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CHALLENGES FACING MARRIED NURSES IN THE PUBLIC SECTOR AND PRIVATE SECTOR IN EGYPT AND HOW TO ADDRESS THESE CHALLENGES: A COMPARATIVE STUDY

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Table of Contents

Introduction

Overview

The research addresses an important issue facing married women working in the nursing sector, both in the public and private sectors, because 92% of the workforce in this sector is women. This represents the largest proportion of women's employment in any sector compared to that of men. Nursing services play a crucial role in the success of healthcare processes, serving as the backbone of health activities within healthcare institutions. Due to their significant and evident impact on the quality of health services, nurses constitute the largest professional group in healthcare organizations [1]. The reason why we chose this sector specifically is that we have not found research that speaks of about their suffering. Married nurses have challenges affecting many aspects of their lives, resulting in a high proportion of them leaving work before retirement age or a high proportion of divorce in the early years of marriage due to social issues caused by work. They don't have the luxury of working from home or working online like some other jobs. Work requires them to be in hospitals in the morning and night shifts, and sometimes, they need to meet work needs until even in their off days, which is also to meet work needs.

Married nurses face many challenges in addition to being married in a society where women suffer from access employment as well as a safe work environment. They also suffer from social challenges, stereotypes, and marginalization. There is no local research in Egypt discussing the issue of challenges facing nurses in the working environment, specifically married women who need to be studied as carrying additional responsibilities more than unmarried women in either the same or other sectors. The medical sector is always neglected, and marginalized and married women are also equally marginalized. So, we need to talk about women who are married to nurses within the health sector.

Many issues are discussed in this research and the sense of suffering that leads us to conduct this research to demonstrate the hidden suffering of married women in the nursing profession. Additionally, this paper discusses the possible recommendations they need from their perspective and the most applicable recommendations that must be made to improve their working conditions to create healthy working conditions and a safe working environment to improve their circumstances at the professional as well as personal level.

Significance of the study:

This study holds a significant importance for several reasons. Firstly, understanding the challenges faced by married nurses in Egypt's public and private sectors is crucial for enhancing the overall quality of healthcare. Nurses are fundamental to patient care, and addressing their concerns can lead to improved patient outcomes, higher levels of patient satisfaction, and more efficient healthcare delivery. Secondly, the findings from this study will provide valuable insights for policymakers, healthcare administrators, and nursing management. By identifying specific challenges and proposing targeted interventions, this research can inform policies and practices that support married nurses, leading to better job satisfaction, retention rates, and overall workforce stability.

Research objective and question:

This comparative study aims to explore the specific challenges faced by married nurses in both the public and private healthcare sectors in Egypt. By identifying these challenges and understanding how they differ between the two sectors, the study seeks to provide insights into potential strategies and policies that can be implemented to improve the working conditions and support systems for married nurses. This research is essential for ensuring that married nurses can continue to provide high-quality care to patients while maintaining a healthy work-life balance.

The Main question is **How do the challenges faced by married nurses in Egypt differ between the public and private sectors, and what strategies can be implemented to address these challenges in both sectors?**

Literature Review

Nursing is a demanding profession. Contrary to common misconceptions, a nurse's responsibilities extend beyond checking vital signs and administering medication. They involve aiding patients, assisting with procedures, documenting care, and taking on leadership roles in hospitals, health systems, and other organizations. However, organizational, state, and national issues have created significant obstacles, making it challenging for nurses to perform their duties effectively. To address these challenges efficiently and find the best solutions, it is crucial to first identify and comprehend all potential issues faced by nurses [2]. Workplace-related problems are prevalent both nationally and internationally. One of the most aggravating personnel issues is

absenteeism, where individuals miss work unexpectedly. In the healthcare industry, this disrupts patient care, especially in institutions already struggling with staff shortages [3]. Work stress is a major issue in nursing, driven by excessive pressure, heavy workloads, job insecurity, low job satisfaction, internal conflicts, and lack of autonomy [4]. Additionally, interpersonal conflict is a significant source of frustration in nursing, often viewed negatively as individual interests clash. Workplace conflict is linked to lower quality patient care, higher rates of adverse outcomes, increased staff burnout, and higher direct and indirect care costs [5]. A significant issue nurses face is a lack of empowerment, which leads to unproductive, dissatisfied nurses who are more prone to burnout and depersonalization. Empowerment for nurses involves three components: a workplace with structures that support empowerment, a psychological belief in one's ability to be empowered, and recognition of the power in nurses' relationships and care. To help nurses become empowered and utilize their power for improved patient care, a deeper understanding of these components is necessary [6].

