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| Meningsenhet | Kondensert meningsenhet | Kode | Kategori |
| As expected there was a significant negative relationship between compassion satisfaction and burnout scores at both sites and a similar significant relation- ship was also found between compassion satisfaction and STS at Site B, but not Site A. Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | \*STS: Secondary Traumatic StressSignifikante negative sammenhenger mellom lav/dårlig medfølelsestilfredshet og utbrenthet og Sekundært traumatisk stress  | MedfølelsestilfredshetUtbrenthetSekundært traumatisk stress | Mental og fysisk helse |
| Relationships among compassion satisfaction, burnout and STS were significant. Compassion satisfaction scores were significantly reduced with higher burnout and STS scores, explaining 54% and 12% of this variation, respectively. Burnout scores significantly increased with higher STS scores, explaining 30% of the variation in burnout scores (Table 2). Compassion satisfaction scores differed significantly according to site and postgraduate certification. ICU nurses working at Site A had significantly higher scores for compassion satisfaction than those working at Site B (p 1⁄4 0.008) (Fig. 2). Nurses reporting postgraduate qualifications also had significantly higher compassion satisfaction scores than nurses without (p 1⁄4 0.027) (Table 4). Likewise, STS scores differed significantly according to site; nurses who worked at Site A had significantly lower STS scores than those working at Site B (p 1⁄4 0.025) (Table 4, Fig. 2). Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Forholdet mellom medfølelsestilfredshet, utbrenthet og sekundært traumatisk stress er også signifikant, der medfølelsestilfredshet skåringer er signifikant redusert når intensivsykepleieren skårer høyt på utbrenthet og sekundært traumatisk stress. Medfølelsestilfredshet skåringer var forskjellige mellom arbeidsplass og videreutdanning. Den ene arbeidsplassen(A) hadde signifikant høyere skår for medfølelsestilfredshet enn de på den andre arbeidsplassen(B) og sykepleiere med videreutdanning hadde signifikant høyere medfølelsestilfredshet skåringer enn de uten. Det samme gjelder STS, lavere på arbeidsplass A enn på arbeidsplass B.  | MedfølelsestilfredshetUtbrenthetSekundært traumatisk stress | Mental og fysisk helse |
| Our analysis revealed that overall, these CCNs reported ‘average’ levels of compassion satisfaction and burnout, and ‘low’ levels of STS (according to PROQOL guidelines). Results are not indicative of a cohort of nurses who are struggling, but neither do they signify a particularly resilient workforce. An ideal result would see these nurses experiencing high levels of compassion satisfaction and low burnout and STS scores.17 However, CCNs are reportedly exposed to traumatic and high stress situations within the intensive care environment.11 Thus, the finding that 30% of the variation in burnout scores was explained by STS scores further underscores the powerful effect on nurses of their role in ICU. Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | På grunn av påkjennelser i arbeidet rapporteres det her om en arbeidsstyrke som ikke sliter, men som fortsatt har en del å gå på i forhold til MTF, STS og Utbrenthet.  | En arbeidsstyrke som ikke sliter men som ikke har det helt bra heller | Mental og fysisk helse |
| Higher burnout was linked to lower compassion satisfaction; enhancement of compassion satisfaction levels in the CCN work- force may provide nurses protection from compassion fatigue.40 Compassion satisfaction is depicted by a sense of achievement or gratification from the act of caregiving itself16 and being able to meet the requirements of the position,41e43 such as provision of patient centered nursing. Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Jo mer utbrenthet personell føler på jo lavere MTF. Å bedre MTF hos intensivsykepleiere kan være med på å beskytte intensivsykepleiere mot medfølelsesfatigue | MedfølelsestilfredshetUtbrenthet | Mental og fysisk helse |
| Studies found that the prevalence of anxiety among medical professionals in China was between 25.67–41.1% [10–12]. Poor mental health can have a negative impact on physical health. Evidence shows that mental health problems are responsible for chronic diseases, like cardiovascular disease [13]. Anxiety can also lead to physical symptoms, such as fatigue, sleep problems, and muscle spasms [14]. Medical staff with anxiety have difficulty in concentrating on their clinical practice, resulting in inappropriate medical treatments, thus causing potential gaps in patient care and safety [15]. Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | Det er rapportert prevalens på angst mellom 25 og 41 % blant helsearbeidere i kina. Dårlig mental helse kan påvirke fysisk helse, og studier viser at mentale helseproblemer er utløsende årsak for kroniske sykdommer som kardiovaskulær sykdom. Angst kan også føre til fysiske symptomer som fatigue, søvnproblemer med mer. Helsepersonell med angst klarer ikke fokusere like godt på jobb, som kan skape potensielt farlige situasjoner.  | AngstMental helseFysisk helseKroniske sykdommer | Mental og Fysisk helse |
| The final sample was comprised of 514 participants, because they completed questionnaires. In total, 56.03% of participants experienced burnout, and 48.25% participants developed anxiety symptoms Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | Av 514 deltakere i studien svarer 56% at de har opplevd utbrenthet og 48 % har utviklet angstsymptomer.  | Utbrenthet | Mental og fysisk helse |
| A high level of burnout was directly related to high levels of anxiety symptoms as shown in this study. The findings align with the stress process described in the JD-R model outlining burnout can lead to mental health issues. There is a clear link between burnout and psychological strain (e.g., anxiety). In response to burnout, individuals are likely to suffer from anxiety symptoms, which can be regarded as negative outcomes in the stress process [31]. Studies have also found similar results, including Zhou et al. (2018) who found the same relationships between burnout and anxiety symptoms among Chinese nurses [10]. Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | Høy skår av utbrenthet var direkte relatert til høy skår av angst symptomer. Det viser klare forbindelser mellom utbrenthet og psykiske lidelser, som f. Eks. Angst. Hvis individene opplever utbrenthet er de i større fare for å lide av angst symptomer, som kan sees på som negative utfall i en stress prosess. Dette støttes også av andre studier.  | Utbrenthet, angst, psykiske lidelser | Mental og fysisk helse |
