

Street-Level Bureaucracy and Extreme Work: Understanding Career Shock Perceptions Among Nurses in Public Hospitals

By M Mousa, D Althalathini, V Puhakka

Abstract

Objective: The aim of this study is to explore how extreme work conditions influence nurses' experiences of career shock in public hospitals.

Research Methodology: This study employed a phenomenon-based approach to gain a deeper and more nuanced understanding of real-world phenomena. Semi-structured interviews were conducted with 33 nurses working in public hospitals in Egypt. Thematic analysis was applied to analyze the interview data.

Findings: The study identified three key factors contributing to nurses' perceptions of career shock under extreme work conditions: (1) Refugee-related factors (e.g., differential treatment of refugees compared to nationals, refugees as opportunities to supplement income); (2) Contextual factors (e.g., increased courtesy from nationals, rising patient numbers, demands for wage increases); and (3) Workplace factors (e.g., extended work hours, heavy job responsibilities, perceived treatment by managers). These factors were found to significantly influence nurses' perceptions of positive or negative career shocks.

Originality: This research fills a gap in the literature on human resources, public administration, and healthcare by addressing the limited empirical studies on how extreme job duties shape street-level bureaucrats' (nurses, in this case) perceptions of career shock, particularly in developing and non-Western contexts.

Keywords: extreme work, career shock, nurses, public hospitals

1. Introduction

Various events shape our lives and can lead us down unforeseen paths. Employees often encounter career shocks—unexpected events stemming from work, family, or social life—that disrupt their career trajectories. These shocks have become increasingly prevalent due to the rising uncertainty in the workplace (Barley et al., 2017; Mansur & Felix, 2021; Mousa et al., 2020, 2021). A career shock is defined as an event that prompts individuals to reflect on significant career changes, such as pursuing further education or switching jobs. While not all career decisions arise from such shocks, they can trigger career deliberations and inspire transitions (Seibert et al., 2013). Career shocks can be either positive (e.g., a promotion) or negative (e.g., redundancy), and may be related to personal or professional events.

Career shocks can be anticipated or unforeseen, and may result from external factors such as luck, or stem from an individual's past actions or decisions (Akkermans et al., 2021). Their impact varies significantly depending on the individual's perspective (Akkermans et al., 2021; Akkermans & Kubasch, 2017). The intensity of these shocks is primarily influenced by personal traits and psychological resilience (Seibert et al., 2013). Resilience, in particular, is a critical factor in managing career shocks (Mousa, 2022; Seibert et al., 2016). Typically, positive career shocks lead to positive outcomes, while negative career shocks result in adverse effects (Hofer et al., 2021). For example, the COVID-19 pandemic exacerbated disruptions in both social and professional environments, creating unpredictable situations that were difficult to identify or manage (Mousa & Abdelgaffar, 2023; Mousa, 2022; Provenzano & Volo, 2022).

From another perspective, "extreme work" refers to jobs that require employees to endure long working hours, alongside substantial physical, emotional, and mental stress, in order to meet job expectations (Garavan et al., 2024). The key characteristics of extreme work include "unpredictable workflow, fast-paced tasks under tight deadlines, an excessive scope of responsibilities, work-related events outside regular hours, 24/7 availability to clients, responsibility for profit and loss, accountability for mentoring and recruitment, substantial travel, a high number of direct reports, and a physical presence at the workplace for at least 10 hours a day" (Hewlett & Luce, 2006, p. 51). The intensity of extreme work is driven by global competition, economic pressures, demographic transformations, and shifts in societal cultural patterns (Green, 2004; Mousa et al., 2024b). Notably, some individuals actively seek extreme work to validate their workaholic tendencies (Ferrer et al., 2024).

Egypt, the oldest country in both Africa and the Middle East, and one of the most populous in the region, is currently experiencing a significant influx of refugees due to ongoing conflicts along its borders (Mousa, 2024). To the west, Libya, which shares a border with Egypt, is divided between two rival governments engaged in armed conflict (Kordy, 2024). To the east, the conflict between Hamas and Israel persists (Arafeh & Meddeb, 2024). Additionally, Sudan is undergoing a violent power struggle between two factions (Kordy, 2024). Consequently, millions of refugees have sought refuge in Egypt over the past three years, with the Egyptian government estimating the refugee population to be around 10 million (Mousa et al., 2025a). This influx places significant economic and social strain on a nation with limited resources and a dense population (Mousa et al., 2024). Despite these challenges, refugees in Egypt continue to share public resources, including healthcare and government hospitals, with Egyptian citizens (Mousa et al., 2025a).