The nursing shortage is a critical issue that requires the involvement of all healthcare stakeholders. Nurses work in high-risk environments and are exposed to various occupational health hazards, which adversely affect their mental and physical health, as well as their productivity and efficiency at work [7]. Workplace violence, encompassing physical, sexual, verbal, emotional, or psychological abuse, occurs when nurses are threatened or assaulted in job-related situations.

In Egypt, the nursing profession faces numerous challenges. These include media portrayal, public image, social prestige, lack of role models, interactions with physicians, an ineffective learning environment, risk of violence, exposure to health hazards, conflict, stress, and infection risks [8]. Additional workplace challenges for nurses in Egypt include limited institutional recognition and support, nurse shortages, inadequate funding, high turnover of ministers and decision-makers at the Ministry of Health and Population (MOHP), hindering the establishment of supportive nursing reforms, uneven distribution of nurses across health services, poor public perception of nursing, insufficient salaries, and risks associated with night shifts [9].

There is a research gap in Egypt to show the specific challenges facing married women in the field of nursing in Egypt so through the research we held interviews with married nurse women to know its challenges and the difference between the public and the private sector.

Polices and Laws in Egypt

The Egyptian Employment Law for Women: the law stipulates this regarding female Workers' Rights During Pregnancy, Childbirth, and Childbearing (Labor Law No. 12 of 2003):

● A female worker who has worked ten months or more shall be entitled to a fully paid 90-day maternity leave upon presenting a medical report. The female worker shall not be entitled to maternity leave more than double the duration of her service.

● An employer shall not dismiss or terminate the contract of a female worker during her maternity leave.

● A breastfeeding female worker has the right to two daily breaks for breastfeeding after resuming work each of which shall not be less than half an hour, with the right to combine both periods into one.

● A female worker is entitled to a leave of not more than two years without pay for childcare and is entitled to this leave twice during her period of service.

● An employer who has a hundred female workers or more shall establish a nursery to care for their children.

● Establishments in the same area that employ less than a hundred female workers shall cooperate in establishing a nursery under the terms and conditions determined by a decision from the concerned minister.

● An establishment that employs five female workers or more shall visibly provide the company's policies on female employment

These decisions were issued to protect women's rights, empower them, and establish equality between women and men.

Methodology

Research purpose:

The research purpose is to show the challenges that face the married nurses in comparison between the public sectors and the private sector and to come up with realistic and applicable recommendations to help improve the work quality and its reflection on the lives of the married nurses.

Research design:

A qualitative comparative research approach was utilized to gain comprehensive insights into the challenges encountered by married nurses in both the public and private healthcare sectors to study the challenges facing married women in both sectors and come up with implementable recommendations for a better life for them at the professional and family levels.

Data collection methods

Structured interviews were conducted with a total of 10 married nurses, 5 from the public sector and 5 from the private sector in addition to nurse supervisors from the public sector and nurse supervisor from the private sector both sectors to highlight challenges from the managerial level. This method allows for flexibility in exploring various aspects of their experiences while ensuring consistency in the main topics covered.

The research team preferred to use interviews to gives them a private communication space and also provide the space for open communication to talk confidentially without fears. And the tool fits the work conditions than other tools.

Sample selection and characteristics:

Female married nursing staff working in public sector hospitals and private sector in Egypt were taken. We choose a purposive random sample. The total sample was 12, A sample of 10 nurses 5 from each hospital was selected, and also 2 head of department nurses. We reached out to nurse supervisors and they recommended 5 candidates from the staff.

