



Exploring resilience among Palestinian hospital nurses: A phenomenological study

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ABSTRACT

Introduction: Nurses play a vital role in the Palestinian healthcare system and work in challenging environments. Their well-being and providing high-quality care can be affected by multiple stressors. Resilience among nurses is essential for sustaining an effective workforce. This study explores sources of resilience among nurses working in the hospitals in Nablus, northern West Bank, Palestine.

Methods: A qualitative phenomenological approach was used. Purposeful sampling selected three hospitals (one governmental, one private, and one non-profit). Three focus group discussions were conducted with 24 full-time hospital nurses between October and December 2018. Group discussions were held in Arabic, then transcribed to paper then inductive thematic analysis done, and finally, the themes and sub-themes translated in English by a certified translator.

Results: Analysis yielded four main themes and eight sub-themes: Patriotic values and beliefs; motivation; coping skills; and supportive relationships.

Conclusions: Understanding nurses' sources of resilience can inform interventions to support their well-being and capacity to face adversity. Further research is recommended to examine changes over time and in other regions of Palestine.

Keywords: Resilience; nursing; Palestine; phenomenology

INTRODUCTION

Nurses constitute a large proportion of the global health workforce and are essential to health promotion, disease prevention, and patient care (1). However, the nursing profession is associated with multiple workplace stressors (2). A shortage of nurse is one of the major challenges facing healthcare provision worldwide (3). Each hospital has distinct characteristics that can make it a demotivating environment for nurses (4). These challenges are often linked to the institutional factors that contribute to workplace adversity such as excessive workload, lack of respect, interpersonal conflicts, blaming culture, and poor leadership (5,6). Nursing stressors including high workload, interpersonal conflict, inadequate leadership, and limited resources contribute to burnout, turnover (7), reduced job satisfaction (8), and emotional exhaustion (9). Under such conditions, nurses may feel that their main goal is simply to survive while working under overwhelming workload and stress, which negatively affects their well-being (10).

Responses to stressors vary. Some nurses demonstrate the ability to flourish under difficult circumstances, while others struggle but eventually regain balance. For some, however, the impact is long-lasting and life-altering (2). Not all nurses respond in the same way; those who are more resilient can adapt effectively and maintain their performance despite adversity (11).

Resilience, in contemporary research, is defined as the system capacity to adapt successfully to disturbances that threaten its function, viability, or development. This concept applies across multiple levels – individuals, families, communities, and ecosystems, highlighting its scalability. Resilience depends not only on individual capacities but also on the strength of interconnected systems and the support of social networks (12).

In this study, resilience is explored in relation to cultural, social, and ecological contexts (13). Cultural values, in particular, play an important role in shaping resilience within politically violent environments such as Palestine. Here, resilience reflects the ability of individuals to draw upon resources that provide a sense of well-being, whether these resources come from within themselves or are provided by family members, co-workers, or the wider community (14).

According to the literature, nurses often use coping mechanisms as expressions of resilience, which are essential

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for sustaining an effective and stable workforce (15). The Canadian Nurses Association recommends improving workplace conditions by developing, supporting, and maintaining quality practice environments. These include fostering communication and collaboration, ensuring safe and realistic workloads, enhancing positive work culture, supporting professional development, and promoting effective leadership (16).

Higher level of resilience associated with increased hope and better stress management skills (17). Nurses are more likely to demonstrate resilient behavior when they are empowered with coping resources to manage workplace stressors (18).

Although the specific stressors nurses faced by nurses vary across health care settings, certain challenges are particularly pronounced in the Palestinian context. Nurses in Palestine work in environments that lack safety and often expose them to personal threats (19). They require greater support in their workplace (20). Palestinian nurses are exposed to many risks, personal trauma, and loss resulting from living in a conflict region (21), as well as professional trauma (22). Studies have reported that many nurses experience moderate levels of psychological distress (23), as well as stress, moderate job satisfaction, and burnout (24).

Mental disorders as Anxiety and Post Traumatic Stress Disorder (PTSD), are common among the Palestinian population (25), alongside significant barriers to accessing healthcare (26). Data show that 57.7% of professional nurses in Gaza report emotional depression (27) and 74% experience stress and a high risk of trauma (28). Maternal healthcare providers face particularly difficult conditions, including heavy workloads, inadequate compensation, workplace humiliation, poor supervision, and limited professional support (29).

Like soldiers or first responders, nurses are frequently exposed to traumatic situations and emergencies. Despite this, there is a lack of related studies examining the challenges within local healthcare organizations (30). Research on resilience among nurses in Palestine is also scarce (31). There is a pressing need to investigate sources of resilience among nurses and to develop strategies that strengthen their ability to cope with workplace adversity (32). The purpose of this study is therefore to explore hospital nurses' perceptions of resilience and to identify existing sources of resilience among nurses in Nablus, in the northern West Bank of Palestine.

