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## NURSE ADMINISTRATOR IN WARTIME: ADMINISTRATION OF NURSE TEAMS IN A NATIONAL EMERGENCY CRISIS

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### **Abstract**

*Background: Nurses around the world frequently find themselves at the front in times of emergency. During periods of crisis, they play an essential role both in leading and in problem solutions. Throughout the 7th of October war, Israeli nurse Administrator have been coping with challenges that involve the administration of nurse teams in a national emergency crisis.*

*Aim: to present the findings of a study designed to identify the challenges involved in administration of nurse teams in war. Furthermore, it investigates whether support resources received at home, at work, and from colleagues and superiors affect their coping with decision-making.*

*Methods: The study is conducted according to qualitative research paradigm, whereby data are collected from semi-structured interviews with a purposive sample of nurse administrators.*

*Results: The qualitative analysis yields give major topics: administration outlook of nurse administrators; challenges of nurse administrators during war; the support resources available to nurse Administrators at work and at home; and nurses' relationships with their direct superior.*

*Conclusion: Nurse Administrator experience meaningful challenges in wartime that can affect their personal and organizational resilience.*

**Keywords:** crisis; hospital nurse teams' administration; decision-making in time of crisis; resilience of nursing teams; Swords of Iron war.

**JEL Classification:** M54; I10.

### **1. INTRODUCTION**

This article describes the findings of a study that explores the challenges involved in administration of nurse teams in crisis situations in the context of the war that broke out on October 7<sup>th</sup>, 2023.

Crises are events that leaders and stake holders in organizations perceive as unexpected, highly prominent, and potentially disruptive (Riggio & Newstead., 2023). Crises can be defined as a severe threat to the basic structures or fundamental values and norms of a social system. Disasters and destructions that are increasingly growing around the globe, usually occur rapidly and without

any warnings. They can be natural disasters or man-made catastrophes, e.g., earthquakes, hurricanes, thunderstorms, regional conflicts or wars, as well as the outbreak of an infectious disease (Said & Chiang., 2020).

The pressure of time and circumstances of high uncertainty may necessitate making crucial decisions. The administration of crises is essential so that the system can resume orderly functioning as soon as possible (Sætren *et al*, 2024). Crisis administration is considered as a process of making crucial decisions under conditions of extreme uncertainty. It is characterized by the coordination of resources that are frequently limited in a complex context. Trust and communication are important aspects of crisis administration. The concept 'strategic crisis administration' is defined as a function of an organizational team, convened during a specific crisis for the purpose of strategic responsibility, coordination, and decision-making. Team members often come from different sections of the organization, and their daily roles in the organization vary (Sætren *et al*, 2024).

Leadership and administration, as well as communication and delivery of information, have been indicated as key factors that affect hospital functioning in times of emergency. Senior administration and leadership of healthcare systems during crisis are greatly important for a regular operation of the wards. One of the main components of successful coping with such situations is the ability of medical services, particularly the nursing system, to obtain the required human resources in real time. This relates to both nursing staff for taking care of the wounded and professional and emotional support of the team. Planning and preparing the medical response ahead of time, while consolidating a policy and setting order of priorities, might enhance the quality of care in states of emergency (Melnikov *et al.*, 2019).

Nurses constitute the greatest number of healthcare service providers, and they play key roles in the response to catastrophes and in their handling. They should have extensive knowledge, be competent and ready to respond to disasters. Hence, they must be sufficiently informed and capable of minimizing the impact and negative implications of the catastrophe on the community (Said *et al.*, 2020).

Furthermore, nurses are a key component in the process of coping with disasters, both in hospitals and in the community (Melnikov *et al.*, 2019). Nurse Administrator have a heavy responsibility for leading and administration in times of crisis, coping with endless challenges on a daily basis. Due to their prolonged experience in multiple tasks, nurse Administrator are in an ideal position to intervene as one of the leaders in the process of getting organized for the catastrophe. They are required to make decisions on an administrative level, such as: shortage of nursing teams, lack of sufficient funding, hospital staff's dissatisfaction, population aging, as well as the temporary human resources that are increasingly growing (Fahlgren & Drenkard, 2002).

Nurse Administrator must make numerous decisions within the context of work pressure and complexity. Hence, understanding and reinforcing their

decision-making processes may facilitate the making of high-quality decisions that have personal and organizational implications. Since they do not make decisions in a vacuum, to maximize desirable results and attain peak performance it is essential that they comprehend the cognitive processes which they monitor and the extensive factors that could affect these processes (Shirey *et al.*, 2013).

Decision-making is inherent, complex, and vital in Administrator' work, and its importance and role in the implementation of an organization's activities are extensively documented studies of administration. Nevertheless, there is hardly any research of the processes that nurse Administrator use for making decisions (Chisengantambu-Winters *et al.*, 2020). Nurse Administrator' decision-making forms one element in a complex and multi-responsible function, requiring the making of varied decisions for coping with the diversified conditions of the clinical area. These decisions can be either simple or complicated, often having meaningful implications for the patients' care, by facilitating the way hospitals and other healthcare facilities function. Administrator' ability to make proper decisions can be affected by different personal and conditional factors, including standards of policy, knowledge, competences, protocols, and healthcare environment (Chisengantambu-Winters *et al.*, 2020).

