

Workplace Realities for Intern Nurses: A Qualitative Study of Night Shift Challenges

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Abstract

An internship serves as a bridge between academic and professional practice for nursing students. However, there is limited understanding about the challenges faced by intern nurses, particularly during the night shift. The primary objective is to explore the challenges faced by intern nurses during night shift duties and to identify areas of improvement. This is a qualitative phenomenological study in which strict statistical calculation were not followed rather data saturation guided the total sample size that is 10 in our case. Interns who had recently completed their internships at two government hospitals in Bangladesh participated in semi-structured in-depth interviews. The interviews were conducted in Bengali and later translated into English. Thematic analysis was conducted using Braun and Clarke's six-phase framework. The study identified seven major challenges: sleep deprivation and lack of rest, heavy workload and staff shortage, limited food access, unsafe working conditions, limited support from senior staff, transportation difficulties, and emotional exhaustion. Participants also shared personal strategies for preparing for night shift and suggested several areas of improvement: designated resting areas, food access, enhanced security, and additional support from the senior nurses. Addressing these identified challenges is essential to improve the well-being of intern nurses and enhance clinical learning.

1. Introduction

An internship in a healthcare setting is a key part of nursing education, which is an important transition between academic learning and real-world clinical practice. While working in a clinical setting, intern nurses may experience substantial challenges as they are required to adapt to a new environment. Interns are usually required to follow the shifting duties similar to the regular staff nurses. The shift duties generally include morning, evening, and night shifts, with night shift duty hours being comparatively longer. Mostly it is 12-hour duty, but nurses need to

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spend a few more hours getting ready, going to the hospital, and coming back to their residence. However, the night shift is an integral part of the healthcare system as it offers 24-hour services. Despite its importance, night shifts are widely associated with negative outcomes, including physical, psychological, and professional consequences for the healthcare providers (Ferri *et al.*, 2016).

It has been reported that night shifts disrupt circadian rhythms, increase stress levels, and reduce cognitive function in nurses (Geiger-Brown *et al.*, 2012). These effects can have serious implications not only for the well-being of healthcare workers but also for the safety and quality of patient care (Dall'Ora *et al.*, 2016; Kisanuki *et al.*, 2024). Intern nurses who are still acquiring clinical skills may face even greater challenges due to night shift work, which increases vulnerability to stress, emotional exhaustion, and reduced job satisfaction compared to experienced staff nurses (Kisanuki *et al.*, 2024; Kusi *et al.*, 2020).

In low-resource countries like Bangladesh, the situation may be further exacerbated by persistent shortages of nursing staff in health care settings, which tend to worsen during night shift (Ahmed *et al.*, 2011; Islam, 2014; Aiken *et al.*, 2012). The standard nurse patient ratio is 1:4-1:6 in general wards; however, Bangladesh is in severe shortage of 82% (Moral, 2025; *The Importance of the Optimal Nurse-to-Patient Ratio*, 2020). It should have 310,500 nurses based on its population, but it consists of only 56,734 nurses (Moral, 2025). This shortage often leads to increased workloads and a higher likelihood of medical errors among the healthcare workers (Rogers *et al.*, 2004; Kusi *et al.*, 2020). Fatigue and sleep deprivation are the most common concerns reported by the nurses, which affect their concentration and clinical decision-making in patient care (Peng *et al.*, 2022). Long shifts, particularly above 12 hours, have been linked to cognitive exhaustion, nutritional deficits, and long-term health issues, including cardiovascular, gastrointestinal, and musculoskeletal disorders (Bouillon-Minois *et al.*, 2022; Lowden *et al.*, 2010; Trinkoff *et al.*, 2006).

Limited support was also found to cause more emotional strain (Dafny & Beccaria, 2020; Liu *et al.*, 2021; Yada *et al.*, 2014). While a number of studies have been conducted on the effects of night shift duties in regular staff nurses, much less is known about the experiences of intern nurses in low-resource settings like Bangladesh. Given that these intern nurses are the future healthcare workforce, understanding the challenges they face during night shifts is important for ensuring their well-being and optimizing patient care.