METHODS

Considering the new wave embedded in the cultural context investigating resilience (30,33), we used a phenomenological qualitative approach to explore lived experiences and sources of resilience among hospital nurses (34). Phenomenological qualitative research facilitates better exploration of how resilience is constructed within unique cultural settings, and recognizes that a single resilience instrument may not be appropriate across diverse contexts (35). Focus groups were chosen to facilitate interaction, surface shared meanings and allow participants to build on each other's accounts while still preserving individual lived experiences (36).

To justify the use of phenomenological focus groups, we drew on Bradbury-Jones et al.'s discussion of the "phenomenological

focus group" which outlines ways to preserve individual lived experience in a group setting and addresses critiques of combining focus groups with phenomenology (37).

Purposeful sampling was used to select three hospitals in Nablus: one governmental, one private, and one non-profit to capture variation in organizational context and clinical environment. This purposive selection aimed to increase the transferability of findings by including settings that differ in staffing, resource availability, leadership structure, and patient populations, which may influence nurses' experiences of adversity and sources of resilience.

Participants were recruited purposively through initial informal contact with one nurse at each site; that nurse assisted in inviting other full-time nurses to participate.

Between October and December 2018, three focus groups were conducted (one per hospital), each comprising eight full-time nurses (total n = 24).

Participants were recruited from a range of clinical departments (medical, surgical, emergency, intensive care, and obstetrics) to capture variation in clinical exposure and work-related stressors that may shape resilience.

Research approved by the Research Review and Ethics Screening Committee at Al-Quds University in September 2018 (Approval no. 54/REC/2018). Oral informed consent was obtained from all participants at the start of each focus group and was documented through audio recordings.

Focus group discussions were moderated in Arabic, audio-recorded using two recorders, and supplemented by field notes that captured non-verbal behavior. Transcription was completed verbatim in Arabic.

Each focus group session was facilitated by one moderator who led the discussion, took observational notes, and monitored participants' body language and facial expressions.

The focus group guide included the following prompts: (1) Tell me about your work challenges; (2) Tell me about your life challenges; (3) Tell me about the resources enabling you to keep going; and (4) Tell me about the resources supporting you to cope with work adversities.

Inductive thematic analysis was used. Initial codes were generated from the Arabic transcripts; descriptive coding aggregated related codes into sub-themes, and sub-themes were combined into final themes.

Two researchers independently coded the transcripts and met to compare coding and resolve discrepancies, enhancing the credibility and dependability of the analysis.

The relevant codes were arranged into meaning-bearing units and sub-themes to facilitate comparisons and interpretation; these sub-themes were iteratively reviewed and reorganized to produce the final themes.

Final themes and representative quotations illustrating each theme are presented in the text. Quotations are translated from Arabic into English; original Arabic excerpts and a full codebook are available from the corresponding author upon request. This approach ensured transparency and credibility in data interpretation, allowing readers to trace how participants' narratives informed the thematic analysis.

To enhance trustworthiness, we used investigator triangulation (two coders), maintained an audit trail of

coding decisions, and used thick description to support transferability.

RESULTS

A total of 24 nurses participated in the study, representing diverse sociodemographic and clinical backgrounds (Table 1 in Supplementary Materials). Analysis produced four main themes and eight sub-themes that represent key sources of resilience among hospital nurses in Nablus: (1) Patriotic values and beliefs, (2) Motivation, (3) Coping skills, and (4) Supportive relationships. Figure 1 in the supplementary materials presents the themes and sub-themes, while Table 2 also shows that with the number of coded extracts supporting each sub-theme.

The first theme, patriotism values and beliefs, underscores the dynamic interplay between religious, political, and cultural values shaping the resilience of Palestinian nurses in their daily lives and professional endeavors. The Islamic faith emerges as a cornerstone of resilience, with participants expressing how religious teachings of patience,

faithfulness, and sincerity guide their actions and attitudes in the face of adversity. This religious grounding extends to ethical and moral values, as exemplified by one participant's assertion of adhering to moral principles despite managerial pressures.

A. here is nothing other than patience. We, as Muslims, are required to be patient while facing pressures. We are also required to work faithfully and sincerely. I, for example, as a head of a section, I may work unfaithfully because I am the manager, but this is out of our religion and it is also immoral.

In the above quote in addition to religion, the participant also expressed ethical and moral values as a source of reliance.

One of the nurses believes that Allah helps him to overcome his life and work challenges and he also believes that his mother's prayers help him to gain success.

H. S.: You can consider that it is God's will that makes us continue in our job. It is also our mothers' prayers that have a great impact.

