	2.74	Average
Self-Criticism	2.58	Average
Social Withdrawal	2.49	Below Average
Overall Mean	**2.61**	**Average**

Level of Disengagement Coping Strategies Among COVID-19 and SARI Ward Nurses

Table 3 presents the level of disengagement coping strategies among COVID-19 and SARI ward nurses. The study showed that wishful thinking obtained the highest mean score of 2.74, verbally interpreted as Average. This indicates that some nurses occasionally relied on hoping that stressful situations would improve without directly addressing the problem.

Problem avoidance followed with a mean score of 2.61, while self-criticism obtained a mean score of 2.58, both verbally interpreted as Average. These suggest that nurses sometimes experience emotional exhaustion and avoidance behaviors during stressful clinical situations.

Social withdrawal obtained the lowest mean score of 2.49, verbally interpreted as Below Average, which indicates that nurses less frequently isolated themselves from colleagues and support systems despite the stressful conditions experienced during the pandemic. Overall, disengagement coping strategies obtained an overall mean score of 2.61, interpreted as Average.

Table 4. Summary of Coping Strategies Among COVID-19 and SARI Ward Nurses

Coping Strategy Category	Mean	Verbal Interpretation
Engagement Coping	4.27	Above Average
Disengagement Coping	2.61	Average

Coping Strategies Among COVID-19 and SARI Ward Nurses

Table 4 presents a summary of coping strategies employed by COVID-19 and SARI ward nurses. The results showed that engagement coping strategies obtained a higher overall mean score of 4.27, verbally interpreted as Above Average, compared with disengagement coping strategies, which obtained a mean score of 2.61, interpreted as Average.

This implies that nurses predominantly utilized adaptive and constructive coping mechanisms such as problem-solving, social support, and emotional regulation rather than maladaptive coping responses during healthcare delivery amidst the COVID-19 pandemic.

Table 5. Theme Clusters of Coping Strategies Utilized by COVID-19 and SARI Ward Nurses

Themes
Theme 1: Escapism and Distraction
Movie marathons / K-dramas
Playing mobile games
Zumba sessions
Exercising
Gardening
Theme 2: Seeking Support
Connecting with loved ones
Team building when quarantined
Talking with colleagues
Theme 3: Self-Care
Taking vitamins
Getting enough sleep
Theme 4: Adapting
Reflecting on the role of health workers
Finding gratitude in having a job while others faced unemployment

Theme Clusters of Coping Strategies Utilized by COVID-19 and SARI Ward Nurses

Table 5 presents the theme clusters of coping strategies utilized by COVID-19 and SARI ward nurses during healthcare delivery amidst the COVID-19 pandemic. The study revealed four major themes that emerged from the focus group discussions: escapism and distraction, seeking support, self-care, and adapting.

Theme 1: Escapism and Distraction presents that nurses engaged in activities such as watching movie marathons or K-dramas, playing mobile games, participating in Zumba sessions, exercising, and gardening. These activities served as temporary distractions from workplace stress and emotional exhaustion brought about by prolonged exposure to stressful clinical situations.

Theme 2: Seeking Support highlighted the importance of emotional and social support among nurses. Respondents reported connecting with loved ones, participating in team-building activities while quarantined, and talking with colleagues as important coping strategies that helped reduce stress and maintain emotional well-being.

Theme 3: Self-Care emphasized personal health maintenance practices such as taking vitamins and getting enough sleep. These coping behaviors allowed nurses to restore physical energy and improve their capacity to manage workplace demands during the pandemic.

Theme 4: Adapting reflected the resilience and positive outlook of nurses amidst the healthcare crisis. Nurses coped by reflecting on the important role of health workers in society and finding gratitude in having stable employment, while many individuals experienced unemployment during the pandemic.

Table 6. Relationship Between Demographic Profile and Coping Strategies Among COVID-19 and SARI Ward Nurses

Profile Variables	Engagement Coping Strategies		Disengagement Coping Strategies	
	p	**Interpretation**	***p***	**Interpretation**
Age	0.021	Significant	0.184	Not Significant
Sex	0.437	Not Significant	0.512	Not Significant
Marital Status	0.298	Not Significant	0.401	Not Significant
Years of Experience	0.017	Significant	0.226	Not Significant

Relationship Between Demographic Profile and Coping Strategies

Table 6 presents the relationship between demographic profile and coping strategies among COVID-19 and SARI ward nurses. This revealed that age and years of experience had significant relationships with engagement coping strategies, which indicate that older and more experienced nurses were more likely to utilize adaptive coping mechanisms during stressful healthcare situations.

On the other hand, sex and marital status showed no significant relationship with coping strategies. Furthermore, no significant relationship was observed between demographic profile variables and disengagement coping strategies.

This indicate that professional experience and maturity may influence nurses' ability to employ effective coping strategies during healthcare crises such as the COVID-19 pandemic.

DISCUSSION

This study examined the coping strategies among COVID-19 and SARI ward nurses during healthcare delivery amidst the COVID-19 pandemic. Findings revealed that nurses predominantly utilized engagement coping mechanisms rather than disengagement coping strategies while managing occupational stress brought about by the pandemic. This suggests that despite exposure to stressful working environments, nurses demonstrated resilience and adaptability through constructive coping responses that supported their professional functioning and psychological well-being.