Discussion

Description of the social status of the sample:

Through a study conducted on a sample represented by five nurses and a nursing manager from the public sector, as well as five others and a nursing manager from the private sector, aged between 25 and 45, we found that all of them are providers for their children. When asked about

their marital status, half of the sample were divorced from both the private and public sectors. When asked about the reasons for their divorce, they mentioned that work pressure and evening shifts are considered major factors leading to divorce. Additionally, they added that marriages of nurses differ as the prospective spouse seeks a woman with a stable job, making the marriage purely based on financial interest, and ultimately, the husband does not work while the nurse becomes the breadwinner. Moreover, there is a societal condescending view towards divorced nurses, as they are seen as an easy opportunity for marriage.

Personal interviews before hiring:

The hiring system for nurses varies, where they are directly assigned to government hospitals upon completing their studies according to hospital needs in the public sector. In the private sector, they are nominated for hospital work and undergo a face-to-face interview to get to know them, after which they are appointed. During the interview, they are asked whether they are married or not, and the answer eventually becomes known to them because during their studies at the nursing institute or college, they are forced to sign a commitment not to marry during their period of study, and some of them marry and hide it until the appointment. This commitment is based on the terms and conditions of admission to technical secondary schools for nursing, "that the student or the student is not married and does not marry during the period of study.".

The difference between the work of a married woman and an unmarried woman:

In the private sector, the recruitment system gives the hospital the ability to select the nurses they prefer to have, while in the public sector, by virtue of the assignment, the nurse must work whether she is married or unmarried, and she will perform her required role, and there is no luxury of choice like in the private sector. In the private sector, the hospital has the freedom of recruitment and the freedom of dismissal, which causes a clear discrimination for everyone in the ease of dismissal, unless she performs her role like the unmarried nurses or even rejects or objects to the timing of the shift due to circumstances related to the home, husband, and children. In the public sector, shifts are distributed equally among all nurses, and in case of objection, only deduction or reprimand occurs, not dismissal like in the private sector.

It is shown that there is a difference between married and unmarried nurses in the private sector in the economic situation, where the unmarried nurse can work more shifts than the married nurses, as the married ones are only committed to the shifts scheduled for them in their special schedule

to be able to consider the needs of the children and the husband, while in the public sector, there is no luxury of choice due to the commitment to a fixed number of shifts.

Leave requesting and the attitude of the manager and colleagues:

In both the private and public sectors, married women find it difficult to take leave, as they need more leave than unmarried women due to family needs represented by the spouse and children, which makes them in need of emergency leave. There are also problems among nurses due to disagreements over coordinating leave.

In the private sector, a monthly schedule of shifts is made, and leave is pre-determined in this schedule. Leave must be taken from the employee's own leave balance. In case of requesting leave suddenly, a document stating the health condition must be provided, requiring a day of work to go for a medical examination, after which the nursing supervisor approves or rejects the request as per their discretion. Few find it easy to take leave as it is pre-determined and they have not faced an emergency need for leave.

In the public sector, there is greater difficulty in obtaining leave due to the small number of nurses and the heavy workload in government hospitals. They are required that no more than one person in the same department can take a day off, which conflicts with Article 47 of the Labor Law, which states: (The worker is entitled to an annual leave of 21 days with full pay for those who have spent a full year in service, and it increases to 30 days if the worker has spent ten years or more in service, in addition to official holidays and occasions). They also did not receive the breastfeeding hour as stipulated in Article 12 of the Labor Law (The nursing employee is entitled to two daily rest periods for breastfeeding after resuming work, each of which shall not be less than half an hour, with the right to combine the two periods into one period).

The challenges between work and family, and the journey to and from the hospital, and how to face them:

All the sample faces the same problem of the impossibility of taking leave for sudden family needs, such as the illness of one of the children, the exam of another child, or cases of death, and the increase in the number of working hours, which prevents her from caring for her children and husband in a suitable way for their needs. The presence of work in evening shifts also causes marital conflicts and exposes her to abuse on the way, which makes her subject to very great psychological pressure.