In the public healthcare sector (e.g., public hospitals), as in other public organizations, employees who interact with clients daily, such as physicians, nurses, and administrators, are classified as street-level bureaucrats (Lipsky, 1980). According to the street-level bureaucracy theory, the primary role of these bureaucrats is to foster and maintain productive relationships between the government and the public (Lipsky, 1980; Mousa et al., 2025b). However, this task is complicated by the limited resources available in the public sector (Lipsky, 2010). As a result, street-level bureaucrats are granted discretionary power, enabling them to determine whom to serve and how to provide services (Farr-Wharton et al., 2021).

In certain contexts, such as within the Egyptian public healthcare system, nurses are afforded limited discretionary power (Mousa et al., 2025b). Consequently, their primary responsibilities include assisting patients, scheduling appointments with physicians, registering personal and medical information, and facilitating communication between patients' families and healthcare providers (Kaehne & Taylor, 2015; Elhabashy & Abdelgawad, 2019; Mousa et al., 2024b). These duties are performed during both day and night shifts (Mousa et al., 2024b). However, during exceptional circumstances, such as the 2011 Egyptian political revolution and the COVID-19 pandemic, nurses were required to work extended hours, night shifts, and provide continuous patient care (Said & El-Shafei, 2021; Hossny & Sabra, 2021).

Given the limited empirical research on extreme work (Rodriguez et al., 2024), particularly in developing and non-Western contexts (Mousa et al., 2025a), and the scarcity of studies addressing career shock (Akkermans et al., 2021), especially within the healthcare sector (Suzanne et al., 2023), this paper seeks to explore how extreme work conditions influence nurses' experiences of career shock in public hospitals in Egypt. Specifically, the research aims to answer the following

question: How do extreme work conditions influence the feelings of career shock among nurses in public hospitals?

The primary contribution of this paper lies in its novel examination of the relationship between extreme job duties and the career shock experiences of nurses. To the authors' knowledge, this is the first study to address this connection. Additionally, by focusing on Egypt—a country experiencing a significant increase in refugees due to armed conflicts in neighbouring countries—the study provides empirical insights into how major external events may reshape the duties associated with traditionally perceived jobs, thereby altering employees' experiences of both positive and negative career shocks. Furthermore, this study highlights how the limited discretionary power granted to public employees (specifically nurses in this case) often forces them to accept long working hours, intense job duties, and other extreme work conditions as part of their role. The remainder of this paper is structured as follows: after this introduction and research problem, the authors present the literature review, followed by the research design, findings, and discussion. The paper concludes with a summary, limitations, and directions for future research.

2. Literature review

2.1 Career shock

Career shocks can influence decision-making and career outcomes, shaping the trajectory of one's career and overall success (Spurk et al., 2019). Positive career shocks may include promotions, bonuses, awards or grants, and positive performance reviews. Kraimer et al. (2019) defined positive career shocks as types of resources, as they enhance work engagement and contribute to greater career satisfaction. These shocks can play a crucial role in shaping career development by prompting reflection, sensemaking, and potential transitions (Akkermans et al., 2021; Bright et al., 2009). Career shocks can also profoundly impact identity, potentially prompting a process of identity reconstruction (Akkermans et al., 2021). For example, health-related career shocks, such as strokes, may necessitate identity shedding, which, though temporarily uncomfortable, enables full disengagement from past roles and fosters openness to new identities and opportunities (Suzanne et al., 2023).

Career shocks can also influence entrepreneurial intentions and behaviours (Rummel et al., 2021). For instance, career shocks like unmet pay expectations, pay cuts, or disruptive organizational changes, when combined with entrepreneurial aspirations, can prompt a shift from employment to entrepreneurship (Seibert et al., 2021). Integrating career shocks with a sustainable career focus on long-term satisfaction, health, and productivity holds great future potential (Seibert et al., 2024). Ma et al. (2025) found that negative career shocks, such as the COVID-19 pandemic, lower life satisfaction among employees in China, where work is closely tied to self-worth and identity. Career setbacks are seen as disruptions to the social order, thus amplifying their impact.

Positive shocks can boost confidence and enhance perceptions of external opportunities, while negative career shocks can challenge vocational self-concept and act as a wake-up call to explore job opportunities (Blokker et al., 2019). Mousa et al. (2024) found that despite the intense duties and extreme work conditions during COVID-19, the work commitments of nurses were not affected, which may have been influenced by cultural, contextual, and personal factors. Nevertheless, career shocks influence nurses' well-being through job crafting, with positive shocks enhancing it and negative shocks diminishing it, while supervisor autonomy support strengthens gains and buffers losses (Zhang et al., 2024). Negative career shocks, such as negative performance

reviews, can represent a hindrance demand that drains cognitive and emotional resources, diverting effort from work tasks. They may also trigger a reassessment of career plans, reducing engagement in current work (Kraimer et al., 2019).

