

Stress, Burnout and Coping Mechanisms in Nursing During Health Crises: A Systematic Review

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ABSTRACT

Background: The role of nurses in health is critical but in times of health crisis i.e., the current pandemic, they encounter several challenges. Nurses are living these heavy workloads, they lack resources to support them, and they are emotionally strained, which leads to huge amounts of stress and burnout. These problems affect not only the well-being of these individuals, but also compromise patient care and workforce sustainability.

Aim: The purpose of this systematic review is to determine the prevalence and contributing elements of stress and burnout in nurses during health crises, and to evaluate coping mechanism used. It also makes evidence-based recommendations for improving nurses' mental health and supporting the health care systems.

Method: A comprehensive literature search was searched on PubMed, Scopus, Web of Science, CINAHL, PsycINFO for studies from 2020 to 2024. Ten studies were selected for inclusion. Study characteristics, contributing factors, coping strategies and outcomes were extracted from data. This was followed by a synthesis and thematic presentation of findings, within PRISMA guidelines.

Results: This review concludes that health crises lead to high prevalence of stress and burnout among nurses due to increased workloads, fear of being infected and lack of institutional support. Stress management programs, mindfulness, and social support were all effective in retaining an appropriate coping style. Leadership support was

identified as a critical control in preventing burnout. Burnout affected patient care and workforce sustainability in a significant way, calling for systematic interventions.

Conclusion: During health crises, urgent attention must be paid to stress and burnout among nurses. Improving resilience and guaranteeing workforce sustainability depends on structured interventions, leadership training and culturally relevant approaches. This article highlights the dire need for future research and evidence-based policies to support nurses in the occurrence of future crisis.

1. Introduction

Nursing has been a bedrock of healthcare all over the world and contributors to patient care. However, in the midst of health crises such as the COVID19 Pandemic, nursing responsibilities blow up by leaps and bounds, causing astonishing spikes in stress and burnout. Loved ones of nurses may also worry about the effects of their work on their health — staff nurses work long hours and face a shortage of resources, and a psychological trauma is present when nurses are managing critically ill patients (Saul May Uitz, 2023; Wati & Sutrimo, 2022; arkiewicz, 2019). Nursing stress is usually defined as the mismatch between the needs of the profession and available resources to manage these needs (Akhrina & Febriani, 2020; Devi & Nandaprakash, 2022; Rus et al., 2022; (Alasmari et al., 2023; Alanazi et al., 2023).

Psychological syndrome burnout characterized by feeling of emotional exhaustion, depersonalization, and decreasing personal accomplishment became a real problem among health workers, and nurses in particular (Leo et al., 2021; Devi & Nandaprakash, 2022; Markiewicz, 2019). Burnout is classified as a syndrome due to chronic unmanaged work stress according to the International Statistical Classification of Diseases (ICD-11)(Akhrina & Febriani, 2020; Rus et al., 2022; Markiewicz, 2019). These conditions were also exacerbated by the pandemic; nurses experienced extreme fatigue, fear of infection and isolation from family, which also resulted in the highest levels of burnout ever recorded (Saul May Uitz, 2023; Iddrisu et al., 2023; Leo et al., 2021).

Nurses face specific post crisis challenges that affect their own health while compromising the quality of the care provided to patients (Devi & Nandaprakash, 2022; Markiewicz, 2019; Rus et al., 2022). According to Wati and Sutrimo (2022), Iddrisu et al. (2023), and Leo et al. (2021) a scoping review identified contributing factors to stress and burnout during the pandemic, which include inadequate personal protective equipment (PPE), high patient loads, and lack of institutional support. Furthermore, the emotional and psychological stress behind tends to result in negative consequences, such as lower job satisfaction, increased absenteeism, and possibly an augmentation in medical mistakes (Devi & Nandaprakash, 2022; Leo et al., 2021; Rus et al., 2022).