The sample also faces very great psychological pressure due to exposure to difficult medical cases after working for a long time on a daily basis with these cases, whether in the public or private sector, and they are also subjected to mistreatment from the patients' families, in addition to what they face on the way after the end of the evening shifts, from theft and harassment, which increases their burdens one after the other, due to their inability to meet all the needs of the children and the husband, in addition to the internal conflicts in the team due to their disagreement on who will take their leave this month.

The sample also faces problems in commuting to and from the hospital, as they explained that they live in houses very far from their workplace, which requires taking two to three means of transportation, and this matter becomes more difficult during rush hour when going to and from the hospital, which increases their physical and psychological exhaustion, and their schedules are strict, not allowing for the delay that may be a logical result of traffic congestion.

Policies and Regulations:

For the public sector, there are rules and regulations set by the hospital, but they are not clearly implemented, and the organizing rules are just implicit agreements between the nurses and the nursing supervisors. There are no regulations for leave attendance to overcome the shortage resulting from the lack of nursing staff at the hospital. As for policies, due to the work pressures in the public sector, nurses are subjected to a lot of abuse and harassment, and these policies are not enforced, especially from the public and the impact of the patients visiting the hospital.

There is a daycare affiliated with the hospital, according to Article 96 of the Labor Law, which states that an employer who employs one hundred or more workers in one place must establish a daycare center or entrust a daycare center with the care of the workers' children under the conditions and arrangements determined by a decision of the competent minister. Establishments that employ less than one hundred workers in one organization are also obligated to participate in the implementation of the aforementioned obligation under the conditions and arrangements determined by a decision of the competent minister.

However, it is not considered an educational daycare, but rather a hosting facility that is not suitable for receiving and educating children or even practicing recreational activities, in addition to the severe overcrowding in the daycare, as confirmed by the sample individuals, with one of them saying, "The daycare is considered a hosting facility, and there is one nanny for 100 children."

As for the private sector, we find that most of the sample is aware of the existence of rules and regulations, but in the end, they do not regulate anything, and matters proceed according to the agreements determined by the hospital administration regarding attendance and absence. As for policies, there are organized policies at the hospital, but they do not prefer to resort to them, so they do not know the extent of their effectiveness, as the matters seem more straightforward due to the lack of severe work pressure in the reality of work in private hospitals. As for the daycare, there is no daycare at all, despite the fact that the number of female employees in the hospital exceeds the limit specified by the law in Article 96 of the Labor Law.

We find that in both hospitals, the public sector applies the law but does not adhere to how it is implemented, whether in terms of quality and efficiency or even in terms of monitoring implementation. As for the private sector, it does not even comply with the implementation of the law.

The attitude of nursing directors towards married nurses in the public and private sectors:

Firstly, in the private sector, due to the system, the nursing director mentioned her tendency to employ unmarried nurses as they can be assigned more shifts beyond their basic quota and they will not complain or evade duties because their family responsibilities appear less than those of a married woman. She also mentioned her empathy towards the married nurse, as someone who comes to the hospital seeking a job and is married, often has a financial need to support her family. However, the harsh circumstances sometimes make them only commit to their basic shifts, which makes the preference for the unmarried nurse over the married one.

Secondly, in the public sector, there is an implicit system where unmarried nurses take the evening shifts and those with late night hours, as well as the additional shifts. This is based on an unspoken agreement between them that takes into account the different family circumstances of the married nurse, provided that the married ones take one week per month of the evening shifts. This confirms the existence of differences between married and unmarried nurses.

Civil society organizations concerned with women's issues have made interventions on the work of nurses and the challenges they face (Cairo Center for Women and Law). Married nurses face many challenges that stem from the nature of their work, which requires balancing their professional and family responsibilities. The most important of these challenges are: Nurses,

especially in some departments, are often required to work long hours, including night shifts and irregular work periods, which may make it difficult for them to allocate enough time for their families. Nurses are exposed to great psychological and emotional pressure due to the nature of their work, which may affect their ability to relax and interact positively with their families. Nurses may face difficulty in finding reliable childcare, especially during irregular working hours, in addition to the high cost of childcare, which may constitute a financial burden on married nurses, especially with the high costs of nurseries. Lack of time available to communicate with their husbands, which may affect their marital relationships.

