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**The Impact of the COVID-19
Pandemic on Mental Health and
Coping Strategies Among
Healthcare Workers**

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for the award BSc (Hons) Health and Social Care

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CHAPTER 1: Introduction

1.1 Introduction

In the COVID-19 pandemic, global health systems were challenged in ways never before seen, and healthcare workers (HCWs) were exposed to substantial psychological stressors. Long shifts, mortality rates among patients, and concerns about the spread of infection caused mental health issues among health workers, such as acute stress, anxiety, depression, and systemic burnout (Smallwood et al., 2022). Exploring these outcomes is essential to creating robust and effective institutional support systems and protecting the resilience of the workforce for future public health crises. This study is a comprehensive secondary analysis of the psychological impact of the pandemic and the effectiveness of coping strategies subsequently developed.

The dissertation consists of five chapters that are presented sequentially to systematically achieve the research objectives. The Background, Significance, Research Aim and Operational Objectives are introduced in Chapter 1. Chapter 2 is a critical literature review that examines empirical studies related to psychological distress, emotional exhaustion and protective factors among frontline staff. The secondary research methodology, search strategies in databases, inclusion criteria and thematic analysis framework are presented in Chapter 3. The findings and discussion are presented in Chapter 4, where data are combined to provide a discussion on coping strategies and institutional interventions. Finally, in Chapter 5, a series of strategies and conclusions is offered as a strengthening of healthcare infrastructure and worker resilience to future pandemic threats.

1.2 Definitions and Terminology

The construction of clear terminological limits is essential in analysing the psychological field of frontline care. Burnout is conceptualised in this study as the consequence of chronic work stress: a combination of emotional exhaustion, depersonalisation and a diminished sense of personal accomplishment (Kokkonen et al., 2026). Resilience refers to a person's ability to cope psychologically and keep functioning normally in the face of extreme hardship or trauma (Friedberg and Malefakis, 2022). Psychological distress is an umbrella term to refer to any psychiatric symptom which is not otherwise specified, primarily represented by clinical anxiety and depression, characterised by a general lack of interest and low mood (Moth, 2022).

Key institutional and clinical abbreviations are consistently used to make the reading easier. Healthcare workers (HCWs) include clinical and non-clinical hospital workers. WHO means the

World Health Organisation, and DSM-5 is the Diagnostic and Statistical Manual of Mental Disorders. The shorter forms of the Generalised Anxiety Disorder and Patient Health Questionnaire are the GAD-7 and PHQ-9, respectively. Lastly, PPE, which stands for Personal Protective Equipment, is a crucial factor in occupational stress during COVID-19.

1.3 Background and Current Context

The first wave of COVID-19 led to unprecedented levels of patient admissions, a shortage of resources and death rates in healthcare systems around the world. In history, SARS and MERS, with their risk of psychological trauma at the frontline of clinical action, serve as a reminder of the increased risk of psychological trauma for frontline clinicians during pandemic events (Hostiuc and Gherghiceanu, 2026). The COVID-19 pandemic has exacerbated these issues; however, preliminary estimates suggest that between 41% and 52% of health practitioners faced acute professional burnout during the peaks of the pandemic (Mohr et al., 2025). The lack of PPEs, the heavy burden of rationing care, and extended work hours created a high-stress environment that quickly depleted baseline cognitive and emotional capacities.

The psychiatric burden continues to be a huge systemic problem in our post-pandemic world. Empirical evidence suggests that acute levels of occupational stress during the pandemic have now levelled off, but that the prevalence of systemic burnout is as much as 16.4% higher than the pre-pandemic baseline (Mahar and Day, 2022). The world is still affecting from high rates of staff turnover due to chronic understaffing, longstanding moral injuries and administrative bungling (Grumbach and Willard-Grace, 2025). The analysis of past pandemic events is therefore still relevant today, as learning about past vulnerabilities is a crucial factor when it comes to the development of mental health support systems that can protect workers in the health sector in the wake of future pandemic crises.

1.4 Rationale for Research

The long-term effectiveness and structural stability of coping strategies in the post-pandemic phase have received little attention, despite extensive research documenting psychological distress at the acute period of the pandemic. There are several studies that have taken snapshots of anxiety or burnout, but have not synthesised the individual protection mechanisms into lasting institutional protection (Tan et al., 2026). To fill this gap, this secondary research is required to critically evaluate inconsistencies in the performance of the various coping models over the

duration of time. All practical results are directly applicable to healthcare administrators, clinical leads and occupational health policy makers. This research establishes an empirical framework to redesign workplace mental health policies, boost employee retention, and bolster the ability of workplace healthcare systems for future macro-level public health emergencies by recognising those individual adaptations and organisational interventions that create sustained psychological safety (Onvlee et al., 2025).

