CHALLENGES OF MANAGEMENT DURING WARTIME: AN ANALYSIS OF A PERSONAL REFLECTIVE DIARY OF A NURSING DEPUTY DIRECTOR

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Abstract:
This paper preseents findings of a study to identify challenges facing a nursing deputy director, recorded in a personal reflective diary during the 12-Day Israel-Iran War in 2025, during which nursing administration staff has played a critical role in managing this crisis. A deputy director of nursing describes these experiences in her diary. The study is conducted according to qualitative methods, documenting data in a reflective diary and content analyzing them. The findings have yielded five core themes: interpersonal staff communication, management fears, feelings of guilt in management, home support resources, and decision-making at the nursing deputy director level during wartime. The conclusions illustrate that nursing administrators play an essential role in managing challenges during wartime, and it is essential to invest in management training programs for various crises. The paper recommends a continued research of the challenges and decisions-making nursing administrators face in crises, particularly those related to war.

Keywords: Interpersonal staff communication, decision-making during wartime, management fears, guilt feelings, home support resources.

1. Introduction

This article describes a narrative analysis of a reflective diary kept by a nurse, who served as a Nursing deputy director at one of Israel's hospitals during the 12-day war between Israel and Iran.

Since its establishment, the State of Israel has faced security challenges, with sudden and sharp transitions from day-to-day routine to emergencies and back. During periods of escalation and war, hospitals situated along the front line are forced to cope with numerous challenges. They play a critical role in providing immediate medical care and support to casualties or those injured in ongoing conflicts, while facing significant barriers, including the risk of missile attacks, bombardment, and security threats (Sberro-Cohen, Amit et al., 2023).

The 12-day war between Israel and Iran began on 13 June 2025 and ended on 24 June 2025 (Fabian, 2025). This was in addition to Israel's war on other fronts, which began on 7 October 2023 (Sever, 2023).

Nurses have a long history of treating military personnel and civilians in areas of war and conflict (Sadhaan, Brown et al., 2022). War and conflict zones affect the health and well-being of people around the world, and nurses have a vital role in disaster preparedness and response, and can play a crucial role in planning disaster preparedness measures, ensuring effective early care coordination and effective field care (Segev, Suliman et al, 2025).

2. Literature Review

Wars and armed conflicts between governments or paramilitary groups cause enormous suffering, death, and destruction. However, wars have also shaped the nursing profession's norms, achievements, and history over hundreds of years globally. Despite nurses' influential efforts in supporting the health of civilians and fighters, most war research has overlooked nurses' experiences (Fink & Milbrath, 2023). Only a small number of studies have focused on the effects of psychological trauma on healthcare staff or the effect of terror or war on health systems (Al-Hawdrawi, Sadeq et al., 2017). Many nurses lack the necessary training and preparation to respond effectively to disasters, despite the likelihood of increasingly severe disasters in the future (Ali, Alkubati et al., 2024). Additionally, very few studies have examined the psychological effects of providing hospital nursing care in a war zone (Finnegan, Lauder et al., 2016).

Emergencies worldwide are inevitable. Every nurse who has worked during a specific period has encountered such circumstances. Their hospitals are likely to be inundated with patients with traumatic and life-threatening injuries, when provision is likely to dwindle. In such circumstances, nurses and all other medical staff are expected to act efficiently and with meticulous organization. Despite this need, many hospitals fail to implement efficiency and disaster preparation plans and initiatives. This leaves healthcare workers helpless in treating patients, communicating within and outside hospitals, coordinating transportation, and addressing other aspects of patient care, which become most challenging in the event of a disaster (White, 2024).