Therefore, the purpose of this study is to address this gap by investigating the specific challenges faced by intern nurses during night shifts in Bangladesh. This research aims to contribute valuable insights into the unique experiences of intern nurses, which could inform strategies to improve their working conditions and overall well-being. Further, our study might highlight future research areas to bring positive changes in healthcare.

2. Methodology

2.1 Design

This study used a qualitative phenomenological approach to explore the lived experiences of intern nurses who had recently completed their internship at two public hospitals. The phenomenological approach was selected to allow for a deeper understanding of how intern nurses experience and perceive the study's objectives.

2.2 Theoretical Framework

This study followed Lazarus and Folkman's Transactional Model of Stress and Coping (1984), which describes how people perceive and react to different stressors. According to this model, in primary appraisal, stressors are considered as threats or challenges, and in secondary appraisal, people assess their coping mechanisms. This model helps in understanding how nursing interns view the demands of night shifts and the coping mechanisms they use.

This concept is further enhanced by Bandura's Social Cognitive Theory (1986), focusing on self-efficacy- the belief in one's ability to manage a difficult situation. Higher self-efficacy may be associated with better coping strategies and resilience. Together, these theories provide a comprehensive idea for understanding how intern nurses navigate night shift work, manage stress. (Folkman S., 2020; Lazarus & Folkman, 1984).

2.3 Setting and Participants

Our study followed a purposive sampling technique as it focused on intern nurses who had completed their internship and worked on night shifts. The participants were selected from a single nursing school, ensuring that the sample consisted of individuals who had gone through a similar internship program at government hospitals. This selected nursing school offers a 4-year Bachelor of Science in Nursing, including 6-month internship.

Initially, all 22 intern nurses were invited to participate in this study based on the number of available interns in the selected nursing school. The exact sample size was not statistically calculated in our study; rather, we followed a qualitative approach in which data saturation guided the final sample size. The total sample size was ten in our study. According to Guest, Bunce and Johnson (2006), saturation typically occurs with 12 participants in a homogeneous group, which is consistent with the final sample of 10 participants in this study. We reached the data saturation level, and no new themes were emerging from the data. The interview time was chosen according to the participant's preference.

2.4 Inclusion and Exclusion Criteria

Nursing interns who had completed their 6-month internship at the selected government hospitals, and had completed their internship one month before data collection. Only the interns who were willing to voluntarily participate in the study were considered.

Nursing interns who had not participated in night shifts during their internship, as well as those who were enrolled in diploma nursing programs or any other nursing courses apart from the Bachelor of Science in Nursing program, were excluded from this study.

2.5 Data Collection and Study Period

Data were collected through semi-structured in-depth interviews conducted in Bengali, allowing participants to express their experiences freely. The interview guide focused on:

- Challenges faced during night shifts
- Preparations taken before night shifts
- Aspects of night shifts that required improvement

All interviews were audio-recorded with the participant's consent. Following data collection, the interviews were first transcribed in Bengali and then translated into English. The translated transcripts were cross-checked with the original Bengali versions to ensure accuracy and consistency.

This study took around 7-months to complete, from 19 March, 2024 to 28 October, 2024.

2.6 Data Analysis

In our study, the thematic analysis was conducted manually, following Braun and Clarke's (2006) six-step framework:

Familiarization with Data – Transcripts were read multiple times to understand the data. This process enables us to identify common patterns of the participants' responses, such as "feeling exhausted" and "lack of sleep".

Generating Initial Codes – This step involved manually coding the transcripts to capture the key elements of the interns' experiences. Each response was categorized based on specific ideas and themes that emerged. For example, when an intern stated, "Staying awake for the whole night is tough," the code "sleep deprivation" was assigned.

Searching for Themes – After generating initial codes, we grouped them into major themes to identify key areas reflecting the night shift challenges of the study participants. For example, the codes "sleep deprivation," "fatigue," and "difficulty staying awake" were grouped under the theme "sleep deprivation and lack of rest."

