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Hospital Work-Related Stress in Emergency Medicine: A Comparative Study Between the United Kingdom and Egypt

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KEYWORDS

Emergency medicine, Workrelated stress, United Kingdom, Egypt

ABSTRACT:

Hospital work is often associated with noble intentions, such as saving lives and providing healthcare to those in need. However, behind the scenes, healthcare professionals face a significant and often underestimated challenge - work-related stress. The demanding nature of healthcare can take a toll on the mental and physical well-being of hospital staff, affecting both the individuals and the quality of patient care. This study investigates the complex issue of work-related stress among emergency medicine doctors, comparing the experiences in a developed country, the United Kingdom, and a developing nation, Egypt. Using a validated questionnaire endorsed and reviewed by the Health and Safety Executive in the United Kingdom, 60 emergency medicine doctors participated in the survey—30 from each country. Upon data analysis, distinct stressors influencing emergency medicine practitioners in these diverse settings were discerned. The data revealed palpable differences in work-related stress between the two nations. The findings have been categorized into several themes, namely: Demands, Control, Managers Support, Peer Support, Role and Relationships Patterns. findings suggest distinct stressors inherent to the respective healthcare infrastructures and socioeconomic environments. In the UK, stressors were primarily attributed to administrative demands, high patient inflow, and expectations for rapid, high-quality care. Conversely, in Egypt, limited resources, infrastructural challenges, and patient expectations in a resource-constrained environment were predominant. Additionally, cultural and systemic factors played a role in the perception and management of stress in both settings. Recognizing the unique challenges faced by these professionals in both developed and developing settings will pave the way for more informed, context-specific strategies and policies to mitigate work-related stress.

1. INTRODUCTION

Healthcare professions are often perceived through the lens of their noblest objectives—providing care, saving lives, and improving community health. Yet, this revered sector is not without its crucibles, particularly the pervasive challenge of work-related stress. This study embarks on a comparative exploration of this phenomenon within the sphere of emergency medicine—a specialty known for its high stakes and relentless pace. Specifically, the research delves into the intricacies of work-related stress experienced by emergency medical practitioners in two markedly different healthcare environments: the United Kingdom and Egypt.

The repercussions of work-related stress in the healthcare setting are profound, influencing not only the well-being and job satisfaction of medical professionals but also having potential implications for patient care and safety. In the high-pressure crucible of emergency medicine, where decisions are often split-second and the margin for error is minuscule, the impact of stress becomes even more pronounced. The physical and psychological toll on healthcare providers can lead to burnout, reduced productivity, and in some cases, a decline in the quality of patient care. [1] [2].

By juxtaposing the experiences of emergency medicine doctors in the UK's well-established healthcare framework with those working in the emerging and often resource-limited setting of Egypt, this research illuminates the unique and shared stressors endemic to these divergent contexts. Through a systematic survey employing a validated questionnaire, the study captures the nuanced facets of the stress experienced by 30 doctors from each country, offering insight into how diverse health systems and socioeconomic backgrounds

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influence the manifestation and management of workplace stress.

This research further investigates the specific themes of Demands, Control, Managers Support, Peer Support, Role, change, and Relationships Patterns, unveiling the multiplicity of factors contributing to stress. It acknowledges that in the UK, stress stems predominantly from administrative burdens, patient volume, and the expectation of expedited, top-tier care. In contrast, Egyptian emergency medicine doctors grapple with the compounded challenges of limited resources and infrastructure, set against a backdrop of equally high patient expectations.

The subsequent discussion highlights not only the cultural and systemic distinctions that shape the stress response in these two distinct national contexts but also underscores the pervasive nature of stress in the emergency medicine landscape. It raises critical questions about how institutional support, managerial practices, and cultural norms either exacerbate or alleviate stress, and how these factors, in turn, influence healthcare outcomes.

As this comparative study navigates through the complexities of work-related stress in emergency medicine, it seeks to offer invaluable perspectives that may inform policy decisions, resource allocation, and the development of support mechanisms tailored to the unique needs of healthcare professionals in both the developed and the developing world. With a view toward holistic improvement, the insights derived from this research endeavour to chart a course for enhancing not only the health and welfare of those at the frontline of medical emergencies but also the efficacy and compassion of the care they provide.

2. MATERIALS AND METHODS

A. METHOD OF STUDY

A cross-sectional survey was conducted involving a random selection of 60 emergency medicine healthcare practitioners, with 30 from each of the two countries. The questionnaire used in the study was developed, reviewed, and validated by the Health and Safety Executive in the United Kingdom, which is essential for minimizing errors, biases, and emotional interference due to its rigorous vetting process before being approved for standard application. This questionnaire assesses stress

levels through 35 questions that allow individuals to indicate the frequency of their feelings: Never, Seldom, Sometimes, Often, or Always. To ensure the reliability of the data, measures were taken to maintain anonymity and confidentiality; participants were instructed not to include their names.

B. Study participants

- 1.30 healthcare practitioners in the Emergency Department at Karmouz Health Insurance Hospital, Alexandria, Egypt
- 30 health care practitioners in the Emergency Department at Northampton General Hospital, NHS trust, Northampton, UK.

C. Data collection

Participants were approached at their workplace where they were briefed on the study. Those who consented to participate were provided with a questionnaire. They were allotted a time frame of one to three days to submit their completed questionnaires.

D. Data analysis

Following data collection, the subsequent phase involves a thorough analysis and interpretation of the information gathered. In this study, data was systematically arranged and scrutinized using the Validated Analysis Tool, which is intended for utilization by Health and Safety executives in the United Kingdom. This instrument facilitates the examination of respondents' perceptions and aids in evaluating the performance of the organization, whether it be by individual stress factors or on a question-by-question basis.

3. RESULTS

The following sections will focus on the comparative analysis of work stress among emergency medicine healthcare practitioners in the UK and Egypt, as indicated by responses to the Questionnaire. This questionnaire encompasses six critical domains of work design, known as stressors, which can lead to adverse health outcomes, decreased productivity, and heightened absenteeism if ineffectively managed. These stressors include demands, control, support, role, relationships, and change. The ensuing figures present the questionnaire's findings for each country (Figure: 1 illustrate the UK health care practitoners' questionnaire

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JCHR (2023) 13(4), 1704-1717 | ISSN:2251-6727



results and Figure: 2 illustrate the Egyptian health care practitioners' questionnaire results). The subsequent tables are organized by each stressor (categorized by factor), (Figures: 3 illustrates the UK health care practitioners' questionnaire results by stressor, while Figures: 4 illustrates the Egyptian health care practitioners' questionnaire results by stressor).

