



The Perspective View of Nurses in Ramallah Complex Hospital regards the Impact of October,7 War on Professional Duties, Economic Status, Mental and Social Wellbeing

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ABSTRACT

The October 7, 2023, conflict between Israel and Hamas heavily impacted healthcare in the West Bank, particularly affecting nurses at Ramallah Medical Complex. They faced challenges such as increased patient loads, resource shortages, and safety threats, leading to physical and psychological distress. There is limited research on the war's effect on their well-being and professional duties. The study aims to explore nurses' perspectives on how the conflict impacted their professional roles, economic status, mental health, and social well-being, especially regarding physical and emotional safety concerns in the conflict zone. A qualitative phenomenological approach was used to explore the experiences of 50 nurses at Ramallah Medical Complex selected purposefully. Data were collected via focus groups for 40 staff and practical nurses and in -depth interviews for nursing directors, analyzed using inductive thematic analysis with the help of NVivo software for sorting the data. Ethical approval was obtained, and all participants signed informed consent. Two major themes were explored that are: (i)nursing working conditions' hindrances and (ii) family and personal life disruptions. The study emphasized the need for institutional support. Nurses reported increased workloads, resource limitations, financial stress, and safety threats, leading to psychological distress and burnout. The conflict highlighted the vital role of nurses but also the need for better support systems. Coping mechanisms included peer support, and personal resilience are emphasized as a helpful strategy. Improving nurses' mental health, job security, and working conditions, along with providing stabilization points and training programs for future crises are recommended.

Keywords: Perception, Nurses, Ramallah Medical Complex Hospital, October 7th war, Professional duties, Mental health, social well-being, Challenges, Financial hardships, Job security, stress.

1. Introduction

1.1 Background

The October 7, 2023, conflict between Israel and Hamas significantly impacted overall Palestinian territories, including the West Bank, with healthcare services being deeply affected. The West bank confronted severe destruction, but comparatively lower than in Gaza, due to the ongoing war. The damage of infrastructure, movement restrictions, and resource shortages placed enormous pressure on healthcare workers (World Health Organization, 2023). Nurses, being on the front lines of patient care, faced substantial challenges in delivering healthcare services amidst the chaos and the stress induced by the war. According to the updated data, by March 20, 2025, reports indicated that 500 health workers had been killed in the Gaza Strip since the onset of hostilities of October war (Palestinian Ministry of Health ,2025). From October 2023 to February 2025, in the Gaza Strip, 1808 violent incidents directed towards healthcare facilities were recorded, where 353 health facilities were demolished. At least, there are 623 health workers were killed and 351 arrested (Médecins Sans Frontières (MSF),2025). In the West Bank, the main government hospitals and healthcare centers across Jenin and Tulkarem definitely faced direct attacks and significant damage, impacting the overall healthcare infrastructure in the Northern region and East Jerusalem. About 545 violent incidents were recorded, 12 health workers were killed and 128 were arrested. These incidents included airstrikes damaging hospitals or their surroundings, tanks firing at designated safe shelters, ground offensives targeting medical centers, and attacks on convoys (Insecurity Insight,2025). Nurses working at key healthcare institutions, such as the Ramallah Medical Complex Hospital have faced immense challenges, including increased patient loads, shortages of medical supplies, financial hardships, and threats to personal and job safety. They were forced to deal with increased chronic noncommunicable patient numbers including prisoners released from Israeli jails after liberty compromise, more trauma cases, and gunshot injuries treated under a pressure of limited access to medical supplies and medications. Further, such exceptional situation exacerbates their already demanding roles leading to more psychological distress, and socio-economic hardships among nurses.

1.2 Significance

Nurses play a pivotal role in providing primary care, especially in war-torn regions. Their insights into the immediate challenges they face, as well as their coping strategies, are crucial for the development of appropriate interventions to support the healthcare workforce (Abdu & Yassin, 2023). According to a study by Khamis (2016), healthcare workers in conflict zones are often exposed to high levels of stress and burnout, which can negatively influence their mental, social, physical health outcomes besides financial status which consequently affecting their ability to provide care. Furthermore, a recent report by the Palestinian Ministry of Health (2023) highlighted the increased psychological distress among doctors, nurses, and paramedics in the West Bank, leading to both physical and emotional strain due to their prolonged exposure to violence expressed by shooting them besides detention.



By identifying the key challenges nurses faced, focal points in the Ministry of Health can highlight the potential strategies for improving healthcare support in future crisis situations.

1.3 Problem Statement

The October 7, 2023, conflict has disrupted healthcare services overall the West Bank, placing significant physical and psychological burdens on nurses at hospitals particularly the Ramallah Medical Complex Hospital which serves as the main centered hospital. According to a report by Abduh & Yassin (2023), nurses alike other healthcare professionals in Palestine have faced multiple challenges in responding to the increasing demands of patient care, confronting overwhelming workloads, emotional trauma, and resource shortages, with ongoing threats to their personal safety. Despite nurse's crucial role in healthcare delivery, little research has been conducted to understand their perspectives on how the war has affected them personally and professionally. Without addressing these challenges, there is a risk of burnout, reduced quality of care, and long-term mental health consequences among nurses. Therefore, the study seeks to bridge that gap by exploring the direct and indirect impacts of the war on nurses in Ramallah Complex Hospital based on their self-perspectives.