Overall, both positive and negative career shocks act as powerful triggers for self-reflection. They encourage individuals to reexamine their professional identity, assess their strengths and areas for growth, reevaluate past career choices, and consider new opportunities for advancement. Despite the growing interest in career shocks, they continue to be overlooked in both theoretical and empirical research (Pak et al., 2021). Further, limited focus has been given to external career shocks and the effects of career shocks on career trajectories and development, despite the need for a deeper understanding of their long-term consequences (Akkermans et al., 2018; Suzanne et al., 2023).

2.2 Extreme work and nursing in the Egyptian context

Extreme work is recognized as both risky and stressful, involving significant physical demands and emotional exhaustion (Granter et al., 2015). Mousa et al. (2023) argue that under certain conditions (such as during the emergence of pandemics or political revolutions), traditional work environments may compel employees to accept extended working hours and more demanding job responsibilities. The term "extreme context" refers to situations where one or more significant extreme events are either occurring or are likely to occur (Hannah et al., 2019). Consequently, during periods of uncertainty and vulnerability, traditional roles are often transformed into extreme work positions (Bryant & Aytes, 2019; Mousa et al., 2022, 2023; Mauno et al., 2023). Even roles within the hospitality sector, typically considered straightforward, can become risky and psychologically demanding during times of political instability and demographic change (Mousa et al., 2022; Mousa, 2024). These shifts toward extremity often occur beyond the control of employees—and, at times, organizations (Rodriguez et al., 2023). Additionally, extreme work often reflects a lack of autonomy and high levels of boredom that employees may experience (Granter et al., 2019).

Extreme work highlights occupations that demand considerable emotional and cognitive engagement (Wankhade et al., 2020). Previous research on extreme work has primarily focused on how macro-level factors, such as political instability, state fragility, and terrorism, can convert traditionally "normal" jobs into extreme roles (Pino et al., 2017; Haq et al., 2019; Bader et al., 2020). Once a job becomes extreme, it is likely to result in higher levels of anxiety, stress, and poor mental health for employees (Kaehne et al., 2017; Mousa & Samara, 2022; Rodriguez et al., 2024). Certain work contexts, such as police forces and ambulance services, are inherently extreme due to their very nature (Turnbull & Wass, 2015; Wankhade et al., 2020).

Like many developing countries, Egypt faces a shortage of nurses. In 2017, the number of nurses in Egypt was estimated at 202,542, while the population exceeded 100 million in the same year (Ali, 2018). Moreover, only 10% of nurses in Egypt possess a four-year nursing degree, while the majority have completed a two-year vocational training program (Bellizzi & Padrini, 2021). Additionally, as in many developing nations, Egyptian nurses suffer from inadequate recognition and treatment from both physicians and patients, as well as limited involvement in decision-making processes (Said & El-Shafei, 2021; Hossny & Sabra, 2021). Beyond these challenges, nurses often face violence from patients' families and receive low salaries (Mousa et al., 2025b).

3. Research methodology

3.1 Sampling and procedures

This study adopted a phenomenon-based approach to gain a deeper and more nuanced understanding of real-world phenomena, specifically how extreme work duties contribute to both negative and positive career shocks for nurses in public hospitals (Lumineau et al., 2025). This approach is particularly effective for addressing novel and ambiguous organizational phenomena (Doh, 2015) by grounding them in existing theories, a strategy commonly used by management scholars (Mees-Buss et al., 2020). The phenomenon-based approach aims to explore new or under-theorized phenomena by linking them to established theories and refining those theories to better explain observed patterns (Fisher et al., 2021). In October 2024, semi-structured interviews were conducted with 33 nurses, who function as street-level bureaucrats in public hospitals, maintaining daily contact with numerous clients. The authors had previously interviewed the same group of nurses for a prior study, providing a foundation for the current research.

Purposive sampling was initially employed to ensure an in-depth exploration of macro, organizational, and micro-level factors related to the phenomenon (Mousa et al., 2025a, b). The lead author utilized both personal and professional networks to recruit four nurses, with additional participants identified through snowball sampling. Eligibility criteria included working in public hospitals, having a minimum of five years of experience, and holding permanent contracts. The interviews, primarily conducted via WhatsApp and Skype (Lo Iacono et al., 2016), ranged from 30 to 50 minutes, were recorded, and subsequently transcribed verbatim.

To minimize potential meaning loss during translation (Althalathini & Tlaiss, 2023), the lead author conducted the interviews in Arabic, the native language of both the participants and researchers. The transcripts were then translated into English by the authors, who are fluent in both languages, and a back-translation process was employed to ensure accuracy (Chen & Boore, 2010). Given Egypt's socio-political context and limitations on free expression, participants were encouraged to speak candidly and without hesitation. The interview questions were developed based on those used in prior studies by Mousa (2022) and Mousa et al. (2025). Table 1 presents the interview questions utilized in this study.