The Islamic religion has a great effect on nurses' values and moral code. Their consciences motivate them to keep going on. The conversation below shows how conscience plays an important role in nurses' resilience.

MO: It is conscience; it is also fear of God. "Addressing H.A." If you don't have your salary at the end of the month, would you do your work inappropriately?

H.A.: No.

MO: So, it is a matter of conscience and fear of God.

Moreover, participants attribute their resilience to their relationship with Allah, citing the significance of divine support and maternal prayers in navigating challenges. The

TABLE 1. Participant sociodemographic characteristics (n=24)

Characteristic	Description
Gender	Male 17 (70.8%); Female 7 (29.2%)
Role	Staff nurses 19 (79.2%); Management 5 (20.8%)
Hospital type	Governmental 8 (33.3%); Private 8 (33.3%); Non-profit 8 (33.3%)
Focus groups	Three FGDs; 8 participants per group
Data collection period	October–December 2018
Language of interviews	Arabic (audio-recorded and transcribed in Arabic; themes translated to English)
Full-time status	All participants were full-time nurses

TABLE 2. Main themes, sub-themes, and illustrative codes

Theme	Sub-themes	Number of coded extracts	Illustrative codes/examples
Patriotism values and beliefs	Islamic faith	12	Examples: "patience", "fear of God", "mother's prayers", "sumud"
	Moral/ethical beliefs	8	
	Sumud (steadfastness)	6	
Motivation	Financial compensation;	10	Examples: salary, promotions, pursuing BA/MA, Israeli license aspiration
	Continued education/professional opportunities	8	
Coping Skills	Positive (exercise, outdoor activities)	9	Examples: walking, sports, crying, smoking Argila
	Negative (smoking, forgetfulness)	4	
Supportive Relationships	Family support; Co-worker and managerial support	16	Examples: team camaraderie, support from heads of section, family encouragement
		19	
Total coded extracts		92	

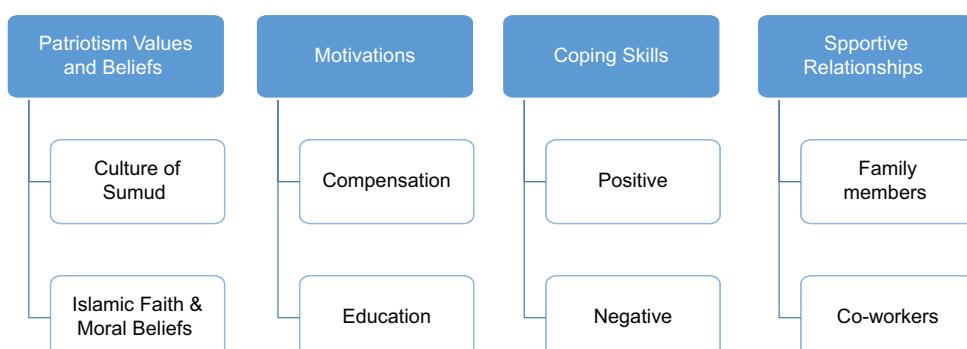


FIGURE 1. Nurse Sources of Resilience: Main Themes and Sub-Themes.

Islamic religion not only serves as a moral compass but also instills a sense of duty and accountability, as illustrated by discussions on conscience and fear of God. In addition, the concept of "sumud," akin to steadfastness, underscores a deeper resilience rooted in Palestinian identity and historical context.

Z.H.: "Just one thing makes me challenge and be more patient."

"challenge" here is not correct alone. maybe "face the difficulties" is better?

As we see from the example above, the nurse grew up with a kind of deep resilience on a larger geopolitical level and she can translate that to the smaller challenges she faces at work as a nurse.

The theme of motivation encompasses various factors driving resilience among Palestinian nurses, including financial incentives, professional opportunities, and personal fulfillment. Participants highlight the importance of tangible rewards such as salary increments and career advancements in bolstering their ability to confront challenges. Beyond monetary benefits, the intrinsic satisfaction derived from accomplishments and productivity serves as a motivating force amidst adversity.

The following conversation describes how compensation and opportunities improve nurses' abilities to cope with and face challenges.

A.M: Let's be realistic. The opportunities here are better than in some other places. I worked for [another hospital]. The position I got here within five years needs 20 years to be reached there.

N. T: You are right. The opportunities are much better.

In addition to good opportunities for professional growth, the feeling of accomplishment and productivity is considered one of the nurses' resilience resources, as in the following extract. The participants reported that the feeling of accomplishment and productivity is one of the rewards and motivators that helped them in coping with and facing challenges.

R. Y.: Look, what makes you adapt to the situation and think how to achieve despite all the problems you face is that whatever you do well will appear.