1.5 Aim and Objectives

Aim

To critically analyse the impact of COVID-19 on the mental health of healthcare professionals, including mental health outcomes of stress, anxiety, depression and burnout, and coping strategies to reduce mental health distress and enhance mental health resilience during and post-COVID-19.

Objectives

- To critically appraise contemporary and relevant literature, reports and empirical evidence related to factors associated with psychological distress among healthcare staff during the COVID-19 pandemic.
- To recognise and thematically explain the mental health problems of healthcare workers and their coping mechanisms as related to stress, anxiety, depression, burnout and emotional exhaustion during the COVID 19 pandemic.
- To assess the effectiveness of coping strategies and available support interventions to enhance the mental health and resilience of healthcare workers.
- To offer recommendations to enhance mental health support systems and strengthen healthcare workers' resilience in future public health crises.

1.6 Conclusion

Chapter 1 provided a background to this study by explaining the negative impact of COVID-19 on the mental health of the global healthcare community. Defining key clinical terms and providing context for current work-related issues helped to reinforce the need for this research. Formulating the specific project goal and operational goals helped to consolidate the structural need to find ways to keep system-level clinician burnout from undermining the organisation at both an individual and system-wide level. Chapter 2 will provide a thorough and critical literature

review, which will systematically examine empirical research on psychological distress and the protective factors that shape frontline healthcare resilience.

CHAPTER 2 – Background Information and Analysis

2.1 Introduction

This chapter aims to provide a broad background framework to put the current COVID-19 pandemic in context with the psychological issues of healthcare workers. This section highlights the evolution of occupational stress and views the core theories shaping the definitions of occupational strain and behavioural adaptation, which were essential prerequisites for the study. Moreover, an examination of such dynamics in both a global and local (in the UK) context reveals the direct impact of different health infrastructures and national policy settings on clinician well-being. Adopting this macro-level perspective provides a broad understanding of the systemic factors before moving on to thematic findings which are then examined more fully later in the study. Finally, this structural description gives a background to the evaluation of the impact of institutional settings on the resilience of workers during global health crises.

2.2 Historical Background

Linking to Psychosocial Wellbeing has been a topic of concern for academics and professionals for decades (Wray and Kinman, 2022). The profession of healthcare was identified as one that experienced high rates of occupational stress from heavy workloads, exposure to suffering, moral challenges and extreme responsibility well before the COVID-19 pandemic. Workplace wellbeing in health care has been a growing concern after research conducted during the late 1980s focused on stress and burnout among nurses and physicians (Cohen et al., 2023). Burnout was defined as emotional exhaustion, depersonalisation and lowered work performance, and gained significant importance in the discussion of the psychological problems of healthcare professionals (Corbeanu et al., 2023).

The history of the topic was shaped by significant outbreaks of infectious diseases before COVID-19. In 2003, the Severe Acute Respiratory Syndrome (SARS) outbreak was one of the first to demonstrate the impact of a pandemic on the mental health of healthcare workers (Delanerolle et al., 2022). Higher anxiety, fear and psychological distress have been reported for front-line staff exposed to infected patients (Miao et al., 2022). The same result was observed during both the H1N1 influenza pandemic in 2009 and the Ebola epidemic from 2014 to 2016, when healthcare workers showed emotional stress related to infection risk, uncertainty, and heavier workloads (Frenkel et al., 2022). These events brought to light the importance of psychological support mechanisms found in healthcare systems and laid the groundwork for future research.

In December 2019, the first cases of a new coronavirus (COVID-19) were recorded in Wuhan, China. In March 2020, the COVID-19 virus was declared a pandemic by the World Health Organisation (WHO) due to its rapid global spread (ADHAO, 2022). This event was the first occurrence of such a healthcare crisis, which put healthcare workers under unprecedented psychological pressure worldwide. Stress, anxiety, depression, insomnia, and burnout were seen to be prevalent among healthcare professionals (Bayram Deger, 2024), and this trend was consistent across the various studies carried out during the pandemic.

There are several organisations and researchers that have contributed to this understanding. The World Health Organisation (WHO) also had a pivotal role, providing guidance on safeguarding the psychological wellbeing of health workers and the implementation of psychological support programmes (World Health Organisation, 2022). The theory of occupational stress in healthcare settings was brought to the fore with Maslach's concept of 'burnout'. Moreover, studies like those of Sarfraz et al. (2022) were important empirical papers on the psychological impact of COVID-19 on healthcare employees. Their findings contributed to the current knowledge about mental health risks and have informed the creation of resilience-building interventions and organisational support strategies to keep healthcare workers safe during public health emergencies.