The study also revealed that engagement coping strategies, such as social support, problem-solving, cognitive restructuring, and emotional expression, were highly utilized among nurses. Among these strategies, social support obtained the highest mean score, which indicates that nurses heavily relied on emotional and psychological support from colleagues, supervisors, friends, and family members during stressful situations. Emotional support significantly reduced occupational stress and improved coping abilities among healthcare professionals (Labrague, 2021; García-Izquierdo et al., 2016), and strong social support systems contribute positively to stress reduction and psychological well-being among nurses (Ali et al., 2022; Kowitlawkul et al., 2018).

Problem-solving and cognitive restructuring were also commonly utilized coping mechanisms among nurses. These indicate that nurses attempted to manage stressful situations constructively by developing practical solutions, maintaining emotional

control, and reframing negative experiences into positive perspectives. This supports the findings of Folkman and Lazarus (1980), who reported problem-focused coping as an effective strategy in reducing stress and improving emotional adaptation during difficult situations. During the COVID-19 pandemic, nurses were required to continuously adapt to changing healthcare protocols (Knutsen et al., 2023), increased patient demands, and prolonged clinical exposure, which made adaptive coping mechanisms essential in healthcare delivery (González-Gil et al., 2021; Puia et al., 2025).

The study further revealed that disengagement coping mechanisms, such as wishful thinking, self-criticism, problem avoidance, and social withdrawal, were less commonly utilized among nurses. Although some respondents admitted experiencing emotional exhaustion and temporary avoidance behaviors, maladaptive coping strategies obtained lower mean scores compared with engagement coping mechanisms. This suggests that nurses predominantly relied on adaptive coping responses despite the psychological burden brought about by the pandemic. These support Carver et al. (1989), who reported that maladaptive coping responses may provide temporary emotional relief but negatively affect long-term psychological health and emotional functioning.

Qualitative findings further revealed four major themes of coping mechanisms utilized by COVID-19 and SARI ward nurses during healthcare: Theme 1, escapism and distraction, Theme 2, seeking support, Theme 3, self-care, and Theme 4, adapting. These present the different emotional, behavioral, and cognitive strategies employed by nurses in managing occupational stress and maintaining psychological well-being during the healthcare crisis.

Theme 1, Escapism and Distraction, included activities such as movie marathons, watching K-dramas, playing mobile games, participating in Zumba sessions, exercising, and gardening. These activities provided temporary relief from stress and emotional exhaustion experienced by nurses during prolonged duty hours and exposure to critically ill patients. Escapism and distraction may help healthcare workers temporarily shift their attention away from stressful workplace experiences, allowing emotional recovery and mental relaxation. This supports the study of Reid and Taylor (2015), which reported that recreational and leisure activities may help reduce stress and improve emotional well-being among healthcare workers. Similarly, Iyadurai et al. (2018) reported that entertainment activities such as watching movies may serve as emotional distractions that reduce psychological distress during stressful situations.

Theme 2, Seeking Support, shows the importance of emotional and social support among nurses. Respondents emphasized connecting with loved ones, participating in team-building activities, and talking with colleagues as important coping strategies. Social support plays a significant role in reducing occupational stress through provision of emotional reassurance, encouragement, and a sense of belonging among healthcare workers. This is consistent with Thoits (2011), who reported that social support networks provide emotional validation and coping resources that improve psychological well-being. Furthermore, García-Izquierdo et al. (2016) reported that support from family members, peers, and colleagues have reduced stress levels among healthcare professionals.

Theme 3, Self-Care, involved practices such as taking vitamins and getting enough sleep. Nurses recognized the importance of maintaining physical health and adequate rest to sustain their ability to manage workplace demands during the pandemic. Self-care practices are essential in reducing fatigue, emotional exhaustion, and burnout among healthcare workers. According to Sonnentag et al. (2017), adequate rest and health-promoting behaviors contribute positively to stress recovery and psychological functioning.

Theme 4, Adapting, reflected the resilience and positive outlook demonstrated by nurses amidst the pandemic. Respondents coped by reflecting on the important role of healthcare workers and finding gratitude in having stable employment despite the economic challenges experienced by many individuals during the pandemic. These adaptive responses indicate emotional resilience, positive reframing, and acceptance of workplace realities. These support Folkman and Moskowitz (2000), who reported that positive reappraisal and meaning-focused coping may improve emotional adaptation and resilience during stressful experiences.

This study also revealed significant relationships between age, years of experience, and engagement coping strategies. Older and more experienced nurses were more likely to utilize adaptive coping mechanisms compared with younger nurses. This may be attributed to professional maturity, clinical exposure, and accumulated workplace experiences that improved emotional regulation and stress management skills. Similar findings were reported by Rashidi, Shamloo, and Kalani (2022), who found that demographic factors such as age and professional experience influenced coping responses among nurses.

On the other hand, sex and marital status showed no significant relationship with coping strategies. This suggests that coping responses among nurses may be more influenced by workplace experiences and professional exposure rather than personal demographic characteristics.

Generally, the findings of the study emphasized the importance of strengthening psychosocial support systems, organizational interventions, and mental health programs for nurses assigned in high-risk healthcare settings.

CONCLUSION

COVID-19 and SARI ward nurses predominantly utilized engagement coping strategies, particularly social support, problem-solving, and cognitive restructuring, in managing occupational stress during healthcare delivery amidst the pandemic. Nurses also demonstrated coping mechanisms through escapism and distraction, seeking support, self-care, and adapting to stressful workplace conditions. Furthermore, age and years of experience showed significant relationships with engagement coping strategies, which indicate that professional maturity and clinical experience influenced nurses' adaptive coping responses during the COVID-19 pandemic. The study indicate the need for strengthened psychosocial support systems, resilience-building interventions, and sustainable mental health programs to support nurses' well-being and professional functioning in high-risk healthcare settings.

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