In addition, wages and financial compensation play an important role as mentioned in the extract below:

N. T: It is right that the opportunities are much better. One may improve his position in a short time. This will be reflected on the salary. In addition to that, the salary here is good. It is not bad and even it is better than anywhere else.

H.Q: It might be that the opportunities are better here. The salary also is not bad in addition to the short distance.

The above discussion shows how the financial and non-financial rewards helped nurses to survive and face challenges. Continuing education has also helped nurses cope with work and life challenges and keep going on. The participants found education as a source of resilience.

Z.H.: I resumed my studies to get a BA after my diploma, so I could improve my position.

T.A: What gives me a little hope is that you may get an MA degree in Anesthesia or any other field and improve your position. The chances here are good.

As the participants mentioned, the ability to continue education to upgrade their job position is perceived as a source of power to face life and work adversities.

Education emerges as a significant avenue for empowerment, with participants actively pursuing further studies to enhance their professional standing despite financial constraints. However, challenges regarding the practical utility of advanced degrees highlight systemic issues within the healthcare system. In the following extract, one of the government nurses said that he finds a large number of nurses trying to get a Master's degree despite the cost. He believes this to be futile.

MO: I want to tell you something. We have a nurse. She is the head of the section. She had a master degree in a field different from that of her current placement. What use did she make? Nothing. We have many master degree holders. The government might help in the cost of some, but the rest is on the nurse's own expense.

Education is one of the motivators for nurses to improve their situation. In the following extract, the participants talk about life challenges. One of the government nurses said that he got training and he has to do an examination to get an Israeli license to be able to work in the Israeli hospitals to improve her conditions.

A. A: For me [what helps me cope] is [the prospect] of having the Israeli nursing license. If I do well on the exam, I'll go there.

A. S.: Take me with you.

From the above discussion, it is clear that education plays a crucial role in fostering nurses' abilities to face life and work adversities within the Palestinian cultural context. The nurses used every available opportunity to upgrade their educational level despite their financial status.

Coping skills delineate the diverse strategies employed by nurses to manage stress and adversity in their personal and professional lives. Participants emphasize the role of positive lifestyle choices, including outdoor activities and sports, in alleviating stress and promoting well-being. In addition, emotional outlets such as crying and selective forgetfulness serve as adaptive coping mechanisms for dealing with job-related challenges.

One of the participants reported that he likes to go into nature to feel better and overcome his stress:

A.M: When I feel stress, I climb up the mountain, start a fire and boil coffee or tea, and go back home. This is the best thing you can do in your life. I also like to go outdoors for a walk with my dogs.

Sport is considered one of the strategies used to manage and release stress. In the following quote, one of the participants reported that when they practice sports, they feel better, and their stress is released. Sports help them feel relaxed after practicing it. One of the government nurses advises his colleagues repeatedly to exercise to be more resilient.

W.T: I've been doing it (exercising) for the last two weeks, and I advise all to do it.

For me, I have a problem in my back, but despite that, it is something good to feel relaxed and make effort. My main aim is to get fit. It is also good to have a change in my life style. I advise all my colleagues to go to the club and start sports. They will feel the difference and relaxation.

The above discussion illustrated how positive lifestyle activities helped nurses to survive and face challenges.

However, the prevalence of negative coping mechanisms such as smoking underscores the complex interplay between resilience and maladaptive behaviors. Despite their drawbacks, these coping strategies represent attempts to navigate challenging circumstances and maintain a sense of control.

The following example describes how crying is a strategy to release tension.

Z.H.: Sometimes I feel I need to cry when I am at home, especially when the work conditions are difficult. I don't know. I feel relaxed this way.

One of the participants who works in a government hospital reported that he uses indifference and forgetfulness as a coping strategy to deal with job difficulties, especially as he works as a head nurse, as shown in the following quote.

MO: Sometimes when I am not at work, I keep thinking of it. But I try to forget it and live my life as if it is never there. You may try to forget. Everyone has his own way.

Another strategy that was used by some of the participants to deal with stress is smoking. Three of the participants said that they smoke to feel less stressed and make a sense of comfort. One of the participants who works at the university hospital said when he faced stressors, he remembers the Argila (water pipe used for smoking flavored tobacco) that he will smoke when he finishes his shift:

A. A'S.: What sometimes makes me feel relieved when there is a big problem, or when I feel disappointed, exhausted and stressed is that I start thinking of "Argila" when I go home. I immediately feel better as it makes you feel relieved and forget all the pressures.

Other participants agreed:

WT: I smoke at work more than at home.

A. A: To decrease the pressure, we feel.

(A. S. nods agreeing with A. A while smoking Argila).

Most of the participants used negative coping skills as a resilience source to deal with work challenges. The coping skills whether negative or positive were a source of resilience for them.