In times of emergency and disaster, hospital staff often face high-pressure situations profoundly affecting their well-being and resilience (Shmuel, Berzon et al., 2024). A study evaluating the emotional and physical well-being of 1442 Ukranian medical staff and their resilience during war found that most professionals reported high levels of anxiety and depression. Participants who reported anxiety, depression, and somatic symptoms also reported low resilience levels. Almost a third required psychological support, but less than 10% accessed it during the past two years of the war. Requested help included professional advice to reduce anxiety and stress, as well as spiritual, relaxation techniques, belief, and psychiatric advice. These findings correspond to other findings from periods of war in Afghanistan (2001-2014), Iraq (2003-2011), and the Israel-Hamas war, in which health professionals also experienced severe stress and anxiety. The Ukrainian study concluded that an integrated approach combining personal resilience-building strategies with organizational support was essential for improving long-term well-being and reducing overall mental overload among health professionals, particularly during wartime (Sydorenko, Kiel et al., 2025).

Another study conducted in Sweden aimed to investigate what characterized organizational resilience during an unexpected crisis and how organizations

responded to environmental developments during a crisis. The study found that organizational practices can support and promote both individual and organizational resilience by creating favorable working conditions and work environments. It was also found that prioritizing tasks, collaboration, peer support, and trust, as well as organizational learning and knowledge acquisition, and information and communication, affects organizational resilience. The study illustrated the interrelationships among personal and organizational resilience, crisis management, and the role of personal efforts in achieving a resilient organization. The study also emphasized the importance of social support, such as colleagues' social networks, as critical to an organization's resilience (Gillberg, Ahlstrom et al., 2023).

The effects of daily exposure to war and terror on health service providers have not been documented sufficiently in professional literature, and very little is known about how the effects of daily threats to nurses' personal safety are perceived. In a qualitative study conducted with 10 nurses who cared for casualties during the war in Iraq, nurses reported they felt as if they were living under a shadow, difficulties coping with death and memories and nightmares following terrible sights and stories about casualties' families, as well as the effects on their personal lives, physical and mental health and loss of self-confidence following recurring bombardments and fear of losing their lives (Al-Hawdrawi, Sadeq et al., 2017).

Health crises serve as a "stress test" for hospital leadership, as these situations require collective awareness, collaborative efforts, rapid decision-making, and coordination across organizational and professional boundaries (Verhoeven, Loo et al., 2024).

Nurses have historically played important roles in responding to daily emergencies and are part of the response activated whenever a disaster is reported, such as weather events, earthquakes, floods, or tsunamis (Gebbie et al., & Qureshi, 2006). In addition to such events, there is an ongoing public health emergency due to populations displaced by war, political conflict, and/or civil war. Moreover, the world currently faces the risk of more frequent terror events, including the use of biological and chemical materials and mass injuries (Gebbie et al., & Qureshi, 2006).

In wartime, nurses have sacrificed themselves in their role to protect patients, ignored dangers around them, and admitted to experiencing anxiety and sorrow. Despite this, nurses have diverted their attention to immediate tasks and expected themselves to be ready to sacrifice themselves and provide selfless service while coping with uncertainty and danger, working long, unpredictable hours, and operating in high-risk medical facilities, such as those frequently exposed to bombardment (Fink & Milbrath, 2023).

Recent studies have shown that risk factors for nurses' well-being include high workloads, emotional demands, staff shortages, irregular hours, lack of resources, administrative demands, and patient complexity, which are exacerbated during war and pandemics (Zasiekina et al., & Martyniuk, 2025).

In a literature review intended to identify nurses' attitudes, experiences, and support needs in caring for patients in war and conflict zones, nurses' experiences were those of personal and professional challenges and growth, with both sad and rewarding clinical situations, physical danger and fatigue, professional and personal uncertainty in an unstable environment, and lack of privacy with which to

cope with challenges. It identified interventions that play a significant role in reducing psychological stress in war and conflict zones, which are well-received when appropriately implemented, such as training, working under a solid command structure, the need for rest and recuperation, physical exercise, and adequate nutrition (Sadhaan, Brown et al., 2022).