Since its establishment, Israel has encountered security challenges, with sudden and abrupt transitions from everyday routine to emergency states and vice versa. In times of escalation and war, hospitals located in areas within the combat zone must cope with many ordeals. They play a critical role in providing immediate medical care and support to the individuals who have been injured in the continuous conflicts, while dealing with considerable barriers, such as the risk of missile barrages, bombing, and security threats (Sberro-Cohen *et al.*, 2023).

The Swords of Iron war began on October 7th. Israel's healthcare system in general and nurses in particular played an important role in dealing with and responding to this crisis situation. The nurses displayed courage and bravery, treating thousands of wounded in the field, in homes, clinics, army bases, and hospitals. The heroic nurses fought for the life of the injured in difficult combat zones and under extremely challenging conditions, at risk to their own life.

This study was conducted at an Israeli hospital that served as a trauma center. Throughout the war, the hospital handled a great number of multi-wounded events and challenges, among them administration of teams in times of emergency, means of safety and protection, absence of medical and nursing teams, and so on. The research aim was to explore the challenges involved in administration of nurse teams in a state of crisis caused by war, understand the decisions with which nurse Administrator must contend, as well as identify the processes that can impact their way of coping with decision-making. This paper includes literature review, research methodology, research findings, discussion, conclusions, implications for nursing and healthcare policy, and recommendations for future research.

## 2. LITERATURE REVIEW

This crisis in Israel is just an example of the way healthcare systems and clinicians are gradually being affected by more complex emergency situations (Kolleda, 2024). Armed conflicts result in the flow of patients to the most accessible healthcare facilities, usually hospitals. These hospitals have limited resources and can rapidly be overflowed by injuries, including trauma from explosive devices, shooting, burns, traffic accidents, and so on. In environments with limited resources, the ability to adapt to the variety of cases is a challenge that requires extremely skilled professionals (Mani *et al.*, 2024).

Nursing has a rich history of administration and work in times of emergency (Fletcher *et al.*, 2022). Crisis situations are characterized by confusion, uncertainty, and stress, and a flexible approach is required for dealing with them (Turnipseed & VandeWaa, 2022). The demand for healthcare services exceeds the ability to supply them and the healthcare institutions' regular operation and logistics patterns are disrupted. Strong crisis leadership is crucial for providing a timely response. Hence, the hospital administration and the nursing team administration should be competent in making swift complex decisions. This sometimes occurs in the absence of full information and allocation of insufficient resources, resulting in the need to apply crisis standards of care (Veenema *et al.*, 2017).

During the COVID-19 pandemic, nursing team Administrator reported burnout, fatigue, and increased ethical dilemmas (Savage *et al.*, 2022). In a study of 21 nursing homes Administrator who had experienced the COVID-19 crisis, participants pointed out an overwhelming sense of responsibility for the patients and their families, considerable difficulty due to the constant shifts in instructions and protocols following government decisions, as well as anxiety, depression, insomnia, and fatigue, which motivated some of them to seek a career change (Gottlieb *et al.*, 2021; Savage *et al.*, 2022). In these situations, nursing team Administrator must face nurses and display mental and personal resilience, while making crucial decisions and dealing with changing emergency situations. This requires strategic skills and proper and professional administration that can lead to positive outcomes related to quality of care and a positive impact on staff members' morale (Marey-Sarwan *et al.*, 2022).

Research of 21 nurse Administrator from three hospitals explored the processes of decision-making that the participants applied for the purpose of coping with states of crises. (Shirey *et al.*, 2013). The research findings illustrated three elements that affected the process of cognitive decision-making of the nurse Administrator: personal, environmental, and situational factors. Moreover, the findings showed that the nurse Administrator' decisions were informed. Yet, about 76% of the research population indicated a chronic work-related pressure, manifested by sleep disorders. This might have affected the nurse Administrator' awareness and tendency to disregard "minor things", with

implications for the quality and safety of patients' healthcare. Nurse administrators who failed to function in a structure of a joint administrator rearranged orders of priority or ignored tasks they considered unimportant. This occurrence that is scientifically proven and is acknowledged as "task rejection", has been associated with human survival.

The conclusions of this research indicated that chronic exposure to work-related tension and complexity has an adverse impact on the nurse Administrator' health and on the processes of their decision-making, constituting a threat to personal and organizational consequences. Furthermore, making cognitive decisions is changing according to the nurse administrator' work experience, organizational factors, and work complexity. (Shirey *et al.*, 2013).

Another study conducted at a large municipal hospital in the northeastern US, known for its expertise in emergency preparation. It aimed to characterize and explore the essential components of efficient leadership in hospitals and in nursing care, identifying the events that were mostly required. Seventeen nursing team administrator and 36 hospital administrators were asked structured questions about their observations of crisis leadership during disasters and emergencies. The results indicated that in times of disaster or large crises, administrator demonstrated considerable concern and their decisions had a big impact on the outcomes and quality of the care provided (Veenema *et al.*, 2017).