1.4 Aim

The study aimed to explore the perspectives of nurses at Ramallah Medical Complex Hospital concerning the impact of the October 7 war on their professional duties, economic status, mental health, and social well-being identified by specific confronted challenges in terms of physical and emotional safety concerns in such conflict zone.

1.5 Specific Objectives

1. To explore the challenges nurses faced in terms of accessing hospital resources, providing quality patient care, financial hardships and job security concerns, which pose a devastating psychological and emotional stressor.
2. To identify the coping strategies and institutional interventions that may enhance nurses' resilience and well-being in conflict settings.

1.6 Research Question

How do nurses of Ramallah Medical Complex hospital perceive the impact of the October 7th war on their profession besides their daily financial coverage and social and mental well-being?

2. Methods and Materials

2.1 Study Design

A qualitative cross-sectional descriptive phenomenological approach was used to gain in-depth insights into nurses' lived experiences during and after the war. A phenomenological approach was chosen to understand the individual, subjective experiences of an individual. This design allows for a comprehensive in-depth,



thorough understanding of the participants' personal and professional struggles, coping mechanisms, and perspectives on improving healthcare resilience (Larkin, 2020).

2.2 Study Setting

Ramallah Medical Complex Hospital, is the main largest government hospital, located at Ramallah governorate, in the center of the West bank. The Palestinian Medical Complex (PMC), located in Ramallah, is a comprehensive healthcare facility inaugurated in 2010. The complex operates with a commitment to providing comprehensive medical services to the Palestinian population, addressing a wide range of healthcare needs. This complex encompasses five hospitals, three of which predated its establishment: the Ramallah Public Hospital, Al-Sheikh Zayed Hospital, and the Kuwait Specialized Surgery Hospital including a specialist cardiology hospital developed with funding from the Kuwaiti government through the Arab Fund for Social and Economic Development (Palestine Medical Complex,2025). The Kuwait Specialized Surgery Hospital, a notable component of the PMC, was developed to enhance Palestine's capacity in heart surgery and specialized cardiac care. Its construction and equipping were financed by the Kuwaiti Government through the Arab Fund for Social and Economic Development (Palestinian Economic Council for Development and Reconstruction,2025). In recent developments, construction has commenced on a modern pediatric intensive care unit, the Ahmed Abu Ghazaleh PICU, which aims to more than double the number of ICU beds in the West Bank, thereby reducing the need for external referrals for specialized pediatric care (Palestine Children's Relief Fund,2025). The chosen hospital includes nurses from variant West bank districts and localities including urban, rural, and camps. In addition, it encompasses nurses with diverse educational and experience levels statuses, besides different backgrounds and religion. This diversity provides valuable insights into how nurses encounter and respond to the challenges brought about by the war.

2.3 Study population

All nurses work at Ramallah Medical Complex Hospital, including 450 registered and vocational nurses, in addition to 43 nursing directors including one matron, two assistant matron, seven supervisors, thirty head nurses, chiefs of infection control, continuity education and quality assurance departments.

2.4 Sampling Strategy

2.4.1 Sampling Method

A purposive non probability sampling method was used for selecting the study subjects including nurses and managers in nursing, work at Ramallah Medical Complex Hospital while they are on their duty.



2.4.2 Sampling Size

A total of 50 nurses was tracked holding variant degrees in nursing science working in variant wards of the hospital, of which 10 out of them were nursing directors. All of them work at Ramallah Medical Complex hospital.

2.4.3 Sampling Subjects

In this study, the research subjects are individuals including nurses and managers in nursing work at Ramallah Medical Complex Hospital, on their duty, of both genders disregards their age, level of education or experience, who are able to communicate effectively and have a good cognition. The participants among nurses include 20 staff and 20 practical nurse works at emergency room, medical and surgical ward, pediatric ward, labour and post-partum ward, intensive care unit, operation room, and outpatient clinics. Nursing directors include 10 nurses that are; head nurses of outpatient clinics, emergency, surgical, pediatric, two assistant matron, continuity education department and three supervisors.