Reviewing Themes – In this step, we revised all the codes and checked whether they properly matched with the identified themes to ensure they accurately represented participants' experiences.

Defining and Naming Themes – After refining the themes, we clearly defined and named each theme to ensure clarity so that it reflects its core meanings.

Producing the Report – Finally, in this last step, participant quotes have been used to support the thematic categorization and further organized them into a narrative to explain the study findings (Braun & Clarke, 2019). For instance, one participant stated, " We interns are not allowed to go for resting time, so we have to stay awake the whole time," which was included as part of the theme " sleep deprivation and lack of rest." This helped bring the themes to life with direct quotes from participants, giving voice to their lived experiences.

To present the study clearly and comprehensively, we followed the Consolidated Criteria for Reporting Qualitative Research (COREQ).

2.7 Ethical Considerations

Ethical approval was obtained from the Institutional Review Board (IRB) of International University of Business Agriculture and Technology [No: 2024/IUBAT/IRB/002] on 19th March 2024. Before taking written informed consent, participants were well informed about the study objectives and confidentiality measures.

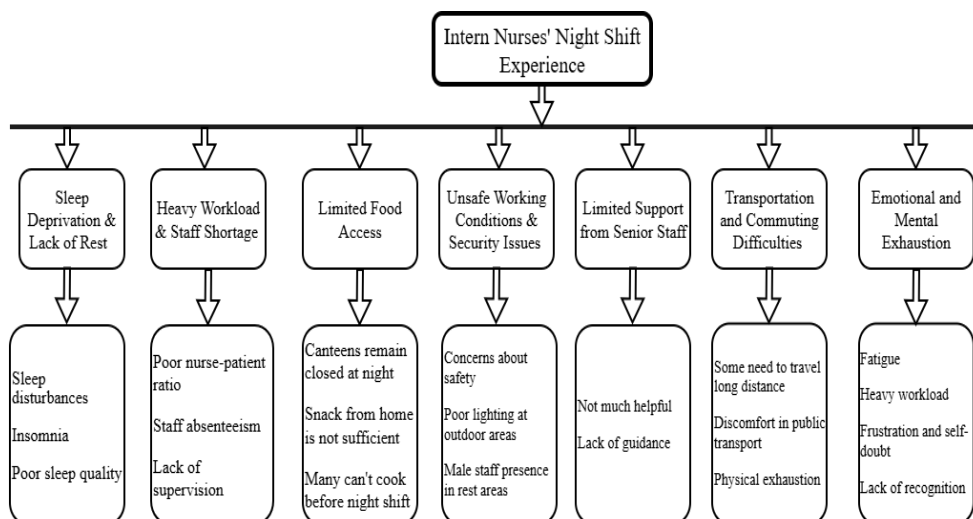
2.8 Rigor and Reflexivity

Several measures were taken to ensure the study's rigor and reliability. We used semi-structured interviews so that participants could openly share their experiences while staying focused on the key research questions. All interviews were first transcribed in Bengali and then carefully translated into English to keep the original meaning intact. We used Braun and Clarke's six-step framework for thematic analysis, which provided a clear and systematic way of identifying to identify key themes.

Being a researcher, I was aware of my own background as a nurse and made sure it didn't affect how I understood the participants' experiences. I regularly checked in with them to confirm that their views were captured accurately and honestly, and sought their feedback and clarification when needed.

3. Results and Discussion

The average age of nursing interns was 23.9 ± 0.99 (Min: 23; Max: 26), in which females were 5 and males 4. They did a 6-month internship consisting of a total of 24-night shifts. Each night shift was 12 hours long. The following themes emerged from the intern nurses related to the nursing interns' night shift experience: sleep deprivation and lack of rest, heavy workload and staff shortage, limited food access, unsafe working conditions, limited support from senior staff, transportation difficulties, and emotional exhaustion.