A qualitative study with 137 nurses who cared for civilian casualties in hospitals during the Russia-Ukraine war found that ongoing traumatic stress linked to war significantly affected the correlation between traditional distress and various aspects of professional life quality, such as fatigue, burnout, and secondary traumatic stress. The study concluded that it was necessary to implement interventions targeted at nurses coping with war-related trauma with an emphasis on building resilience and stress management among nurses caring for both civil and military populations (Zasiekina & Martyniuk, 2025).

Nurses' awareness of crisis events has increased in recent decades, but there is still an urgent need for further improvement. As a result, nurses need ongoing training in this area to keep their skills up to date. Since nurses play a vital role in all phases of disaster response and management, it is essential to equip them with the necessary knowledge, skills, and abilities to enhance their organizational commitment and effectively manage catastrophic events (Ali, Alkubati et al., 2024).

Nurses, who constitute the largest healthcare workforce in the world, are on the front lines of care delivery in challenging environments and face immense pressure to provide quality care amidst tremendous distress, often working in resource-limited environments, facing security threats, and witnessing traumatic events (Mani & Taleb, 2025)

Understanding the role of nurses in emergencies, their challenges, and the preparation required in the context of armed conflict is essential to gain profound insights into this topic and nurses' needs in these unique environments. Unfortunately, there is scarce evidence of emergency nurses' work in the context of armed conflict (Mani, Innab et al., 2024).

This study analyzes a reflective diary (diary method) containing descriptions of events and thoughts, written by the nursing deputy director at an Israeli hospital that also served as a trauma center during the 12-day war. Its purpose was to document her challenges in managing nursing staff during the Israel-Iran war, to understand the decision-making she faced, the feelings she experienced, home support resources, and inter-staff communication.

3. Research objectives

3.1 Research Design

The study adopted a qualitative research tradition, using the diary method, to explore the experiences and challenges of a nursing deputy director during wartime. Qualitative research is appropriate because it addresses the development of explanations for social phenomena, focusing on deepening and expanding our understanding of the world we live in and how things are the way they are. It addresses global sociological aspects, advancing specific areas, persuading decision-makers, and determining particular social needs (Kang, Eungoo et al., 2021).

Diaries are a means of collecting written data that can be used in interpretative and positivist methodologies. Diaries document events or thoughts,

and participants seek to document relevant information over a defined period in their diaries (Collis & Hussey, 2021). Reflective practice allows therapists to learn from their experiences. When nurses are given time to reflect through guided reflection questions, they can gain valuable insights into their practice (Tolosa-Merlos, Moreno-Poyato et al., 2023). Studies have also shown that nurses who take time to reflect on their daily experiences provide better nursing care, better understand their actions, and, in turn, develop their professional skills. (Caldwell, 2013).

Therefore, reflective practice helps nurses integrate their emotional responses and practical experiences to gain a better understanding of the care they provide, while also integrating knowledge and applying theory. (Tolosa-Merlos, Moreno-Poyato et al., 2023). Content analysis methods guided the extraction of themes and categories in relation to the study aim.

3.2 Research question

What are the challenges and decision-making faced by the Deputy Director of Nursing in managing simultaneously a nursing team and family home during a war?

3.3 Ethical Considerations

The research protocol was written and approved by the diary author, a nursing deputy director who was knowledgeable about the topic. The reflective diary consisted of daily writings from June 13 to 24, 2025, during which she documented her experiences and personal and professional feelings during the war. Confidentiality was protected by not revealing identifying details about the deputy director of nursing, patients or work colleagues (Creswell & Creswell, 2023).

3.4 Data Analysis

Content analysis involved reading the diary, spanning 12 days, which documented the experiences and challenges of a nursing deputy director. After reading the diary at least 3 times, themes and categories were extracted. Thematic analysis was conducted following Creswell & Creswell's (2023) guidelines.