2.5 Study Tool

Self-report developed tool composed of 8 exploratory open-ended questions, focus on nursing profession, was used to collect the data through convening with four focus groups of nurses composed of 10 individuals in each group, and in-depth semi-structured interviews with one group of nursing directors. Pilot study done by the help of one nursing manager in and a staff nurse work at Thabet hospital in Tulkarem on the 1st of March, to confirm the reliability and the validity of the developed questions. Four key criteria were used to establish the trustworthiness of the study tool findings including; credibility, transferability, dependability, and confirmability. In terms of credibility that confirms the reflection of the participants' experiences only, through incorporating multiple data sources, methods, and personnel perspectives, while using focus groups and in-depth interviews with a sample of nurses and nursing directors in nursing, in addition to the literature review perspectives (Ahmed, 2024). Respecting to transferability, a detailed demographic information about participants and a deliberate selection of nurses who work at Ramallah Medical Complex hospital from variant governorates and localities, give the researcher a chance to apply findings in other healthcare settings. Regarding dependability, it was ensured by explaining the adopted research process in details, including how data were collected, coded, and analyzed, while keeping a guided log of the developed refined interviews. Concerning confirmability, the researcher documented reflexivity by keeping a paper to record biases and assumptions throughout the study. Data and findings were linked directly to participant verbatim quotes about how the war impacted their profession ensuring these are directly connected to participants' narratives, that reflect their lived experiences rather than the researcher interpretations. The overall validity of the tool was assessed by examining construct validity and sensitivity of the developed tool for measuring the purpose of the qualitative study. Refinement of the 20 open ended questions of the developed tool was done after conducting a pilot study. Questions reduced from 20 to 8 representative open-ended questions.

2.6 Data Collection

After received a written approval from the Palestinian Ministry of Health, the study was conducted. A verbal agreement was taken from the matron and the medical directorate of the hospital to convene with the nurses. Four focus groups were selected from staff and vocational nurses, while semi-structured in-depth interviews were steered with one group of nursing directors working at Ramallah Medical Complex Hospital, after signing a consent form to be a participant in this study. Purposive sampling was used to select 50 participants with direct experience of the war's impacts sorted as 10 nurses in each focus group, and the last group composed of nursing managers was interviewed, to gain a deeper understanding of their experiences with the war, their perceptions of its devastating effects on their health and profession, and their views to improve the outcomes of the war, based on their responses to 8 exploratory open-ended questions to be handles scrutinizingly. The interviews were conducted in Arabic language, in a smooth quiet welcoming environment. Participants' responses were audio recorded for re-evaluation of the clarity of the questions later, whereby probing follow-up questions were used. Each interview lasted about 30 minutes, audio-recorded and transcribed for analysis. Translation and back-translation of interview were done later for the sake of analysis. The collection date of the study was on March, 2025 including the national reports launched by (2023-2024).

2.7 Data Analysis

Inductive thematic analysis was used with report generation to identify recurring patterns and themes in the interview responses. Transcripts were coded, categorized, and analyzed to develop a detailed understanding of the nurses' perspectives. NVivo qualitative data analysis software version 12 was used to assist in organizing and interpreting the findings.

2.8 Ethical Considerations

The study seeks ethical written approval from relevant Ministry of Health responsible for hospitals administration, besides the medial directorate and the matron of Ramallah Medical Complex hospital, to ensure compliance with ethical research standards. Participants were fully informed about the study's purpose, procedures, and potential risks before providing written consent. All of them were anonymized to protect participants' privacy, informing them that the data will be stored securely and used solely for research purposes. Participants were assured that they can withdraw from the study at any time without any consequences.

3. Results

Rigorous data was used in collecting the information to answer the study's' questions and objectives thoroughly by using semi-structured interviews to afford the flexibility in providing participants with full chance to expand their answers freely.

3.1 Demographic Data of the Participants

A total of 50 nurses were interviewed of which 40 were nursing directors and the remaining staff and practical nurses; the majority were females (n=35); Most are married and nearly one thirds of them belonged to the age group of 41-50 years (n=26). The



majority had more than 10 years to 20 years' experience (n=23). In particular, Table (3.1) illustrates demographic characteristics of participants.

Table 3.1: Participants' Demographic Data of Focus Group

Variables		Frequency	Percent (%)	
Age	20-30 years	6	12%	
	31-40 years	10	20%	
	41-50 years	26	52%	
	51-60	8	16%	
Gender	Male	15	30%	
	Female	35	70%	
Marital status	Single	14	28%	
	Married	29	58%	
	Widowed	4	8%	
	Divorced	3	6%	
Experience	Less than 5 years	4	8%	
	5-10 years	9	18%	
	>10-20 years	23	46%	
	More than 20 years	14	28%	
Level of Education	Diploma	20	40%	
	Bachelors	20	40%	
	Higher than Bachelors	10	20%	
Position	Nurse	40	80%	
	Nursing director	Head nurse	4	8%
		Chief Unit	1	2%
		Supervisor	3	6%
		Assistant Matron	2	4%
Ward where work	Administration Department	Assistant Matron	2	4%
		Supervisor	3	6%
	Medical/Surgical Unit	9	18%	
	Intensive Care units	6	12%	
	Continuity Education	1	2%	
	Labor and post-partum	4	8%	
	Pediatric	4	8%	
	Emergency Room	10	20%	
	Operation Room	5	10%	
	Outpatient clinics	6	12%	
Monthly Income	Less than 3000 NIS	16	32%	
	3000-5000 NIS	27	54%	
	>5000- 8000NIS	4	8%	
	>8000 NIS	3	6%	

3.2 Coding Process

Coding is a systematic technique for classifying and analyzing text to identify themes, patterns, and insights, begins with familiarization, followed by open coding-



segmenting data into meaningful chunks with descriptive labels. Ensuring consistency involves comparing newly coded data with previous segments. Finally, coded data is interpreted to synthesize findings and draw meaningful conclusions (Lindgren et al., 2020; & Creswell & Clark, 2017). Table (3.2) shows the coding-construction form.