Health challenges:

Fatigue: physical and mental as a result of long working hours and psychological pressures. Discrimination in the workplace: Legally, there is no difference between married and unmarried women in the workplace. Every woman, regardless of her marital status, has the right to equal opportunities in employment, promotion, pay and training, in accordance with the labour laws of her country. However, there may be some noticeable practical differences between married and unmarried women in the workplace. These differences do not stem from their gender or marital status, but from factors such as their ability to balance private, family and professional life.

Research analysis:

The research identified two main challenges that married nurses face. The first is Many nurses become the preferred choice for those seeking to marry a working woman due to financial reasons. Unfortunately, in many cases, their husbands may become dependent on her, relying on the nurse as the primary house holder. This dynamic leads to significant social and family pressures, the second challenge revolves around the demanding the nurse day at work, particularly for married nurses. They often endure long working hours, evening shifts, and extended periods away from home. This schedule makes it difficult for them to balance their roles as wives and mothers with their work responsibilities, sometimes leading to family tensions and even the possibility of separation.

There are many other challenges we would like to discuss too; the hiring process of married nurses varies between the public and private sectors. In the public sector, they directly get assigned to the job in a hospital directly after graduation, while in the private sector, they secure positions through applications and personal interviews. According to the General Mobilization and Statistics Agency,

nurses make up 92% of the female workforce, highlighting the significant demand for nurses. However, in the public sector, there is often an expectation that nurses should not marry during their school years, based on the assumption that marriage would cut off their academic journey. So, most of them gets married in the first after graduation which is also the first year of their work. There is an ability for the single nurse to take more shifts than what is actually assigned to her which reflects that she has the ability to make more money. But she can't do that when she gets married. So, at the same year the nurse faces the falling of the income and she has nothing to do.

Moving on to the monthly schedule, here we found the stark differences in the work conditions of married and unmarried women in both public and private nursing sectors. Married nurses often lack the flexibility to choose shifts that align with their marital responsibilities in the public sector. the private sector, shift schedules are typically planned a month in advance, which limits flexibility and creates difficulties when unexpected family emergencies arise, and they face financial challenges in the private sector due to unfair compensation. All nurses encounter various issues, including harassment and difficulties with transportation, particularly during evening shifts. However, these challenges are even more pronounced for married nurses with children, who may feel they are neglecting their family's needs. The problem extends to that they involve the well-being of their children and family.

In the public sector, nurses often struggle with a shortage of staff, leading to increased practical and psychological stress. This not only impacts their work quality but also strains their family life. Additionally, laws regarding breastfeeding hours and annual leave, as outlined in the Labor Law and the Women and Children Law, are often not properly enforced due to the high demands and insufficient nursing staff, further affecting their personal and psychological well-being. And that reflects that policies are often not implemented effectively, resulting in limited or rigid vacation options that fail to accommodate the nurse's needs.

Moreover, societal stereotypes lead to harassment, stigmatization, and even attacks in emergency situations, exacerbating their challenges. Without the enforcement of protective laws and regulations, these issues place nurses at risk, sometimes pushing them to resign. This exacerbates the already critical shortage of nurses, hindering not only the healthcare system but also the broader goal of empowering women to contribute to the advancement of their families and communities.

During the study of the issue and after the interview we found that there isn't a huge gap between the public and private sectors, so they are similar in most of challenges.

The research focused on knowing and studying the interventions of civil society organizations through mapping the organizations working in this sector and we have reached two organizations: the first Cairo Foundation for Women and Law, whose interventions focus on building nurses' capacity and raising their awareness of workplace issues and approaches for providing safe services to women. A key outcome was the development of a code of conduct governing workplace relationships within the women's health care sector, to be applied within the geographical scope of the project. Interventions included:

• Capacity-building workshops for nurses to improve their skills and knowledge on different workplace challenges.

• Awareness-raising activities to educate nurses about their rights, available support approaches and strategies to balance work and family responsibilities.

• Facilitate the development of a sector-wide code of conduct to promote fair, safe and equitable working conditions for women, especially married women in health care.