| Furthermore, a systematic review by Bakker et al. (2014) confirmed that one of the most important negative consequences of burnout is psychological problems [5]. ICU staff often need to face the life-and-death struggle in a very demanding profession, so they are more likely to be emotionally and physically drained. Under this situation, burnout can pose a threat to psychological problems. It is vital for policy makers to raise awareness about the problems that the directly negative effect of burnout on anxiety symptoms among ICU professionals. Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | Siden intensivsykepleiere oftere utsettes for «liv og død» situasjoner i en krevende profesjon, er de mer utsatt for å bli emosjonelt og fysisk utmattet. hvis dette forekommer kan individet være utsatt for psykiske problemer og utbrenthet.  | Emosjonell og fysisk utmattelse | Mental og fysisk helse |
| The findings from this study highlight social support can play a key role in mitigating the detrimental effect of burnout on anxiety symptoms among ICU professionals. It has been previously observed that the moderating effect of social support on the relationship between stress and depression exists among medical staff [41]. Further- more, social support has a moderating effect on the relationship between burnout and mental health stigma [25]. However, for the first time, the mechanism under- lying the association between social support, burnout, and anxiety symptoms in this population was analyzed in this study. The results show that social support can moderate the stress process due to the buffering effects. Social support may play a vital role at two different points in the process linking burnout to anxiety symptoms [18]. Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | Funnene i denne studien viser til hvordan sosial støtte er med på å moderere utbrenthet i forhold til angstsymptomer hos intensivpersonell. Tidligere også observert at sosial støtte modererer forholdet mellom stress og depresjon. Viser også at sosial støtte har en modererende effekt mellom utbrenthet og mental helse stigma.  | Sosial støtte som moderatorAngst | Mental og fysisk helse |
| First, individuals experiencing burnout may have the perception that others will offer important resources, so this can help individuals redefine the potential for harm posed by burnout. Resources from social networks can enable individuals to have a sense of predictability and stability in their lives, as well as a recognition of self-worth, personal control, and mastery. Therefore, they are less likely to be affected by burnout Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | Individer som opplever utbrenthet kan ha opplevelse av at andre kan dele av sine ressurser og dette kan hjelpe individet med å moderere hvor hardt utbrenthet påvirker og hvor hardt det potensielt kan ramme, når man har støtte bak seg.  | UtbrenthetRessursdeling | Mental og fysisk helse |
| Second, social support has the potential to reduce the likelihood of developing anxiety symptoms in the stress process, since support resources can mitigate the impact of burnout by providing problem solving strategies such as material support and intangible resources [18]. These strategies can reduce the intensity of the relationship between burnout and anxiety. Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | Sosial støtte har potensiale til å redusere sjansen for å utvikle angstsymptomer i stress prosessen, siden støtteresurser kan minske påvirkningen av utbrenthet ved å tilby problemløsningsstrategier med både materielle og ikke materielle ressurser til individet.  | Sosial støtte som moderatorAngst Problemløsingsstrategier | Mental og fysisk helse |
| The higher ICU staff assess their social support, the lower is the detrimental impact of burnout on anxiety symptoms. Social support can be regarded as an effective and low-cost way to improve mental health among ICU staff with burnout. Therefore, we suggest that a multifaceted social support program based on the Chinese cultural values should be developed to promote mental health among Chinese ICU medical professionals. Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | Jo mer sosial støtte intensivpersonellet mottar jo mindre alvorlig rammes de av utbrenthet og angstsymptomer. Sosial støtte kan sees på som både effektiv og billig måte å bedre mental helse hos intensivpersonell som føler på utbrenthet, derfor velger forfatterne i denne forskningsartikkelen og anbefale å opprette et sosialt støtte program for intensivpersonell basert på kinesiske kulturelle verdier for å bedre mental helse hos intensivpersonellet.  | Sosial støtte som moderatorUtbrenthetAngst | Mental og fysisk helse |
| The results of this study revealed a high BS prevalence, 53.6%, a worrying result. The professionals studied work in direct assistance to critically ill patients, in which the error in the execution of procedures can represent serious sequel or even the death of patients. Findings from other studies that used the criterion of Grunfeld et al. (2000)(10) presented results similar to those found in this research, namely: Zanatta and Lucca (2015)(14) found a BS prevalence of 50.8% in nurses at a hospital specialized in child oncology and hematology in São Paulo. Ribeiro and collaborators (2014)(15) observed BS prevalence of 55.4% among nurses working in medical clinics in the state of São Paulo. In another study with health professionals that included nursing workers, Silva, et al. (2015)(12), observed a BS prevalence of 55.3%. Burnout syndrome and associated factors in intensive care unit nurses | Prevalens av utmattelsessyndrom forekommer høyere i klinikker der man jobber med kritisk syke pasienter, spesielt der potensielle feil gjort av helsepersonell kan bety at pasienten får alvorlige sekveler eller dør.  | Utmattelsessyndrom forekomstPotensiale for feil | Fysisk og mental helse |
| This study observed a higher frequency of the high level in the dimension emotional exhaustion (41.0%), followed by low personal fulfillment/inefficiency (17.0%) and depersonalization (6.5%). In other studies with nurses, rates were found that ranged from 16.1% to 42.6% for emotional exhaustion, from 6.1% to 35.6% for personal fulfillment and 2.4% to 25% for depersonalization(21-24). Burnout syndrome and associated factors in intensive care unit nurses | Studien her finner høyere forekomst av høye verdier i skåring av emosjonell utsltitthet, etterfulgt av personlig ineffektivitet og til slutt depersonalisering. Indikerer at emosjonell utslitthet er en større faktor en personlig inefektivitet og depersonalisering.  | Emosjonell utslitthetDepersonalisering | Fysisk og mental helse |
| Concerning the nurses’ profile, according to sociodemographic characteristics and life habits, it is a young population, predominantly female, with a partner and without children, supporting Muse’s, Love’s, Christensen’s findings (2015)(24). In this study, a higher BS prevalence was found among younger individuals in the emotional exhaustion dimension. Other studies with nurses in ICU and in critical units observed a higher prevalence of burnout among younger individuals than those with more advanced age, showing that this population can be considered more exposed to stressful situations, which may be related to the low experience in dealing with critical situations that require quick responses in the workplace(18,24). Burnout syndrome and associated factors in intensive care unit nurses | Studien viser til høyere utmattelsessyndrom prevalens hos yngre individer på grunn av emosjonell utslitthet. Viser også til andre studier som beviser at yngre individer er mer utsatt for utmattelsessyndrom en eldre med mer erfaring og fartstid i yrket.  | Utmattelsessyndrom Yngre personerEmosjonell utslitthet | Fysisk og mental helse |