The positive relationships are reported by the hospital nurses as one of the resilience sources that connect participants with other nurses and with their families.

Supportive Relationships highlight the pivotal role of social connections, both within the workplace and the family, in fostering resilience among nurses. Participants express gratitude for the camaraderie and solidarity within their professional environment, emphasizing the importance of positive interpersonal dynamics in mitigating workplace stressors.

The staff relationship is one of the most significant sources of resilience, according to the majority of nurses who discuss it. They believe that their social relationships at work are excellent, encouraging, and a means of overcoming obstacles at work. According to one participant, one of the things he finds helpful in his current position is the good relationship he has with the medical staff. This was not something he had at his prior job:

N. T: One important thing helps me face problems. It is the staff working here, where you will find no similar

ones. If you ask all those who resigned, they will say that the staff here is great.

A. A'S.: It is OK that the staff here is so great despite the problems.

A.M: I worked at the university hospital. You will never find such a staff. It is encouraging here.

In addition to the supportive relationship between nurses, as the extract below shows, one of the participants reported a positive and supportive relationship with his manager. He considers his manager as a facilitator, especially when there was support for him and other colleagues who were continuing their higher education.

M.N.: We also have good relationships with the heads of sections. They help us. Now I am a student and the head of the section helps me choose the work hours as he knows we will cooperate with him as he wants us to when we finish.

Nurses built an informal supportive relationship inside the workplace. Most of the participants agreed that the good nursing relationship helped them to survive and face work challenges. None of the participants mentioned that there was interpersonal tension with other nurses. The nurses used the good relationship between them as a source of resilience.

Furthermore, familial support emerges as a cornerstone of resilience, with participants citing their families as primary motivators for persevering despite adversities. These supportive networks serve as buffers against the strains of professional life, reinforcing the nurses' sense of purpose and belonging.

One participant mentioned how the family was one of the resilience sources for Palestinian nurses because they are the main motivator for them to continue their work despite life and work challenges.

A.I.: Family members are the most supporting ones. Who do work for, other than them?

DISCUSSION

The aim of the study was to explore hospital nurses' perspectives about sources of resiliency in the city of Nablus.

The resilience sources included patriotism values and beliefs, motivators, coping mechanisms, and positive relationships.

Patriotism values and beliefs are considered one of the resilience sources among nurses at work and life in general. Marie et al. (38) found that Islamic culture and beliefs in addition to the sumud were the main resilience sources for mental health nurses in Palestine. Ungar (39) mentioned that Islamic faith or spirituality is a more important factor among Palestinian youth than for young people in many other countries. Barber (40) also found that the local culture might play a crucial role in the resilience of Palestinian youth.

The concept of resilience, as explored in the literature on urban resilience and smart water grids, underscores the capacity of individuals, communities, and systems to adapt, withstand, and thrive in the face of adversity. By examining the intersections between urban resilience strategies and innovative technologies such as smart water grids, this paper sheds light on the potential for resilience-enhancing interventions in diverse contexts. The insights gleaned from this discussion contribute to our understanding of how resilience can be fostered and nurtured, offering valuable implications for policy-making and urban planning initiatives aimed

at building sustainable and resilient communities (41). Motivation includes monetary compensation, opportunities for professional development, education, and non-monetary rewards. The findings of the study are consistent with those of Marie et al. (38). Another study also found that the monetary compensation for overtime helped Gazan hospital nurses to cope with and face their financial problems (27) as well as Resilience emerges as a critical factor in maintaining the health and well-being of healthcare workers amidst the unprecedented challenges of the COVID-19 pandemic, with social support playing a vital role in strengthening this resilience-health relationship (42,43).

In comparison to other health care professionals, nurses are also subject to the beneficial effects of resilience in their professional environment. Similar to pharmacists, nurses with higher levels of resilience are likely to experience lower instances of burnout and higher levels of job satisfaction, motivation, and professional commitment. Strategies to enhance resilience among nurses may similarly lead to improved job performance and reduced turnover incidence, emphasizing on the importance of resilience-building interventions in healthcare organizations (44).

In terms of education as a motivator, higher autonomy, qualities, and critical reflective practice emerge from high level of education that may help nurses adapt with workplace difficulties (45). Al-Ajrama (46) and Makkawi (47) found that education is a source of resilience among Palestinian adults. These findings are consistent with the current study. In terms of coping strategies, sport has been found to be a mechanism used by primary healthcare providers (15). Another study found that practicing meditation had a positive effect on nurses' resilience (48). Moreover, in a review underscores the critical importance of psychological resilience in healthcare professionals, offering a comprehensive examination of strategies and interventions aimed at bolstering resilience and enhancing overall well-being amidst the demanding challenges of their roles (49). Some nurses in the current study practice negative coping strategies such as tobacco use and forgetfulness. This can be linked with a study conducted to assess resilience and coping strategies of Canadian medical students which found that the students used negative coping strategies to escape from their stressors (50).