The subsequent sections will present an analysis of work-related stress among emergency medicine healthcare providers in the UK and Egypt, breaking down the data across various specified categories. (Figure 5 presents a graph that delineates the disparities across various factors as revealed by the results of both questionnaires).

A. Demand

Q: Different groups at work demand things from me that are hard to combine

UK: 46.67% of respondents often or always face conflicting demands, which can contribute to stress.

Egypt: The majority, 66.66%, often or always face this issue, suggesting a more prevalent problem with conflicting demands.

Comparative Analysis: This could reflect a difference in workplace culture or organizational structure, where Egyptian healthcare practitioners may deal with more varied expectations.

Q: I have unachievable deadlines

UK: A combined 23.34% often or always experience unachievable deadlines, implying a moderate issue here.

Egypt: 20% report often or always having unachievable deadlines, which is slightly lower than in the UK.

Comparative Analysis: The similarity could be due to the fast-paced nature of healthcare but might be slightly

mitigated in Egypt by different management expectations or work practices.

Q: I have to work very intensively

UK: A significant 80% often or always feel they have to work intensively, indicating high work intensity.

Egypt: There's an even higher percentage, 96.67%, indicating a near-universal experience of intensive work.

Comparative Analysis: This indicates that the healthcare profession is inherently demanding in both countries, with the possibility of it being even more acute in Egypt. This could be attributed to the high population numbers coupled with a significant shortage of healthcare staff.

Q: I have to neglect some tasks because I have too much

UK: The majority never do, indicating task overload is not seen as frequent.

Egypt: The majority (96.67%) never or seldom neglect tasks, which is consistent with the UK experience but with more respondents never facing this issue.

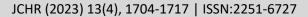
Comparative Analysis: Both cohorts appear to handle their responsibilities with little neglect, which could stem from the intrinsic obligations of being a doctor or healthcare practitioner where neglecting a case is not an option. The underlying causes for this diligent approach might differ, ranging from staffing levels to the methods of allocating workloads.

Q: I am unable to take sufficient breaks

UK: The majority, 96.66%, seldom or never been unable to take sufficient breaks, which contributes in reducing stress and burnout.

Egypt: A majority (56.67%) often or always can't take sufficient breaks.

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	Question		Re	spons	e Cou	ınts [†]		Avg*	% Non-	% Respon	se Counts	s (excludir	ng non-res	pondents
Question No.	Text	0	1	2	3	4	5		Respond	1	2	3	4	5
1	I am clear what is expected of me at work	0	0	4	8	10	8	3.73	0.00	0.00	13.33	26.67	33.33	26.67
2	I can decide when to take a break	0	2	2	3	8	15	4.07	0.00	6.67	6.67	10.00	26.67	50.00
3	Different groups at work demand things from me that are hard to combine	0	3	11	8	5	3	2.80	0.00	10.00	36.67	26.67	16.67	10.00
4	I know how to go about getting my job done	0	1	3	3	7	16	4.13	0.00	3.33	10.00	10.00	23.33	53.33
5	I am subject to personal harassment in the form of unkind words or behaviour	0	3	12	6	7	2	2.77	0.00	10.00	40.00	20.00	23.33	6.67
6	I have unachievable deadlines	0	2	5	0	14	9	3.77	0.00	6.67	16.67	0.00	46.67	30.00
7	If work gets difficult, my colleagues will help me	0	4	13	5	5	3	2.67	0.00	13.33	43.33	16.67	16.67	10.00
8	I am given supportive feedback on the work I do	0	0	3	5	15	7	3.87	0.00	0.00	10.00	16.67	50.00	23.33
9	I have to work very intensively	0	15	9	3	0	3	1.90	0.00	50.00	30.00	10.00	0.00	10.00
10	I have a say in my own work speed	0	15	8	0	5	2	2.03	0.00	50.00	26.67	0.00	16.67	6.67
11	I am clear what my duties and responsibilities are	0	1	0	3	11	15	4.30	0.00	3.33	0.00	10.00	36.67	50.00
12	I have to neglect some tasks because I have too much to do	0	0	0	0	8	22	4.73	0.00	0.00	0.00	0.00	26.67	73.33
13	I am clear about the goals and objectives for my department	0	1	2	4	6	17	4.20	0.00	3.33	6.67	13.33	20.00	56.67
14	There is friction or anger between colleagues	0	4	15	6	5	0	2.40	0.00	13.33	50.00	20.00	16.67	0.00
15	I have a choice in deciding how to do my work	0	10	9	5	6	0	2.23	0.00	33.33	30.00	16.67	20.00	0.00
16	I am unable to take sufficient breaks	0	1	1	2	7	19	4.40	0.00	3.33	3.33	6.67	23.33	63.33
17	I understand how my work fits into the overall aim of the organisation	0	1	1	2	8	18	4.37	0.00	3.33	3.33	6.67	26.67	60.00
18	I am pressured to work long hours	0	0	0	0	8	22	4.73	0.00	0.00	0.00	0.00	26.67	73.33
19	I have a choice in deciding what I do at work	0	21	9	0	0	0	1.30	0.00	70.00	30.00	0.00	0.00	0.00
20	I have to work very fast	0	9	0	13	4	4	2.80	0.00	30.00	0.00	43.33	13.33	13.33
21	I am subject to bullying at work	0	0	6	13	5	6	3.37	0.00	0.00	20.00	43.33	16.67	20.00
22	I have unrealistic time pressures	0	4	5	3	13	5	3.33	0.00	13.33	16.67	10.00	43.33	16.67
23	I can rely on my line manager to help me out with a work problem	0	3	5	3	14	5	3.43	0.00	10.00	16.67	10.00	46.67	16.67
24	I get the help and support I need from colleagues	0	1	13	10	1	5	2.87	0.00	3.33	43.33	33.33	3.33	16.67
25	I have some say over the way I work	0	0	0	17	8	5	3.60	0.00	0.00	0.00	56.67	26.67	16.67
26	I have sufficient opportunities to question managers about change at work	0	1	2	3	7	17	4.23	0.00	3.33	6.67	10.00	23.33	56.67
27	I receive the respect at work I deserve from colleagues	0	0	3	3	8	16	4.23	0.00	0.00	10.00	10.00	26.67	53.33
28	Staff are always consulted about change at work	0	0	3	3	10	14	4.17	0.00	0.00	10.00	10.00	33.33	46.67
29	I can talk to my line manager about something that has upset or annoyed me at work	0	1	4	3	7	15	4.03	0.00	3.33	13.33	10.00	23.33	50.00
30	My working time can be flexible	0	0	0	0	8	22	4.73	0.00	0.00	0.00	0.00	26.67	73.33
31	My colleagues are willing to listen to my work-related problems	0	16	7	3	2	2	1.90	0.00	53.33	23.33	10.00	6.67	6.67
32	When changes are made at work, I am clear how they will work out in practice	0	7	3	2	11	7	3.27	0.00	23.33	10.00	6.67	36.67	23.33
33	I am supported through emotionally demanding work	0	0	22	0	5	3	2.63	0.00	0.00	73.33	0.00	16.67	10.00
34	Relationships at work are strained	0	7	10	13	0	0	2.20	0.00	23.33	33.33	43.33	0.00	0.00
35	My line manager encourages me at work	0	0	0	0	10	20	4.67	0.00	0.00	0.00	0.00	33.33	66.67
	, , , , , , , , , , , , , , , , , , , ,	0	133	190	152	248	327		0.00	12.67	18.10	14.48	23.62	31.14

