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| **Table1.** Characteristics of included studies. |

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| **First Author Publication Date** | **Participant Sample** | **Measures** | **Findings on work-related stress** |
| Kpassagou  *et al.*, 2017 | n = 21  Health Practitioners  (doctors, nurses, nursing assistants) | Semi-structured Interviews | Significant emotional distress compounded by lack of appropriate medical equipment, treatment failures.  Lack of training on management of stress associated with care and preventable patient deaths.  Key reason for emotional distress: mismatch between professional training and realities of providing care in a resource-constrained setting. |
| Morrison  *et al.*, 2017 | n = 24  BMT RegisteredNurses  n = 2  unit management  n = 7  caregivers of inpatients | Focus Groups | Stressful situations impede care.  Sources of stress: multiple tasks that detract ability to offer emotional/ spiritual care, multiple caregiver roles, not valued by physicians/ management/parents. |
| Klassen  *et al.*, 2012 | n = 33  (13 doctors; 9 nurses; 5 social workers;  6 child life specialists) | Semi-structured Interviews | Stressful situations: no reasonable chance of child cure but family refusal to stop treatment and allow palliative care.  Stressful parental characteristics:  mental health problems (depression, anxiety), rude, hostile, angry behaviour. |
| McCloskey  *et al.*, 2010 | n = 18  Palliative Care Nurses (9 hospice nurses, 7 community children's nurses, 2 hospital nurse specialists) | One-to-one Interviews Focus groups | Stressors: relationships, emotional demands, ethical conflicts. |
| Taylor  *et al.*, 2017 | n = 51  (20 doctors, registered general/specialist nurses, 27 allied health professionals, nursery nurses, therapists, other care staff; 4 managers, other hospice staff) | Semi-structured Interviews  Focus groups | Factors identified as both rewards and stressors: maintenance of high standards of personalised and emotional care, team functioning, allocation of work, meeting parental expectations, hospice environment. |
| Stenmarker  *et al.*, 2009 | n = 89  Pediatric Oncologists | Cross-sectional mail Survey with questionnaires (POCQ, SCL-90, L-o-L, CRI, SOC) | Very low levels of emotional distress, average overall life satisfaction, high sense of coherence.  Lack of experience associated with higher somatisation. |
| Stenmarker  *et al.*, 2009 | n = 90  Pediatric Oncologists | Cross-sectional mail Survey with questionnaires (POCQ, SCL-90, L-o-L,HP5i) | Stressful factors: communication with adolescents about their disease, meeting with parents, time pressure (in particular males at academic medical centers)  Females at non-academic medical centers asked for professional help for work-related psychologicalproblems. |
| Rheingans  *et al.*, 2008 | n = 509  PO Nurses | NDISS, MJS | Distress: greatest with children's' trouble sleeping and lowest with hair loss.  Perceived effectiveness as a mediator predicted 41% of nurses' stress. |
| De Carvalho  *et al.*, 2005 | n = 35  Oncology Nurses | SSPON | Stressful factors: staff relationships, care restrictions and loss of quality, professional dissatisfaction, emotional demands. |
| Gallagher *et al.*, 2009 | n = 30  Pediatric BMT staff Nurses | MBI, demographic questionnaire | Most stressful factor: patients’ critical illness.  Least stressful factor: long work hours.  Majority: moderate-high levels of emotional exhaustion  A third (33%): moderate levels of depersonalisation. |
| Chang  *et al.*, 2007 | n = 58  PO Nurses | SSPON | Lower levels of stress when CSN available.  Higher levels of stress: nurses aged <40 years. |
| Bowden  *et al.*, 2015 | n = 107 PO clinicians (16 doctors, 67 nurses,24 allied health staff) | Online Survey with questionnaires (WSS-PO, WRS-PO) | Sources of stress and reward: patient care, interaction with children.  Stress levels: similar between professional disciplines. |
| Papadatou  *et al.*, 2002 | n = 30  (14 oncologists, 16 PO nurses) | Semi-structured Interview, Questionnaire of 10 stressful conditions | Sources of high stress: childsuffering before dying, unexpected death.  Half of nurses more stressed than physicians, due to longstanding relationship with children. |