In states of emergency and disasters, hospital teams often face high pressure that has a strong impact on their well-being and resilience (Shmul *et al.*, 2024). Moreover, a study of 1,442 Ukraine medical professionals and their resilience during wartime, assessed the emotional and physical well-being. The participants reported high levels of anxiety and depression. Respondents who reported anxiety, depression, and somatic symptoms also reported a low level of resilience. Nearly one third of the participants needed psychological support, but fewer than 10 % benefited from it in the last two years of the war. The research population sought support and assistance, including professional counselling to reduce anxiety and pressure, as well as spiritual support, relaxation techniques, coaching, and psychiatric counselling. These findings are in line with other studies of the wars in Afghanistan (2001-2014), Iraq (2003-2011), and the Israel-Hamas war, where healthcare professionals too experienced severe stress and anxiety. The research conclusion was that a combined approach that merged strategies for building personal resilience with organizational support was essential for improving well-being in the long term and for reducing the overall psychological overload on healthcare professionals, particularly during wartime (Sydorenko, 2025).

Healthcare professionals' effect of daily exposure to war and terrorism has not been well documented in the professional literature and little is known about the effect of perceived daily threat to nurses' personal sense of safety. In a qualitative study with 10 nurses who treated the injured during the war in Iraq, nurses indicated a sense of living under a shadow, difficulties involving dealing

with death, and memories and nightmares following difficult sights and stories related by families. They also spoke about their personal life, physical and mental health, and loss of personal security following the recurring bombing and the fear for their life (Al-Hawdrawi *et al.*, 2017).

The effects of psychological trauma on healthcare teams and the impact of terrorism and war on healthcare systems were the focus of a small number of studies (Al-Hawdrawi *et al.*, 2017). During the COVID-19 pandemic crisis, many studies were conducted for the purpose of understanding the way nurses were affected during the pandemic. Nevertheless, only a few studies addressed the experiences of nurse administrator (Ozmen & Arslan Yrumezoglu, 2022). Comprehending nurses' role in emergencies situations, as well as their challenges and preparation in the context of armed conflict, is essential for attaining this domain and their need for preparation when operating in these unique environments. Unfortunately, there is little evidence about the work of emergency nurses in the context of armed conflict (Mani *et al.*, 2024).

### **3. METHODOLOGY**

#### **3.1. Research Design**

This study was conducted according to the qualitative research paradigm in order to formulate the research aims. The researcher considered that this research method was suitable because it developed explanations for social occurrences. It focused on enhancing and expanding our understanding of the world in which we live and on the reason for things to be as they are. This study explored sociological aspects of the world, advancing specific areas, influencing decision makers, and determining specific social needs (Kang *et al.*, 2021). The constructivist epistemological paradigm of this study was applied since the researchers aspired to comprehend the investigated phenomenon, its complexity and its unique situation. Moreover, they wished to remain as close as possible to the unique world structure of the nurse administrator who participated in the research (Shkedi, 2007). The data were collected by semi-structured interviews with nurse administrator who had agreed to participate in the study. Content analysis was performed, yielding themes and categories.

#### **3.2. Research question**

What are the challenges and decision-making involved in the administration of nursing teams in a crisis resulting from war, and do support resources at home, at work, and from colleagues and superiors affect their coping with decision-making?

#### **3.3. Ethical Consideration**

The research protocol was written and approved by the nursing administration at the medical centre. The participants were chosen on the basis of

their role in the administration, which facilitated their familiarity with the research topic. Each of the research participants received the protocol, confirmed its content, and gave her consent to be interviewed. The research aims were explained to the interviewees, emphasizing that their privacy would be maintained. Each participant received a code (Creswell & Creswell, 2023). Moreover, the researcher emphasized that the interviewees could ask questions during and after the interview. The interview took place in comfortable quiet surroundings that allowed the interviewees to answer the questions freely with no interruptions. Nurses have a moral legal obligation to protect the privacy of individuals, and this is true in nursing research as well. It is important to obtain the participants' consent after full explanation of the research aim (Ingham, 2014).

### **3.4. Participants' Eligibility Criteria**

For the purpose of this study, the participants were chosen by the purposeful sampling in order to identify information-extensive cases related to the topic under investigation. The purposeful sampling method is applied extensively in qualitative research and involves the choice of individuals or groups of individuals that have special knowledge of a certain occurrence (Creswell & Creswell, 2023).

The research population comprised five senior nurse administrator who were in charge of the nursing staff, out of seven administrator that worked at the hospital. Two nurse administrators refused to participate in the research. This sample was in line with the recommendation of Creswell & Creswell (2023) for a minimal sample of three participants. Samples of qualitative studies with a similar sample are discussed in several studies. For example, Kagan & Cohen (2025), who explored activities of nursing school administration and described the adjustment strategies of academic frameworks during periods of war. The researchers interviewed five out of seven heads of nursing faculties in the conflict zone of the Swords of Iron War. Moreover, Anker-Hansen & Johansen (2025) examined nurses' experience during nurse-patient interaction while engaging in decision-making processes. In the study, too, the interviewees were five nurses who worked in healthcare centers, designed to provide patients' a medical response at their home.

The medical center in which this study was conducted serves as a regional trauma center located at the center of Israel. It was involved in a great number of the war challenges, including providing care to many wounded, coping with shortage of safety means during missile attacks, dealing with absence of staff, lack of equipment resources, and so on. The nurse administrator was chosen due to their role in the hospital and their acquaintance with the researched issue.