3.1. Sleep deprivation and lack of rest

One of the most common challenges reported by the interns in our study was the inability to get proper rest during the night shifts. They find it difficult to stay awake for 12-hour shifts, especially since they were not allowed to take a nap or even to have a proper rest. Some reported that while staff nurses could take naps, interns had to stay alert to manage the ward by themselves. Even when there was a break opportunity, the resting areas were sometimes inadequate and lacked privacy.

"Staying awake for the whole night is tough. What can I say-it was a challenge. I wasn't used to working night shifts before, so it suddenly became difficult for me." (P7)

"We interns are not allowed to go for resting time, so we have to stay awake the whole time." (P6)

"I had to stay awake the entire night because there was no space or opportunity to rest." (P1)

"There was no proper arrangement in the nursing room where we could sleep. If we had a designated place, it would have been so much better." (P9)

This finding is consistent with previous studies revealing that night shift work declines job satisfaction, cognitive function, and increases the rate of absenteeism and often increases the tendency to leave the workplace (Dall'Ora *et al.*, 2016). Shift Work Sleep Disorder (SWSD) is a well-documented phenomenon that affects especially the night shift nurses, causing insomnia or excessive sleepiness. These unusual sleeping disturbances adversely affect job performance and patient safety (Flo *et al.*, 2012). Nurses working at the night shift are comparatively at a higher risk of making errors in nursing tasks as well as experiencing of drowsy driving incidents due to compromised alertness (Geiger-Brown *et al.*, 2012). This current study showed some interns tried to compensate by adjusting their sleep schedules

before starting the shifts though it was not always effective due to long commutes and insufficient rest opportunities.

3.2 Heavy workload and staff shortage

While working at the night shift interns had to deal with several responsibilities due to absence of senior staff nurses as they go for breaks or while their engagement is less. In some units like ICU and NICU, the number of nurses were lower in comparison to the number of patients at night time which creates challenge to the interns to cope with. Some reported their stress and workload get higher due to handling patients, while others are taking a rest.

"In the NICU, there was no time to breathe. The patients kept coming, and we couldn't even close our eyes for a second." (P7)

"The senior nurses would finish their work, sit together, and chat. By 2 AM, they'd go to sleep, leaving us to handle everything. If an emergency happened, I had to wake them up." (P5)

"During my night shifts, I had to manage three different units combined into one. During the day, they have separate teams, but at night, we had to handle it alone." (P3)

Prior studies reported on the crisis of nursing staff at night time in the critical care unit: nurse-patient ratio 1:2.5 in the morning and 1:3.1 during night, showing that increased workloads in understaffed health care facilities lead to increased stress and burnout among nurses (Aiken *et al.*, 2002; Karagiannidis *et al.*, 2019). Moreover, the lack of experienced staff during night shifts creates a barrier in professional development (Kisanuki *et al.*, 2024), as interns often find difficulties in managing their tasks without proper supervision. Literature suggests that mentoring plays an essential role in helping new nurses transition into clinical settings by reducing their perceived stress level and overall improving their job satisfaction (Ivey & Dupré, 2022).

3.3 Limited food access

Food access at night shifts was another challenge. Hospital canteens and nearby food shops did not remain open for a long time. Though some interns could prepare their meals in advance but others had to rely on snacks, which were not sufficient for a longer shift. Interns living in hostels had additional difficulties because they did not always have the facilities to cook before leaving to work.

"By midnight, we'd get very hungry, but there was nothing to eat. If food were not brought from home, then we had to rely on biscuits or tea." (P7)

"There was no arrangement of a complete meal at night, only light snacks like samosas or biscuits. But that never felt enough to get through the whole shift." (P1)

"Since I lived in a hostel, cooking was an issue. I couldn't find time to prepare food, and that made things really difficult." (P5)

Food scarcity at work workplace at night leads to exhaustion and reduced energy levels. Earlier studies have indicated that night shift workers often experience irregular eating schedules, which often contribute to poor dietary habits and metabolic disorders (Lowden *et al.*, 2010). Evidence suggests that nurses' overall health and performance level could be improved by ensuring food availability within hospital premises (Bouillon-Minois *et al.*, 2022).