| Regarding life habits, most reported performing physical activity, not smoking and using alcohol. In this study, an association was observed between physical activity and low burnout prevalence. The consulted literature points to the benefits of physical activity in workers’ health, such as cognitive improvement, reduction of stress, symptoms of anxiety and depression, reduction of conflicts in interpersonal relationships and less tired feeling during work activities(25). Burnout syndrome and associated factors in intensive care unit nurses | Studien viser at fysisk aktivitet forebygger utmattelsessyndrom.  | Fysisk aktivitet som moderator | Fysisk og mental helse |
| The concern for patient safety aims to reduce the risk of harm associated with the care provided by health workers to an acceptable minimum(33). It is important to highlight that ICU is a sector that serves people in serious condition who need immediate care and in adequate conditions. Thus, the overload of demands in the ICU environment and BS occurrence among nursing workers can impair the quality of care provided, putting patients’ safety at risk(34). Burnout syndrome and associated factors in intensive care unit nurses | Store forventninger om at intensivsykepleiere ikke gjør feil på intensivavdelingen er også med på å øke utmattelsessyndromforekomst.  | Forventninger til intensivsykepleierenutmattelsessyndrom | Fysisk og mental helse |
| BS prevalence was high in all Demand-Control Model quadrants. The intensivist nurses studied had a higher BS prevalence than that found in other studies(13,20-21). There was a high BS prevalence in high strain situation, confirming the main prediction of the model, that work in high strain (high demand and low control) presents a greater risk to workers’ mental health. High BS prevalence in active work situation (high demand and high control) was an unexpected finding, considering that, in most studies, a higher prevalence is observed in the passive work situation. These findings suggest that, although professionals consider that their work has high control, high demand seems to be more associated with mental distress. This result corroborates that obtained by Tironi and collaborators (2009)(5), who found a high BS prevalence in high strain situation, confirming demand as the most important component for mental distress in intensive care workers. Burnout syndrome and associated factors in intensive care unit nurses | Høy forekomst av utmattelsessyndrom er å finne når det rettes flere/mer krav mot intensivsykepleierene.  | Utmattelsessyndrom | Fysisk og mental helse |
| Studies on BS prevalence in intensive care nurses are still scarce. Although it is a population that has specific characteristics, the findings revealed a high BS prevalence, which encourages further investigations, which can more precisely identify the factors as- sociated with this prevalence in Intensive Care Units. Burnout syndrome and associated factors in intensive care unit nurses | Det mangler å studere utmattelsessyndrom hos intensivsykepleiere fortsatt. Det er behov for å identifisere flere faktorer som spiller inn på hvorfor og hvordan man kan forebygge og avdekke utmattelsessyndrom hos intensivsykepleiere. | Faktorer som identifiserer utmattelsessyndrom | Fysisk og mental helse |
| Research has demonstrated that inexperienced and younger nurses are at greater risk for compassion fatigue.2,10,11 Additionally, results of these studies have indicated causes, such as low managerial support and high-risk environments, as possible rea- sons for the potential burnoutEffect of meaningful recognition on critical care nurses compassion fatigue  | Tidligere forskning viser til at uerfarne og yngre intensivsykepleiere har større risiko for å utvikle medfølelsesutmattelse. | ErfaringAlderMedfølelsesutmattelse | Mental og fysisk helse |
| The growing body of evidence on nurses’ compassion fatigue adds to an alarming trend demonstrating factors that may contribute to the nursing profession’s retention problems, with nearly 20% of nurses leaving their positions in their very first year12 and many recent graduates leaving nursing altogether.13,14 High turnover rates create various problems for health care organizations, including the expense of continually replacing a skilled workforce and concerns about patient safety, because of disruptions in work- flow and continuity of patient care.15,16 Effect of meaningful recognition on critical care nurses compassion fatigue | Forskning på medfølelsesutmattelse viser en alarmerende økende trend blant sykepleiere og viser til faktorer som kan bidra til at sykepleiere ikke blir i jobben sin og slutter, med så mange som 20% som forlater stillingene sine det første året de jobber, samt videreutdannede sykepleiere som slutter helt. Dette koster samfunnet fordi man hele tiden må utdanne flere for å erstatte, og dette går utover pasientsikkerhet, arbeidsflyt og kontinuitet i pasientpleie.  | MedfølelsesutmattelseForlater jobbenSamfunnskostnader | Mental og fysisk helse |
| As the number of studies being conducted on compassion fatigue is increasing, this study adds an expansive and rigorous investigation to the descriptive understanding of the phenomena, using a multi- site sample and clustering techniques. Previous research has provided valuable knowledge about single organizations that may be influenced by specific environments, leadership practices, or trends in demographics. The findings of this study replicate the importance of meaningful recognition and satisfaction and bring awareness to growing trends. Effect of meaningful recognition on critical care nurses compassion fatigue | Ettersom flere studier ser på medfølelsesutmattelse, er denne studien for å se på meningsfylt anerkjennelse og få dette opp og ut på banen til videre forskning og til etterretning.  | MedfølelsesutmattelseMeningsfull anerkjennelse | Mental og fysisk helse |