Qualitative researchers tend to collect data in the field, where the participants experience the investigated problem or topic. The data analysis is inductive, forming research patterns, categories, and topics from the bottom up.

The main concept underlying qualitative research is to learn about the participants' problem or topic and conduct a study to obtain this information (Creswell & Creswell, 2023). The data for the current study were collected at a hospital that experienced and is still experiencing the challenges of the war, where nurse administrators are compelled to deal with experiences and challenges involved in administration of the teams and making decisions.

**Table 1. Profile of the Research Population**

Profile	Interviewee	Interviewee	Interviewee	Interviewee	Interviewee
	1	2	3	4	5
Age	37	53	61	52	59
Gender	Female	Female	Female	Female	Female
Academic education	MA	MA	MA Registered	MA	MA
	Registered nurse	Registered nurse	nurse	Registered nurse	Registered nurse
Length of experience	14 years	27 years	34 years	22 years	36 years
Seniority in current position	1 year	1 year	3 years	2 years	4 years
Marital status	Married	Divorced	Divorced	Married	Single
Children	Yes	Yes	Yes	Yes	Yes
Culture	Arab	Jewish	Jewish	Jewish	Jewish

Source: Authors owns processing

### 3.5. Data Collection Instrument

This study consisted of semi-structured interviews with open-ended questions compatible with the literature review. They were grounded in the literature review, as well as in two pilot interviews that explored the questions, finding them suitable for accomplishing the research aims. During the interviews, the participants were asked to provide demographic details such as age, gender, seniority in their role, length of experience, schooling, marital status, and number of children, if they had any (Table 1). The interviews lasted 45 - 60 minutes each. They were recorded and transcribed after the researcher listened to them at least 3 times. The interview guide is illustrated in Table 2.

**Table 2. Interview Guide**

1. Tell me a little about your work and how you came to be part of the nursing administration. What are the administration's fields of activity? How do you see the importance of the administration within the overall structure of Israel's healthcare system? Who is included in the administration and what is its function?
2. What decisions do you make as an administrator of the nursing staff? To what are these decisions connected?
3. What do you need in order to make decisions in the current period?
4. How would you describe your relationship with your role partners and colleagues?

5. What do you lack in your work as a nurse administrator at the hospital? What is stressful for you?
6. What are your support resources at work?
7. What are your support resources at home?
8. Describe a moment when you simply wanted to get up and leave, and why. What made you feel that way?
9. In your opinion, what has the most impact on your resilience?
10. With what challenges have you been coping when administration of nursing teams over the past year, with Israel at war on several fronts?

Source: Authors owns processing

### 3.6. Data Analysis

Thematic analysis was performed for the purpose of analyzing the obtained data (Creswell & Creswell, 2023). During the data collection, the researcher began analyzing and understanding the participants' narratives. Since the data were recorded and transcribed, the researcher heard the recordings at least three times, allowing her to verify the transcripts. Then, the data were coded and categorized by subthemes. During the thematic analysis, the transcripts were checked often to verify that the interpretation remained loyal to the interviewees' conceptions. After coding all the transcripts, the yielded codes were categorized to form subthemes and themes (Table 3).

## 4. FINDINGS

The findings derived from the content analysis are presented in Table 3.

**Table 3. Theme and Related Categories**

Theme	Challenges Involved in Administration of Nurse Teams in a State of Crisis (The Swords of Iron War)	
Categories	1. Administration's outlook of being in change ☒ <i>"Being responsible and reaching critical decisions"</i>	4. Support resources at home ☒ <i>"I began to ride a mountain bike. Look, it relieves stress"</i>
	2. Challenges and barriers ☒ <i>"A very taxing time, nationally, personally, and professionally"</i>	5. Relations with the direct superior ☒ <i>"[I] need organizational attention, backing, and uniformity"</i>
	3. Support resources at work ☒ <i>"You can talk, but not about work. Conversations like: How are you doing? How are things? I don't have enough of that here"</i>	

Source: Authors owns processing

Five main categories resulted from the content analysis: The administration's outlook of the nurse administrators, challenges and barriers for nurse administrators during wartime, support resources of nurse administrators at work, support resources at home, and relations with the direct superior.

**Category 1** – The administration's outlook of being in charge: “The administration is actually the professional element that also mediates between the [hospital] departments and the Ministry of Health”

The findings that were yielded from content analysis of the interviews with senior nurse administrators showed their perception of their administration during the war, the responsibility they felt for the patients and staff, as well as their constant concern for outlining national and institutional policy for those in the field. Evidence of this category can be found in quotes of nurse administrators: “The administration is responsible for reaching decisions in states of emergency”, “The aim of the administration is to supervise many areas”, “The administration deals primarily with a range of areas, each of which is actually very critical for development and empowerment in the field, whether regarding quality or human resources”, “To apply national policy in the field, to also outline policy and bring it to the field; there is constant transmission of information from the national level to the local level”. Thus, nurse administrators perceived their role as meaningful and central, including decision-making in states of emergency. Moreover, they considered the incessant outlining of policy as an integral and important part of their role in wartime.