No. of records 30

Figure: 1 illustrates the UK healthcare practitioners' questionnaire results

	Question		Re	spons	e Cou	nts [†]		Avg*	% Non-	% Respon	se Counts	(excludin	g non-res	pondents
Question No.	Text	0	1	2	3	4	5		Respond	1	2	3	4	5
1	I am clear what is expected of me at work	0	0	16	8	2	4	2.80	0.00	0.00	53.33	26.67	6.67	13.33
2	I can decide when to take a break	0	16	10	1	1	2	1.77	0.00	53.33	33.33	3.33	3.33	6.67
3	Different groups at work demand things from me that are hard to combine	0	13	7	3	4	3	2.23	0.00	43.33	23.33	10.00	13.33	10.00
4	I know how to go about getting my job done	0	0	19	9	2	0	2.43	0.00	0.00	63.33	30.00	6.67	0.00
5	I am subject to personal harassment in the form of unkind words or behaviour	0	0	12	3	10	5	3.27	0.00	0.00	40.00	10.00	33.33	16.67
6	I have unachievable deadlines	0	1	5	5	5	14	3.87	0.00	3.33	16.67	16.67	16.67	46.67
7	If work gets difficult, my colleagues will help me	0	0	0	7	20	3	3.87	0.00	0.00	0.00	23.33	66.67	10.00
8	I am given supportive feedback on the work I do	0	0	20	5	1	4	2.63	0.00	0.00	66.67	16.67	3.33	13.33
9	I have to work very intensively	0	1	1	7	15	6	3.80	0.00	3.33	3.33	23.33	50.00	20.00
10	I have a say in my own work speed	0	0	5	0	20	5	3.83	0.00	0.00	16.67	0.00	66.67	16.67
11	I am clear what my duties and responsibilities are	0	0	12	9	5	4	3.03	0.00	0.00	40.00	30.00	16.67	13.33
12	I have to neglect some tasks because I have too much to do	0	20	9	0	0	1	1.43	0.00	66.67	30.00	0.00	0.00	3.33
13	I am clear about the goals and objectives for my department	0	15	9	0	3	3	2.00	0.00	50.00	30.00	0.00	10.00	10.00
14	There is friction or anger between colleagues	0	4	13	7	4	2	2.57	0.00	13.33	43.33	23.33	13.33	6.67
15	I have a choice in deciding how to do my work	0	0	0	9	9	12	4.10	0.00	0.00	0.00	30.00	30.00	40.00
16	I am unable to take sufficient breaks	0	3	2	0	11	14	4.03	0.00	10.00	6.67	0.00	36.67	46.67
17	I understand how my work fits into the overall aim of the organisation	0	9	6	8	4	3	2.53	0.00	30.00	20.00	26.67	13.33	10.00
18	I am pressured to work long hours	0	18	6	5	0	1	1.67	0.00	60.00	20.00	16.67	0.00	3.33
19	I have a choice in deciding what I do at work	0	21	8	0	0	1	1.40	0.00	70.00	26.67	0.00	0.00	3.33
20	I have to work very fast	0	17	9	1	2	1	1.70	0.00	56.67	30.00	3.33	6.67	3.33
21	I am subject to bullying at work	0	8	3	13	0	6	2.77	0.00	26.67	10.00	43.33	0.00	20.00
22	I have unrealistic time pressures	0	11	12	5	2	0	1.93	0.00	36.67	40.00	16.67	6.67	0.00
23	I can rely on my line manager to help me out with a work problem	0	10	13	5	2	0	1.97	0.00	33.33	43.33	16.67	6.67	0.00
24	get the help and support I need from colleagues	0	4	5	7	7	7	3.27	0.00	13.33	16.67	23.33	23.33	23.33
25	I have some say over the way I work	0	15	5	6	4	0	1.97	0.00	50.00	16.67	20.00	13.33	0.00
26	I have sufficient opportunities to question managers about change at work	0	10	13	0	0	7	2.37	0.00	33.33	43.33	0.00	0.00	23.33
27	I receive the respect at work I deserve from colleagues	0	10	8	5	4	3	2.40	0.00	33.33	26.67	16.67	13.33	10.00
28	Staff are always consulted about change at work	0	13	12	1	3	1	1.90	0.00	43.33	40.00	3.33	10.00	3.33
29	I can talk to my line manager about something that has upset or annoyed me at work	0	13	11	0	3	3	2.07	0.00	43.33	36.67	0.00	10.00	10.00
30	My working time can be flexible	0	14	0	5	7	4	2.57	0.00	46.67	0.00	16.67	23.33	13.33
31	My colleagues are willing to listen to my work-related problems	0	10	3	0	10	7	3.03	0.00	33.33	10.00	0.00	33.33	23.33
32	When changes are made at work, I am clear how they will work out in practice	0	14	10	1	2	3	2.00	0.00	46.67	33.33	3.33	6.67	10.00
33	I am supported through emotionally demanding work	0	13	11	0	4	2	2.03	0.00	43.33	36.67	0.00	13.33	6.67
34	Relationships at work are strained	0	0	5	2	9	14	4.07	0.00	0.00	16.67	6.67	30.00	46.67
35	My line manager encourages me at work	0	11	11	3	3	2	2.13	0.00	36.67	36.67	10.00	10.00	6.67