| Nurses in the study who had received meaningful recognition showed significantly decreased burnout and higher compassion satisfaction. Nurse leaders can use meaningful recognition as a powerful tool to acknowledge team members in a personally valuable way to create ownership and establish trust.20 Moreover, meaningful recognition has been acknowledged as a component of a healthy work environment,21 suggesting that the concept of meaningful recognition is systematically intertwined with the organization’s outcomes. Effect of meaningful recognition on critical care nurses compassion fatigue | Sykepleiere I studien som mottok meningsfylt annerkjennelse viste signifikant mindre utbrenthet og høyere medfølelsestilfredshet. Sykepleierledere kan bruke meningsfylt annerkjennelse som et verktøy for å anerkjenne teammedlemmene på en personlig måte, for å etablere tillitt og eierskap i den ansatte. Meningsfull anerkjennelse er ansett som en komponent i et helsebringende arbeidsmiljø, som foreslår at dette er systematisk med i organisasjonens måte å jobbe på.  | Meningsfylt anerkjennelseUtbrenthetMedfølelsestilfredshet | Mental og fysisk helse |
| Participants report a subjective perception of lack of safety in relation to the possibility of becoming infected with COVID-19 and of being asymptomatic carriers, thus posing a risk of contagion to their work and family environments. This may be related to the lack of PPE, the lack of knowledge of this novel coronavirus, and the lack of well-defined protocols for managing patients infected with SARS-CoV-2. Kim (2018) identified this same feeling of fear and lack of safety among the nurses in her study regarding MERS, who mentioned, as the main causal factors, the changes in infection control protocols, their lack of knowledge of the disease, and becoming aware of their own vulnerability. Nurses perceptions and demands regarding covid-19 care delivery in critical care units and hospital emergency services | Deltakerne rapporterte en subjektiv følelse av å ikke føle seg sikker, relatert til sjansen for å bli smittet av med COVID-19, å være en asymptomatisk bærer av virus og risikere å smitte andre på jobb og hjemme. Dette ble også registrert i en studie ved MERS utbrudd, og settes i sammenheng med at man har lite informasjon om sykdommen og hva det kan føre med seg.  | UsikkerhetRedsel | Mental og fysisk helse |
| Only three percent of the ICU nurses in this study appeared to be at risk for burnout. This is in contrast with previous research indicating 25 to 33% of ICU nurses having symptoms of severe burnout (Moss et al., 2016). In the present study, more detailed analyses show that 23.7% of intensive care nurses perceived low personal accomplishment. Emotional exhaustion and depersonalization were less often problematic (10.9%; 10.9%). McHugh et al. estimated burnout rate to be 22% among U.S. nurses (McHugh et al., 2011). Communication satisfaction and job satisfaction among critical care nurses and their impact on burnout and intention to leave, a questionnaire study | Problem: lav personlig prestasjon. Mindre problematisk med depersonlalisering og emosjonell utslitthet. Her er det kanskje en faktor å se på?(altså lav personlig prestasjon).  | Emosjonell utstlitthetPrestasjon | Mental og fysisk helse |
| In addition, the results of some studies32,33 have suggested that team support can enhance coping skills in times of stress and can help relieve emotional burden in a stressful environment. However, these studies involved oncology nurses. Future research is needed to explore team support in the ICU. Additionally, research is needed to identify the ICU characteristics to help determine whether resilience interventions can be tailored to modifiable organizational efforts or if additional interventions exist that can be used to mitigate PTSD. Affecting resilience and development of posttraumatic stress disorder in critical care nurses | Team og kollegastøtte kan øke mestringsferdigheter og hjelpe på emosjonell byrde i et stressende miljø. Her var onkologiske sykepleiere inkludert, slik at det er nødvendig med mer forskning på dette for å finne karakteristikkene hos intensivsykepleiere.  | KollegastøtteMestringsferdigheterEmosjonell byrdeStressende miljø | Mental og fysisk helse |
| Our results are important because we found that working in an MICU and having a graduate degree may influence the development of PTSD via the influence of these 2 factors on resilience. Further research is needed to better understand the effect of this influence on resilience in health care organizations, development of preventive therapies and treatment of PTSD for ICU nurses, and the most appropriate mechanism to disseminate and implement strategies to address PTSD. One potential strategy for mitigating symptoms of PTSD or psychological distress is use of resilience training. Results of an earlier study29 indicated that a multimodal resilience training program that included written exposure therapy, exercise, cognitive-behavioral therapy, and mindfulness-based stress reduction exercises significantly improved resilience scores and decreased symptoms of PTSD and depression. Affecting resilience and development of posttraumatic stress disorder in critical care nurses | Ved å jobbe I medisinske intensivavdelinger og ha høyre utdanning kan være en faktor som forebygger PTSD via påvirkning av motstandsdyktighet.  | Arbeidsplass og nivå av utdanningPTSD | Mental og fysisk helse |
| In this study, we found that most health pro- fessionals had moderate/low total hardiness sco- res. Similar data were found in a study conducted in a hospital in Morocco in 2018, showing a relati- vely low rate of resistance of health staff, with 81% of professionals having low resistance, 16% mode- rate resistance and only 3% good resistance22. Hardy personality and associated factors in health professionals active in services that treat critical patients | Denne studien fant at de fleste helsepersonell hadde moderate til lave hardførhetsskåringer. Dette stemmer også med tidligere forskning gjort på et sykehus i Marokko i 2018, viser til relativt lav motstandsdyktighet.  | Hardførhet | Mental og fysisk helse |
| Gender, marital status, length of service, and working hours were identified as risk factors. Women are more resilient than men, single individuals are more vulnerable than married ones, and workers with shorter length of service are less resilient than older ones22. However, in this study, only the variable children (p = 0.050) was associated with the high hardiness outcome. Importantly, con- ducting studies on the relationship between sociodemographic variables, job stress factors and resistant personality are still rare23,24. Hardy personality and associated factors in health professionals active in services that treat critical patients | Kjønn, kvinner er mer hardføre enn menn, single er mer sårbare enn de som er gift, de som har jobbet minst er mindre motstandsdyktige enn de eldre.  | HardførhetKvinner mer enn mennSosial status | Mental og fysisk helse |
| In this study, we could verify an association between high hardiness and professionals who had a very good/excellent Fantastic Lifestyle. Corroborating these findings, studies state that, in general, resistance tends to be associated with better health-related behaviors, such as maintai- ning a healthy regular exercise regime, adequate nutritional intake, and a balanced approach to work and life29-31. Hardy personality and associated factors in health professionals active in services that treat critical patients | I denne studien har de bekreftet en assosiasjon mellom høy motstandsdyktighet og profesjonelle som klassifiserer livsstilen sin som god/eksepsjonell bra.  | MotstandsdyktighetLivsstil | Mental og fysisk helse |