To sum up, one may acknowledge that in times of crisis (The Swords of Iron war), nurse administration was perceived as a versatile process responsible for making decisions in emergencies and for developing and empowering human resources, i.e., the nurse teams. Nurse administrators believed that their role was essential and highly important mainly as far as responsibility for the staff and patients was concerned, as well as for outlining policy of the Ministry of Health and the hospital administration during wartime as well.

**Category 2** – Challenges and Barriers: “During the shift I am occupied with empowering the staff”

The findings that came up from content analysis of interviews with senior nurse administrators illustrated challenges and barriers in a time of crisis (The Swords of Iron war) that were a trial for the nurse administration. Furthermore, they had to change their administration patterns due to task complexity, with the aim of accomplishing the aims they had set for themselves as administrator versus point-of-care nurses. Evidence of this category can be found in quotes of nurse administrators: “[I] hear stories that are not simple”, “We are in a different situation and this makes my tasks much more complex”, “A multi-casualty event changes the state of affairs in the entire hospital”, “There are many people who are not here for all kinds of reasons. Some of the staff of whom I am in charge

represent either the personal aspect of coping or they themselves are serving [in the army], or there is [someone] in their family, or spouses, or children, and this undoubtedly infiltrates their work and also affects their ability to function during this time”, “And to adapt our administration as well to the times and to understand that each and every one of us here, both we as administrator and the people who are our subordinates, the staff, are in a state of crisis now”. “The personal part that infiltrates the professional part, it’s very hard to separate them this year”. Thus, nurse administrators during the war experienced the administration of challenges and barriers that were previously unknown to them, primarily the challenge of point-of-care nurses who faced family challenges and difficulties in wartime. They also realized that the state of the hospital could change at any given moment due to the war and all its implications and they had to be prepared. Consequently, they perceived their role as one that required understanding and containing themselves and the rest of the staff they administered.

To sum up, one may acknowledge that in times of crisis (The Swords of Iron war), nurse administrators experienced the times as very challenging, with challenges and barriers that were not always controllable. This was due to the fact that they and the rest of the staff have faced essential challenges such as children who were mobilized, the loss of family and friends due to the war, the injury of soldiers, and others. This state necessitated them as administrator to better understand point-of-care nurses and to change part of their administration outlook so that the workflow was retained as much as possible during the war.

**Category 3 – Support Resources at Work:** “I would be glad if we too had somewhere to vent”

The findings yielded from content analysis of interviews with senior nurse administrators indicated the need for support resources at work during a war that constitutes a huge crisis for the healthcare system in general and hospitals in particular. During such states of crisis nurse administrators do not always feel they receive such resources at work. Evidence of this category was found in quotes of the nurse administrators: “There is still loneliness here. There is still a sense of loneliness”, “Every day we go through some things that are not simple. [I] think that this is part of our resilience, that we should also have fun together”, “I don’t think there’s any [specific] source that I can identify as a support resource for me”, “I think that in some way we also have to work on our inner resilience, in our team, because I at least can attest that I have excellent containment abilities but I feel that sometimes I also need to be contained by someone, and that is lacking here”, “I do need more time with an element such as the head nurse, or her deputies, for a calibrating conversation on whether the direction I am taking is suitable or not, whether my decision is correct or not, , it's not black and white”, “There is a need for more funds and I need office services”. Thus, nurse administrators expressed a considerable need for support

resources at work that were not always provided during wartime. Such resources included among others administrative resources, human resources such as working on the personal resilience of the entire administration team, as well as time with the direct administrator and her deputies to receive support and confirmation of the work processes and containment of their feelings in a time of crisis.

To sum up, one may acknowledge that in times of crisis (The Swords of Iron war), nurse administrators felt a strong need for support resources at work. These constituted a foundation for their ability to continue functioning in challenging times, resources that they often did not always feel or experience. They also experienced pressures and challenges outside work and the job. Hence, in their view it was necessary to offer them containment and a sense of resilience and support. Moreover, they attributed great importance to working on their personal resilience, which formed an integral part of organizational resilience, in addition to maintaining the resilience of the teams they administered.

**Category 4 – Support Resources at Home:** “I have a very supportive mother but still, ultimately, she’s my mother and I would like [to have] a friend”

The findings that came up from content analysis of interviews with senior nurse administrators indicated their support resources at home, primarily the nuclear family, friends, and engagement in athletic activities. The content analysis also showed that nurse administrators had to be available and work from home as well. Evidence of this category can be seen in quotes of the nurses: “Sometimes I feel that we take care of [our] children but don’t really take care of ourselves as parents”, “My sisters are my support resource”, “There is my mother, I wish her good health, my sister, I also have friends, I have good friends whom I can trust when I need them. That’s about it”, “I also do my best to clear some time for myself, to generate some resilience for myself, some gym, going to [see] a good play”, “work enters the home”. Thus, nurse administrators consistently reported that their support resources at home were the nuclear family, friends, and athletic activities that helped them maintain resilience. Some of the interviewees mentioned that during this period work “entered the home” and it was not always possible to separate the home from work-related needs.