Table 1 (authors' own work): Interviews' guideline

Questions
1. How do you manage the demanding responsibilities of your job?
2. How would you describe your role following the arrival of millions of refugees in Egypt?
3. How does your hospital respond to the significant increase in the refugee population in Egypt?
4. In what ways has this substantial increase in refugees impacted both your professional and personal life?
5. To what extent do you perceive the rise in the number of refugees in Egypt as a negative career shock, and why?
6. Are there any benefits associated with the increase in refugees, both in terms of your job and personal life? If so, how?
7. How do your managers support you in managing the new demands placed on nursing professionals as a result of the rapid influx of refugees?
8. Have you received any job-related recognition for the intensive nursing duties you have had to undertake? Please elaborate.



Ethical considerations were meticulously applied to cultivate trust and ensure a safe and respectful research environment (Sieber & Tolich, 2013). The lead author began each interview by expressing gratitude to participants for their time and contributions, thereby reinforcing a sense of appreciation and mutual respect. Clear explanations of the study's purpose, objectives, and potential impact were provided to promote transparency and facilitate informed consent. Confidentiality was rigorously maintained to protect personal information, while anonymity was ensured by using pseudonyms in transcripts and reports. Participants were also assured of their right to withdraw from the study at any time or to decline to answer any questions they found uncomfortable, thereby reinforcing their autonomy and comfort throughout the research process. Table 1 presents the demographic information of the participants.

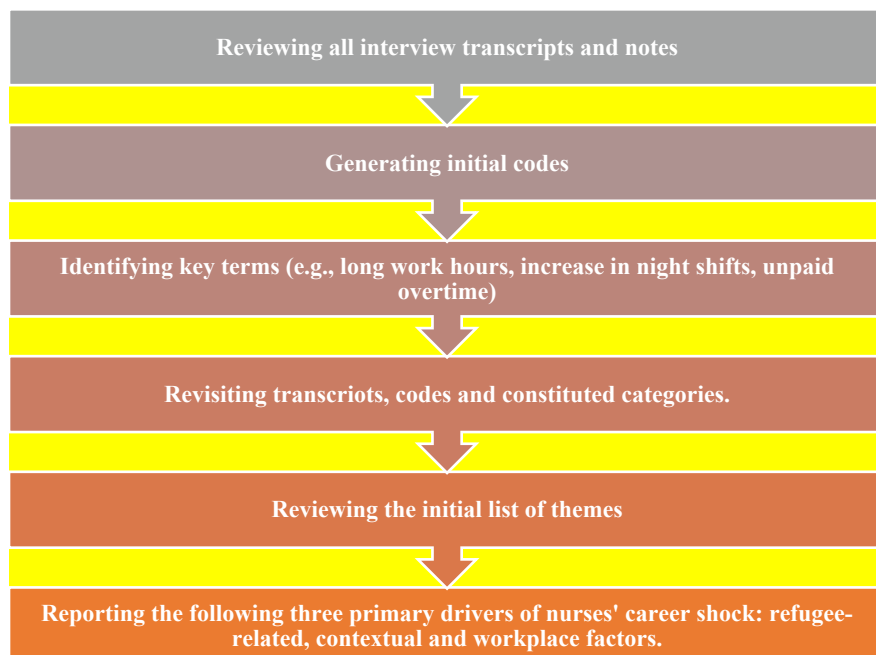
(Insert Table 2 here)

3.2 Data analysis

We employed the six-step thematic analysis framework outlined by Braun and Clarke (2012) to manually analyze the data, a method commonly used in qualitative research (e.g., Mousa et al., 2023a). First, the process commenced with the authors immersing themselves in the data by thoroughly reviewing all interview transcripts and notes. Second, initial codes or keywords were generated (Lune & Berg, 2016), which were subsequently refined into first-order codes and later into second-order descriptive codes. Third, particular attention was given to identifying key terms such as long working hours, unpaid overtime, increases in night shifts, intense job responsibilities, rising client numbers, job satisfaction, organizational support, social support, and autonomy (Braun & Clarke, 2021).

Fourth, the analysis was iterative, with the authors revisiting the transcripts, codes, and categories multiple times to refine and finalize the themes. This involved repeated, detailed examinations of the data. Fifth, upon reviewing the initial list of themes, decisions were made to revise, combine, or eliminate certain themes as necessary. Sixth, three key categories emerged as the primary drivers of nurses' experiences of career shock in response to the growing influx of refugees and the subsequent intensification of job duties: refugee-related factors (e.g., differential treatment of refugees compared to nationals, refugees as opportunities to supplement income), contextual factors (e.g., increased courtesy from nationals, rising patient numbers, demands for wage increases), and workplace factors (e.g., extended work hours, heavy job responsibilities, perceived treatment by managers). The following figure summarizes the main steps of data analysis.