| Concerning mental health, an association was found between hardy personality with mild/ absent levels of anxiety, depression, hopelessness, satisfaction with compassion, burnout, stress, and self-perceived excellent/good health. Several studies negatively correlate psycho- somatic symptoms with psychological resistance realms. Outcomes indicate that resistance can serve as a buffer against stress and is a protective factor. In another study, the results link hardi- ness to mental and physical health, and further suggest that mental health connotes a pathway through which hardiness influences physical health33,34. Hardy personality and associated factors in health professionals active in services that treat critical patients | Mental helse: en assosiasjon mellom hardfør personlighet med milde eller ikke tilstedeværende nivåer av angst, depresjon, håpløshet, medfølelsestilfredshet, utbrenthet, stress og selvklassifisert god/eksepsjonell livsstil. Flere studier setter psykosomatiske symptomer i sammenheng med psykisk motstandsdyktighet. Alt i alt: Motstandsdyktighet kan være en buffer mot stress.  | Mental helse:Assosiasjoner mellom hardførhet og; angst, depresjon, håpløshet med mer.  | Mental og fysisk helse |
| The association between hardiness and hope- lessness can be confirmed in a study conducted with Iranian nurses showing that hardiness is a protective factor against perceived stress and a facilitator for happiness in nurses. Furthermore, professionals with low stress levels were more likely to report greater endurance and happi- ness36. Hardy personality and associated factors in health professionals active in services that treat critical patients | Assosiasjonen mellom hardførhet og håpløshet kan bekreftes i en studie gjort i iran; viser at hardførhet er en protektiv faktor mot opplevd stress og en fasilitator for fremtidig lykke hos sykepleiere.Individer med lave stressnivåer rapporterte også bedre utholdenhet og lykke.  | HardførhetHåpløshetProtektive faktorer | Mental og fysisk helse |
| Studies point to the relationship between low level of resistance and its extent with problems related to mental health and its components. Thus, hardy personality mitigates the likelihood of developing burnout. The results showed that resistance explains 35% of the variance of burn- out in a sample of nurses. And, more specifically, the same research group confirmed the positive effects on increased stress resistance in the nurs- ing staff28-31,34. Hardy personality and associated factors in health professionals active in services that treat critical patients | Studier viser til forholdet mellom lave nivåer av motstandsdyktighet og mental helse. Hardføre personligheter minsker sannsynligheten for å utvikle utbrenthet.  | MotstandsdyktighetMental helseHardfør personlighet | Mental og fysisk helse |
| No significant differences in perceived stress scores were observed in nurses when stratified by age, sex, race, marital status, work location, and whether they had children. However, the perceived stress scores were significantly higher in nurses who reported health problems relative to those who did not (17.03 ± 4.33 vs. 14.52 ± 6.12; *p* < .05). The emotional exhaustion levels varied significantly on the basis of the work location of nurses. Highest emotional exhaustion levels were observed in the SICU nurses, followed by ED and MICU nurses. Nurses working in the SICU experienced significantly higher levels of emotional exhaustion than the nurses working in the MICU (32.09 ± 13.27 vs. 16.17 ± 14.81; *p* < .05) Nurses with health problems expressed higher levels of satisfaction with the opportunities for promotion relative to those who did not (6.72 ± 2.77 vs. 5.16 ± 2.11; *p* < .05; Table 3). Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Selvoppfattet stress var ikke relatert til alder, kjønn, rase, med mer, men det var signifikant høyt hos sykepleierne som rapporterte å ha helseproblemer selv, kontra de som ikke hadde dette. Sykepleiere på kirurgiske intensivavdelinger opplevde signifikant høyere nivåer av emosjonell utmattelse enn de i akuttmottak og medisinske intensivavdelinger. Sykepleiere med helseproblemer uttrykker å være mer fornøyd med muligheter til forfremmelse enn de som ikke hadde helseproblemer.  | StresshelseproblemerEmosjonell utmattelseForskjell på hva slags avdeling du jobber på | Mental og fysisk helse |
| Indeed, nurses themselves can be aware of the risk of burnout and stress in their domain of responsibilities and promote wellness among their peers. They can also try to coalesce and form support groups to identify stressors and develop strategies to mitigate these stressors. Employee assistance programs are often another overlooked resource that can potentially be valuable in assisting the nurses with several personal issues. Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Kollegastøtte og støttegrupper/ samtalegrupper er en måte å sørge for at sykepleierne kan samarbeide om å bearbeide stressende elementer ved jobben sin, slik at de kan hjelpe hverandre.  | KollegastøtteSamtalegrupperBearbeiding | Mental og fysisk helse |
|  |  |  |  |
|  |  |  |  |
| The higher than average perceived stress score observed in our study sample may have increased the trauma nurses susceptibility to stress-induced illness (Cohen et al., 1983; Cohen & Janicki-Deverts, 2012; Laal, 2010; Millik- en, Clements, & Tillman, 2007) Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Sykepleiere med ansvar for traumepasienter rapporterer om mer opplevd stress, noe som gjør de mer utsatt for stress-relaterte sykdommer.  | Opplevd stressTraumepasienterStress-relaterte sykdommer | Mental og fysisk helse |
| Moreover, in our study sample, nurses who reported health problems had higher perceived stress scores. Perhaps personal health problems may have impacted perceived health scores (Danna & Griffin, 1999). Therefore, it is imperative from an organizational perspective to provide opportunities for trauma nurses to use coping strategies that can assist them to lead a healthier work life. Given those findings, it would also be desirable to consider personal health issues in job assignments if such issues are brought to the attention of nurse manager by the nurse. Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Sykepleiere med helseproblemer hadde også høyere nivå av stress. Derfor viktig at arbeidsgiver kan tilby personell med helseproblemer strategier som kan hjelpe de til bedre personlig helse.  | HelseproblematikkStressHjelp fra arbeidsgiver | Mental og fysisk helseKompetanse-heving |