To sum up, one may acknowledge that in times of crisis (The Swords of Iron war), the support resources at home reported by the administration staff were similar and included family, friends, and athletic activities. Nonetheless, some of the interviewees pointed out that work entered their personal life and they were not always able to control it. This was also a challenge in a time when the need for quiet and for spending time with the family and children at home, including time for yourself, was not always possible.

**Category 5 – Relations with the Direct Superior:** “I need transparency of the administrator with us regarding all that’s happening”

The findings that came up from content analysis of interviews with senior nurse administrators indicated the feelings and relationships between nurse administrators and their direct superior. Evidence of this can be seen in nurses’ quotes: “It’s very much professional relations alone”, “I would be glad if we too had somewhere to vent”, “What I miss even more is the issue of communication among us. Whether on the professional level, the topic of transmitting information. Lots of things are happening here, especially in these times, lots of changes that are involved here, people each in their own area”, “Usually receiving the response and the cooperation that I need. There is always room to strengthen, I always say, there is always room”. “I think that the one thing that could cause me pressure is if Dana would call me in for a talk. It’s still there, I haven’t got over it”, “I ask myself what is good and what isn’t and where I must improve. I really need this from the administrator”. Thus, nurse administrators reported a strong need for one-on-one quality time with their direct superior. They said that they did not always feel transparency towards them and towards processes that transpired in the administration, affecting them on the administration level.

To sum up, one may acknowledge that in times of crisis (The Swords of Iron war), direct superiors of the nurse administrators had a considerable effect on their resilience and feelings in the administration. The nurse administrators felt a strong need for timely meetings and information sharing with their superior in order to get a sense of being meaningful and the ability to continue performing their job. Some of the interviewees (2 of 5) reported pressure by the direct superior that sometimes paralyzed them when confronted by her and hindered their functioning.

## **5. DISCUSSION**

The research aim was to explore the challenges involved in administration of nurse teams in a state of crisis, exemplified by the Swords of Iron war that began on October 7, 2023; to understand what decisions faced nurse administrators; and whether support resources at home, at work, and from colleagues and superiors affected their coping with decision-making. The study included semi-structured interviews with five nurse administrators at an Israeli hospital.

Nurses often find themselves at the front line in emergencies, natural disasters, and pandemics. Examples include the COVID-19 pandemic, hurricanes, earthquakes, and multi-casualty events. In such situations, nurses must navigate among a wide range of challenges and responsibilities, requiring them to use proven leadership strategies to ensure efficient administration and responses. The nurse leaders occupy a major role in guiding their teams in

conditions of high pressure, making clear-cut but judicious decisions while dealing with uncertainty and rapidly changing situations (Alazmy *et al.*, 2022).

One of the main categories that came up arose in this study was the nurse administrators' outlook of being in charge during wartime as meaningful and as having an impact on the rest of the staff. This was particularly related to the transmission of information, implementation of a policy in the field, and overload due to the war. The nurse administrators seemed to clearly grasp the challenging and difficult period experienced by point-of-care nurses. As a result, they were quite often required to compromise in their response to the challenging demands of this period and even help point-of-care nurses in their tasks due to the experiences of some of them during the war. The word "challenges" recurred several times in the interviews.

The literature review presented evidence-based articles of strategies for promoting resilience among nurses. The research findings consistently specified three such strategies, namely: formal education programs to identify stressors, social support, and extensive acknowledgement (Kester & Wei, 2018). In that study, nurse administrators stated they strongly needed to be understood and taken into consideration. Furthermore, they reported their urgent need for more time with the direct superior as a support resource, as well as for transparency and sharing information that had a direct effect on their work and decision-making. The contents related to reflection of the administration's knowledge and actions, as well as more time with the administrator, were very conspicuous in the interviews. This was apparently to one of the topics that most affected the work and perceived resilience of nurse administrators. The need for time with the administrator, who would listen to their feelings and actions, was very prominent and meaningful for them. This constituted a considerable cause of resilience and underpinned their good feeling at work, in the context of reflection and quality time with the direct superior. A review of empirical studies of nurses' burnout, consistently found that negative work features – lack of support by the superior/leader, work overload, low perceived control, low schedule flexibility, low autonomy, deficient leadership, negative staff relationships, and insecurity at work were related to burnout in nursing (Dall'Ora *et al.*, 2020).

Another finding that was yielded from the content analysis was the challenges and barriers faced by administrator in a time of crisis (the Swords of Iron war). These challenges and carriers were a trial for the nurse administrators and for their need to change administration patterns following the task complexity, aiming to accomplish the aims they had set themselves as administrator versus point-of-care nurses. Nurse administrations were required to face the nurses and demonstrate mental and personal resilience, while making crucial critical decisions and coping with changing emergencies. These actions required proper and professional administration, strategies, and skills, leading to

positive outcomes concerning quality of care and a positive impact on the staff's morale (Marey-Sarwan *et al.*, 2022).

The content analysis illustrated the support resources of nurse administrators at home, primarily the nuclear family, friends, and engagement in athletic activities. Moreover, the findings indicated the fact that administrator in the administration were compelled to continue working from home beyond the work hours and felt they had always to be available due to the war situation. This topic was mainly stated when the nurse administrators spoke about missile attacks and the need for availability during consequent multi-casualty events at the hospital. Thus, hospitals at the front line were required to be prepared to care for casualties beyond their regular functions and to rapidly respond to emergencies (Sberro-Cohen *et al.*, 2023).