Figure 1 (authors' own work): steps of data analysis



To ensure the rigor and trustworthiness of our data, we employed several robust strategies. One key approach was triangulation, wherein findings were cross-referenced using multiple sources, including field observations, policy documents, and secondary data. This strategy helped ensure consistency in the findings and provided a comprehensive understanding of the research context (Turner et al., 2017). Our semi-structured interviews were carefully designed with neutral, open-ended questions to encourage participants to share their perspectives freely. Follow-up questions were used to probe deeper and elicit specific, concrete examples, thereby providing richer and more detailed data (Bergen & Labonté, 2020). To foster an environment of trust, we prioritized rapport-building with participants, ensuring confidentiality and anonymity. This strategy helped create a safe space for honest and open communication (Bispo Júnior, 2022).

To further enhance the internal validity of our findings, we conducted independent reviews of the interview transcripts. This process involved multiple researchers analyzing the data separately, which minimized individual biases and ensured a more objective interpretation of the results (Creswell & Miller, 2000). Finally, to strengthen the external validity of our study, we conducted an extensive review of previous research on nurses' roles during crises. This comparative analysis allowed us to contextualize our findings within the broader literature (Mousa et al., 2024).

4. Findings

The aim of this study is to explore the question: How do extreme work conditions influence nurses' experiences of career shock in public hospitals? Upon completing the analysis of the interviews conducted, the authors identified three key themes, which are presented as responses to how extreme work conditions affect nurses' perceptions of career shock.

4.1 Refugee-related considerations

4.1.1 Treatment of Refugees Compared to Egyptians

Nurses in Egypt are accustomed to being treated condescendingly by Egyptian patients and their families. Most nurses in Egypt possess an intermediate level of education. However, with the

influx of Syrian, Yemeni, and Sudanese refugees, nurses have been surprised by the praise, respectful treatment, and flattery they receive from these refugee groups. This positive shift in treatment has been perceived as a “positive career shock” that nurses hope will continue.

Throughout my career, I have primarily encountered accounts of verbal, and, at times, physical assaults directed at nursing staff. Personally, I have been verbally abused on two occasions by patients and their families, largely due to the inadequate medical facilities in the hospital and delays in the doctors' responses to patient care. However, I must acknowledge the exemplary treatment and appreciation I receive from refugees. Syrian and Sudanese refugees, in particular, exhibit a remarkable level of gratitude and respect. R2

In contrast, many patients tend to treat me rudely, often displaying hostility and offering insulting glares. Nurses in Egypt typically receive moderate levels of education and are compensated with low wages, leading to a situation where individuals tend to assess us based on our income rather than the humanitarian role we serve. R19

4.1.2 Refugees as Opportunities to Supplement Income and Practice Islamic Beliefs

With the growing number of refugees, some—particularly Syrians and Sudanese—enjoy relatively high monthly incomes. In the context of escalating living costs and inflation in Egypt, nurses view assisting refugees, particularly pregnant women, the disabled, and the elderly, as an opportunity to increase their monthly income outside of their official working hours.

There is a presence of affluent Syrian, Yemeni, and Sudanese families living in Egypt. As a result, they often reach out to me for assistance with their pregnant relatives, elderly family members, or even to administer injections and other medical procedures. This has become a significant source of income for me. R5

I provide care for elderly Syrian women outside of official working hours, for which I receive compensation. The refugees residing in Egypt have, to some extent, contributed to my economic recovery. R11

All respondents affirmed that Islam—the religion followed by approximately 90% of Egyptians—emphasizes compassion, hospitality, and care for vulnerable populations, including forcibly displaced individuals such as refugees. Consequently, the humane treatment of refugees is perceived as a religious duty and an integral part of Islamic moral and spiritual practice. Within this context, nurses expressed their willingness to accept additional night shifts, work extended hours, and reduce their personal time off as acts of religious devotion and alignment with core Islamic values. This sense of duty was frequently supported by references to verses from the Quran and Hadiths of the Prophet Muhammad.

Respondent 5 referred to Verse 8 of Surah Al-Insan: “And they give food, out of love for Him, to the needy, the orphan, and the captive”. Reflecting on this verse, R5 stated, “This is what is stated in our holy book, the Quran. Accordingly, my colleagues and I feel morally and spiritually obligated to

intensify our professional efforts in order to support the refugees, whom we consider guests in Egypt.” R5

Similarly, R 32 cited a Hadith of the Prophet Muhammad (peace be upon him): “Free the suffering person, respond to the one who calls, and visit the sick”. He added, “Islamic scholars interpret the term ‘suffering person’ to mean the captive. Therefore, treating refugees with dignity and compassion is considered an act of worship in our faith.