| Fanos,  2007 | n = 30  Pediatric oncologists | Semi-structured Interviews (Anxiety-Depression Scales, Hopkins Checklist) | Depression: more likely in women than men. |
| Mukherjee  *et al.*, 2014 | n = 242 PO staff  (doctors, nurses, social workers, play specialists, youth workers) | Qualitative-cognitive Interviews, Survey  (WSS-PO, WRS-PO) | Stressors: multi-dimensional  Organisational stressors (workload, team conflict)  Nature of PO workstressors: ill/dying children, deal withparents. |
| Hinds  *et al.*, 2003 | n = 89  Nurses | SRS Model,  SSPON, RRMS, JCS,MJS,OCQ, GCS, ITLS | Moderate-high levels of stress.  Higher levels of organizational commitment associated with higher role-related stress.  Higher stress levels in nurses with baccalaureate degrees/ diplomas than nurses with associate degrees.  Coping strategies usedfrequently and effectively.  High levels of job satisfaction, organizational commitment, group cohesion.  Nursed 35-39 years exhibited highest satisfaction. |
| Hinds, 2000 | n = 351  PO Nurses | SRS model, SSPON,  Jalowiec Coping Scale, Staff Burnout Scale for Health Professionals,  GEl, PSS, MBSS,  RRMS | Stress levels and coping reactions varied, depending on the years of experience.  Higher levelsof stress in nurses with less experience (<5 years), youngest age and highest job satisfaction.  Lowerlevels of stress in ambulatory setting andhigher in ICU. |
| Hopia  *et al.*, 2019 | n = 17  Nurses | Critical Incident Technique | Source of stress: patients' parents. |
| Pergert  *et al.*, 2019 | n = 278  (157 registered nurses, 55 medical doctors,  66 nursing assistans) | Multi-site cross-sectional Survey | Highest moral distress scores concerned lack of personnel competence/continuity.  Nurses demonstrated significantly higher moral distress than medicaldoctors/nursing assistants. |
| Beresford  *et al.*, 2016 | n = 19  Principal Treatment Centres | Internet Survey | Differences between PTCs in terms of staff supportsystems/practices for different professional groups.  Fewer staff support interventions for doctors compared to nurses/non-clinicalstaff.  “One-off” interventions more likely available than “ongoing” support interventions. |
| Sandeberg  *et al.*, 2020 | n = 278  (157 registered nurses, 55 medical doctors,  66 nursing assistants) | Multi-site cross-sectional Survey | Registered Nurses experienced the highest moral distress.  Medical Doctors experienced higher moral distress in deciding when uncertain.  Nursing Assistants found uncertain situations more disturbing. |
| Ostadhashemi *et al.*, 2019 | n = 19  Social Workers | Semi-structured Interviews and field observations | Experiences indicated lack of professional competence, low organizational support, professional inferiority related to the “exhausting and stressful service” concept.  Sources of personal exhaustion: involvement in stressful/emotionally demanding situations, professional and organizational challenges. |
| Cline  *et al.*, 2020 | n = 9  Spanish Language Interpreters  working in a pediatric hospital | Questionnaire with multiple choice and open-ended response questions | Most stressful aspect: being the bearer of bad news.  Other stressful aspects: content of deliveredinformation, context in which the encounter took place, lack of preparation for such encounters, family’s level of emotion, maintenance of own composure. |

*BMT: Bone Marrow Transplant, POCQ: Pediatric Oncology Coping Questionnaire, SCL-90: Symptom Check List, L-o-L: Ladder of Life, CRI: Coping Resources Inventory, SOC: Sense of Coherence, HP5i: Health-Relevant Personality 5 inventory, NDISS: Nurse's Distress and Interventions for Symptom's Survey, MJS: Measure of Job Satisfaction, PO: Pediatric Oncology, SSPON: Stressor Scale for Pediatric Oncology Nurses, CSN: Clinical Support Nurse, MBI:Maslach Burnout Inventory, WSS-PO: Work Related Stressor Scale-Pediatric Oncology, WRS-PO Work Reward Scale- Pediatric Oncology, SRS: Stress-Response Sequence, GEl: Grief Expression Inventory-Form B, PSS: Perceived Stress Scale, MBSS: Monitoring-Blunting Style Scale, RRMS: Role-Related Meaning Scale,ICU: intensive care unit, RRMS: Role-Related Meaning Scale, JCS: Jalowiec Coping Scale, MJS: Measure of Job Satisfaction, OCQ: Organisational Commitment Questionnaire, GCS: Group Cohesion Scale, ITLS: Intent to Leave Scale, PTCs: Principal Treatment Centres*