| A significant difference was noted in the emotional exhaustion level by location of work. Essentially, the study revealed that the nurses working in SICU were more emotionally exhausted than the MICU nurses. One possible explanation for this could be that the trauma patients in the SICU are usually more critical than those in MICU. Indeed, the ED and SICU of- ten involve the most critically injured and more intense work environment. In addition, the patient needs and the staffing in SICU setting may also be contributing factors to the emotional exhaustion (Seago & Spetz, 2008). This emphasizes the importance of the American College of Surgeons’s requirement to assign one nurse to no more than two patients in the SICU (Committee on Trauma, 2014), as this criterion goes a long way in helping re- duce workload while improving work satisfaction and indirectly quality of care. Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | En signifikant forskjell mellom medisinsk og kirurgisk intensiv, de på kirurgisk intensiv rapporterer mer emosjonell utslitthet enn på medisinsk intensiv. Kan være fordi pasienter på kirurgiskintensiv er mer ustabile og kritisk syke.  | Forskjell på avdelingerEmosjonell utslitthetUstabile og kritiske pasienter | Mental og fysisk helseArbeidsmiljø |
| It is critical for nursing administration to be aware of these factors impacting the job satisfaction of trauma nurses in order to be able to make better decisions that impact their job performance. Although it is agreeably hard to improve satisfaction in terms of limiting factors such as pay in a safety-net hospital setting with budgetary constraints, efforts should be focused on other impactful intrinsic motivators. For example, altering the level of responsibility by ensuring adequate support from ancillary unit staff, promoting positive organizational culture, and enhancing coworker relationships would enhance satisfaction and may reduce job turnover that is usually high in nursing (Harper et al., 2015; Li & Jones, 2013). Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Der man ikke kan tilby penger for å beholde intensivsykepleiere bør man se på muligheter for å implementere andre motivatorer som f. Eks. Å sørge for at det er nok personale/støttepersonale til å avlaste, promotere positiv organisatorisk kultur og bedre kollegaforhold for å øke tilfredshet og forebygge turnover.  | Motivasjon og motivatorerØke tilfredshetBedre arbeidsmiljø | Mental og fysisk helseArbeidsmiljø |
| The finding of high emotional exhaustion and higher levels of depersonalization but higher satisfaction with coworkers suggests that in the safety-net setting, the employee-to-employee relationship does not weigh as much in creating burnout but rather another significant variable might be at play. Indeed, depersonalization positively correlated with satisfaction with coworkers in part due to the realization that they are all part of the same system or work environment. Likewise, we noted lower work satisfaction and higher level of depersonalization but higher satisfaction with the job, suggesting that although the staff may be experiencing burnout, they are not necessarily dissatisfied with their nursing profession or their job *per se* but again the work environment seems to be of prime importance. Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Selv om personale kan oppleve å være utmattet kan det å ha gode kollegiale forhold forebygge at man slutter, og det betyr ikke at de nødvendigvis er misfornøyd med yrket sitt som sykepleier, men at arbeidsmiljøet har mye å si.  | UtmattelseKollegiale forholdForebyggingYrke | Mental og fysisk helseArbeidsmiljø |
| Perceived stress in trauma nurses negatively correlated with personal accomplishment, overall satisfaction with work in their present job, and the satisfaction with super- vision. It was found to increase with depersonalization and emotional exhaustion. This reaffirms the finding that personal accomplishment is critical to improve job satisfaction and decrease depersonalization in nurses. These results further point out to a need for implementation of activities that can boost a sense of personal accomplishment and decrease emotional exhaustion levels in nurses. Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Opplevd stress kan kontres ved å gi arbeidstakerne en «boost» hvor de opplever å vokse personlig, ved å implementere aktiviteter.  | Opplevd stressKompetanseheving | Mental og fysisk helseKompetanse-heving |
| In addition, recognition programs can be established to promote acknowledgement of the contributions made by nurses. Perhaps, this can then help enhance the work engagement and thus overall job satisfaction. Although resources are scarce in safety-net institutions, a significant effort should be made at the administrative level to provide adequate human and material resources to help encourage team building and foster a harmonious work environment in the various nursing units. Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | «annerkjennelses» programmer kan implementeres for å promotere alt det gode sykepleierne får til, som kan hjelpe med å øke engasjementet rundt eget arbeid og øke jobbtilfredshet.  | AnerkjennelsePromotere sykepleiere | Mental og fysisk helseKompetanse |
| Likewise, nursing supervisors should demonstrate availability and willingness to assist nursing staff in addressing work related or personal difficulties and encourage them to work in a pleasant work environment. A demonstrated synergistic effort by the nursing leadership, hospital administration, and the nurses themselves can immensely help alleviate burnout or stress at the workplace. Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Sykepleierledere bør også vise følgende: Tilgjengelighet og villighet til å støtte og hjelpe personalet med arbeidsrelaterte eller personlige problemer, og oppfordre til å skape et godt arbeidsmiljø.  | LederskapTilgjengelighetStøttePerson og arbeidsrelater | ArbeidsmiljøLederskap |
| the development of re- sistance and coping strategies are mechanisms to reduce or neutralize stressors among health professionals, and among the many internal hu- man resources, resistance has been suggested as a solution to overcome various adverse situations4. Thus, personality features or traits have been studied to identify individuals who may be at hi- gher risk for developing stress or are refractory. Research on hardiness stands out, and its con- cept was formulated in the 1970s in the U.S. It is defined by the presence of personality traits or individual characteristics that enable resistance to stressors1. Therefore, hardiness or hardy per- sonality refers to a personal resource against the effects of adverse or stressful events on the health of professionals4-6. Thus, concepts such as rusticity, psychologi- cal resistance, resistant personality, resilience or stress resistance are used to represent the hardy personality construct, and three conceptual ba- ses determine its essence: the model of individual differences in stress responses; Lazarus’ model (1966) on stress assessment mechanisms, and the authors’ contributions on the benefits of some personality dispositions in the stress process5-7. Hardy personality and associated factors in health professionals active in services that treat critical patients | Å utvikle motstand og mestringsstrategier for å redusere eller nøytralisere stressende faktorer hos helsepersonell er mekanismer eller verktøy foreslått å bruke for å komme over uheldige situasjoner i arbeidslivet. Personlige egenskaper eller funksjoner har blitt studert for å identifisere individer som kan være mer utsatt for å utvikle stress. Hardiness, eller hardførhet, er definert som tilstedeværelse av personlige egenskaper eller individuelle karakteristikker som gjør individet motstandsdyktig mot stress. Altså en personlig ressurs eller egenskap.  | MotstandsdyktighetMestrings-strategierPersonlige egenskaperStressHardførhet | Mental og fysisk helseKompetanse-heving |