4.2 Contextual considerations

4.2.1 Increased Courtesy from Egyptian Patients

Following the positive treatment received by nurses from Syrian, Sudanese, and Yemeni refugees, Egyptian patients and their families have begun to recognize and appreciate the humanitarian role of nurses in providing care to patients, despite the challenges posed by marginalization, low wages, and inadequate medical facilities in public hospitals.

Interestingly, Egyptians have started to adopt the attitudes and behaviours of Syrians, Yemenis, and Sudanese in terms of showing appreciation for the work and role of nurses. This shift represents a positive and promising step toward fostering change. R8

Over time, Egyptians have become more compassionate and empathetic toward me as a nurse, largely due to observing the kindness and respect shown by Syrian refugees. R16

4.2.2 Increase in Patients’ numbers

The refugee population in Egypt includes both wealthy individuals and small business owners, who typically seek care at private hospitals. However, the majority of refugees visit public hospitals, which offer free services. This has led to an increased patient load, requiring nurses to care for both Egyptians and refugees. Consequently, nurses face heightened workloads, exacerbated by the diverse dialects of the refugees, making communication, particularly regarding medical symptoms, more challenging, especially with African, Yemeni, and some Sudanese patients.

Since the arrival of refugees, I have seen a substantial increase in the number of patients under my care. This surge has led to a significant rise in my workload. R21

The influx of refugees in Egypt has directly correlated with an increase in the number of patients I manage, resulting in a sustained period of effort and physical fatigue. R30

4.2.3 Demand for wage increases

Given the increased workloads and extended working hours caused by the influx of refugees, nurses have become more insistent in demanding wage increases. While some of these demands are tentative, reflecting sensitivity to the severe economic crisis currently affecting Egypt, many nurses do not expect any response from officials to their calls for higher compensation.

As the number of refugees in Egypt continues to rise, along with an increase in nurses’ working hours, we have grown more assertive in

demanding better financial compensation. We recognize the difficult economic climate in our country, yet we still seek greater financial recognition for our professional contributions. R25

While we acknowledge the economic difficulties faced by our nation, our primary concern remains the need for more financial recognition of the vital role nurses play. R31

4.3 Workplace considerations

4.3.1 work hours

As the number of refugees in Egypt has risen and become more geographically dispersed, public hospitals have been compelled to extend working hours for nurses and medical staff in areas with high refugee concentrations. This adjustment represents a negative job shock for healthcare workers, adding additional strain to their already demanding roles.

Due to the rising number of Egyptian and refugee patients, I have been compelled to extend my working hours, with little option to refuse additional shifts. R9

The increasing demands placed on nurses in Egypt, combined with longer working hours, have made us the most vulnerable group within the healthcare system. We have limited options for career mobility, especially given the ongoing economic crisis in our country. R12

4.3.2 Burdens of job duties

Despite the influx of refugees, nurses report that the core responsibilities of their jobs have not changed. Their primary duties include receiving patients, facilitating communication between patients and doctors, and overseeing patient care in coordination with physicians. However, job burdens have increased significantly due to longer working hours and the requirement to accept additional night shifts, which nurses are increasingly forced to undertake.

The scope of my duties—receiving patients, communicating with doctors, coordinating appointments, and overseeing the dispensing of prescriptions—remains consistent, but the strain has intensified due to the growing number of patients and extended hours. I am not a machine. R6

The escalating workload has negatively impacted my personal life, significantly reducing the time I can spend with my family. I often experience psychological distress due to the mounting pressure of my professional responsibilities. R10

4.3.3 Treatment from managers

According to Mousa (2017), nurses in Egypt often experience class-based discrimination and deliberate marginalization by their managers and fellow doctors. This finding is consistent with the results of the current study. Interviewees reported that their roles are primarily limited to receiving orders and implementing them. Nurses indicated they do not have the authority to object, refuse, or participate in decision-making processes.

In the healthcare environment, all managers are doctors, and there is a noticeable lack of empathy or involvement in decision-making processes

regarding the nursing staff. Our roles are often limited to receiving constant directives and orders without the opportunity for collaboration. R13