While collecting data, the researcher began analyzing and understanding the diary narrative in line with the research aims. Considering the data were written over 12 days, the researcher read the diary at least three times, and the data were coded and sorted into categories. During thematic analysis, recorded data were often examined to ensure that interpretation remained loyal to the author’s understanding and perceptions. The coded data were sorted to produce sub-topics (Table 1). Experts validated the data.

4. Results and Discussion

4.1 Results

Content analysis revealed the findings presented in Table 1. Five themes emerged from the content analysis: inter-staff communication, management anxieties during wartime, management guilt feelings during wartime, home support resources during wartime, and the nature of the nursing deputy director’s decision-making during wartime.

Table 1: Categories to present qualitative findings

Theme	**Nursing deputy director's challenges in managing nursing staff during wartime (12-day Israel-Iran War)**	
Categories	**Interpersonal communication during wartime** *During such an event, teams may sustain many casualties, and it is crucial to manage it effectively and ensure clear communication for the benefit of the casualties and all teams.*	**Support resources at home during wartime** *I spoke to my daughters and explained to them that I had to go to the hospital. After making quick arrangements, I took them to my sister, knowing I would be at the hospital for a long time.*
	Management anxiety in wartime *We meticulously ensure we visit all wards and instruct everyone on where protected areas are, but fear remains high.* **Feelings of management guilt during wartime** *A difficult feeling – to be with my beloved daughters or be at the hospital with patients and dear staff, because this is a demand of the job*	**Nature of the nursing deputy director's decisions during wartime** *The fact that you, as a manager, must decide which wards will move first when, at any moment, there could be a missile attack made me understand how many challenges we as managers face and how important it is that we know how to cope with them at any time and in any place*

Category 1: Staff interpersonal communication: "*I understood that the meetings I had immediately after the many casualties' event with those managing the event were important, and we learned much from them.*"

Content analysis of the reflective diary revealed how inter-staff communication occurred during wartime and how important communication was to staff's continued functioning and constituted significant staff support when they shared in decision-making at headquarters: " *Staff were aware of the situation and willing to respond to one another and patients together with professional and quiet work at handovers*", "*I gathered those managing the event for learning to make improvements for the next event. I made sure I gave positive reinforcement to all staff. It is important, certainly at this time*", "*When I finished, I walked around all the wards and spoke to staff. It was important to me that they saw me at these hours and knew that management was at the hospital in the evening and night hours. I also instructed them about protected spaces and emphasized instructions to patients*".

In other words, inter-staff communication between administration and staff during wartime was constructive and effective. Staff members felt that information was conveyed to them in an orderly and professional manner, which enabled them to work and support one another, learn from events, and enhance their daily functioning.

To conclude, open, practical, flowing information during war, which constitutes a crisis for staff, is an important part of managing work and decision-making at

hospitals. It allows all staff, both veterans and juniors, to work together professionally and support one another.

Category 2 – management anxieties during wartime: "*My hospital is not protected like many other hospitals in the state of Israel, and this makes our staff and patients anxious*."

Content analysis of the data written in the reflective diary revealed numerous anxieties felt by staff as well the nursing deputy director concerning everything in their work environment at a hospital, which was not shielded from ballistic missiles as well as fears of the unknown and number of casualties as a result of missile attacks admitted to the hospital: "*I was exhausted after long hours of work and managing an emergency together with the hospital's management and only one day was over. Who knows how many days like this will follow? I felt stress about what was to come. I understood that I had to go to sleep to gather strength for the next day*" , " *The knowledge that I had to travel to hospital during wartime because I held a senior role was not easy to manage*", "*You do not have time to address emotions now because of the fear that this would detract from the concentration required as it was impossible to predict when the next event would occur*".

In other words, staff and managers experienced great anxiety working in hospitals during wartime, expressed mainly in the fact that they were working in an unprotected environment and were afraid of being injured or patients being injured. Additionally, there was significant anxiety surrounding the unknown: how many civilian casualties would be admitted to the hospital? Despite the many anxieties, there was an understanding that they could not let managers digress from managing the days of war in the hospital, as they might disrupt their concentration and functioning later.