3.4 Unsafe working conditions and security issues

Female interns were worried about their safety during night shifts. Security wasn't good enough, which made them feel unsafe while working at night; for example, outdoor areas had poor light, making basic things like going to the washroom challenging. Some felt uneasy because male staff were present in their rest areas.

"The resting room had its door left open, and patients' relatives were coming in and out. It didn't feel safe, so I couldn't rest at all." (P3)

"One night, a man walked into the ward shining a flashlight in my colleague's face. He got scared and later, we were told not to walk alone at night." (P10)

"There were times when male staff would casually walk into the female ward, which made us feel very uncomfortable, but there was nothing we could do." (P10)

Female interns particularly showed their concern regarding safety issues at night in this current study. Study revealed inadequate security has been associated with higher stress, dissatisfaction, and an increased risk of workplace harassment (Rasool *et al.*, 2021). Prior studies highlighted the importance of workplace safety measures for healthcare workers, particularly for women who worked at night to prevent workplace harassment and provide a secure working environment (de Raeve *et al.*, 2023). Confirming full charge on the phone was one of the safety measures by the female interns in this study.

3.5 Limited support from senior staff

Though some interns admit to supportive senior nurses but others had different experiences, mentioning that some of the senior nurses were not very helpful and sometimes even rude. Very often, they had to figure out the task without guidance from the staff nurses.

"For example, If I asked a senior nurse to guide me to perform, they used to reply to me as just try it yourself. It was frustrating because we were there to learn." (P5)

"Some staff were nice and treated us well. But a few were rude, and before asking them something, I had to think multiple times whether they'd snap at me." (P3)

"In the medicine ward, the senior nurses would leave early, and we had to handle everything. If something serious happened, we had to wake them up multiple times before they responded." (P10)

Several interns felt isolated and lacked guidance while working on night shifts. It is found that mentorship plays a crucial role in improving job satisfaction, professional development, and lowering the turnover rates among new nurses (Zhang *et al.*, 2016). Hospitals with a better supportive environment have been found to achieve better patient outcomes and a lower tendency to leave the job (Boamah *et al.*, 2017).

3.6 Transportation and commuting difficulties

Some interns those who had to travel long distances for night shifts, often mentioned challenges with public transportation. Particularly, the female interns felt threatened while using public transport late at night. Many reported that it causes physical exhaustion, and they do not get enough rest before their next shift.

“Reaching home after night shift was a great struggle, particularly if I did not leave the hospital by 8 AM, I had to be stuck in traffic for long hours.” (P2)

“As I had to take public transport at night, honestly, I felt unsafe, and I used to call my friend just to talk while travelling.” (P10)

“It used to take almost 3.5 hours to commute back and forth. I’d barely get time for sufficient sleep before heading back again.” (P7)

The DanYang Li *et al.* (2025) study provides strong evidence that commuting during off-peak hours poses a safety risk, especially to female nurses, and it is linked to emotional exhaustion and decreased well-being (Li *et al.*, 2025). Another study highlights the concerns related to traveling at night, unreliable public transportation, and personal safety risks among the female healthcare workers (Bama, 2024).

3.7 Emotional and mental exhaustion

Few reported the feeling of emotional stress due to physical fatigue, heavy workload load and insufficient support. During night shift, when they had to manage patients under high pressure, they had to encounter frustration and self-doubt, and often felt their efforts were unrecognized.

“Of course, we are not robots. We work for 12 hours straight without rest, and yet some people still behave rudely towards us. A little appreciation would go a long way.” (P3)

“By the fourth consecutive night shift, I felt completely drained. I couldn’t focus properly, but there was no choice but to keep going.” (P10)

Burnout among healthcare workers is commonly observed due to extended working hours and consecutive night shifts (Dall’Ora *et al.*, 2016), which can be more significant for the interns as they are new. Additionally, some interns presented feelings of underappreciation. This finding is supported by research on workplace recognition in nursing, which stresses that lack of recognition contributes to burnout, while workplace recognition improves well-being and retention of healthcare professionals (Spence Laschinger & Fida, 2014).