No. of records 30

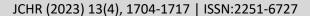
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Figure: 2 illustrates the Egyptian healthcare practitioners' questionnaire results

[†] 0 denotes no response, 1 to 5 denotes higher to lower risk *Average of non-zero responses only

[†] 0 denotes no response, 1 to 5 denotes higher to lower risk *Average of non-zero responses only

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Categorised by Factor

Demands

	Question		R	espons	se Cou	nts		Avg	% Non	% Respon	se Counts	(excludir	ng non-res	pondents
Question No.		0	1	2	3	4	5		Respond	1	2	3	4	5
3	Different groups at work demand things from me that are hard to combine	0	3	11	8	5	3	2.80	0.00	10.00	36.67	26.67	16.67	10.00
6	I have unachievable deadlines	0	2	5	0	14	9	3.77	0.00	6.67	16.67	0.00	46.67	30.00
9	I have to work very intensively	0	15	9	3	0	3	1.90	0.00	50.00	30.00	10.00	0.00	10.00
12	I have to neglect some tasks because I have too much to do	0	0	0	0	8	22	4.73	0.00	0.00	0.00	0.00	26.67	73.33
16	I am unable to take sufficient breaks	0	1	1	2	7	19	4.40	0.00	3.33	3.33	6.67	23.33	63.33
18	I am pressured to work long hours	0	0	0	0	8	22	4.73	0.00	0.00	0.00	0.00	26.67	73.33
20	I have to work very fast	0	9	0	13	4	4	2.80	0.00	30.00	0.00	43.33	13.33	13.33
22	I have unrealistic time pressures	0	4	5	3	13	5	3.33	0.00	13.33	16.67	10.00	43.33	16.67
		0	24	24	20	E0.	97	2 50	0.00	14 17	12.02	40.00	24 50	20.25

Question with Highest % of 1 Scores Question with Highest % of 5 scores

	Question		R	spons	e Cou	nts		Avg	% Non-	% Respor	se Counts	s (excludir	ng non-res	pondents)
Question No.	Text	0	1	2	3	4	5		Respond	1	2	3	4	5
2	I can decide when to take a break	0	2	2	3	8	15	4.07	0.00	6.67	6.67	10.00	26.67	50.00
10	I have a say in my own work speed	0	15	8	0	5	2	2.03	0.00	50.00	26.67	0.00	16.67	6.67
15	I have a choice in deciding how to do my work	0	10	9	5	6	0	2.23	0.00	33.33	30.00	16.67	20.00	0.00
19	I have a choice in deciding what I do at work	0	21	9	0	0	0	1.30	0.00	70.00	30.00	0.00	0.00	0.00
25	I have some say over the way I work	0	0	0	17	8	5	3.60	0.00	0.00	0.00	56.67	26.67	16.67
30	My working time can be flexible	0	0	0	0	8	22	4.73	0.00	0.00	0.00	0.00	26.67	73.33
		0	48	28	25	35	44	2.99	0.00	26.67	15.56	13.89	19.44	24.44

Managers' Support

Question with Highest % of 1 Scores Question with Highest % of 5 scores

	Question		Re	spons	e Cou	nts		Avg	% Non-	% Respon	se Counts	(excludin	ng non-res	pondents)
Question No.	Text	0	1	2	3	4	5		Respond	1	2	3	4	5
8	I am given supportive feedback on the work I do	0	0	3	5	15	7	3.87	0.00	0.00	10.00	16.67	50.00	23.33
23	I can rely on my line manager to help me out with a work problem	0	3	5	3	14	5	3.43	0.00	10.00	16.67	10.00	46.67	16.67
29	I can talk to my line manager about something that has upset or annoyed me at work	0	1	4	3	7	15	4.03	0.00	3.33	13.33	10.00	23.33	50.00
33	I am supported through emotionally demanding work	0	0	22	0	5	3	2.63	0.00	0.00	73.33	0.00	16.67	10.00
35	My line manager encourages me at work	0	0	0	0	10	20	4.67	0.00	0.00	0.00	0.00	33.33	66.67
	100													

Question with Highest % of 1 Scores Question with Highest % of 5 scores

Peer Support

	Question		R	espons	se Cou	ınts		Avg	% Non-	% Respon	se Counts	(excludin	g non-res	pondents)
Question No.	Text	0	1	2	3	4	5		Respond	1	2	3	4	5
7	If work gets difficult, my colleagues will help me	0	4	13	5	5	3	2.67	0.00	13.33	43.33	16.67	16.67	10.00
24	I get the help and support I need from colleagues	0	1	13	10	1	5	2.87	0.00	3.33	43.33	33.33	3.33	16.67
27	I receive the respect at work I deserve from colleagues	0	0	3	3	8	16	4.23	0.00	0.00	10.00	10.00	26.67	53.33
31	My colleagues are willing to listen to my work-related problems	0	16	7	3	2	2	1.90	0.00	53.33	23.33	10.00	6.67	6.67
		0	21	36	21	16	26	2.92	0.00	17.50	30.00	17.50	13.33	21.67

Question with Highest % of 1 Scores

Question with Highest % of 5 scores

	Question		R	spons	e Cou	nts		Avg	% Non-	% Respon	se Counts	(excludir	ng non-res	pondents)
Question No.	Text	0	1	2	3	4	5		Respond	1	2	3	4	5
5	I am subject to personal harassment in the form of unkind words or behaviour	0	3	12	6	7	2	2.77	0.00	10.00	40.00	20.00	23.33	6.67
14	There is friction or anger between colleagues	0	4	15	6	5	0	2.40	0.00	13.33	50.00	20.00	16.67	0.00
21	I am subject to bullying at work	0	0	6	13	5	6	3.37	0.00	0.00	20.00	43.33	16.67	20.00
34	Relationships at work are strained	0	7	10	13	0	0	2.20	0.00	23.33	33.33	43.33	0.00	0.00
		0	14	43	38	17	8	2.68	0.00	11.67	35.83	31.67	14.17	6.67