In conclusion, it can be stated that the staff's understanding that some hospitals in Israel were not protected worried them and constituted their main fear for themselves and patients during their work. Nevertheless, despite these fears, managers understood they could not let them interrupt their day-to-day management, as this would likely harm their ability to address the many challenges that were likely to arise during wartime.

Category 3 – Management guilt feelings during wartime: " *The sense where you are torn between work and tasks in an emergency, and your desire to be with your daughters at home is not easy*."

Content analysis of the data in the reflective diary revealed a senior administrator's feelings expressed in feelings of guilt as a result of her constant struggle choosing between being at work during a crisis – war, and being a single mother to two daughters who needed her as a mother at home during ballistic missile attacks, occurring a few times a day: "*I arrived home late in the evening without having time to cook food for my daughters. It was Friday night, everything was closed because of the situation, even ordering food was limited. I felt bad*", "*When I came home, we sat down to eat together and they ate so quickly and my heart was sad", "I am at the hospital, and I did not cook for my daughters. They waited till I came home with food. It broke me a bit*. " Again, I was forced to leave my daughters and go to the hospital." "*My direct manager asked us to start sleeping shifts at the hospital. Since I am a single parent, it is not an easy decision for me*".

In other words, understanding the immense responsibility and importance of managing staff at the hospital during wartime and the many challenges faced led to

complicated feelings of guilt, which resulted from her leaving her daughters alone at home during wartime without being able to perform daily household duties when she had to function as a hospital wartime emergency administrator.

In conclusion, it can be said that a hospital Nursing deputy director in wartime felt torn between the demands and immense responsibility of her job, the demands of her role as a single mother to daughters who needed her and her support at home, and the sense of guilt that accompanied her throughout the war.

Category 4 – Home support resources during wartime: " *I came home tonight. I missed my girls very much. I spend long hours at the hospital*. "

Content analysis of the war diary revealed the importance of home support resources, mainly the nuclear family, which supported the manager. Content analysis also showed her older daughter's need for her mother's presence at home: "*I asked my older daughter to prepare a salad while I was getting organized because I had not managed to eat in recent days, and I knew I had to take care of myself*." "*My older daughter got angry with me. She explained that she was very worried about me and how difficult it was to stay with her little sister in this situation. I asked her if she wanted me to take her to my sister, but she said no. She asked why I had to go to the hospital again and were there other people who could be at the event in my place. I understood that it would not matter what I said to her when she was anxious and afraid and would not understand my responsibility at my workplace*. "*I got home; I hugged my daughters. My soldier daughter told me that she had been told to return to her unit on the coming Sunday. I had her for a few more days. It was a wonderful feeling because I knew she made my younger daughter feel safe when I was at the hospital*. *"Time with my daughters was good for me*."

In other words, support and concern at home helped the researcher cope with the situation and helped her continue to function and make decisions every day during the war. Her hugs and presence with her daughters were important, as was her understanding of her daughter's wish for her presence at home, given the huge worry she felt.

In conclusion, it can be said that during wartime, support resources reported by the nursing deputy director in her diary were primarily her nuclear family. Returning home after long hours at the hospital made her feel good and confident about her ability to continue functioning.

Category 5 – Nature of nursing deputy director's decisions during wartime: "During *wartime, you have to think outside the box, and you understand that if you don't do it, you will have a problem.*"