Table 3.2: Coding Constructive Form

Themes	Subthemes	Category
Nursing Working Conditions' Hindrances	Physical and Psychological strain	Limited healthcare provision (nursing shortage, shortage of medical supplies and resources)
		Patients' aggressive behavior and increased demands
		Political instability (Checkpoints delays, movement restrictions and soldier's violence)
	Lack of Professional Development Support	Decrease in training on educational progress workshops
		lack of institutional debriefing programs
Family and Personal life Disruptions	Emotional Distress	Parenting under stress
		Relocation for work
	Social Relations Interferences	Strains on internal family relations
		Loss of social connections with relatives, friends, and neighbors
	Financial Struggles	Salary delays and reductions
		Increased cost of transportation and living
		Additional burdens linked to bank debts and checks
Security and Safety Concerns	Fear of arrest or shot by settlers or armed soldiers	
	Fear of home demolition and displacement	

3.3 Themes and Subthemes

Two major themes were explored from the voices of nurse's work at the governmental Ramallah Medical Complex in Ramallah governorate, in accordance to perceptions of impact of October ,7 war on their profession and other life aspects from nurses' point of view in the qualitative evident inductive analysis that are:



(i)nursing working conditions' hindrances and (ii) family and personal life disruptions, as shown in (Table 3.2).

3.3.1 Theme #1: Nursing Working Conditions' Hindrances

Based on participants' responses, several codes were emerged. These codes were categorized in two subthemes and five categories were found under the main subject.

3.3.1.1 Subtheme 1: Physical and Psychological strain

One such subtheme was " Physical and Psychological strain," which included situations in which patients suffered from pertinent and understandable advice. This subtheme further divided into areas like " Limited healthcare provision," where participants reported that there is a significant nursing shortage in the wards in comparison to the increase in number and complexity of patients cases seeking healthcare services in addition to the profound shortage in medical supplies and resources particularly medicines of the chronic non communicable diseases, and " Patients' aggressive behavior and increased demands "where nurses expressed that patients become demanding and nervous ,reflecting their anger on the team due to lack of essential medications and laboratory tests. "Political instability" also let nurses feel under pressure. Frequent closures and Israeli checkpoints on the entrance of the governorates resulted in delays in attending work, movement restrictions and soldier's violence increased the problem among nurses of physical and psychological strains, pushing them to more emotional distresses besides arriving work exhausted. Based on the responses given by participants, an analysis of the physical and psychological nurses experienced daily while providing service to patients revealed numerous important findings. Due to the increased workloads accompanied by absence of managers' support and empathy in case of delays on checkpoints, nurses feel burned out and physically exhausted.

A head nurse expressed concerns about experiencing long and exhausting commutes due to Israeli checkpoints.

"...Most of time, I have my breakfast on the road to Nablus while waiting for Israeli soldiers to give permission to move across Atarah barrier; it took three hours instead of one hour to reach Nablus." I arrive home exhausted, feeling upset, nervous, and under vacuum; Nurses are burned out due to pressure and increased patient load..." (P #7).

In the meantime, another staff nurse indicated that lack of showing empathy from her head nurse and the supervisor when she arrived late on duty cause distress for her, in addition to being exposed to the aggressive behavior of patients since the start of October war especially when they miss their appointment or their regular medication. "... The head nurse doesn't show empathy with the problem of transportation to work... always he threatened me with the cut-off or hours when I come late...". Also, she added "Patients and their families become more tough and problematic, jumpy and ready to hit nurses because of trivial things." (p#12).



Another practical nurse comment on increasing work load, stressing the point of staffing shortage and medical supplies which in turn lead to both physical and psychological strains.

“...Sometimes we were obliged to be on duty from 7 am to 7 pm, doubling the shift because of barriers and closures; There is a noticeable increase in the number of patients, particularly diabetes and cardiac, as they come to receive treatment in government hospitals and use insurance coverage...” (p#32).

Another staff nurse added “...we suffer from severe deficiency in essential medications like aspirin and metformin. Nowadays, the intravenous antibiotics are not found in Ramallah hospital...” (p#17).

3.3.1.2 Subtheme 2: Lack of Professional Development Support

Second subtheme was "Lack of Professional Development Support," which reflected nurses' complains about decrease in training on educational progress workshops as most courses and face to face workshops were cancelled and converted to zoom meetings for all medical team members. However, Basic life support (BLS) and advanced life support (ALS) training courses continued. The hospital imposed taking these courses for all new nurses. Renewal of the certificate of ALS and BLS by on hand training for the new and the old nurses are emphasized. Additionally, neonatal resuscitation and safe delivery on hands training also given to all nurses who work in neonatal and labor wards.