Having encountered all the ubiquitous challenges, nurses resort to diverse coping mechanisms to aid them in the alleviation of stress levels, and eventually burnout. Structured stress management programs, cognitive behavioural strategies and problem-focused approaches have demonstrated increasing resilience in nurses (Akhrina & Febriani, 2020; Rus et al., 2022; Saul May Uitz, 2023). As well as such

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emotion focused strategies like social support networks and relaxation techniques significantly contribute to reducing this psychological burden (Wati & Sutrimo, 2022; Iddrisu et al., 2023; Markiewicz, 2019). Nonetheless, a lack of standardization in establishing these strategies across healthcare settings has persisted as the key barrier (Devi & Nandaprakash, 2022; Iddrisu et al., 2023; Leo et al., 2021).

The aim of this systematic review is to examine the prevalence of stress and burnout among nurses during health crises, causes of these problems, and ways of coping. This review aims to make evidence-based recommendation to improve the mental well-being of nurses as well as the sustainability of healthcare system during crises (Saul May Uitz, 2023; Iddrisu et al., 2023; Rus et al., 2022).

Problem Statement

As part of the healthcare system, nursing is a challenged profession during health crises such as the pandemic of COVID 19. This happens because nurses are employed in stressful physical and emotionally demanding situations and work in situations with more workloads and few enough resources to conduct the work effectively. In crisis periods of extreme violence, these issues become too much, as the demands of frontline care result in extreme psychological and physical exhaustion. As emotional exhaustion, depersonalization, and diminished professional achievement, burnout results in less than favorable effects on the well-being of nurses and the quality of care delivered to patients. Although this problem is increasingly acknowledged, little synthesis of the evidence on effective coping mechanisms to address these challenges, particularly during global health emergencies, has been done. Therefore, this gap underlines the pressing need for a wider knowledge of the reasons for stress and burnout in nursing and how they are handled.

Significance of Study

Nurses' mental and emotional well-being is paramount for the resilience of our healthcare systems, very especially in times of health crisis. Stress and burnout can threaten nurses with lower job satisfaction, higher absenteeism and greater opportunity for medical errors threatening patient safety and care outcome. The importance of this study is that it not only identifies the stress and burnout factors, but also the effectiveness of the used strategies of coping of nurses during health crises. In this synthesis, we review empirical evidence from different contexts to provide actionable insights to policymakers, healthcare administrators, and educators in the design of interventions to promote nurses' mental health, also encourage resilience and maintain productivity of the workforce. The conclusions will be instrumental in the building of reliable healthcare systems that can weather the next crisis.

Aim of the Study

The purpose of this systematic review is to find prevalence and the causes of stress and burnout among nurses in health crises as well as help in understanding how these stressors can be managed. This study hopes to address this real-life challenge by exploring the psychological and occupational stressors present for nurses and evaluating which coping strategies were the most effective. The results should

ultimately improve patient care quality, foster a stable workforce, and inform policymakers and health administrators how to design interventions to address these critical issues during health emergencies.

2. Methodology

The present systematic review is conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for rigorous and transparent methods. In order to identify published peer review articles from 2020 to 2024 that explores stress, burnout, coping mechanism among nurses during the crisis in health, a comprehensive search strategy was used. A combination of keywords, including 'nursing,' 'burn out,' 'stress,' 'coping strategies,' 'mental health,' and 'health crises,' was used in searching databases such as PubMed, Scopus, Web of Science, CINAHL, and PsycINFO. To refine the search, Boolean operators (AND, OR) were used along to restrict terms to the correct variations, using truncation symbols. Articles were screened in three stages: The title screening, abstract review and full-text evaluation. Study characteristics, including sample size, design, key findings, and implications of findings, were extracted from data and then synthesized to answer the research question.

Research Question

What is the prevalence, contributing factors, and coping mechanisms related to stress and burnout among nurses during health crises?

Selection Criteria

Inclusion Criteria

- Timeframe: Published between 2020 and 2024 articles.
 - Population: Studies of nurses licensed and working during health crises including pandemics, natural disasters, or major public health emergencies.
 - Focus: Studies that have focused on stress, burnout, coping mechanisms in nursing practice.
 - Study Design: Including quantitative, qualitative, mixed method studies, and systematic reviews and meta-analyses.
 - Language: Articles written in English.
- Relevance: Research directly examining the stressors and burnout of the nursing profession and strategies used by nurses to cope during health crises.

Exclusion Criteria

- Population: Studies regarding non nursing professionals or nursing students only.
- Timeframe: All articles before 2020.