Content analysis of the reflective diary revealed how the nursing deputy director viewed her role in decision-making and the many challenges she faced during wartime. She understood and implemented the importance of planning as much as possible at any given moment, emphasizing briefings and learning from events to function better in future ones. She also emphasized preparation meetings at headquarters and the flow of information and decisions to the rest of the staff: "My *role in these moments is critical. To go around the wards, talk to staff, brief them on emergencies, and where protected spaces were and explain that the hospital was continuing to develop the lower ground floor to locate a large number of wards*"; "*I held a meeting in the morning with the hospital deputy director general and other managers to summarize multiple casualty events and insights gained from them. It was an important discussion*." "*Making decisions in times of*

emergency obligates you to constantly think about what is best for patients and staff. Moreover, everyone has to compromise; there is no choice." "*I continue to carry out briefings even during events and when casualties are admitted. To ensure everyone works as instructed and practiced. I also manage challenges in the emergency room, X-ray, ambulatory, and delayed admission units, and in identifying procedures. Make sure everything is under control*." "*Towards noon, there was an emergency headquarters meeting at which some decisions were made about hospitalization places in protected facilities and discharge pathways to protected spaces." "Once again, I brought all event managers together to learn to improve before the next event. I punctiliously gave positive reinforcement to all staff. It is important. Definitely at this time*".

In other words, the nursing deputy director perceived her role as an administrator as meaningful and central, particularly concerning decision-making at the headquarters level and conducting meetings promoting practice and briefings whose purpose was to improve staff performance, addressing and managing challenges during wartime as well as seeing the importance of reinforcing staff as part of a method to preserve personal and organizational resilience during wartime.

In conclusion, it can be said that the nursing deputy director's decision-making during wartime was challenging and, in her view, critical. She saw her role as part of the entire headquarters arrangement: to make intelligent decisions and strengthen staff by passing on messages, positive reinforcement, and professional briefings at any given moment. Additionally, she viewed the decision to conduct field patrols and to mentally reinforce staff and patients as integral to wartime decision-making.

4.2 Discussion

The research aimed to explore the challenges faced by a nursing deputy director in managing nursing staff during the Israel-Iran war, with the intention of understanding the decisions she had to make, the emotions she experienced, the home support resources available to her, and inter-staff communication among hospital staff during wartime. The study included themes and categories identified in an analysis of a reflective diary she wrote at one hospital in Israel during a 12-day war.

Nurses have a historic role in responding to emergencies, whether man-made or natural disasters, and they play a critical role when global crises impact the health sector (Gebbie & Qureshi, 2006). They receive leadership education as part of their undergraduate degree and are trained to manage human resources and develop operational plans. Nurse-administrators serve as mentors, managers, and supervisors; therefore, they must train and manage nursing and support staff by interacting with diverse employees (Aydogdu, 2023).

Armed conflicts result in a stream of patients to the most accessible health institutions, which are general hospitals with limited resources that can quickly be overwhelmed with casualties, including trauma from improvised explosive devices, bullets, burns, road traffic accidents, and more. Adapting to diverse circumstances in environments with limited resources is challenging and demands well-trained professionals (Mani, Innab et al., 2024).

One of the main categories, the nature of a nursing deputy director's decision-making during wartime, was perceived as significant and crucial. Her decisions, which could change at any given moment, affected staff and patients and positively influenced learning and planning for the days ahead. The words briefing, practice,

conversations with staff, and emergency decision-making recurred several times in the reflective diary.

Managerial decision-making by nurse administrators is a complex cognitive process that involves rational and critical thinking, using the best available evidence, and integrating clinical and managerial expertise to achieve optimal decisions for managerial purposes. This type of decision-making profoundly impacts the delivery of daily healthcare services, and effective decision-making requires implementing strategies to achieve the best solutions to healthcare system problems (Darach, Nathidathip et al., 2025).

When organizations face crises, the most senior individuals are often in the spotlight. Managers are responsible for leading an organization to safe shores and preventing the system from collapsing. This can be an enormous task and a heavy responsibility for an organization's administration team, requiring mental focus to instill confidence and resilience in staff, clients, external stakeholders, and other important stakeholders (Riggio & Newstead, 2023).