Role

Question with Highest % of 1 Scores

Question with Highest % of 5 scores

	Question		R	espons	se Cou	ınts		Avg	% Non-	% Respon	se Counts	(excludir	ng non-res	pondents)
Question No.	Text	0	1	2	3	4	5		Respond	1	2	3	4	5
1	I am clear what is expected of me at work	0	0	4	8	10	8	3.73	0.00	0.00	13.33	26.67	33.33	26.67
4	I know how to go about getting my job done	0	1	3	3	7	16	4.13	0.00	3.33	10.00	10.00	23.33	53.33
11	I am clear what my duties and responsibilities are	0	1	0	3	11	15	4.30	0.00	3.33	0.00	10.00	36.67	50.00
13	I am clear about the goals and objectives for my department	0	1	2	4	6	17	4.20	0.00	3.33	6.67	13.33	20.00	56.67
17	I understand how my work fits into the overall aim of the organisation	0	1	1	2	8	18	4.37	0.00	3.33	3.33	6.67	26.67	60.00
	*	0	4	10	20	42	74	4.15	0.00	2.67	6.67	13.33	28.00	49.33

Change

28

32

Question with Highest % of 1 Scores Question with Highest % of 5 scores

Avg % Non-Question
 4
 6

 7
 17
 4.23

 10
 14
 4.17

 11
 7
 3.27

 22
 38
 3.89
 Text Respond 23.33 I have sufficient opportunities to question managers about change at work Staff are always consulted about change at work 0 3 3 0.00 0.00 10.00 10.00 33.33 When changes are made at work, I am clear how they will work out in practice 0.00 10.00 6.67

Question with Highest % of 1 Scores Question with Highest % of 5 scores

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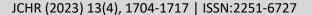


Figure: 3 illustrates the UK healthcare practitioners' questionnaire results (Categorized by factor)

Note Property Pr															
Marchael	Demands														
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Page	15	I have a choice in deciding how to do my work	0	0	0	9	9	12	4.10	0.00	0.00	0.00	30.00	30.00	40
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31 My colleagues are willing to listen to my work-related problems 0 10 3 0 10 7 3,03 0,00 20,00 33,33 34,17	24			0	0	7	20	3	3.87	0.00	0.00	0.00	23.33	66.67	
Lationships Counts Count		I get the help and support I need from colleagues	0	0	0 5	7	20 7	3 7	3.87 3.27	0.00 0.00	0.00 13.33	0.00 16.67	23.33 23.33	66.67 23.33	2
Accordance Company C	27	I get the help and support I need from colleagues I receive the respect at work I deserve from colleagues	0	0 4 10	0 5 8	7 7 5	20 7 4	3 7 3	3.87 3.27 2.40	0.00 0.00 0.00	0.00 13.33	0.00 16.67 26.67	23.33 23.33 16.67	66.67 23.33 13.33	1
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S I am subject to personal harassment in the form of unkind words or behaviour	27 31	I get the help and support I need from colleagues I receive the respect at work I deserve from colleagues My colleagues are willing to listen to my work-related problems	0 0 0	0 4 10 10	0 5 8 3	7 7 5 0	20 7 4 10	3 7 3 7	3.87 3.27 2.40 3.03	0.00 0.00 0.00 0.00 0.00	0.00 13.33 33.33 20.00	0.00 16.67 26.67 10.00 13.33	23.33 23.33 16.67 0.00 15.83 Highest % (66.67 23.33 13.33 33.33 34.17	10 23
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Relationships at work are strained 0 0 5 2 9 14 4.07 0.00 0.00 16.67 6.67 30.00 Company Compa	27 31 lationships uestion No.	I get the help and support I need from colleagues I receive the respect at work I deserve from colleagues My colleagues are willing to listen to my work-related problems Question Text I am subject to personal harassment in the form of unkind words or behaviour	0 0 0	0 4 10 10 24	0 5 8 3 16	7 7 5 0 19	20 7 4 10 41	3 7 3 7 20	3.87 3.27 2.40 3.03 3.14 Avg	0.00 0.00 0.00 0.00 0.00 0.00 0.00	1 0.00 13.33 33.33 20.00 Ques % Resport 1 1	0.00 16.67 26.67 10.00 13.33 stion with I stion with I	23.33 23.33 16.67 0.00 15.83 Highest % 6 Highest % 8 (excludion 3 10.00	66.67 23.33 13.33 33.33 34.17 of 1 Scores of 5 scores ug non-res 4 33.33	1 1 spon
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Figure: 4 illustrates the Egyptian healthcare practitioners' questionnaire results (Categorized by factor)

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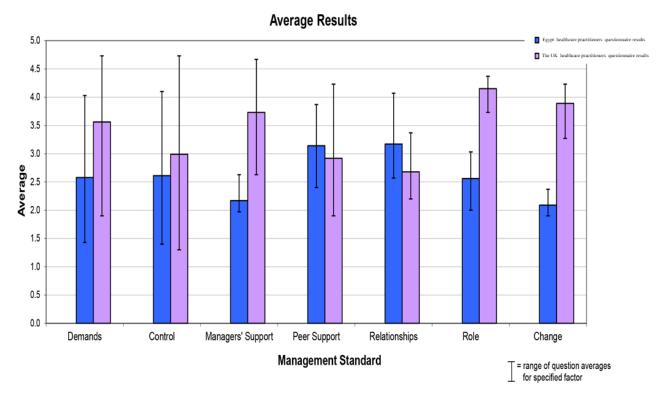


Figure 5 presents a graph that delineates the disparities across various factors as revealed by the results of both questionnaires.

Comparative Analysis: Break times in the Egypt appear to be more of an issue, possibly due to more stringent scheduling or higher workloads

Q: I am pressured to work long hours

UK: 73.33% never or seldom feel pressured to work long hours, suggesting that long hours are not a widespread concern.

Egypt: A majority (80%) often or always feel this pressure, indicating a significant difference in working hours expectations.

Comparative Analysis: It could be inferred that the healthcare system in Egypt may place more emphasis on extended work periods compared to the UK.

Q: I have to work very fast

UK: A clear majority (76.66%) often or always have to work very fast, reflecting the pace of the work environment.