| Factors associated with high levels of resistan- ce are more frequent in individuals who manifest happiness, job satisfaction, life satisfaction, good physical and mental health, self-confidence, sel- f-awareness, self-management, and motivation to improve outcomes, while those with low resistan- ce are more susceptible to depression, anxiety and cardiovascular and neuroendocrine diseases5,9-1 Hardy personality and associated factors in health professionals active in services that treat critical patients | Faktorer assosiert med høye nivåer av motstandsdyktighet finnes oftere hos individer som manifesterer lykke, jobbtilfredshet, god fysisk og psykisk helse, selvbevissthet, selvkontroll, og motivasjon til å forbedre utfall. De med lav motstandsdyktighet er mer sannsynlig mottakelige for depresjon, angst, kardiovaskulære og neuroendokrine sykdommer.  | MotstandsdyktighetGod mental og fysisk helseDårlig mental og fysisk helseDepresjonAngstFysisk sykdom | Mental og fysisk sykdomFaktorer som påvirker |
| The results of this study showed an association be- tween hardy personality and certain factors such as sociodemographic, work environment, beha- vioral, mental health, and physical health factors. The hardy personality plays a clear and rele- vant role in reducing vulnerability to stress and is, therefore, a protective factor for worker’s health, as it allows to improve performance and promote a less stressful lifestyle21Hardy personality and associated factors in health professionals active in services that treat critical patients. | Resultatene I denne studien viser til en assosiasjon mellom hardførhet og enkelte faktorer; sosiodemografiske, arbeidsmiljø, adferdsmessige, mental helse og fysisk helse. Den hardføre personligheten spiller en klar og relevant rolle i det å redusere sårbarhet mot stress, og er derfor en protektiv faktor for helsearbeideres helse.  | Hardførhet assosiert med faktorerSosiodemografiskeArbeidsmiljøAdferdMental og fysisk helseRedusere sårbarhet mot stressProtektiv faktor | Mental og fysisk helseForebygging |
| Given the relevance of the hardy personality to health promotion and healthy lifestyle, health services should be directed to establish programs where resistance can be developed and, conse- quently, reduce the likelihood of being involved with disease4,5,9,39. Concerning the healthcare institution, the benefits of having hardy people on staff contrib- ute to effectiveness and efficiency, quality of ser- vices provided, lower levels of sick leave and sick leave costs, absenteeism and staff turnover40. Hardy personality and associated factors in health professionals active in services that treat critical patients | Gitt relevansen til hardfør personlighet i forhold til helse og sunn livsstil burde helsevesenet etablere programmer eller tiltak der man kan jobbe for å øke motstandsdyktigheten hos personalet for å redusere sykdom. Hardføre personligheter bidrar med effektivitet, kvalitet i tjenesten, er mindre syke, og viser mindre turnover.  | Hardfør personlighetHelse, livsstilEtablere programmer og tiltak | Mental og fysisk helseKompetanse-hevingTiltak |
| ICU nurses are repeatedly exposed to work-related stresses, including end-of-life issues, prolongation of life via artificial support measures, provision of postmortem care, and participation in procedures that are painful for patients.6 ICU nurses often experience psychological disorders such as PTSD, anxiety, depression and burnout syndrome,6-8 secondary traumatic stress,9,10 and compassion fatigue11,12 as a result of the work environment. However, some nurses have developed adaptive mechanisms or resilient characteristics that allow them to remain in the difficult work environment for many years. Resilience is a concept that refers to an individual’s ability to bounce back or positively respond to adversity.13,14 Resilience is also understood to be a psychological mechanism that can thwart PTSD and is recognized as one of the most important factors for a healthy adjustment after trauma.15,16 Although some personality traits promote resilience, resilience can also be learned through cognitive and behavioral interventions.15-18 Psychological characteristics of resilience that can be learned include positive coping skills, engaging the support of others, optimism, humor, and cognitive restructuring.15 The ability to maintain resilience in nursing is influenced by the work environment,13 and the lack of this ability can result in negative psychological outcomes.7 ICU nurses with existing high levels of resilience are significantly less likely than those with low levels to experience PTSD, anxiety, depression, and burnout syndrome,8,17 suggesting that resilience mediates in some manner the potential impact of the traumatic event. In contrast, ICU nurses with symptoms of PTSD have reported problems with relationships, general life satisfaction, and overall functioning in all areas of their life. Although some evidencesupports the effects of individualresilience on the psychologicaloutcomes of ICU nurses,8 thefactors that may significantlycontribute to individual resilience and subsequent development of PTSD are relatively unexplored. Affecting resilience and development of posttraumatic stress disorder in critical care nurses | Intensivsykepleieren utsettes for mye arbeidsrelatert stress:Beslutninger om å avslutte behandling, MORS, deltar i prosedyrer og behandling som påfører pasienten smerter MM. Intensivsykepleiere kan ofte oppleve psykiske lidelser som PTSD, angst, depresjon, utbrenthetssyndrom, STS, medfølelsesutmattelse som et resultat av sitt eget arbeidsmiljø. Noen klarer å utvikle adaptive mekanismer eller motstandsdyktige karakteristikker som tillater de å fortsette i jobben uten å bli psykisk eller fysisk syk av jobben over flere år. Motstandsdyktighet kan virke mot PTSD og er anerkjent som en av de viktigste faktorene for å tåle påkjenninger. Noen mener man kan lære eller trene på motstandsdyktighet, og at det er noe man kan utvikle gjennom kognitive og adferdsmessige intervensjoner.  | Arbeidsrelatert stressAvslutte behandlingProsedyrerPTSDAngstDepresjonUtbrenthetssyndromSTSMotstandsdyktighetKurs og trening Kognitive og adferdsmessige intervensjoner | Mental og fysisk helseForbedre seg selvKompetanse-heving |