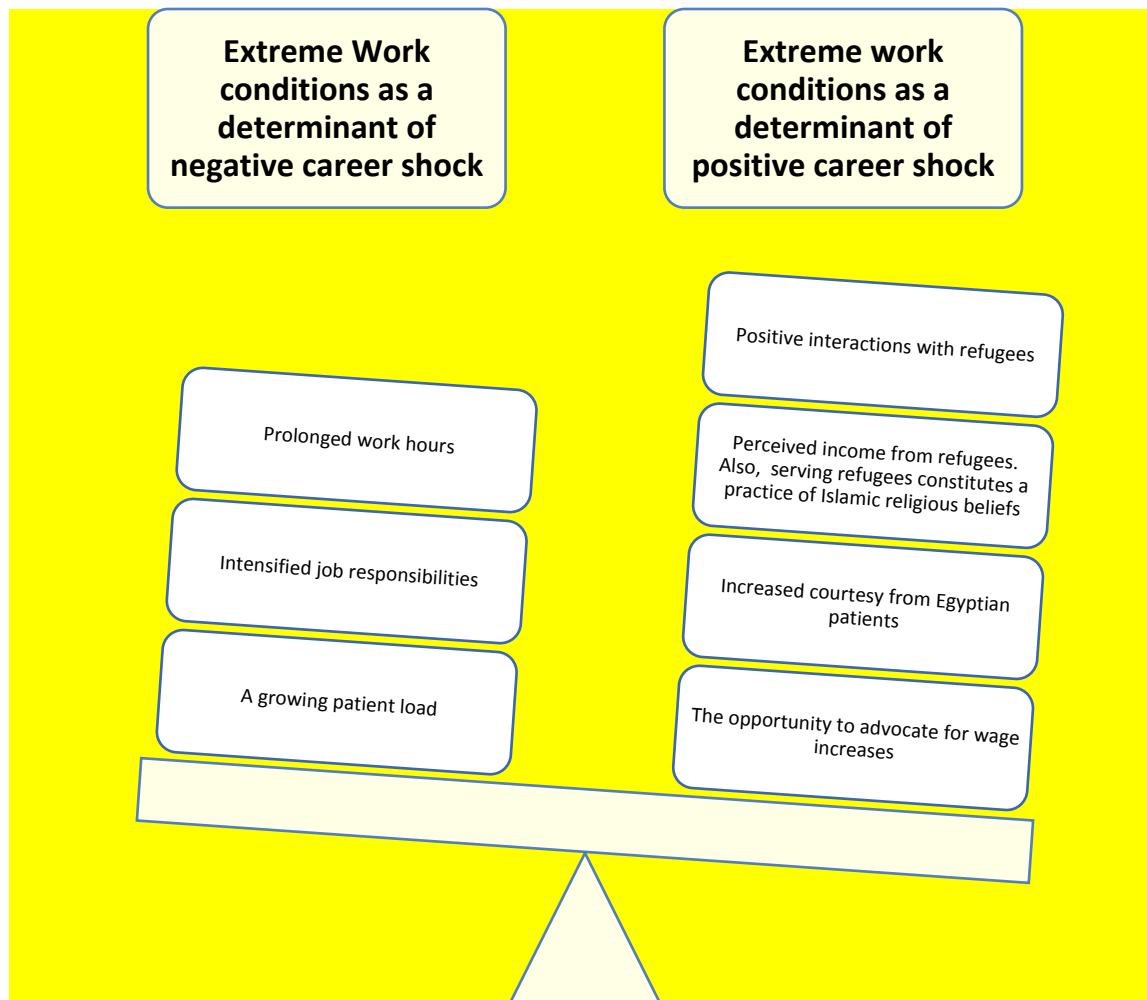
Nurses in Egypt find themselves at the mercy of both patients and doctors. We are frequently treated poorly, and at times, even with a sense of arrogance and disregard. R17

5. Discussion

This study contributes to the global discourse on the impact of significant external events (e.g., wars, increased refugee influxes, etc.) on certain professions, leading to extreme working conditions and, consequently, inducing a career shock in professionals within those fields (Akkermans et al., 2021; Mousa et al., 2024, 2025b). Specifically, this research discovers three dimensions: refugee-related factors (e.g., differential treatment of refugees compared to nationals, refugees as opportunities to supplement income), contextual factors (e.g., increased courtesy from nationals, rising patient numbers, demands for wage increases), and workplace factors (e.g., extended work hours, heavy job responsibilities, perceived treatment by managers). These dimensions are identified as key contributors to nurses' perceptions of positive or negative career shocks while working under extreme conditions.

The findings suggest that, despite the challenging work conditions stemming from the influx of refugees into Egypt, certain factors prompted nurses to experience a positive career shock. Specifically, positive interactions with refugees, perceived income from refugees, increased courtesy from Egyptian patients, and the opportunity to advocate for wage increases contributed to nurses' positive career shock, even in the face of extreme work environments. In contrast, factors such as prolonged work hours, intensified job responsibilities, and a growing patient load contributed to the nurses' negative career shocks. Furthermore, the marginalization perceived by nurses from public hospital managers persisted, even during periods of heightened work intensity. The following figure summarizes the main findings of the present paper.