Egypt: Most respondents (86.67%) often or always have to work very fast, a slightly higher rate than in the UK.

Comparative Analysis: The pace of healthcare work is fast in both regions, but the pressure to maintain speed seems slightly higher in Egypt.

Q: I have unrealistic time pressures

UK: A majority (56.66%) seldom or never face unrealistic time pressures, suggesting it's not a common issue.

Egypt: A combined 56.67% often or always feel unrealistic time pressures, highlighting a marked difference.

Comparative Analysis: The higher reports of unrealistic time pressures in Egypt could relate to systemic issues or expectations placed on healthcare workers.

Overall Comparison:

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JCHR (2023) 13(4), 1704-1717 | ISSN:2251-6727



Overall, healthcare practitioners in Egypt report higher levels of stress-related experiences across those parameters compared to their UK counterparts. This can stem from systemic issues, such as staffing, healthcare infrastructure, expectations of service delivery, and cultural attitudes toward work and patient care. In the UK, intensive work and speed are notable stressors but there's less pressure regarding working hours and break times. In Egypt, long working hours, the need for rapid work, and conflicting demands contribute to stress more prominently.

B. Control

Q: I can decide when to take a break

UK: The majority (76.67%) often or always feel they can decide when to take a break, indicating higher autonomy in this aspect.

Egypt: A significant (80%) sometimes or never feel they can decide when to take a break, pointing towards a lack of autonomy over work breaks.

Comparative Analysis: This could be due to stricter scheduling protocols and high patient inflow in Egypt healthcare system versus a more flexible approach in the UK.

Q: I have a say in my own work speed

UK: 83.34% often or always have a say in their work speed, suggesting they feel they can control their pace of work.

Egypt: Conversely, all respondents report having never or only sometimes having a say, highlighting a major difference in work pace control.

Comparative Analysis: This stark contrast may reflect operational differences: the UK might have a more individual-focused approach that allows for self-pacing, and the presence of advocacy organizations like the BMA could help doctors or healthcare practitioners seek advice if they feel pressured.

Q: I have a choice in deciding how I do my work

UK: A combined 63.33% have some or total say in how they do their work, indicating moderate autonomy.

Egypt: Responses are more extreme, with 70% always and 30% never having a choice, suggesting a polarized experience among practitioners.

Comparative Analysis: This split in the Egyptian data might represent varying degrees of autonomy within different organizations or departments.

I have a choice in deciding what I do at work

UK: Here, 100% feel they have a choice, showing a strong sense of autonomy in task selection.

Egypt: A majority (96.67%) also feel they always or often have a choice, indicating a similar sense of autonomy in both countries.

Comparative Analysis: The high autonomy in both countries for this aspect may be necessary for professional healthcare roles that require decision-making.

Q: I have some say over the way I work

UK: A majority (83.33%) feel they have at least some say, which is a positive sign of autonomy in the workplace.

Egypt: The majority (83.33%) also have some or a lot of say over their work, with no reports of never, which is consistent with the UK responses.

Comparative Analysis: Similar levels of autonomy in how work is done could reflect a universal professional standard in healthcare.

Q: My working time can be flexible

UK: Flexibility appears to be very limited, with 100% never or seldom finding their working time to be flexible.

Egypt: There is more distribution here, with 46.67% often finding time to be flexible, though a notable 36.66% seldom or never do.

Comparative Analysis: UK practitioners seem to experience less flexibility, which might be due to stricter shift patterns or institutional policies.

Overall Comparison:

When comparing the two countries, it's evident that there are both similarities and differences in the perceived work-related autonomy and flexibility among healthcare practitioners. UK practitioners report more say in their work pace but much less flexibility in work time. Egyptian practitioners seem to have more working time flexibility.

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C. Managers Support

Q: I am given supportive feedback on the work I do

UK: A majority (60%) report often or always receiving supportive feedback, suggesting a more affirming managerial approach.

Egypt: a combined 70% report seldom or never receiving it, indicating a significant lack of supportive feedback.

Comparative Analysis: This difference may reflect variations in managerial training and the emphasis on positive reinforcement. UK managers might be more proactive in providing feedback, perhaps because they are required to conduct periodic meetings and appraisals for which they are compensated. Conversely, in Egypt, there is no specific remuneration for such activities.

Q: I can rely on my line manager to help me out with a work problem

UK: Over half (56.67%) of respondents feel their manager is seldom or never available to help with work problems.

Egypt: Most respondents (76.66%) feel they can often or always rely on their manager, indicating a stronger reliance on managerial assistance.

Comparative Analysis: This could be related to varying expectations of managerial roles, or it might be due to the fact that there is less cultural diversity in Egypt, which can facilitate the building of positive relationships with managers, enabling more direct managerial involvement.

Q: I can talk to my line manager about something that has upset or annoyed me about work

UK: The responses are distributed, but 50% sometimes or never feel comfortable talking to their manager about upsetting work issues, indicating possible communication barriers.

Egypt: A vast majority (80%) feel they can often or always talk to their manager about work-related issues, demonstrating open lines of communication.

Comparative Analysis: The contrast may stem from cultural norms surrounding hierarchy and

communication, with Egyptian workplaces perhaps fostering a more open-door policy.

Q: I am supported through emotionally demanding work

UK: The most notable disparity, where 83.33% seldom or never feel supported in emotionally demanding work, signifies a critical area for improvement in managerial support.

Egypt: Conversely, the majority (80%) never or seldom feel unsupported, which could indicate that Egyptian managers are more attuned or responsive to emotional support needs.

Comparative Analysis: This might be influenced by the different support mechanisms that is used in each country.

Q: My line manager encourages me at work

UK: A significant 66.67% never feel encouraged by their line manager,

Egypt: The responses are more balanced, with 73.34% feeling encouraged often or sometimes, suggesting a more positive reinforcement culture.

Comparative Analysis: This likely reflects different management styles within the healthcare systems in both countries.

Overall Comparison:

The overall trend in these questions suggests that healthcare practitioners in Egypt feel more supported and encouraged by their managers compared to those in the UK. The reasons for these differences could include managerial practices, cultural approaches to leadership, and communication styles.

D. Peer Support

Q: If work gets difficult, my colleagues will help me:

UK: A majority (60%) of respondents sometimes or often receive help, with a small proportion always getting help (10%).