An assistant Matron said” ...all educational workshops face to face were cancelled and substituted with zoom meetings since the eruption of October war due to political instability situations... In spite of the war basic life support and advance life support training courses continued with no stop... Further, training on neonatal resuscitation courses also continue in addition to safe delivery in emergency cases” (p#4).

One registered nurse added that all educational conferences even plan for earning new scientific degree were postponed because of the miserable situation of the checkpoints and the military operation.

“Because of October war, I deterred the idea of earning a new degree in education...; No future plan to continue education or do anything new in the presence of these disastrous Israeli checkpoints.” (p#23).

Nurses complain of lack of institutional debriefing programs to alleviate their tension in the presence of daily exposure to variant stressors. Instead, they reported increase level of anxiety among them because of pressure practiced by their managers to be on time disregards the closures of the main roads.

One registered nurse expressed his concerns by reporting worries about the administrative strategies directed toward nurses when handling the ongoing daily transportation problems across checkpoints.

“Managers don’t think about training nurses on how to handle stressors properly or even bring a specialist one to teach us debriefing sessions, tr to handle stressors in a healthy way ; some head nurses don’t offer psychological support for nurses , on



opposite they punish them when they miss the duty and add more pressure.; On regret, the hospital doesn't care about nurses, managers do not care about conducting psychological debriefing sessions for nurses who experience psychological stress and anxiety at checkpoints..."(p#41).

3.3.2 Theme #2: Family and Personal life Disruptions

One other significant theme was linked to the family and personal life disruptions of nurses since the start of October war. Four primary subthemes were identified from these themes including; Emotional distress; social relations interferences; financial struggles; and security and safety concerns.

3.3.2.1 Subtheme 1: Emotional Distress

This subtheme originated from the evaluation of participant responds, with two variant categories including involvement in parenting under stress and relocation for work. The October war has significantly impacted parents, placing immense emotional, psychological, and physical strain on families.

One of the major stressors for parents has been the difficulty in providing a sense of stability and normalcy for their children as they arrive home exhausted after a long day of work at the hospital besides awaiting long hours on the barriers to pass. Schools have been disrupted, forcing parents to take on the role of educators while managing their own work and household responsibilities. Emotionally, parents have had to support their children while managing their own psychological distress. Many children have exhibited signs of fear, anxiety, and nightmares due to the war, requiring parents to provide comfort and reassurance despite their own struggles. The emotional toll of witnessing destruction, loss of loved ones, or forced displacement has left many parents feeling overwhelmed and powerless.

One married staff nurse from Tulkarem and have four boys reported being exhausted, torn out, and unable to accomplish her parenting role properly.

"After finishing a long, exhausting shift at the hospital, I have to wait for hours at the checkpoint just to get home. By the time I arrive, I'm completely drained, can't even cook for my children or tide the house, just wanted to sleep, my children are waiting for me, scared and confused. They ask me why everything around them is falling apart, and I have no answers. My youngest wakes up crying from nightmares, and my oldest refuses to sleep alone. I try to comfort them, but inside, I'm just as broken. How can I give them a sense of normal life when I don't even know what tomorrow will bring?" (participant# 47)

3.3.2.2 Subtheme 2: Social Relations Interferences

October war has affected family dynamics and relationships. Stress and trauma have increased tensions between spouses and among extended family members. The inability to provide a safe and secure environment has led to feelings of inadequacy among parents, further deepening their emotional burden. In terms of strains on internal family relations, all nurses suffered from deterioration in their internal familial relationships with their partners as well as their children.

One supervisor from Nablus used to work double shifts three days and then go home at the week end reported changes in his temper and patience.

"My relationship with my wife and children has suffered because of the constant stress. I come home emotionally and physically drained, unable to engage with my family like before. My patience is thinner, and small arguments turn into big fights because we are all living in fear and uncertainty." (participant#6)

Respecting to complaining of loss of social connections with relatives, friends, and neighbors, female nurse particularly reported dramatic change in the nature of their relations with all around because of being tired out emotionally and physically.

A female, married practical nurse worked for more than 10 years in the hospital indicated a change in her ambition to be involved in the social relations even with her friends after experiencing October war traumatic events.

"I used to visit my parents and see my friends regularly, but now, between long shifts and security restrictions, I barely have time or energy. The war has isolated me. I don't even know how my relatives in other cities are doing because communication is so difficult." (Participant #14)

3.3.2.3 Subtheme 3: Financial Struggles

Financial struggles and economic hardships post October war have further exacerbated stress, as many families lost their sources of income due to the war. Parents have had to make difficult choices regarding basic needs, such as food, healthcare, and education. Salary delays and reductions to 70 % in the best months, in addition to the rising cost of living and lack of employment opportunities have added to their burden, leading to frustration, guilt, and helplessness.

A staff nurse, married, have a big family with two children in private schools, reported her concerns regards the upsurged rising prices of living condition under the recent condition of the war.