Figure 2 (authors' own work): Extreme work conditions as a determinant of nurses' career shock



The following are the main theoretical contributions and practical implications.

5.1 Theoretical contributions

The first theoretical contribution of this study lies in demonstrating that negative career shocks do not necessarily result in diminished life satisfaction. This challenges the position of Ma et al. (2025), who argue that career setbacks disrupt an individual's social order. In contrast, this study found that nurses in Egypt have developed coping mechanisms that allow them to accept or justify negative career shocks, suggesting a degree of resilience in response to challenging circumstances.

The second theoretical contribution aligns with the perspective of Wankhade et al. (2020), who characterize extreme occupations as requiring substantial emotional and cognitive engagement. This framework is applicable to nurses in Egyptian public hospitals. However, this study further identifies non-financial factors—such as positive treatment from refugees and increased courtesy from Egyptian patients—as motivational elements that help nurses navigate extreme job demands and experience positive career shocks.

The third theoretical contribution arises from the discovery that nurses working in Egyptian public hospitals function as "street-level bureaucrats," as described by Lipsky (1980, 2010). In this capacity, nurses actively seek to maintain productive and peaceful relationships between the government and citizens (patients, in this case) by accepting prolonged work hours and heavy job responsibilities. Additionally, nurses in this study expressed a tentative desire for wage increases, reflecting the economic crisis in Egypt, and their intent to preserve harmonious relationships with the government. This finding is consistent with Mousa et al. (2025a), which highlights the limited participation in decision-making and the restricted discretionary power of nurses within the Egyptian public healthcare sector.

5.2 Practical implications

Based on the findings of the present study, several recommendations are proposed for the nurses involved. First, it is recommended that these nurses regularly consult with psychiatrists and career counselors. Such professionals can provide valuable guidance on balancing job responsibilities with personal commitments, thereby promoting well-being. Second, the nurses should advocate for hospital administrations to launch a social media campaign aimed at educating the public about the challenges nurses face in fulfilling their demanding job duties. Third, the nurses are encouraged to engage with officials from the Egyptian Ministry of Health to secure salary increases, particularly given the ongoing economic crisis in Egypt. Fourth, it is suggested that the nurses propose the organization of workplace social activities, such as after-work events or dinner gatherings, to help alleviate the intensity of their work conditions and mitigate negative career shocks. Finally, the nurses should seek representation on the hospital administrations' boards to ensure their involvement in decision-making processes, particularly regarding issues that directly affect nursing staff.

6. Conclusion, limitations and future research

This study aims to explore how extreme work conditions influence nurses' experiences of career shock in public hospitals by employing a phenomenon-based approach. The study involved conducting 33 semi-structured interviews with nurses working in public hospitals in Egypt. Despite the novelty and significance of this research, several limitations must be noted. First, the study focused exclusively on nurses, without considering the perspectives of their managers or officials from the Egyptian Ministry of Health. Second, the study only included nurses employed in public hospitals, omitting those working in private hospitals. These limitations prevent the authors from providing a comprehensive view of how extreme work conditions influence nurses' career shock experiences. For future research, scholars may wish to extend this inquiry to private hospitals and include the viewpoints of hospital managers in Egypt. Additionally, examining the role of social dialogue in shaping nurses' acceptance of extreme job duties and fostering positive career shocks may offer valuable insights for future studies.

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Table 2. Demographic characteristics of the interviewees

Respondents	Educational level	Marital status	Years of experience
1	Bachelor	Married	5-10
2	Vocational diploma	Married	10-15
3	Vocational diploma	Married	10-15
4	Vocational diploma	Married	10-15
5	Vocational diploma	Married	10-15
6	Vocational diploma	Married	10-15

7	Vocational diploma	Married	10-15
8	Vocational diploma	Married	10-15
9	Vocational diploma	Married	10-15
10	Bachelor	Married	5-10
11	Bachelor	Married	5-10
12	Vocational diploma	Married	10-15
13	Bachelor	Married	5-10
14	Vocational diploma	Married	10-15
15	Bachelor	Married	5-10
16	Vocational diploma	Married	10-15
17	Vocational diploma	Married	10-15
18	Bachelor	Married	5-10
19	Vocational diploma	Married	10-15
20	Vocational diploma	Married	10-15
21	Vocational diploma	Married	10-15
22	Vocational diploma	Married	10-15
23	Vocational diploma	Married	10-15
24	Vocational diploma	Married	10-15
25	Bachelor	Married	5-10
26	Bachelor	Married	5-10
27	Vocational diploma	Divorced	10-15
28	Vocational diploma	Married	10-15
29	Vocational diploma	Married	10-15
30	Vocational diploma	Married	10-15
31	Bachelor	Divorced	5-10
32	Vocational diploma	Married	10-15
33	Vocational diploma	Married	10-15