Some supervisors, coworkers, and family members are examples of supportive connections. Among Palestinian hospital nurses, this is regarded as yet another significant source of resilience. The findings indicate that social contact and resilience are positively correlated. These study findings are congruent with the findings of Marie et al. (38) which showed that mental health nurses used supportive relationships to cope with their stressors. Social support helped Malaysian nurse to cope with and overcome their stressors and affected their resilience level positively (51). This finding is consistent with the literature showing that social support can promote self-protection (52). In addition, Al Hajjar (27) found that hospital nurses in Gaza use their relationships to cope with their life and work stressors.

The study highlights culturally embedded and organizationally mediated sources of resilience among Palestinian hospital nurses. Findings align with prior research showing a central role for religion, social support, and structural motivators in resilience.

CONCLUSION

This phenomenological study explored hospital nurses' perception of the sources of resilience in a challenging work environment, revealing four main themes: Patriotic values and beliefs, motivation, coping skills, and supportive relationships. The Islamic religion emerged as a key source within patriotic values and beliefs, influencing moral codes and providing strength. Motivation, driven by financial and non-financial rewards, professional growth, and education, played a crucial role. Coping skills encompass various strategies, both positive and negative, contributing to nurses' resilience. Supportive relationships, both at work and within families, were vital factors. The study highlights the intricate interplay of cultural, motivational, personal coping, and interpersonal factors contributing to nurses' resilience, suggesting the need for tailored interventions to enhance their well-being in challenging work environments. Leaders of healthcare system and decision makers are encouraged to invest more resources to empower nurses in facing work adversity through many strategies such as fostering an organizational culture based on just and shared governance. In addition, further research is recommended to describe resilience among nurses in other regions of Palestine, including East Jerusalem and Gaza, to better understand and address the unique challenges faced by healthcare professionals in different contexts.

In light of the extraordinary challenges faced by Palestinian nurses today, including ongoing conflict and the Gaza War, the findings of this study hold particular relevance. By acknowledging and leveraging the sources of resilience identified in this research, healthcare organizations and policymakers can better support nurses in navigating these challenging times, ultimately contributing to the well-being of both healthcare professionals and the communities they serve.

Limitations

Temporal context and limitations: Data were collected in late 2018 (October–December 2018). We acknowledge a gap between data collection and the present submission (2018–2025). Major events during this interval (notably the COVID-19 pandemic and escalations of conflict) may have changed the stressors and resources available to nurses. Therefore, findings accurately represent participants' experiences at the time of data collection but may not fully capture subsequent changes. Future research should examine how these large-scale events have altered nurses' sources of resilience.

AVAILABILITY OF DATA AND MATERIALS

The datasets used and/or analyzed during the current investigation are accessible from the corresponding author on reasonable request.

DECLARATION OF INTERESTS

The authors declare that they have no competing interests.

