



The Imperative of Academic Resilience in Nursing Students During Wartime: A Neglected Priority

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Dear Editor,

Nurses constitute the largest group of health care professionals in hospitals and play an irreplaceable role in health care delivery worldwide. Given the increasing global demand for nurses, the need for continuing nursing education (CNE), even under stressful circumstances such as war, has become a national and international health security issue (1).

One of the core principles of the nursing profession is to educate future generations of nurses while maintaining and strengthening professional values. Nevertheless, nursing education can be disrupted by gaps in planning and training during emergencies such as pandemics, natural disasters, and war. Experiences and lessons from the post-COVID-19 period have prompted the redevelopment of nursing curricula and have helped strengthen students' clinical experiences in response to societal needs (2).

Academic resilience in nursing students is a multidimensional, multifaceted concept influenced by structural and environmental factors. For instance, a recent concept analysis by Shen et al. (3) demonstrated that academic resilience directly predicts nursing students' satisfaction and mental health, with 34% of the variance in burnout explained by resilience deficits. Nursing educators should recognize the multifaceted nature of students' academic resilience and develop appropriate interventions at the individual, interpersonal, and systemic levels. Establishing supportive environments in teaching hospitals and nursing schools is critical to enhancing students' individual skills. A study by Haddad and colleagues in 2026 in Palestine showed that resilience significantly

buffers war-related stress among Palestinian nursing students; however, sociodemographic and academic predictors explain only 6.9% of its variance, underscoring the neglect of broader contributors such as social support, trauma history, and coping strategies. First-year and female students, who reported lower resilience, are particularly vulnerable to impaired clinical performance and burnout. This evidence highlights the urgent need to integrate gender-sensitive, evidence-based resilience interventions into nursing curricula in conflict zones. Failure to address this priority not only compromises students' mental health but also threatens the long-term sustainability of the health care workforce in war-affected regions (4). The Iranian context presents a unique case, characterized by a prolonged period of sanctions, internet restrictions, and wartime instability. As Sadeghi Moghadam et al. (5) assert in their resilience framework for medical education during conflict, embedding crisis preparedness and resilience training into the core curriculum is no longer optional but mandatory.

The teacher-student relationship is a key factor in enhancing students' resilience. Perceived social support and academic self-efficacy are robust predictors of students' academic resilience. Continuing educational relationships significantly reduce war-induced stress. Moreover, it is important to use low-tech teaching methods and provide comprehensive, coherent psychological support for students. Conversely, nurses' resilience during war is directly associated with the quality of crisis-oriented education they received during their academic training. In other words, resilient nursing students will become resilient nurses during war (6).

It is proposed that nursing education policymakers in Iran give particular attention to students' academic resilience during emergencies such as war. Interventions should target three levels: individual (self-regulation, stress management, and adaptive planning), interpersonal (peer networks, coaching circles, and regular teacher contact), and systemic (offline platforms, SMS/phone backup systems, flexible attendance and assessment policies, and resilience criteria in accreditation).

The authors' direct experiences teaching practical and theoretical courses to nursing students during wartime in Iran in 2025 and 2026, under conditions of severely limited access to the international internet, indicated that teaching during war requires resilience and multiple adaptations in teacher-student communication. Sending audio files through social networks significantly reduced students' anxiety and their dependence on internet data. After reviewing the course files and listening to the audio files, students completed the requested assignments. Subsequently, feedback on the assignments was provided in groups created on the national internet platform or through educational systems. Students' questions were addressed via telephone calls or through written or oral messages within the groups. In this way, nursing educators sought to maintain continuous communication with students while ensuring continuity of learning.

With resilience, creativity, and teamwork, nursing teachers can sustain an effective teaching-learning process even under the most difficult conditions. Therefore, preparing nursing education systems and strengthening students' academic resilience represent effective investments in the future health system under complex emergency circumstances and modern warfare. Ultimately, academic resilience among nursing students serves as a bridge between continuity of professional learning and the development of resilient nurses.

Footnotes

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References

1. Kruger K, Brysiewicz P, Lori J, Bell SA. The role of the nursing workforce in health system resilience during disasters: a scoping review of empirical studies. *Int J Nurs Stud Adv*. 2025. [PubMed ID: 40600236]. [PubMed Central ID: PMC12210316]. <https://doi.org/10.1016/j.ijnsa.2025.100361>.
2. Kagan I, Cohen O. Enhancing resilience of nursing education during war: policy implications from a qualitative study. *Isr J Health Policy Res*. 2025. [PubMed ID: 41243101]. [PubMed Central ID: PMC12621370]. <https://doi.org/10.1186/s13584-025-00732-1>.
3. Shen Y, Feng H, Li X. Academic resilience in nursing students: a concept analysis. *BMC Nurs*. 2024. [PubMed ID: 38982439]. [PubMed Central ID: PMC11232226]. <https://doi.org/10.1186/s12912-024-02133-2>.
4. Haddad RH, Al-Bashaireh AM, Haddad R, Abuejheisheh AJ. Predictors of War-Related Stress and Resilience among Palestinian Nursing Students Experiencing Chronic War Exposure. *Chronic Stress (Thousand Oaks)*. 2026. [PubMed ID: 41834829]. [PubMed Central ID: PMC12988265]. <https://doi.org/10.1177/24705470261434080>.
5. Sadeghi Moghadam P, Hantoushzadeh S, Ghaemi M, Vahidpour N. Keeping Medical Education Alive in Conflict: A Resilience Framework for Continuity and Learner Well-Being. *J Med Educ Curric Dev*. 2025. [PubMed ID: 41199888]. [PubMed Central ID: PMC12586864]. <https://doi.org/10.1177/23821205251393854>.
6. Liu X. Effect of teacher-student relationship on academic engagement: the mediating roles of perceived social support and academic pressure. *Front Psychol*. 2024. [PubMed ID: 38966726]. [PubMed Central ID: PMC11223674]. <https://doi.org/10.3389/fpsyg.2024.1331667>.