"Every month, I wait anxiously, hoping my salary will be deposited, but even when it comes, it's only 70% of what I used to earn. My husband lost his job in Israel due to the war, and now I am the only provider for my family. Prices of food and clothes have doubled, and I can barely afford my children's school fees. I feel helpless when the school ask for a new formal dress, I simply can't pay for. I decide to move my children out of this school to a government one in opposite of my children wish" (Participant #33)

Additionally, the burden of bank debts and unpaid checks has significantly worsened the struggles of nurses during the October war. With delayed or incomplete salaries, many nurses found themselves unable to meet financial obligations, leading to increased stress and anxiety. The mounting debt, coupled with rising living costs and job instability, has placed immense pressure on them, affecting both their professional performance and personal well-being. Many nurses have expressed their frustration over the financial strain, stating that they are unable to provide for their families or pay off loans, forcing them to seek additional work or rely on external support.

A married, male, head nurse reported his suffering of bank debts which added more burden to his daily stressors, pushing him to the edge.

"I am drowning in debt because my salary barely covers the basics. The war made everything more expensive, and now the bank is after me for overdue payments. I can't even focus at work because of the financial stress." (Participant #8)

3.3.2.4 Subtheme 4: Security and Safety Concerns

As violence escalated, parents faced the challenge of ensuring their children's safety while dealing with their own fears, uncertainties, and trauma. Many had to navigate disruptions in daily life, including displacement, loss of income, and limited access to essential services such as healthcare, education, and psychological support. The fear of sudden attacks by settlers, bombings, or arrests and fear of home demolition and displacement has created a constant state of anxiety, making it difficult for parents to focus on long-term planning or their children's future.

A female, staff nurse from Nablus, revealed that she was obliged to be on duty disregards the complexity of the roads as she exposed to humiliation from the Israeli soldiers and threatened to be arrested.

"...Since October war, we don't receive our salary complete and the requirement of life becomes expensive ...I don't have other choice than going work daily despite of being abducted on the barrier for hours last week, being exposed to humiliation ...; witnessed young people being arrested, shot m imprisoned on checkpoints. These events make me upset and stressed out... These traumatic situations made me anxious and depressed, worried severely for my sons because of the daily violence." (p#46)

A male nursing director from Jenin work at Ramallah Medical complex stated that he is overwhelmed of being displaced.

"Every night, I go to sleep not knowing if my home will still be standing by morning. The fear of demolition and being forced to leave everything behind haunts me constantly. At work, I try to focus on my patients, but the thought of my family being displaced while I am away overwhelming me. My children ask me if we will have to move, but I have no answers for them." (participant#3)

4. Discussion

Overall, armed conflicts adversely affect nursing profession especially in educational progression and practice field. Nursing professions rely deeply on continuous on hands training and access to medical resources, where both of them are disrupted by ongoing conflicts (Takoutsing et al., 2023). Nurses are exposed to serious and long-lasting physical, mental, social and economic consequences of wars.

4.1 Theme#1: Nursing Working Conditions' Hindrances

Since the second world war, there was emphasis on the social, political and economic effect. Nurses who witnessed one of the most devastating wars of 21st century, Russia-Ukraine war reported that nursing care is devoted to provide continuous services to the individuals and be volunteers in affording emergency care for those involved in the war, while expose their selves to several forms of danger which added more physical and psychological strain upon their shoulders due to nursing shortage and lack of of medical supplies and resources which is congruent with what was reported in this study (Bhardwaj,2022). Recent research shows that wars in general affects nurses' well-being as workload and emotional demands increase, staffing shortages, irregular work hours, lack of medical resources, heavy administrative demands, and patient complexity, intensify during wars(Zasiekina and



Martyniuk,2025). Reviews also reported addition of more intensified physical and psychological strains on nurses during Yemen war due to shortages of medical resources, and nursing shortage which was induced by the migration of skilled medical personnel (Kann,2025). A war of Syria as well as Iraq resulted in a significant shortage of nurses and medical supplies. Medication of chronic non communicable disease were profoundly missing as indicated in this study (Bdaiwi et al., 2023; & Barnett-Vanes et al., 2016). Syria civilian war resulted in significant losses of medial supplies and equipments, besides massive migration of the qualified nurses and doctors, significantly impacting nursing tolerance to deal with the increased number of patient under the war circumstances which aligned with what nurses int his study revealed (Korkmaz & Baykal,2024).Moreover, researches found that movement restrictions and increased violence hinder healthcare provision to patients in addition to adding more physical and psychological tension among healthcare workers. Also, political instability in Libya affected nurses' movements across hospitals, as most of them were exposed to violence and humiliation while trying to reach their work places, which showed congruency with what reported by nurses in this study but less severely than seen in Libya. The report highlighted the need for debriefing institutional program to alleviated suffering of nurses. Also, the report indicated that the greatest limitation was found in the availability of basic medicines across Libya during war, with a score of only 16% as revealed in this study concerning absence of the essential drug for chronic non communicable diseases that constituted the biggest strata of patients (European Union,2022). After Iraq war, a study found that limited access to medical health facilities significantly affected healthcare quality and put medical team under vacuum physically and emotionally. Similarly, blockades and restrictions in Iraq and Yemen after armed conflict have had akin effects as this study indicated too (Barnett-Vanes et al., 2016).