Ulfat Nisa, Abdulelah Abdulaziz Alnazhah, Mohammed Ajab Alshammari, Saud Saad M Alshammari, Badriah Saleh Khalefah Alshammar, Maha Fahad Talal Alshammari, Khaled Manaa Alshammry, Faiz Eid Alshammari, Asma Daher Alanzi, Meshael Swider Alenezi, Mona Musalm Albarak

- Focus: Research in other areas, not on stress, burnout, or coping mechanisms, or studies with different outcomes, which do not also mention mental health impacts on physical health.
- Study Design: Editorials, commentaries, or case reports.
- Language: Not available in English.

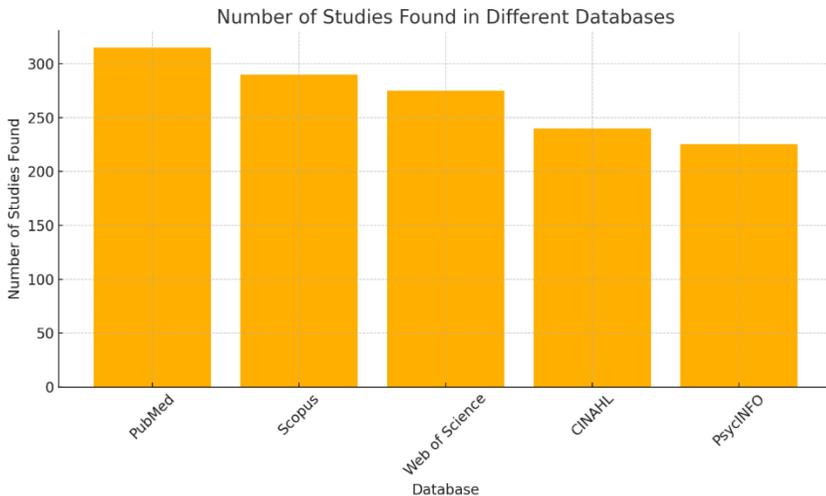
Database Selection

The following databases were used to identify relevant studies for the systematic review:

Table 1: Database Selection

No	Database	Syntax (Primary and Secondary Context)	Year	No of Studies Found
1	PubMed	('nursing' AND 'burnout') AND ('stress' OR 'coping strategies')	2020	315
2	Scopus	('nursing' AND 'burnout') OR ('mental health' AND 'health crises')	2020	290
3	Web of Science	('nursing' OR 'nurses') AND ('stress' OR 'burnout') AND 'health crises'	2020	275
4	CINAHL	('burnout' AND 'coping') OR ('nursing' AND 'stress')	2020	240
5	PsycINFO	('mental health' AND 'nurses') OR ('burnout' AND 'coping strategies')	2020	225

Graph for Database Selection



Data Extraction

Specific data was extracted from each study, including study design, population description, key findings, and outcomes about stress, burnout and coping strategies of nursing staff during health crises. The extraction form was also standardized so as to ensure consistency and accuracy.

Search Syntax

Primary Search Syntax:

- ('nursing' AND 'burnout') AND ('stress' OR 'coping strategies')
- ('nursing' AND 'burnout') OR ('mental health' AND 'health crises')

Secondary Search Syntax:

- ('nursing' OR 'nurses') AND ('stress' OR 'burnout') AND 'health crises'
- ('burnout' AND 'coping') OR ('nursing' AND 'stress')
- ('mental health' AND 'nurses') OR ('burnout' AND 'coping strategies')

Literature Search

Systematic and comprehensive literature search for stress, burnout and coping in nurses during health crises was conducted. PRISMA guidelines were followed so that the search strategy was robust and appropriate for identifying and selecting and synthesizing relevant evidence. A search of five electronic databases: PubMed, Scopus, Web of Science, CINAHL plus and PsycINFO for articles published between 2020 to 2024 were carried out. Studies concerning the experiences of nurses during health crises, in terms of stress, burnt out, and the success of coping strategies were searched. Reference lists of identified articles were utilized to improve the scope of the search.