Marey-Sarwan *et al.* (2022) investigated the subjective experiences of 18 Israeli nurses who provided direct care to COVID-19 patients and identified the sources of resilience utilized by nurses in global health crises. The nurses reported a difficulty to navigate between the demands of the profession and their personal-family life, confusion, insufficient medical equipment, and fear of the unknown at the beginning of the pandemic. When asked what strategies they used to cope with the challenge, the nurses answered that they succeeded dealing with the situation independently and did not use the psychological services offered by nurse administrators. Family support, reading relevant literature on COVID-19, continued routine and optimism, and adapting to the situation led to a drop in stress and anxiety and constituted a source of resilience. The researchers recommended that in crisis situations administration should give workers clear instructions, hold group seminars, support nurses' families, and refer staff to CBT treatments (Marey-Sarwan *et al.*, 2022).

## 6. CONCLUSIONS

At this stage, as the world continues dealing with wars and emergencies, it is of major importance to explore the way administrators cope with the challenges and their ability to make decisions. Nurse administrators appear to experience dramatic challenges during wartime that might affect their personal and organizational resilience. This modest study illustrated that administration of nurses was a process with numerous challenges associated with the need to make prompt important decisions over time and to support the staff that experienced grave incidents when caring for those wounded in war, all with high availability that often continues beyond their work hours. This situation obliges the administrator to establish states of calm and empowerment for themselves and the staff they supervised.

### Implications for Nursing and Healthcare Policies

This study addressed major issues related to challenges involved in administration of nurse teams during wartime and nurses' support resources at

work and at home. Maintaining nurse administrators' resilience during wartime is critical, mainly since nurses play an important and meaningful role in administration of challenges and teams. It is necessary to invest in programs for preserving resilience among nurse administrators and to consider integrating this topic in the syllabi of administration programs.

#### Recommendation for Future Research

There is a dearth of studies on nurses' experience while caring for those injured during wartime (Rahimaghaee *et al.*, 2016). Since crises such as wars, pandemics, and others will continue occurring and affecting healthcare systems in general and nurses in particular, it is extremely important to continue investigating the challenges nurse administrator face in crisis situations and, particularly, in war crises. The purpose of this investigation is to develop a model for administration of hospital nurse teams in times of crisis, stressing the development of organizational resilience for decision-making.

#### Research Limitations

□ The participants were recruited from one of Israel's 22 general hospitals. Hence, generalization of the findings might be limited to this hospital.

□ The research sample was small, comprising five nurse administrators, and it served as a pilot for a larger study. Consequently, the research findings are limited to nurse administrator of this hospital.

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*This study is part of PhD studies, and it serves as a pilot study for more extensive research to be conducted in all Israeli hospitals. The author wishes to thank the research participants who devoted their time voluntarily to participate in this study.*

## References

- 1) Alazmy, A. H., Almutayri, F. G. E., Almutairi, S. G., Alharby, N. A., Aljuaid, A. M. Q., Alasmari, A. A., ... & Alharbi, S. H. S. (2022). Nursing leadership in times of crisis: Lessons learned and best practices. *Journal of Namibian Studies: History Politics Culture*, 31, pp. 782–793.
- 2) Al-Hawdrawi, H. H., Sadeq, A. F., Diener, E., Bakey, S., Wright, V., & Alobaidi, W. (2017). The lived experience of Iraqi nurses who live and work in communities impacted by war or terrorist threat. *Research Journal of Pharmacy and Technology*, 10(7), pp. 2058–2062.
- 3) Anker-Hansen, C., & Johansen, E. K. (2025). Navigating care and communication: a qualitative study on nurses' perspectives in response centres. *BMC nursing*, 24(1), 170.
- 4) Chisengantambu-Winters, C., Robinson, G. M., & Evans, N. (2020). Developing a decision-making dependency (DMD) model for nurse managers. *Heliyon*, 6(1).