Egypt: A vast majority (76.67%) often or always receive help, indicating a stronger culture of support or perhaps a more collaborative work environment.

Q: I get help and support I need from colleagues:

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UK: Most respondents (76.66%) seldom or sometimes receive help, suggesting that while support is available, it may not be consistent.

Egypt: Responses are spread across the spectrum, with a notable 23.33% always receiving support, hinting at more consistent peer support than in the UK.

Q: I receive the respect at work I deserve from my colleagues:

UK: A strong majority (80%) sometimes or always feel respected, which is a positive indicator of workplace culture.

Egypt: The responses are more polarized, with 43.33% never feeling respected and another 43.33% sometimes or often feeling respected. This could point to a more hierarchical or variable respect culture within workplaces.

Q: My colleagues are willing to listen to my work-related problems:

UK: A majority (80%) seldom or sometimes have colleagues who listen, with a smaller percentage (13.33%) often or always experiencing this.

Egypt: There's a higher tendency for colleagues to often or always listen (56.66%), which suggests a more open or supportive communication culture among peers.

Overall Analysis:

When comparing all the questions together, it appears that medical practitioners in Egypt generally report higher levels of support and respect from colleagues than those in the UK. The reasons for these differences could be many, including but not limited to cultural factors, work environment, institutional policies, and societal attitudes towards communal support versus individualism.

E. Relationships

Because Q: I am subject to personal harassment in the form of unkind words or behaviour:

In the UK, harassment is reported to be a regular occurrence with 50% indicating it happens often. but there's a significant proportion that seldom or never experiences harassment (30%).

In Egypt, the majority report it happening often (40%), but there's a significant proportion that seldom or never experiences harassment (50%).

Q: There is friction or anger between colleagues:

Again, in the UK, friction or anger is quite common, with 63.33% experiencing it often or always.

Egyptian practitioners report a high occurrence as well, with the most frequent response being often (43.33%), but a smaller portion (13.33%) says it never occurs.

Q: I am subject to bullying at work:

UK responses show a lower prevalence of bullying with 20% experiencing it often, and 20% never encountering it.

In Egypt, a significant 43.33% experience bullying sometimes, but a notable portion (20%) never experience it.

Q: Relationships at work are strained:

The UK practitioners agree (43.33%) that relationships at work are strained, but none strongly agree.

For Egypt, the sentiment is more severe with 46.67% strongly agreeing that work relationships are strained.

Overall Comparison:

In Egypt, instances of harassment are seemingly less common.

Friction and anger between colleagues are high in both countries, but the UK has a higher percentage reporting it as a frequent issue.

Bullying is recognized as an issue in both locales, with a higher percentage of Egyptian respondents indicating it happens at least sometimes.

Strained relationships at work are a significant issue in Egypt, with a larger percentage of strong agreement compared to the UK, where the agreement is there, but not as intense. [3]

Potential Reasons for Differences:

Cultural Norms: The variance could be influenced by cultural norms around conflict and communication in the workplace.

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JCHR (2023) 13(4), 1704-1717 | ISSN:2251-6727



Reporting and Awareness: There might be greater awareness or a higher tendency to report issues in the UK, whereas in Egypt, certain behaviours might not be classified as bullying or harassment due to different societal norms or fear of repercussions.

Management Practices: The differences could be related to management practices and the implementation of policies against workplace harassment and bullying.

Social Support and Structures: The support systems within the workplace for dealing with interpersonal conflicts might be more robust in the UK, affecting how such incidents are reported and perceived.

F. Role

Because Q: I am clear what is expected of me at work:

In the UK, a majority of the respondents often or always understand what is expected of them at work (60%).

Contrastingly, in Egypt, the responses skew towards seldom understanding work expectations (53.33%), with a notable minority always understanding (13.33%).

Q: I know how to go about getting my job done:

UK medical practitioners frequently know how to perform their job, with the highest percentage often (33.33%) or always (53.33%) knowing how to proceed.

Egyptian practitioners show uncertainty, with the majority seldom knowing (63.33%) and none always sure.

Q: I am clear what my duties and responsibilities are:

There's a clear majority in the UK with a good understanding of their duties (often 36.67%, always 50%).

In Egypt, responses are again slanted towards seldom (40%) with a smaller percentage always clear on their responsibilities (13.33%).

Q: I am clear about the goals and objectives for my department:

UK respondents largely understand departmental goals (often 20%, always 56.67%).

Egyptian practitioners are less clear, with half seldom understanding and only a small fraction always understanding (10%).

Q: I understand how my work fits into the overall aim of the organization:

In the UK, a significant portion often (26.67%) or always (60%) sees how their work fits the broader organizational goals.

Egyptian responses are more varied, with 30% seldom understanding and only 10% always understanding this alignment.

Overall Comparison:

- The UK medical practitioners exhibit higher levels of clarity and understanding across all areas compared to their Egyptian counterparts.
- Egyptian practitioners show notably higher percentages of seldom understanding their work expectations and how to perform their job, which could suggest a lack of communication or training in these areas.
- The discrepancy could be due to several factors such as differences in organizational structure, cultural variations in workplace communication, training programs, or support systems in place within the health care systems of the two countries.

Potential Reasons for Differences:

- Organizational Structure: There might be clearer hierarchies and job descriptions within the UK healthcare system, providing more clarity to employees.
- Cultural Differences: Workplace cultures in the UK might be more focused on individual understanding and empowerment, whereas Egypt's approach might be less structured or formalized.
- Training and Development: Continuous professional development opportunities in the UK may lead to better understanding among practitioners about their roles and responsibilities.
- Resource Allocation: The resources allocated for staff orientation and role clarification might be more abundant in the UK, allowing for better individual understanding of job expectations.

www.jchr.org

JCHR (2023) 13(4), 1704-1717 | ISSN:2251-6727



G. Change

Because

I have sufficient opportunities to question managers about change at work

UK:

• Strongly Agree/Agree: 80%

• Neutral: 10.00%

• Strongly Disagree/ Disagree: 10%

The UK data indicates a majority (80%) of medical practitioners feel they have enough opportunities to question managers about changes at work. This suggests a positive environment where staff feel their input or concerns can be voiced and possibly addressed.