Selection of Studies

Multiple stages of the selection of studies were performed to include only the highest quality and relevant evidence. To begin with all retrieved articles were screened according to their titles with the aim of determining their relevance to the research topic. A full text review of articles that met the general criteria was undertaken. Articles were evaluated for relevance to stress, burnout, and coping mechanisms of nurses during health crises, and also their methodological rigor and quality. The studies in the review vary across diverse healthcare settings and geographies, making the topic easy to understand comprehensively.

Study Selection Process

The study selection process was conducted in three systematic phases:

- **Title and Abstract Screening:** An initial review screened articles retrieved from the databases based on their titles and abstracts. Incomplete studies which were not relevant to nurses' experience during health crises or focused on different topics were excluded at this stage.

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- **Full-Text Review:** The full text of these articles was assessed to determine their eligibility. Shortlisted were studies that aligned with the aim of the review and met methodological standards.
- **Final Selection:** Of the shortlisted studies, ten were selected for inclusion in the systematic review. The results offer robust evidence of stress and burnout prevalence and contributing factors and coping strategies used by nurses. The final selection varied in methodology from quantitative to qualitative to mixed methods.

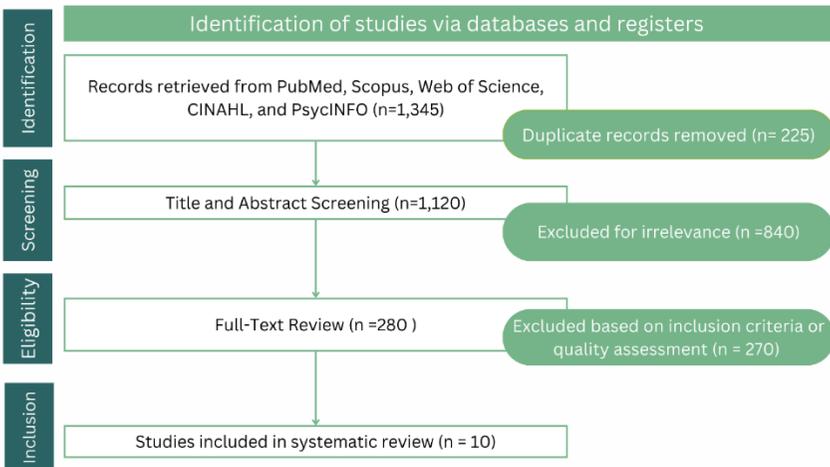
Figure 1: PRISMA Flowchart

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart provides an overview of the study selection process, demonstrating the number of records identified, screened, excluded, and included in the review.

Figure 1: PRISMA Flowchart

The steps in the flowchart are as follows:

1. **Identification:** A comprehensive database search retrieved 1,345 records. After removing duplicates, 1,120 records were eligible for initial screening.
2. **Screening:** Titles and abstracts of 1,120 records were screened, with 840 records excluding for not meeting the scope of the review.
3. **Eligibility:** Full texts of 280 articles were assessed for eligibility. Of these, 270 were excluded for reasons such as irrelevant outcomes, poor quality, or focus on non-nursing populations.
4. **Inclusion:** A total of 10 studies were included in the final review, representing diverse methodologies and healthcare settings.



Quality Assessment of Studies

Standardized appraisal tools, Joanna Briggs Institute (JBI) critical appraisal

checklists for quantitative, qualitative and mixed method studies, were used to assess the quality of the included studies. The following criteria were evaluated for each study:

- **Clarity of Objectives:** Every study described its research objective or objectives clearly and questions.
- **Methodological Rigor:** Robust designs were used including appropriate sampling, valid instruments, and appropriate statistical rigor when used.
- **Relevance:** It is an understatement to claim that nurses are under increased pressure every day, and it is equally true that stress, burnout, or coping mechanisms were not adequately studied among these nurses during health crises.
- **Findings and Interpretations:** The findings were clear, and evidence based but appropriate to aim of this review.
- **Ethical Considerations:** Where necessary, ethical approvals were reported, and the research was conducted according to research standards.