In addition, with the challenges, this current study also revealed what preparation the interns took generally before the night shift. For example, taking naps in the afternoon or evening to compensate for the sleep, packing food, and keeping a charge in a cell phone.

“I tried to sleep in the afternoon before my shift, but sometimes it wasn’t possible because of other responsibilities.” (P9)

“I had to pack my own dinner, snacks, and breakfast for the morning after my shift because nothing was available at night.” (P6)

“Before leaving for my shift, I made sure that my phone was fully charged so that my family could check on me.” (P7)

However, doing these things was not possible for all, particularly those who live in a hostel.

In terms of potential improvement, interns highlighted the necessity of better facilities to facilitate their adaptation to night shift duties. Key areas for improvement identified by the interns included providing a designated rest area with scheduled breaks, the availability of 24-hour canteen services, ensuring adequate nursing staff during the night shift, and adequate safety and security. Some suggested offering a transport facility. Additionally, interns expressed the need for increased support and involvement from senior nurses to make night shifts more manageable.

One of the major strengths of this current paper was that it focused on the interns who had recently finished their internship, which ensured minimal recall bias. Besides, flexible interview timing allowed for in-depth data collection. However, this study only includes those who did their internship at a government hospital.

4. Study Limitation

Our study consists of several limitations that need to be considered while interpreting the findings. First, this study had a small sample size ($n = 10$) taken from a single nursing school and worked only in public hospitals. Intern’s experience of other nursing schools, private hospitals, or different healthcare settings in Bangladesh is not captured in this current study. Although data saturation was achieved, the experiences of intern nurses in other institutional or geographic contexts may differ from ours. Therefore, the findings may not fully represent the experiences of intern nurses across all healthcare sectors.

Secondly, the participants were interviewed within one month of completing their internship to lower the recall bias however, there might be a possibility of recall inaccuracies or social desirability bias. Few might have underreported or overemphasized certain experiences based on personal perceptions or emotional states. Finally, our findings do not present generalizability due to the qualitative phenomenological approach used; rather, they provide an in-depth understanding of lived experiences.

Despite these limitations, the study provides valuable insights into the unique challenges faced by intern nurses during night shifts in a low-resource setting and highlights important areas for policy and practice improvement.

5. Recommendation

Firstly, our study suggests forming clear night shift guidelines for intern nurses. Secondly, it is important to ensure adequate staffing, particularly for night shifts, to lower the burden. There is also a need for designated senior nurses for supervision and mentorship for the interns. Thirdly, hospitals should consider providing 24-hour canteen services to fulfil the nutritional requirements. Additionally, it is also important to improve workplace safety, particularly for the female nurses, by incorporating adequate lighting, restricted access to wards, and overall increasing the security system. Finally, arrangements of safe transportation for night shift nurses might help to reduce commuting-related burden. Ensuring the implementation of these suggested measures might contribute to effective learning for the intern nurses, and further, it will strengthen the future nursing workforce.

6. Conclusion

Our study revealed seven major challenges encountered by interns, including sleep deprivation, heavy workloads, limited food access, safety concerns, and inadequate support from senior staff. This study also revealed the personal approaches taken by interns to prepare for night duty, like managing sleep, packing meals, and taking safety precautions. However, such efforts are not enough to compensate for the overall need of the interns. It is crucial to address the identified challenges through a policy-level intervention, such as designing a clear night shift guideline, ensuring safety and adequate staff, offering food and transport opportunities, and providing a supportive learning environment to enhance professional growth and emotional well-being. Future studies should include interns from different nursing schools and their experiences from private clinical settings as well.

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Conflict of Interest

The authors declare there is no potential conflict of interest regarding the publication of this work.

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