ICMJE DISCLOSURE FORM

Date: 05/07/2023

Your Name: Ika Nur Pratiwi, MN

Manuscript Title: Psychological Impacts of the Covid-19 Pandemic on Nurses and Coping Strategies: A

Systematic Review

Manuscript number (if known): JPHE-22-57

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third

parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Ti	me frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	

	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
5	Doument or honororie for	X None	
5	Payment or honoraria for lectures, presentations,	_ANone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	0	V N.	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	X None	
10	role in other board,	_XNone	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X_None	
10	<u> </u>	V N	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

No competing interest declared

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_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 15/06/2023

Your Name: Hanik Endang Nihayati

Manuscript Title: Psychological Impacts of the Covid-19 Pandemic on Nurses and Coping Strategies: A

Systematic Review

Manuscript number (if known): JPHE-22-57

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	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	_XNone	

	charges, etc.) No time limit for this item.		
0	Out and a supply and a few and	Time frame: past	: 36 months
2	Grants or contracts from any entity (if not indicated	X_None	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
	-		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	_XNone	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
10	D	V N	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

No competing interest declar	red		

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form.

ICMJE DISCLOSURE FORM

Date: 05/07/2023

Your Name: Rikardus Santus

Manuscript Title: Psychological Impacts of the Covid-19 Pandemic on Nurses and Coping Strategies: A

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	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your
	relationship or indicate	institution)

		none (add rows as needed)	
	Ti	me frame: Since the initia	I planning of the work
1	All support for the	X None	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	oo monais
_	any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
	Tioyanies of neerises		
4	Consulting fees	X None	
	Consuming ices	XNone	
5	Payment or honoraria for	X None	
5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	_XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
4.4	unpaid	V Na:	
11	Stock or stock options	XNone	
16	D	V N	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		

	services		
13	Other financial or non-	XNone	
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ICMJE DISCLOSURE FORM

Date: 05/07/2023

Your Name: Vimala Ramoo

Manuscript Title: Psychological Impacts of the Covid-19 Pandemic on Nurses and Coping Strategies: A

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or	_XNone	

	advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	

No competing interest declared		

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Your Name: Nursalam Nursalam

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_			planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_XNone	
	item.	Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	30 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned issued	X None	

	or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

Please summarize the above conflict of interest in the fe	following	box:
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No competing interest declared

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