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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 = 21Health 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 = 24BMT RegisteredNursesn = 2unit management n = 7caregivers 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 InterviewsFocus 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 InterviewsFocus 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 = 90Pediatric 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 = 509PO 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 = 35Oncology Nurses | SSPON | Stressful factors: staff relationships, care restrictions and loss of quality, professional dissatisfaction, emotional demands.  |
| Gallagher *et al.*, 2009 | n = 30Pediatric BMT staff Nurses | MBI, demographic questionnaire | Most stressful factor: patients’ critical illness.Least stressful factor: long work hours.Majority: moderate-high levels of emotional exhaustionA third (33%): moderate levels of depersonalisation. |
| Chang*et al.*, 2007 | n = 58PO 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 = 30Pediatric 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-dimensionalOrganisational stressors (workload, team conflict)Nature of PO workstressors: ill/dying children, deal withparents. |
| Hinds *et al.*, 2003 | n = 89Nurses | 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 = 351PO 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 = 17Nurses | 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 = 19Principal 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 = 19Social 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 = 9Spanish 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*