2.3 Theoretical Background

The connection between the COVID-19 pandemic and mental health among healthcare workers and coping strategies adopted to cope with psychological strain has important bases in several theoretical frameworks. There are many theories that influence views on stress and coping; one of the most influential is Lazarus and Folkman's Transactional Model of Stress and Coping (Biggs and Brough, 2025). This theory suggests that stress is a function of an appraisal of the situation and one's perception of coping ability. As in the model, when the resources provided to the healthcare worker are not thought to be adequate to address the challenges of workload, infectious threat, and emotional demands, psychological distress may occur (Almeida-Meza et al., 2025). The theory also differentiates between two types of coping: problem-focused coping and emotion-focused coping, which have been extensively studied in health care.

Another key theory is the Conservation of Resources (COR) theory proposed by Hobfoll. The theory suggests that people seek to acquire, maintain and defend valuable resources such as physical health, social resources and psychological well-being (Hobfoll and Hou, 2025). Stress occurs when these resources are threatened or lost (Demerouti and Bakker, 2023). The COVID-

19 pandemic caused health care workers to be depleted of resources due to lengthened working hours, emotional fatigue and limited capacity to rest and recoup. Aldosari et al. (2024) believe that there was also a significant element of 'resource loss' that led to a state of burnout and anxiety among frontline healthcare workers. They conclude that their results confirm Hobfoll's hypothesis that chronic resource loss is associated with greater psychological distress.

These theories have been broadly used in earlier studies. For instance, Ahmad et al. (2025) applied the stress and coping framework to explore psychological outcomes of healthcare workers, and observed that adaptive coping strategies negatively correlated with distress (in which they identified seeking social support and problem-solving behaviours). Likewise, Abdulmohdi (2024) used the COR framework to develop an understanding of how organisational support and resilience resources buffered healthcare professionals from intense burnout during the COVID-19 pandemic. The usefulness and applicability of these theories in understanding the mental health outcomes during healthcare emergencies is demonstrated in such findings.

Both theories have their drawbacks, in spite of the fact that they are valuable. Lazarus and Folkman's model is lauded for its acknowledgement of different stressors on different individuals, but they have been criticised for putting too much value on personal appraisal and too little value on structural factors, including insufficient staffing, inadequate protective equipment and organisational policies, to mention a few (Moreira et al., 2026). Many psychological problems faced during COVID-19 were due to the pressures on the system rather than coping alone, argues Bell et al. (2023). This critique proposes that more general factors need to be considered in addition to the personal coping processes.

Likewise, COR Theory, while providing a good framework for the link between resource loss and psychological distress, has come under criticism for prioritising the use of resources over the more complex nature of emotional experiences (Farkash et al., 2022). However, the pandemic-related professional identity, moral injury, and ethical dilemmas faced by healthcare workers cannot be explained entirely by the resource perspective (Rushton et al., 2022). However, both theories have continued to be applied in healthcare research, suggesting their usefulness in explaining mental health outcomes and coping behaviours. Collectively, they deliver complementary insights that enrich the knowledge and understanding of psychological distress, resilience and adaptation of health care workers during COVID-19.

2.4 International Context

The psychological vulnerabilities of healthcare workers (HCWs) during the pandemic were greatly influenced by the different structures of healthcare systems and policy interventions in various nations (Schneider et al., 2022). The global crisis pushed countries to shift to a more proactive and systemic approach in protecting mental health, rather than reactive clinical treatment. Some nations used individual grit and conventional workplace health lines, while some created innovative structural settings. Similarly, to the Netherlands building isolated, self-contained 'dementia villages' to ensure patients' safety and familiarity in their senses, some medical facilities in East Asian countries have created 'resilience sanctuaries' within high-risk wards where psychological first aid is provided by peers who are trained to respond quickly in the event of acute sensory and emotional overloads to protect the health and well-being of medical staff (Zoeller, 2024).