In a qualitative study that sought to examine the crisis management skills required in a hospital setting during the COVID-19 pandemic from the perspective of 20 nurse leaders, five main categories of crisis management skills required of them in a hospital setting during the pandemic were found: interactive communication skills, psychological resource management skills, systematic and proactive organizational skills, active networking skills and methods, and a change management approach to crisis management requiring administrators to implement changes and management skills while allowing teams to adapt to changes. Nurse leadership understood that it had to continually develop and implement new instructions and processing methods in a changing environment (Jääski, Talvio et al., 2024).

Nurses must navigate various challenges and responsibilities, compelling them to employ proven leadership strategies to ensure efficient management and responses. Nurse leaders play a crucial role in guiding their staff through high-stress conditions, facilitating rapid yet intelligent decision-making, and coping with uncertainty and rapidly changing circumstances (Alazmy, Almutayri et al., 2022).

In her reflective diary, the nursing deputy director reported feeling guilty while working at the hospital during wartime, torn between her duties in an emergency and her desire to be with her daughters at home. This feeling recurred several times in the diary and was very prominent in documenting every day of the war, making the deputy head feel bad about herself. Studies have shown that the most common obstacles facing health workers who attend work during emergencies are their obligations to care for children, older people, and pets, as well as transportation issues. The most frequently mentioned barriers are fear and concern for oneself and one's family (Gebbie & Qureshi, 2006). There is also a clash here between two significant roles – parenthood and management.

Furthermore, during disasters, resilience is one of the key qualities that nurses possess, playing a crucial role in determining whether they can withstand the pressure. Nursing resilience is crucial in enabling nurses to function effectively in the presence of a disaster, especially in their own community. The ability to adapt and overcome is the only chance nurses have of continuing to provide quality care to patients and still be themselves afterwards, and therefore flexible working hours giving them quality time with family and getting rest make it possible for nurses to reduce their stress and increase their mental resilience by maintaining

physical and mental rest and being with their personal support systems as much as possible (White, 2024).

Another finding emerging from the diary analysis was inter-staff communication during wartime. The diary documented communication between management and staff, as well as among staff members, emphasizing effective, open communication that made staff feel confident and supported one another. These communications allowed staff to continue working despite the war, learn from events, and improve their functioning from one day to the next.

Hospitals and health systems must maintain flexible methods for communicating information openly and promptly during crises. Effective communication, especially during times of crisis, must convey clear and consistent messages (Eldridge Hampton et al., 2020). Leadership communication can take many forms, and leaders must pay attention to detail to ensure consistency across all approaches. Leaders, including key administrators, should stay informed about the facts and serve as the primary source of information during the crisis. They should provide regular, transparent, and concise updates to relevant stakeholders. When communicating with employees, management should designate a place and method for communication and update them regularly, at least daily, as things change (Eldridge, Hampton et al., 2020).

Efficient communication and information sharing are essential components in safe care, particularly in areas of war and conflict (Sadhaan, Brown et al., 2022). Leadership responsibility during crises includes, among others, passing on clear messages and guaranteeing open senior management during a crisis and ensuring that senior and middle management fulfill their roles passing on clear and consistent messages about operational working, to instill confidence and show that a situation is under control, and explain what worked and what went wrong during a crisis to help restore trust in an organization. Managers must provide timely updates about the crisis inside an organization and clear operating protocols at every crisis stage (Al Knawy, 2018).

An additional finding emerging from the research was management anxiety during wartime. Recurring words in the diary included “not protected,” “unprotected hospitals,” and “fear.” The diary emphasized anxiety about journeys to the hospital during missile attacks and working in a hospital that was mainly unprotected from ballistic missiles, as well as staff and patients’ fears.

Difficult working conditions can erode professional resilience, and building resilience among nurses is considered a crucial support for retaining staff and reducing turnover (Abdulmohdi, 2024).

Research has shown that a heightened sense of danger and concerns about potential threats are associated with low psychological resilience, inadequate coping skills, and increased stress levels. Therefore, health care institutions must prioritize addressing these safety concerns to maintain staff commitment and effectiveness during emergencies (Joachim, Atia et al., 2024).