- 5) Creswell, J. W., & Creswell, D. J. (2023). *Research design: Qualitative, quantitative and mixed methods approaches* (6th ed.). Thousand Oaks, CA: Sage Publication, Inc.
- 6) Dall’Ora, C., Ball, J., Reinius, M., & Griffiths, P., (2020). Burnout in nursing: a theoretical review. *Human resources for health*, 18, pp. 1-17. <https://doi.org/10.1186/s12960-020-00469-9>
- 7) Fahlgren, T. L., & Drenkard, K. N. (2002). Healthcare system disaster preparedness, part 2: nursing executive role in leadership. *JONA: The Journal of Nursing Administration*, 32(10), pp. 531-537.
- 8) Fletcher, K., A., Reddin, K., & Tait, D. (2022). The history of disaster nursing: From Nightingale to nursing in the 21st century. *Journal of Research in Nursing*, 27(3), pp. 257–272. <https://doi.org/10.1177/17449871211058854>
- 9) Gottlieb, L. N., Gottlieb, B., & Bitzas, V. (2021). Creating empowering conditions for nurses with workplace autonomy and agency: How healthcare leaders could be guided by Strengths-Based Nursing and Healthcare Leadership (SBNH-L). *Journal of Healthcare Leadership*, 13, pp. 169–181. <https://doi.org/10.2147/JHL.S221141>.
- 10) Ingham-Broomfield, R., (2014). A nurses' guide to quantitative research. *Australian Journal of Advanced Nursing*, 32(2), pp. 32–38.
- 11) Kagan, I., & Cohen, O. (2025). Enhancing resilience of nursing education during war: policy implications from a qualitative study. *Israel Journal of Health Policy Research*, 14(1), 67.
- 12) Kang, E., & Hwang, H.-J. (2021). Ethical conducts in qualitative research methodology: Participant observation and interview process. *Journal of Research and Publication Ethics*, 2(2), pp. 5–10. doi:10.15722/JRPE.2.2.202109.5
- 13) Kester, K., & Wei, H. (2018). Building nurse resilience. *Nursing Management*, 49(6), pp. 42–45.
- 14) Kolleda, K. N. (2024). *Warfare and medical workers: A qualitative analysis of the lived experience of female Ukrainian medical workers during the Russian War 2022-2023*. Doctoral dissertation, Oklahoma State University.
- 15) Mani, Z., Kuhn, L., & Plummer, V. (2024). Emergency nurse roles, challenges, and preparedness in hospitals in the context of armed conflict. *Disaster Medicine and Public Health Preparedness*, 18, e21.
- 16) Melnikov, S., Blaer, Y., Shaiman, L., Levi, H., & Kagan, I. (2019). To command is to serve: Senior leadership and policy-making predict hospital ward functioning in emergency. *Journal of Nursing Management*, 27(4), pp. 697-705.
- 17) Marey-Sarwan, I., Hamama-Raz, Y., Asadi, A., Nakad, B., & Hamama, L. (2022). "It's like we're at war": Nurses' resilience and coping strategies during the COVID-19 pandemic. *Nursing Inquiry*, 29(3), e12472. <https://doi.org/10.1111/nin.12472>
- 18) Ozmen, S., & Arslan Yurumezoglu, H. (2022). Nurse managers' challenges and opportunities in the COVID-19 pandemic crisis: A qualitative descriptive study. *Journal of nursing management*, 30(7), pp. 2609-2619.
- 19) Rahimaghae, F., Hatamopour, K. Seylani, K., & Delfan, V. (2016). Nurses' perceptions of care during wartime: A qualitative study. *International Nursing Review*, 63(2), 218–225. <https://doi.org/10.1111/inr.12240>.

- 20) Riggio, R. E., & Newstead, T. (2023). Crisis leadership. *Annual Review of Organizational Psychology and Organizational Behavior*, 10(1), pp. 201-224.
- 21) Sætren, G. B., Vaag, J. R., & Lund, M. S. (2024). What and how to train for strategic crisis management: A systematic literature review. *Journal of Contingencies and Crisis Management*, 32(2), e12568.
- 22) Said, N. B., & Chiang, V. C. (2020). The knowledge, skill competencies, and psychological preparedness of nurses for disasters: a systematic review. *International emergency nursing*, 48, 100806.
- 23) Savage, A., Young, S., Titley, H. K., Thorne, T. E., Spiers, J., & Estabrooks, C. A. (2022). This was my Crimean War: COVID-19 experiences of nursing home leaders. *Journal of the American Medical Directors Association*, 23(11), 1827–1832. <https://doi.org/10.1016/j.jamda.2022.08.001>.
- 24) Sberro-Cohen, S., Amit, I., Barenboim, E., & Roitman, A. (2023). Resilience, sense of danger, and reporting in wartime: A cross-sectional study of healthcare personnel in a general hospital. *Human Resources for Health*, 21(1), 81.
- 25) Shirey, M. R., Ebright, P. R., & McDaniel, A. M. (2013). Nurse manager cognitive decision-making amidst stress and work complexity. *Journal of Nursing Management*, 21(1), pp. 17-30.
- 26) Shkedi, A. (2007). *Words of meaning. Qualitative research – theory and practice*. Ramot Publications, Tel Aviv University. [Hebrew]
- 27) Shmul, C. S., Berzon, B., & Adini, B. (2024). Navigating crisis: Exploring the links between threat perceptions, well-being, individual and workplace resilience among several hospital staff. *Israel Journal of Health Policy Research*, 13, 69.
- 28) Sydorenko, A. Y., Kiel, L., & Spindler, H. (2025). Resilience, psychosomatic health, and support needs of Ukrainian healthcare professionals in wartime: A cross-sectional study. *Journal of Psychosomatic Research*, 188, 111995.
- 29) Turnipseed, D. L., & VandeWaa, E. A. (2022). Crisis leadership during and after the COVID pandemic: Astute nurse leaders make the difference. *JONA: The Journal of Nursing Administration*, 52(3), pp. 154–159. doi:10.1097/NNA.0000000000001123
- 30) Veenema, T. G., DeRuggiero, K., Losinski, S. L., & Barnett, D. (2017). *Crisis leadership and decision-making: Hospital administration and nurse leaders' concerns for disaster response*. Sigma Theta Tau International Research Congress <https://sigma.nursingrepository.org/handle/10755/621629>