In terms of professional development support, wars in general impacts the educational progress. In Yemen, the war led to destruction of health educational institutions impacting the training courses of BLS and ALS negatively. About 53.65% Yemeni nurses got the training of Basic Life Support (BLS) during the war which was incongruent with this study as the majority of nurses in Ramallah hospital took these training courses regularly (Kann,2025). Nursing education and training have significantly been impacted by this war of Syria as well as Iraq, including the destruction of medical universities, hospitals and healthcare center, but less than were reported in Yemen and more than reported in this study (Elnakib et al., 2021). During the Russian invasion to Ukraine, nurses experienced recurrent exposure to traumatic events, marked by inadequate contact with nurses' families, overwhelming workloads, and limited opportunities for nurses to maintain debriefing significantly increased the emotional burden on healthcare personnel which in turn induced emotional exhaustion and burnout (Zasiekina & Martyniuk, 2025).According to Sudan war, literature reveals considerable challenges for education as well nursing practice after damaging significant number of medical educational institutions over the last three years which in turn reduced the training courses of emergency, and deter the joint meetings with



variant educational workshops as noticed in the current study (Omer et al., 2024). However, Sudanic nurses were not disappointed and complete their education degree despite unstable circumstances which showed better trend than nurses in Palestine who express unwillingness to earn new academic degree after October war (Qayumi et al., 2024). Further, in Libya after experiencing armed conflict, hospitals foster resilience through activating debriefing sessions, peer support groups, counselling services, and stress management workshops after exposure to increased violent incidents accused by patients. Leader training for nursing managers and supervisors were activated to build trust and alleviate suffering of nurses because of loaded work, assisting them in navigating high-stress situations. Professional development further increase confidence and prepare nurses with strategies to handle patients' aggression (Rahama et al., 2025).

4.2 Theme#2: Family and Personal life Disruptions

According to emotional distress, several quantitative and qualitative reviews delved in nurses' experiences in many armed conflicts experienced regions, including Afghanistan, Bosnia, Croatia, Korea, Kosovo, Iran, Kuwait, Iraq, Israel, Palestine, Russia, Somalia, Ukraine and Vietnam reported that some nurses faced professional burnout and disappointment, restricted practice authority, isolation and post-traumatic stress, which was aligned with this study findings as the majority of nurses either general nurses or directors reported suffering of burnout and thinking again and again of work rearrangement or even change the site of the work because of feeling exhausted across Israeli barriers in addition to pressures exerted by the nature of the cases being involved in (Fink & Milbrath, 2023). In Yemen and Syria, nurses provided emergency care for war-afflicted populations, exerting additional efforts to accomplish this task professionally, which induced physical, psychological and economic hardships significantly (Elnakib et al., 2021; & Tarnas et al., 2024).

In terms of parenting under stress, Scannell-Desch and Doherty (2013) discussed the effect of war on nurses' families to understand particularly nurses who were parents. Some nurses revealed their anxiety about child-care arrangements during their work shifts and worries that their prolonged absence would adversely affect their familial responsibilities negatively. Some nurses reported parenting distress as they were afraid of disappointing their family members' expectation to be nurturing and caring in the face of war's devastation situation consequently compound the stress of wartime nursing (Fink & Milbrath, 2023). Australian military nurses reported finding it difficult to communicate smoothly with them to their families and taking care of their needs (Conlon et al., 2019). These literatures coincided with what were reported in this study as some married nurses stated their worries concerning nurturing their children and feeling exhausted emotionally and physically due to long commutes hours on checkpoints, in addition to the increased number and complexity of patients at the hospital.

Respecting to social relations, some nurse found it difficult to fit back into the fabric of families' relations with their partners and children as well as their neighbors and relatives when returned to their homes in USA from the Middle East after the combat of Iraq. Additionally, considerable number of nurses described losing friends who



could no longer relate to them (Elliott, 2015). In a study of Palestinian nurses affected by the Gaza War, Shamia et al. (2015) found that nurses suffered from their work-related traumas during the war which consequently affected their interactions with their families, relatives and friends may therefore require additional interventions to cope with their experiences. Findings of the study also reflected suffering of almost all married nurses from draining on internal family relations, besides loss of social connectedness with their relatives, friends, and neighbors.