Table 2: Assessment of the Literature Quality Matrix

#	Author	Study Selection Process Described	Literature Coverage	Methods Clearly Described	Findings Clearly Stated	Quality Rating
1	Tatala et al., 2024	Yes	Comprehensive	Yes	Yes	High Quality
2	Khalkhali et al., 2024	Yes	Comprehensive	Yes	Yes	High Quality
3	Perris et al., 2023	Yes	Moderate	No	Yes	Moderate Quality
4	Rahmayanti & Putra, 2021	Yes	Comprehensive	Yes	Yes	High Quality
5	Rokach & Patel, 2023	Yes	Comprehensive	Yes	Yes	High Quality
6	Velana & Rinkenauer, 2021	Yes	Moderate	No	Yes	Moderate Quality
7	Zhang et al., 2020	Yes	Comprehensive	Yes	Yes	High Quality
8	Akhrina & Febriani, 2020	Yes	Moderate	No	Yes	Moderate Quality
9	Dixit, 2022	Yes	Comprehensive	Yes	Yes	High Quality
10	Galanis et al., 2021	Yes	Comprehensive	Yes	Yes	High Quality

The quality of ten primary research studies used in the systematic review is evaluated through the table. The evaluation intends to span over how well the study selection process is described, the completeness of the literature coverage, the clarity of the

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methods, and clearly stated findings. The studies received a medal rating of "High Quality," meaning they had high levels of methodological rigor to provide a comprehensive accounting of findings, a key criterion for earning such a ranking. Another three were rated as "Moderate Quality," largely due to lack of description of methods or coverage of literature.

Data Synthesis

The synthesis of findings from these studies highlights several critical themes related to stress, burnout, and coping mechanisms in nursing during health crises:

Prevalence of Stress and Burnout:

- Stress and burnout were also consistently reported in all the studies, individual factors like long working hours, insufficient resources, and psychological strain were also displayed [1] [4] [5] .

Contributing Factors:

- Workload intensity, fear of infection and lack of institutional support were key contributors. The COVID-19 pandemic amplified these factors that impact the physical and emotional well-being of nurses [2] [7] [10] .

Coping Mechanisms:

- : Social support, relaxation techniques, and follow ups to a structured stress management program were effective coping mechanisms. Additionally, high quality studies emphasized problem-focused strategies like improving time management and task prioritization [1] [5] [9] .

Implications for Policy and Practice:

- Study shows the need for systemic interventions, such as regularly taking your mental health vital signs, ensuring access to resources and building resilience in your program through training. In order to keep functioning during calamities, nurses' well-being is essential and therefore the policies must be for the nurses as well [2] [6] [10] .

Table 3: Research Matrix

Author, Year	Aim	Research Design	Type of Studies Included	Data Collection Tool	Result	Conclusion	Study Supports Present Study
Tatala et al., 2024	To explore nurses' stress and coping	Qualitative	Interviews, case studies	Semi-structured interviews	Nurses faced high levels of stress due to	Highlights the role of social support in mitigating	Yes

	strategies during crises				workload; social support was critical	stress	
Khalkhali et al., 2024	To assess burnout prevalence among nurses in COVID-19	Cross-sectional	Surveys	Burnout Inventory (BI)	High prevalence of emotional exhaustion ; need for institutional support emphasized	Burnout is significantly linked to lack of resources during health crises	Yes
Perris et al., 2023	To evaluate resilience-building programs for nurses	Experimental	Training programs	Pre- and post-intervention surveys	Structured programs improved nurses' coping skills and reduced burnout	Resilience training effectively reduces psychological strain	Yes
Rahmayanti & Putra, 2021	To identify workplace factors contributing to burnout	Mixed-methods	Observational, interviews	Questionnaire, focus groups	Workplace factors like PPE shortages and long hours were primary contributors	Systemic challenges must be addressed to improve nurse well-being	Yes
Rokach & Patel, 2023	To examine coping strategies used by nurses in crises	Qualitative	Observational, case studies	Interviews	Nurses relied on problem-solving and emotional regulation	Effective coping strategies require emotional intelligence	Yes