In contrast, in a qualitative study examining the deployment risk of 63 nurses in Libya and the resilience strategies they employed to survive during wartime, nurses reported being greatly concerned that a rocket or mortar shell might hit their residence, or that they might be caught in the crossfire of rival factions. They also raised concerns that they might encounter an explosive device, such as a roadside bomb. Regarding the threat to their health, they were concerned that they might contract an infectious disease or become ill from exposure to nuclear, biological, or

chemical agents, or worse, be injured. When these nurses' resilience was measured, they were found to be generally resilient (Cobus, 2015).

Another descriptive cross-sectional study conducted in two hospitals in Yemen, examining Yemeni nurses' perceptions of their abilities to provide care during an ongoing armed conflict, found that the core nursing competencies rated in such situations focused on immediate life-saving actions and on maintaining nurses' personal safety. In contrast, skills encompassing broader disaster management, such as understanding organizational disaster plans and identifying risks, were rated lower (Mani, Innab et al., 2025).

Another finding in the diary analysis was the availability of home support resources during wartime, primarily from the nuclear family, which became an anchor for the author when she returned home after long hours at the hospital and made her feel at ease.

Resilience may help mitigate the harmful effects of stress, and for nurses, it is one of the factors that reduces their stress levels and increases endurance (Han, Duan et al., 2023).

Resilience is a complex and dynamic process; when it exists and is maintained, it enables nurses to adapt positively to workplace pressures, prevents psychological harm, and continues to provide safe and high-quality care to patients. To maintain resilience, nurses must rely on their resources, including family, friends, and colleagues, and be provided with organizational conditions and support that promote resilience. Without a combination of personal qualities, social support, and workplace support, nurses will encounter difficulties in continuing their profession and may leave their workplace or, worse, suffer psychological harm. (Cooper, Brown et al., 2020).

In a systematic review and meta-synthesis of studies aimed at reflecting nurses' experiences in developing resilience, three main themes emerged from the selected studies, reflecting nurses' experiences in developing resilience: being psychologically intense, developing positive physical coping, and embracing external support, where support outside of work included families and friends who often supported nurses and whose support helped them cope with difficulties at work, thus creating high resilience (Han, Duan et al., 2023).

5. Conclusions

At this stage, as the world is still coping with wars and other emergencies, it is crucial to examine how nursing administrators respond to crises and how they make decisions. The nursing deputy director's diary provided a glimpse into the world of a manager during wartime, in which the emotional dissonance between the personal and professional is clearly noticeable, between the role of parent and managing the family home, and the professional management role at an unprotected hospital, managing nursing staff under missile fire and the need to make decisions simultaneously in both roles. Therefore, because nurses play an important and meaningful role in managing challenges and staff during wartime and other crises, it is essential to invest in management training programs for various crises and consider incorporating them into management courses for nurses.

In addition, since the diary emphasized the family support the deputy director of nursing received, which helped her continue to function and make decisions,

nurse managers' support resources at home must be strengthened. Programs and initiatives implemented to improve their assessments of and preparedness for managing a crisis-war situation, and to invest in a program to mitigate anxiety and enhance personal and organizational resilience, which are important factors in nurse managers' ability to continue to manage all the challenges.

5.1 Recommendation for Future Research

There is a shortage of studies on the experience nurses accumulate while caring for casualties during wartime (Rahimaghaee, Khadijeh et al., 2016). Therefore, it is crucial to continue researching the challenges nursing administrators face in crises, to help them continue to function and make decisions particularly those related to war, to develop a model for managing hospital nursing staff during crises. This effort should emphasize the development of organizational resilience and informed decision-making.

5.2 Research Limitation

The main limitation of this study derives from the fact that all data was subjective and written from a single point of view: the author's. However, the reflective diary was written in real time and constitutes first-hand testimony to the experiences and challenges of managing nursing staff during wartime and under missile attacks, which explains its importance.

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