There is mounting evidence regarding the severe economic impacts of the Palestinian-Israeli conflict on the population at large. Armed conflicts have devastating effects on the economic status of nurses which directly showed interferences that disrupt their daily living conditions. A significant impact on the ability and willingness of nurse to continue practicing their profession due to the restrictions and safety concerns, in addition to financial struggle is detected in the West bank post October war sue to salary reduction to 70% of their rights. The conflict led to a progressive worsening of life conditions as reported by all nurses in this study which aligned with a study finding of a qualitative study conducted in Yemen ,as more than two thirds of Yemeni health workers experienced substantial stress and faced various pressures while providing life necessary services to their families because of chronic suspension of salaries in the war .Working conditions were dire as most of nurses reported receiving a nominal payment every 6 months instead of their monthly salary which led to high turnover of health workers and work relocation by displacement to other governorates or even migration to other countries to save a dignity life for their children (Elnakib et al.,2021). Similar financial struggle was highlighted among nurses in the context of the Syria crisis as economic inflation has continued to be substantially high during the war resulted in devastating economic hardship for nurses and their families (Footer et al.,2018). Nurses in other countries like Libya, Iraq, Sudan, Afghanistan also reported being exposed to economic hardships and poor living conditions impacted their families significantly during the war (Ataullahjan, et al.,2020). The finding of this study showed similar results to these countries experiencing financial struggles because of war.

In terms of security and safety concerns, reviews indicated that witnessing traumatic cases like murdering and demolition housed accompanied by living in traumatic reality where nurses experience their own war-related traumas like being arrested or shot might lead to negative personal and professional outcomes (Zasiekina and Martyniuk,2025). Attacks on nursing, sieges, incursion, and restricted access to their work institutions during the Syrian conflict caused a long-lasting and deep impacts on their psychological wellbeing and negatively impacted the nature of their delivery of care, resulting in workforce retention and double the risk of displacement among healthcare workers (Tarnas et al.,2024).This overall pattern of increased health team attacks and violence seen also in other ongoing conflicts, including Ukraine, Syria, Yemen, and Gaza; as well as in the West-bank resulted in fear and loss of security among healthcare workers and their families, in addition to exploring healthcare workers' heavy workloads. Actually, daily barriers and harassment at checkpoints, besides violence they faced ,highlighted the heightened vulnerability of health



workers to physical attacks, arrests, and intimidation as reflected in this study too (Gostin & Rubenstein, 2022; Abdelrahman & Haar, 2021; Elnakib et al., 2021; & Asi et al., 2024). Fardousi et al. (2019) in their qualitative study in Syria, stressed the point of nurses experiencing horror when exposed to gun shot, being abducted and exposed to humiliation while moving to their work. Moreover, nurses expressed being afraid on their families when leaving them behind and showed worriedness regards their home damage due to armed attacks, which was aligned with this study findings as reported by a quarter of nurses (Fardousi et al., 2019).

Limitation

The phenomenological approach mainly focusses on the individuality of the results, which makes them non-generalizable to a larger population, considered too subjective and therefore invalid. Participants' responses may vary depending on their mood, the setting, or how comfortable they feel sharing their experiences which expose the findings to the subjectivity of participants. Additionally, dominant participants may influence the discussion of the focus groups, leading to less reliable data, and the interviewer's tone or phrasing might unintentionally guide the participants' responses during gathering data when use in-depth interviews.

Nursing Implications

This study provides a valuable insight into the experiences of nurses in conflict settings. It assists in recognizing the coping strategies employed by the nurses, as well as the support systems in place present to help them manage the psychological toll of their work in a conflict zone. To enhance emergency preparedness and response during crises, healthcare systems should prioritize comprehensive training programs for medical staff. Educational workshops on post-traumatic care, advanced life support, and neonatal resuscitation ensure that emergency room nurses are well-equipped to handle critical cases.

Recommendations

Undoubtedly, establishing stabilization points in rural and high-risk areas, such as Jenin and Tulkarem, can help manage trauma cases and reduce the burden on hospitals. Expanding these stabilization points outside hospital settings will improve accessibility to emergency care and provide timely medical intervention during movement restrictions or closures. Nurses' wellbeing should be supported by establishing debriefing courses on site, besides improving the working conditions. Eventually, the current study requires quantitative evidence to complement qualitative insights, this design was insufficient alone as it lacked focusing on measurable outcomes. The combination allows for a comprehensive understanding of both measurable changes and the underlying mechanisms driving those changes. A longitudinal study is better than cross-sectional one in such type of studies in order to track the changes over time which is critical in understanding the war's immediate, intermediate, and long-term effects on nursing profession.



5. Conclusion

The October 7, 2023, conflict has severely impacted nurses in the West Bank, particularly at the Ramallah Medical Complex, placing immense physical, psychological, and emotional strain on them. The war disrupted healthcare services, resulting in increased workloads, resource shortages, and constant threats to their safety. Despite their crucial role, little research has been conducted to understand their challenges, leading to risks of burnout, reduced care quality, and long-term mental health consequences. The study emphasizes the need for improved support systems, including stabilization points in high-risk areas, debriefing sessions, and enhanced training programs. Moreover, a combination of quantitative and qualitative research would provide a more comprehensive understanding of the long-term impacts of the war on nursing professionals, ultimately leading to better preparedness for future crises.

Conflict of Interest

The author declared that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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