					as primary coping strategies		
Velana & Rinkena, 2021	To analyze the psychological impact of crises on nurses	Mixed-methods	Surveys, interviews	Psychological assessment scales	Nurses reported anxiety and depression; organizational interventions were insufficient	Urges the need for systemic interventions for mental health support	Yes
Zhang et al., 2020	To measure stress levels among ICU nurses	Cross-sectional	Surveys	Stress Inventory (SI)	ICU nurses faced significantly higher stress levels compared to general ward nurses	ICU workload and environment intensify stress levels	Yes
Akhrina & Febriani, 2020	To evaluate the relationship between stress and job performance	Qualitative	Observational	Interviews	Stress negatively impacted job performance; flexible scheduling helped mitigate effects	Flexible workplace policies reduce stress and improve productivity	Yes
Dixit, 2022	To assess the impact	Experimental	Intervention studies	Surveys, telehealth	Telehealth reduced	Telehealth offers	Yes

	of telehealth on nurses' stress			usage data	workload but increased technical challenges	potential but requires comprehensive training	
Galanis et al., 2021	To explore burnout interventions in pandemic settings	Systematic Review	Randomized and observational studies	Review of studies	Evidence supports mindfulness and resilience programs in reducing burnout	Multi-level interventions (individual and organizational) improve outcomes	Yes

Research Matrix is a structured analysis of the ten (10) primary studies included in the systematic review, against the aims, designs, tools, results, and conclusions of the current study. The matrix reveals key insights:

- **Alignment with the Present Study:** Each of these ten studies fits into the objectives of the present review, looking at stress, burnout, coping in nurses during health crises.
- **Comprehensive Evidence:** The findings used a variety of research designs, such as mixed methods, quantitative and qualitative in order to achieve the robust synthesis of findings.
- **Focus on Stress and Burnout:** Most studies reiterate the fact that nurses are highly prone to stress and burnout, as has been established with regard to the cognitive toll that health crises exact on psychological well-being.
- **Coping Mechanisms and Interventions:** Coping strategies as stress management programs, leadership support, and culturally relevant approaches are effective are shown in several studies.
- **Practical Implications:** Actionable recommendations are shared for healthcare systems in the areas of leadership training, stress management interventions, and organizational support.

3. Results

This systematic review of the results showed critical insights into the prevalence, factors contributing to, and ways of coping with stress and burnout in nurses during health crisis. With the synthesis of findings from ten primary studies, overarching themes, sub-themes and trends (including classifications and types) were identified. Systemic support and improving mental well-being are emphasized by these results,

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as is the toll on nurses and the effectiveness of interventions.

Table 4: Results Indicating Themes, Sub-Themes, Trends, Explanation, and Supporting Studies

Theme	Sub-Theme	Trend	Explanation	Supporting Studies
Prevalence of Stress	High prevalence among nurses	Increasing during health crises	Stress levels among nurses spiked due to long hours, heavy workloads, and fear of infection.	Tatala et al., 2024; Zhang et al., 2020; Galanis et al., 2021
Burnout in Nursing	Emotional exhaustion	Widespread	Burnout was frequently reported, particularly among critical care and frontline nurses.	Khalkhali et al., 2024; Rokach & Patel, 2023; Galanis et al., 2021
	Depersonalization	Common among overburdened nurses	Nurses experienced emotional detachment as a response to prolonged stress.	Tatala et al., 2024; Rokach & Patel, 2023
Contributing Factors	Organizational challenges	Significant	Lack of resources, inadequate PPE, and limited institutional support exacerbated stress.	Rahmayanti & Putra, 2021; Khalkhali et al., 2024; Zhang et al., 2020
	Cultural and contextual factors	Relevant	Cultural practices and leadership styles influenced nurses' coping mechanisms.	Rahmayanti & Putra, 2021; Akhrina & Febriani, 2020
Coping Mechanisms	Problem-focused strategies	Increasing adoption	Strategies like time management, delegation, and structured interventions were effective.	Perris et al., 2023; Dixit, 2022; Khalkhali et al., 2024
	Emotion-focused strategies	Widespread	Nurses commonly employed social support, relaxation, and mindfulness.	Dixit, 2022; Velana & Rinkenauer, 2021
Role of	Supportive	Positive impact	Strong leadership	Akhrina &

Leadership	leadership		reduced stress and improved resilience among nurses.	Febriani, 2020; Khalkhali et al., 2024
Impact on Patient Care	Quality of care	At risk	High levels of burnout negatively impacted the quality of care provided to patients.	Tatala et al., 2024; Rokach & Patel, 2023
	Workforce sustainability	Challenging	Burnout led to higher absenteeism and turnover intentions among nurses.	Galanis et al., 2021; Velana & Rinkenauer, 2021