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REFERENCES

- WHO. Nursing and midwifery in the history of the World Health Organization 1948-2017. Switzerland: WHO; 2017.
- Lanz JJ. Examining the Impact of Resilience on Work Stress and Strains in Nurses. In: FIU Electronic Theses and Dissertations 2015.
- WHO. State of the World's Nursing 2020: Executive Summary. Switzerland: WHO; 2020.
- Speedy S. Organisation violations: Implications for leadership. In: Buchan J, Calman L, editors. *Nursing Leadership: Global Perspectives*. London: Elsevier; 2004. p. 145-64.
- Boyckh Duchscher JE, Cowin LS. The new graduates' professional inheritance. *Nurs Outlook*. 2006;54:152-8.
<https://doi.org/10.1016/j.outlook.2005.04.004>
- Hutchinson M, Vickers M, Jackson D, Wilkes L. Workplace bullying in nursing: Towards a more critical organisational perspective. *Nurs Inq*. 2006;13(2):118-26.
<https://doi.org/10.1111/j.1440-1800.2006.00314.x>
- Demerouti E, Bakker AB, Nachreiner F, Schaufeli WB. A model of burnout and life satisfaction amongst nurses. *J Adv Nurs*. 2000;32(2):454-64.
<https://doi.org/10.1046/j.1365-2648.2000.01496.x>
- Andrioli D, Skitsou A, Karlsson LE, Pandouris C, Krassias A, Charalambous G. Job satisfaction of nurses in various clinical practices. *Int J Caring Sci*. 2017;10(1):76-87.
- Garrosa E, Moreno-Jiménez B, Rodríguez-Muñoz A, Rodríguez-Carvajal R. Role stress and personal resources in nursing: A cross-sectional study of burnout and engagement. *Int J Nurs Stud*. 2011;48(4):479-89.
<https://doi.org/10.1016/j.ijnurstu.2010.08.004>
- Levert T, Lucas M, Oerlepp K. Burnout in psychiatric nurses: Contributions of the work environment and a sense of coherence. *S Afr J Psychol*. 2000;30(2):36-43.
<https://doi.org/10.1177/008124630003000205>
- Edmonstone J, Scowcroft A. Personal Resilience for Healthcare Staff: When the Going Gets Tough. London: Radcliffe Publishing; 2013.
- Masten AS. Resilience from a developmental systems perspective. *World Psychiatry*. 2019;18:101-2.
<https://doi.org/10.1002/wps.20591>
- Marie M, Hannigan B, Jones A. Social ecology of resilience and sumud of palestinians. *Health (London)*. 2018;22:20-35.
<https://doi.org/10.1177/1363459316677624>
- Sousa CA, Haj-Yahia MM, Feldman G, Lee J. Individual and collective dimensions of resilience within political violence. *Trauma Violence Abuse*. 2013;14:235-54.
<https://doi.org/10.1177/1524838013493520>
- Robertson HD, Elliott AM, Burton C, Iversen L, Murchie P, Porteous T, et al. Resilience of primary healthcare professionals: A systematic review. *Br J Gen Pract*. 2016;66(647):e423-33.
<https://doi.org/10.3399/bjgp16X685261>
- Canadian Nurses Association. Practice Environments: Maximizing Outcomes for Clients, Nurses and Organizations. Ottawa: CNA; 2015. Available from: https://www.cna-aic.ca/~media/cna/page-content/pdf-en/practice-environments-maximizing-outcomes-for-clients-nurses-and-organizations_joint-position-statement.pdf?la=en. Accessed 2024 Dec 3.
- Rushton CH, Batcheller J, Schroeder K, Donohue P. Burnout and resilience among nurses practicing in high-intensity settings. *Am J Crit Care*. 2015;24(5):412-20.
<https://doi.org/10.4037/ajcc2015291>
- Edward K, Hercelinskyj G. Burnout in the caring nurse: Learning resilient behaviours. *Br J Nurs*. 2007;16(4):240-2.
- Gold S. Caring for Gaza's victims of war. *Nurs Stand*. 2009;23(26):64-5.
<https://doi.org/10.7748/ns2009.03.23.26.64.p4231>
- Castledine G. Dedication and problems of nurses in Palestine. *Br J Nurs*. 2003;12(20):1235.
<https://doi.org/10.12968/bjon.2003.12.20.11846>
- Taha AA, Westlake C. Palestinian nurses' lived experiences working in the occupied West Bank. *Int Nurs Rev*. 2017;64(1):83-90.
<https://doi.org/10.1111/inr.12332>
- Jaradat Y, Bast-Petersen R, Nijem K. The impact of shift work on mental health measured by GHQ-30: A comparative study. *Middle East J Psychiatry Alzheimers*. 2012;84(3215):1-9.
- Umro AI. Stress and Coping Mechanism among Nurses in Palestinian Hospitals: A Pilot Study. Nablus, Palestine: An-Najah National University; 2013.
- Abushaikha L, Saca Hazboun H. Job satisfaction and burnout among Palestinian nurses. *East Mediterr Health J*. 2009;15:190-7.
- Marie M, SaadAdeen S, Battat M. Anxiety disorders and PTSD in palestine: A literature review. *BMC Psychiatry*. 2020;20(1):509.
<https://doi.org/10.1186/s12888-020-02911-7>
- Marie M, Bataat M. Health care access difficulties of Palestinian patients in the context of mental health: A literature review study. *J Psychiatry Ment Disord*. 2022;7(2):1062.
- Al Hajjar B. Occupational Stress among Hospital Nurses in Gaza-Palestine. England: The University of Manchester; 2013.