A comparison shows that there are significant differences between the strategic direction and resource allocation of institutions across the region. In the USA, focus was mainly on digital health applications and individual measures of self-care, which were seen as shifting the responsibility for systemic resource shortages to health professionals (Choi, 2023). On the other hand, structural, team-based protocols were often used by European countries. For instance, the UK National Health Service (NHS) have introduced 'wobble rooms', which are group-based rooms supported by peers, and the 'Swiss Cheese' model of accident causation into its approach to occupational health, treating psychiatric safety as a shared problem between individuals and the organisation (Wiegmann et al., 2022). Direct links between structural interventions and psychometric outcomes are illustrated with specific case studies from across the world. In Tehran, Iran, the cross-sectional assessments of frontline clinicians across key referral hospitals with the Connor-Davidson Resilience Scale (CD-RISC) found that both the team cohesiveness and the supervisory alliances of these clinicians' positions conferred a medium to stable resilience base regardless of the harsh economic sanctions and material shortages that were experienced during the pandemic (Michtalik and Wu, 2025). However, countries that have clear, multi-level structural support systems like Taiwan's nationally-connected tracking and rapid-response counselling networks for nursing workers have significantly lower long-term measures of staff retention, according to the comparative data collected by the International Council of Nurses (ICN) (Ung et al., 2024). Changing individual coping strategies alone is not enough to reduce clinical burnout, as it has been demonstrated worldwide that these individual measures must be embedded in a strong and sound institutional structure.

2.5 National/Local UK Context

In the United Kingdom, the health and wellbeing of healthcare staff is a significant policy and workforce issue throughout the COVID-19 pandemic. The National Health Service (NHS) experienced unprecedented operational pressures caused by increased hospital attendance, staffing issues, morbidity and mortality, and the ongoing risk of exposure to infection in the workplace. Medical workers also faced a lot of psychological difficulties during this time. Healthcare workers experienced significant psychological difficulties during this time. Frontline healthcare workers in the UK experienced high levels of anxiety, depression, stress, insomnia and burnout throughout the pandemic, with this research conducted across a variety of healthcare settings (Palmer et al., 2022). Other studies reported that nurses, intensive care workers, and healthcare workers involved in direct care of COVID-19 patients reported the highest rate of psychological distress (Styra et al., 2022). Therefore, protecting the wellbeing of people at work became a critical part of the national pandemic response. Several national policies and frameworks were put in place to address these concerns. NHS England launched a mental health and wellbeing programme to help NHS staff during and following the pandemic.

These comprised mental health helplines, psychological therapy services, wellbeing apps, peer support programmes and a network of mental health hubs for NHS staff. The interventions were designed to enhance access to psychological support and to minimise difficulties with seeking help, according to Johnson et al. (2022). The NHS People Plan also highlighted the importance of staff wellbeing, compassionate leadership and workforce resilience as key areas to focus on in order to ensure quality healthcare services. The Health and Safety at Work Act 1974 and associated occupational health regulations also form a very important legislative framework for protection of employee wellbeing in the healthcare environment (GOV.UK, 1974). While these regulations are mainly about physical safety, employers are increasingly expected to consider psychosocial hazards such as stress in the workplace and burnout. Ugwu et al. (2025) suggest that during public health emergencies, healthcare organisations should make efforts to reduce the potential of psychological harm. The NHS Trust and healthcare organisations at the local level implemented different initiatives reflecting their local need.

Wellbeing centres, psychological first-aid, staff rest spaces and resilience training programmes were set up in many hospitals. For instance, a number of NHS Trusts in London established wellbeing hubs that offer immediate emotional support, counselling services and debriefing for staff after traumatic clinical experiences (Yurtaeva and Groves, 2025). Other schemes took place in other areas such as Greater Manchester, Birmingham and Scotland, but their size and availability depended on the resources and staffing needs of the local area. Staffing, service

pressures and resources were variable across the regions, affecting the effectiveness of support provision. Al Fayeze et al. (2024) report that although many healthcare workers appreciated the services for wellbeing that were available, time constraints, workload pressures, and any stigma often prevented them from taking up the services. The results emphasise that the mental health and mental resilience of healthcare workers must be protected in the event of future healthcare crises, such as through strengthening national and local support systems.

2.6 Conclusion

The chapter has covered the in-depth history of the research area, the fundamental theoretical frameworks and the contextual factors at the international and national level. It emphasised the development of mental health as a concern of the healthcare worker and the lessons learned from the experience of multiple crisis events with respect to stress and resilience. This chapter also described key theories that account for psychological reactions to stressors in the workplace and showed divergent initiatives taken in different countries, such as in the UK, to promote the wellbeing of healthcare workers. These views create a powerful backdrop to the dissertation, and provide an illustration of the issue's complexity in various settings. The next chapter will focus on the methodology, outlining the research design, data collection, and analysis procedure used to review and synthesise the existing literature that is relevant to the research aims and objectives.

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