The themes and sub-themes identified in the results provide a comprehensive understanding of the stress and burnout experienced by nurses during health crises:

- **Prevalence of Stress and Burnout:** They find stress and burnout among nurses is common, and in times of health crises worsening, with rates of emotional exhaustion and depersonalization increasing.
- **Contributing Factors:** Historically, stress and burnout stem from organizational challenges such as resource inadequacies or cultural or abstract factors. These findings suggest the importance of systemic changes and of carefully tailored interventions.
- **Coping Mechanisms:** All coping mechanisms, problem focused, or emotion focused, were effective in reducing stress. Structured stress management programs and social support networks were shown to be important strategies.
- **Role of Leadership:** Leadership development (LD) in nursing was supported by leadership which was not associated with stress and burnout.
- **Impact on Patient Care:** It clearly stated that Burnout, nurses had a direct negative impact on patient care and workforce sustainability, and this challenge must be addressed for healthy healthcare workforce sustainability.

4. Discussion

Nurses suffered profoundly from psychological and occupational hardships during health crises as attested by the findings of this systematic review. As expected, stress and burnout came up as pervasive issues mentioned by contributors with reasons ranging from heavy workloads, lack of institutional support, or indeed fear of infection. A combination of these factors led to further aggravation during the COVID 19 pandemic also accentuating the vulnerability of the frontline healthcare workers to mental and emotional stress. Higher degrees of emotional exhaustion and depersonalization affected nurses well-being negatively and compromised the quality of care for their patients.

Nurses coped with stress and enhanced resilience through the effective use of coping

techniques both problem and emotion focused. Among positive responses, we found structured stress management programs, as well as social support networks and mindfulness practices. Moreover, leadership and their role in creating supportive environments were critical to several studies as their importance in healthcare settings and their training and development are necessary.

Its effect on patient care is alarming, as well as on workforce sustainability. Decreased job satisfaction, increased absenteeism, and higher likelihood of errors in patient care was related to burnout. The results show that urgent systemic intervention is required to support nurses to increase resilience and make a more contributive, sustainable workforce.

5. Future Directions

- **Integrating Technology in Stress Management:** Future work will also examine how digital tools – including mobile applications and telehealth platforms – can be used to augment models that support nurses’ mental health in times of crises.
- **Longitudinal Studies:** Longitudinal studies are required to study the long term psychological and occupational impacts, including post crisis recovery on nurses, caused by health crises.
- **Cultural and Contextual Relevance:** Potential future work should concentrate on culturally tailored interventions for stress and burnout, in particular in diverse healthcare scenarios.
- **Leadership Development:** Research into development of effective nursing leadership strategies, including training programs that address mental health advocacy and crisis management is a priority.
- **Policy Implementation and Evaluation:** Policies aimed at reducing stress and burnout should be evaluated on the basis that they do work and are evidence based and sustainable.

6. Limitations

- **Restricted Scope:** Only studies published in 2020– 2024 are included in the review and may exclude relevant studies conducted outside this period.
- **Focus on English-Language Studies:** This process excluded valuable evidence from non-English sources, as only articles published in English were included.
- **Variability in Study Designs:** The variability within heterogeneity is introduced by including various modes of study designs such as qualitative, quantitative and mixed methods studies and may compromise generalizability of findings.
- **Potential Publication Bias:** The synthesis of the evidence may be distorted by studies that report significant findings and are overrepresented.

7. Conclusion

This systematic review is a comprehensive synthesis of evidence on stress, burning out and coping mechanisms of nurses through crisis of health. The results show that stress and burnout are major problems in these spheres of daytime psychiatry—and that the problems are made all the worse by organizational problems and the demands of frontline care. In cooperating these challenges, coping mechanisms, especially structured interventions and supportive leadership are very paramount.

Systemic changes are necessary to work to support the psychological tolls health crises exact on their nurses. Improving institutional support, integrating stress management programs and developing leadership provides all of these. These strategies can be implemented in healthcare systems that will help enhance nurses' resilience, support the sustainability of workforce, and in the end improve patient care outcomes.

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