- Joudeh YA. Job Stress Sources Among Palestinian Nurses Working in Northern West Bank District Hospitals. Nablus: Al-Najah National University; 2003.
- Hassan-Bitar S, Narrainen SJ. 'Shedding light' on the challenges faced by Palestinian maternal health-care providers. *Midwifery*. 2011;27:154-9.
<https://doi.org/10.1016/j.midw.2009.05.007>
- Marie M, Hannigan B, Jones A. Resilience of nurses who work in community mental health workplaces in Palestine. *Int J Ment Health Nurs*. 2017;26(4):344-54.
<https://doi.org/10.1111/ijnm.12229>
- Koen MP, Van Eeden C, Wissing MP. The prevalence of resilience in a group of professional nurses. *Health SA Gesondheid*. 2011;16:576.
<https://doi.org/10.4102/hsag.v16i1.576>
- Jackson D, Firtko A, Edenborough M. Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. *J Adv Nurs*. 2007;60(1):1-9.
<https://doi.org/10.1111/j.1365-2648.2007.04412.x>
- Ungar M. A constructionist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth Soc*. 2004;35(3):341-65.
<https://doi.org/10.1177/0044118X03257030>
- Diefenbach T. Are case studies more than sophisticated storytelling?: Methodological problems of qualitative empirical research mainly based on semi-structured interviews. *Qual Quant*. 2009;43(6):875.
<https://doi.org/10.1007/s11135-008-9164-0>
- Ungar M. Qualitative contributions to resilience research. *Qual Soc Work*. 2003;2(1):85-102.
<https://doi.org/10.1177/1473325003002001123>
- Morgan DL. The Focus Group Guidebook. Thousand Oaks: Sage Publications; 1997.
- Bradbury-Jones C, Sambrook S, Irvine F. The phenomenological focus group: An oxymoron? *J Adv Nurs*. 2009;65(3):663-71.
<https://doi.org/10.1111/j.1365-2648.2008.04922.x>
- Marie M, Hannigan B, Jones A. Challenges for nurses who work in community mental health centres in the West Bank, Palestine. *Int J Ment Health Syst*. 2017;11(1):3.
<https://doi.org/10.1186/s13033-016-0112-4>
- Ungar M. Resilience across cultures. *Br J Soc Work*. 2008;38(2):218-35.
<https://doi.org/10.1093/bjsw/bcl343>
- Barber BK. Annual research review: The experience of youth with political conflict-challenging notions of resilience and encouraging research refinement. *J Child Psychol Psychiatry*. 2013;54(4):461-73.
<https://doi.org/10.1111/jcpp.12056>
- Fatai Adeshina A, Enyinaya Stefano O, Boma Sonimiteim J, Olakunle Abayomi A. Exploring theoretical constructs of urban resilience through smart water grids: Case studies in African and U.S. Cities. *Eng Sci Technol J*. 2024;5(3):984-94.
<https://doi.org/10.51594/estj.v5i3.952>
- Saputra R, Roswiyanie R. The effect of resilience on health with social support as a moderator for health workers in Jakarta during the Covid-19 pandemic. *Bull Sci Educ*. 2024;4(1):178-91.
<https://doi.org/10.51278/bse.v4i1.1071>
- Umbetkulova S, Kanderzhanova A, Foster F, Stolyarova V, Cobb-Zygadlo D. Mental health changes in healthcare workers during COVID-19 pandemic: A systematic review of longitudinal studies. *Eval Health Prof*. 2024;47(1):11-20.
<https://doi.org/10.1177/01632787231165076>
- Weiss SS, Weiss L, Clayton R, Ruble MJ, Cole JD. The relationship between pharmacist resilience, burnout, and job performance. *J Pharm Pract*. 2024;37(3):644-9.
<https://doi.org/10.1177/08971900231164886>
- Lawrence LA, editor. Work Engagement, Moral Distress, Education Level, and Critical Reflective Practice in Intensive Care Nurses. *Nursing Forum*. Hoboken: Wiley Online Library; 2011.
- Al-Ajarmi Y. The Role of the Arts Toward Healing Trauma and Building Resilience in the Palestinian Community. Massachusetts: Lesley University; 2010.
- Makkawi I. The psychology of resilience among Palestinian female students. *Global J Community Psychol Pract*. 2012;3:375-8.
- Seppala EM, Hutcherson CA, Nguyen DT, Doty JR, Gross JJ. Loving-kindness meditation: A tool to improve healthcare provider compassion, resilience, and patient care. *J Compassionate Health Care*. 2014;1(1):5.
- Chidi R, Adeniyi AO, Okolo CA, Babawarun O, Awoogun JO. Psychological resilience in healthcare workers: A review of strategies and intervention. *World J Biol Pharmacy Health Sci*. 2024;17(2):387-95.
<https://doi.org/10.30574/wjbphs.2024.17.2.0088>
- Rahimi B, Baetz M, Bowen R, Balbuena L. Resilience, stress, and coping among Canadian medical students. *Can Med Educ J*. 2014;5(1):e5-12.
- Beh LS, Loo LH. Job stress and coping mechanisms among nursing staff in public health services. *Int J Acad Res Bus Soc Sci*. 2012;2(7):131.
- Shimoimada K, O'Connor M, Lee S, Kissane D. Nurses' resilience and nurturance of the self. *Int J Palliat Nurs*. 2015;21(10):504-10.
<https://doi.org/10.12968/ijpn.2015.21.10.504>