Egypt:

Strongly Agree/Agree: 23.33%

• Neutral: 0.00%

• Strongly Disagree/ Disagree: 76.66%

In contrast, the majority (76.66%) of respondents in Egypt disagree with the statement, indicating a perceived lack of opportunities to engage with management about changes.

Comparative Insight: The contrast is stark; UK practitioners show a generally positive attitude towards managerial communication, whereas Egyptian practitioners report a significant gap in this area.

Staff are always consulted about change at work

UK:

• Strongly Agree/Agree: 80%

• Neutral: 10.00%

• Strongly Disagree/ Disagree: 10.00%

Most UK practitioners (80%) feel they are at least somewhat consulted about changes at work, indicating a collaborative environment.

Egypt:

• Strongly Agree/Agree: 13.33%

• Neutral: 3.33%

• Strongly Disagree/ Disagree: 83.33%

A vast majority (83.33%) of Egyptian practitioners do not feel consulted, pointing to a top-down approach to change management where staff input may not be valued or sought.

Comparative Insight: Again, UK responses lean towards inclusivity in decision-making, whereas the Egyptian responses suggest a lack of staff involvement in the process.

Q: When changes are made at work, I am clear how they will work out in practice

UK:

• Strongly Agree/Agree: 60%

• Neutral: 10%

• Strongly Disagree/ Disagree: 40%

Responses in the UK show that while a majority (60%) agree they understand the practical outcomes of changes, there is a notable 30% that express neutrality or disagreement, indicating some ambiguity or uncertainty in how changes are implemented.

Egypt:

• Strongly Agree/Agree: 16.67%

• Neutral: 3.33%

• Strongly Disagree/ Disagree: 80%

Egyptian practitioners express a dominant view (80%) of uncertainty or lack of clarity about how changes are actually implemented, suggesting communication or implementation issues.

Comparative Insight: UK practitioners have a more optimistic perspective on understanding the practical implications of changes at work, whereas in Egypt, there is a predominant sentiment of confusion or lack of transparency.

Overall Comparative Analysis:

When considering all questions together, it's evident that medical practitioners in the UK have a significantly more favourable view of their involvement in and understanding of workplace changes. The environment seems to be more inclusive, with a greater tendency

www.jchr.org

JCHR (2023) 13(4), 1704-1717 | ISSN:2251-6727



towards open communication between staff and management.

Conversely, the responses from Egypt highlight a considerable disconnection between management and staff, with widespread sentiments of exclusion from the decision-making process and a lack of understanding of changes. This suggests that there may be cultural, systemic, or organizational factors at play that contribute to these perceptions.

The overall analysis shows clear disparities between the two groups' experiences and attitudes towards workplace change management, indicating potential areas for improvement in employee engagement and communication, particularly in Egypt.

4. Discussion

When examining work-related stress among healthcare practitioners in the UK and Egypt, distinct cultural and disparities emerge. UK practitioners systemic demonstrate a clearer understanding of expectations and report a structured approach to change management, suggesting effective communication and transparent organizational structures. They also have more autonomy over work pace, though they face less flexibility regarding work time. In contrast, their Egyptian counterparts experience a significant disconnect with management, a lower understanding of job expectations, and less involvement in workplace changes, indicating potential gaps in communication or training. [4]

Despite higher levels of stress reported overall in Egypt, particularly due to long hours and intense work demands, Egyptian practitioners report stronger collegial support and respect, potentially reflective of cultural values that emphasize communal support. The UK healthcare system seems to provide more resources for staff orientation and clarity of role, possibly due to clearer hierarchies and continuous professional development. Nonetheless, workplace conflicts such as bullying and harassment are recognized problems in both countries, with cultural norms and management practices influencing the prevalence and reporting of such issues. [5]

Egyptian healthcare workers face substantial workrelated stress, with systemic challenges like staffing and infrastructure exerting pressure, while in the UK, intense work and speed are primary stressors, albeit with lesser concerns regarding working hours and breaks. The differences in experiences between the two countries highlight areas for potential improvement in employee engagement, communication, and support systems, particularly in Egypt. [6]

5. Conclusion

This comparative study of work-related stress in emergency medicine across the United Kingdom and Egypt provides critical insights into the global issue of occupational stress within the healthcare sector. It illuminates the stark contrasts and unexpected parallels between the experiences of emergency medicine practitioners operating within the resource-abundant context of the UK and the resource-constrained environments of Egypt. In the face of high-stakes medical emergencies, these professionals endure distinct, yet similarly challenging, stressors that not only compromise their mental and physical health but also have the potential to impact the quality of patient care delivered. [7]

The UK's emergency medicine doctors face stress largely stemming from administrative pressures, a heavy influx of patients, and the imperative for quick, quality care. The structured support and clear role definitions provided by the UK system mitigate some of these pressures but not without the trade-off of less flexibility in work hours and concerns around workplace culture, including bullying and harassment. On the other hand, the findings indicate that the Egyptian doctors confront a different stress landscape, where systemic issues such as inadequate staffing, infrastructural constraints, and resource limitations intensify work-related stress. Yet, it is within these challenging circumstances that the strength of collegial bonds and the cultural fabric of communal support become a counterweight to the strains they face. [8]

The research underscores the need for a nuanced understanding of how cultural, systemic, and organizational factors converge to create the unique stress profiles observed in each country. It is evident that both UK and Egyptian healthcare systems could benefit from targeted strategies that address these factors. For the UK, enhancing workplace culture to address issues of

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JCHR (2023) 13(4), 1704-1717 | ISSN:2251-6727



bullying and improving work-time flexibility could be as vital as streamlining administrative tasks. For Egypt, the path forward may include reinforcing infrastructure and staffing, improving communication channels, and offering more involvement in organizational changes to empower the doctors. [9]

The comparative nature of this study serves as a foundation for policy-makers, healthcare administrators, and leaders in both nations to enact context-specific interventions aimed at reducing work-related stress. Such strategies must account for the complex interplay of demands, control, support, and the clarity of roles that shape the professional lives of emergency medicine doctors. Ultimately, by addressing these stressors with informed, culturally sensitive policies and by providing robust support systems, the health and well-being of these vital healthcare providers can be safeguarded. In doing so, we not only enhance the resilience of the individuals on the front lines but also fortify the very systems they operate within, ensuring that patient care remains both effective and compassionate in the face of relentless emergency medicine demands.

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