• Advocate with relevant authorities and health-care institutions to implement and monitor the implementation of the Code of Conduct.

• Provision of legal assistance and counselling services to nurses facing discrimination in the workplace or other challenges.

The aim was to empower nurses, especially married women, to navigate the complexities of the working environment and obtain the support they needed to thrive both professionally and personally.

The New Women's Foundation (NWF), which works to empower women, examines the challenges facing women and challenges in the implementation of the draft passage of International Labour Convention No. 190, which adopts the Convention to address violence and the challenges facing women in the world of work, that is, everything surrounding work that affects women's work performance.

The interventions of the New Women's Foundation were with nurses through the implementation of awareness-raising trainings on the rights and duties to which they must be subjected in the working environment or as a means of pressure on the nursing sector to pass the draft International Labour Convention No. 190. Married women from the nursing sector have had the greatest share of challenges as they are most vulnerable to the challenges of the world of work as called the Convention. They are exposed to domestic violence as well as other challenges that have led us to study the challenges of married nurses and how to address their challenges as well as to provide recommendations and solutions.

Recommendations

Based on the findings from our comparative study on the workplace challenges experienced by public and private sector nurses, we propose the following recommendations in mainly four parts.

☐ First part: transportation mean. As explained by the nurses that they are living very far from work and to be in the hospital in time it is preferred to provide them a transportation that drive them from and to the hospital at working hours.

And to be more specific, to make this option applicable and realistic, we recommend providing a transportation mean for the night shifts and each bus have a line and gathering point to pick or drop nurses and that ensure more safety at night, less effort and save more time for them with their families.

☐ Second part: As for Not having enough doctors, nurses, and other practitioners leads to overwork, stress, and burnout, causing people to leave their professions or suffer while working. At this point we recommend to establishing partnerships with high schools, universities, training programs and other institutions to develop and recruit workers at different career levels. So the workload to be divided on the general healthcare practitioners as the vaccination campaigns, vitals recordings and other general tasks, other part of the work load to be given to the trainees from the nursing schools works for proving them upper level skills and leave a space for the existing nurse to work with reasonable work load. And this also will fix the problem of having rigid schedules and will give them the opportunity of having their allowed vacations.

☐ Third Part: As per said by the nurses that they face a lot of struggles during their workday either with dealing with patient's relatives or handling a psychologically hard cases, we recommend a Pack of trainings divided into two sections:

- Communication skills training: training to help them deal with frustrated patient's relative and how to deliver the news for them. This in return will decrease the conflicts between the patient's relatives and the nurses and create a safe environment in the hospitals.

- mental health training: training to help the married nurses to handle their thoughts and emotions when dealing with heavy cases during the workday. This, in turn, can lead to increased productivity, reduced absenteeism, and staff retention.

☐ Fourth part: we appreciate the most having a fair low that provide the married nurses with suitable work conditions like the must of having a nursery in the work place or providing compensations but to ensure application of the low we do recommend Including the presence of nurseries and the compensations among the steps for the hospital to obtain a quality certificate. As the following:

- A nursery:

• For public sector: The laws stipulate that there is nursery in hospitals, but the quality of nursery is poor, ineffective, and does not even achieve the goal of the law. Therefore, we demand nurseries with a specific capacity, an appropriate number of female teachers, and appropriate child care

• For the private sectors: Private hospitals do not implement the law to provide nurseries in mothers' workplaces in the first place, and for this reason we demand the establishment of nurseries in private hospitals to provide suitable places to care for children and thus improve the quality of the work of maternal nurses.

- Keeping up to date with wages and other forms of compensation: Nurses receive their allowances and meals on time and appropriately to their needs to ensure the quality of job aspects for them and to improve their production at work.

By implementing these recommendations, both public and private sector organizations can address the key challenges identified in our research and foster more supportive, engaging, and productive work environments for their employees.

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Annex

The Interviews:
https://docs.google.com/spreadsheets/d/1TwCZpuEOW1j15M4MKHZ86K5MrChTqOTf/edit?usp=sharing&ouid=105621906040754650122&rtpof=true&sd=true