| In this secondary analysis of 744 ICU nurses, we identified the individual and group characteristics that significantly affected the 3 subscales of resilience. We further tested a mediation model to determine whether those significant characteristics had a direct or indirect effect on the development of PTSD. ICU nurses who worked in any type of ICU other than the MICU were 18% to 50% less likely to experience PTSD when mediated through resilience. In contrast, ICU nurses with a graduate degree in nursing were 18% more likely to experience PTSD than were nurses with a bachelor’s degree in nursing. Affecting resilience and development of posttraumatic stress disorder in critical care nurses | Arbeidsplass og nivå på utdanning har noe å si for om du står i faresone for å utvikle PTSD eller ikke være motstandsdyktig for påkjenningene du kan møte i yrket.  | Utdanning og arbeidsstedPTSDMotstandsdyktighet | Mental og fysisk helseKompetanse-heving |
| Evidence related to resilience training in nurses is limited. No large randomized clinical trials have been done to determine the effectiveness of resilience interventions on psychological outcomes, nurses’ satisfaction, and nurses’ retention in the ICU. The feasibility and acceptability of a multimodal resilience intervention program that included exercise, written exposure therapy, event-triggered counseling sessions, and mindfulness-based stress reduction exercises were assessed in a small randomized, con- trolled trial.29 The results suggested that the program was feasible and acceptable, and although the study had insufficient power to detect changes in resilience and psychological disorders, the findings suggested improvements in resilience scores and reduced symptoms of PTSD and depression. Affecting resilience and development of posttraumatic stress disorder in critical care nurses | Behov for forskning på å øke motstandsdyktighet/trene på motstandsdyktighet. Må forske på intervensjon og se hvor effektivt det er og om det er mulig. Mindre studier peker mot at det er verdi i å trene på motstandsdyktighet, selv om det er vanskelig å identifisere forandringer i motstandsdyktighet og psykiske lidelser. Funnene støtter foreløpig at det er noe verdi det ved å redusere symptomer på PTSD og depresjon.  | MotstandsdyktighetØke kompetanseIntervensjonPTSDDepresjon | Mental og fysisk helseKompetanse-heving |
| Another study among ICU nurses found emotional exhaustion to be the most problematic burnout dimension (73%), versus 60% personal accomplishment and 48% depersonalization (Mealer et al., 2009). These large discrepancies could be explained by differences between the hospitals enrolled in both studies in terms of variations in number of night shifts, work-related stress, conflicts with colleagues or patients, the relationship with the manager and the organization of the department. Communication satisfaction and job satisfaction among critical care nurses and their impact on burnout and intention to leave, a questionnaire study | Emosjonell utstlitthet kan også være en av de mest problemfylte dimensjonene. Det er store variasjoner fra et sykehus til et annet, men dette kan forklares med antall nattskift, arbeidsrelatert stress, konflikt med kolleger eller pasienter, forholdet med nærmeste leder og organisasjonen.  | Emosjonell utstlitthetNattskiftStressArbeidsrelatert stressKonflikter Leder og organisasjon | Mental og fysisk helseArbeidsmiljø |
| Furthermore, most nurses pointed out that the way their work was organised did not allow them to rest and disconnect between shifts, leaving them feeling emotionally exhausted and unable to fall asleep easily or have a good night’s sleep. Previous studies report CCU management experiences aimed at ensuring that there are good handover and rest periods with special shifts and task distribution. Concentrating care interventions with maximum expo- sure periods of four hours, facilitating breaks for basic needs and venting of emotions and overlapping shifts for one hour are encouraged (Huang et al., 2020; Raurell-Torredà, 2020). Nurses perceptions and demands regarding covid-19 care delivery in critical care units and hospital emergency services | Majoriteten av intensivsykepleierne påpeker også at måten arbeidstidene deres ble organisert, var det ikke nok tid til restitusjon mellom skiftene, som førte til at de føler; emosjonell utslitthet, søvnvansker.  | ArbeidstiderEmosjonell utslitthetSøvnvanskerRestitusjon | ArbeidsmiljøMental og fysisk helse |
| Finally, it should be noted that nurses’ widespread perception of the impossibility of attending to the psycho-socio-emotional needs of patients and families, coupled with difficulties in venting their emotions, increases the feeling of emotional fatigue. Nurses turn out to be a group that is likely to experience more frequent and intense anxiety, depression, insomnia and psychological stress symptoms, primarily those working on the front line in HCHs (Lai et al., 2019). In addition, experts have also reported the risk for vicarious traumatization and compassion fatigue in nurses caring for patients with COVID-19 in CCUs and HESs (Alharbi et al., 2020). Willingness to care was found to be positively associated with professionalism, safety and self-confidence, and negatively associated with stress and negative experiences (Oh et al., 2017; Lee and Kang, 2020). Thus, it is recommended that initiatives to care for the mental health of clinicians during the crisis be maintained over time in the event of future outbreaks (McAlonan et al., 2007)Nurses perceptions and demands regarding covid-19 care delivery in critical care units and hospital emergency services | Intensivsykepleierne fikk under pandemien ikke adressert de psykososiale behovene pasientene og familiene deres, slik som de er vant til, i tillegg til at de selv ikke fikk utløp/ventillert sine egne følelser av å være emosjonelt utslitte. Sykepleiere er en gruppe som viser å oppleve angst, depresjon, insomni, og psykologiske stress symptomer. Studien beskriver også en ekspertuttalelse vedrørende risiko for «Vicarious trauma» \*, og medfølelsesutmattelse hos sykepleiere som tar vare på Covid-19 pasienter i intensivavdelinger og akuttmedisinske avdelinger. \*definert som en prosess av forandringer fra empatisk kontakt med overlevende traumeoffre (<https://www.bma.org.uk/advice-and-support/your-wellbeing/vicarious-trauma/vicarious-trauma-signs-and-strategies-for-coping>)Villighet til å ta vare på pasientene ble funnet positivt assosiert med profesjonalisme, sikkerhet, selvsikkerhet, mens det ble negativt assosiert med stress og negative erfaringer.  | Psykososiale behovPasient og pårørendeEmosjonell utslitthetAngstDepresjonInsomniPsykisk stressTraumer | Mental og fysisk helsePasient-behandling |
| Increased demands and persistent work-related stress re- duce individual job satisfaction and augment the risk of stress reactions and burnout.25-28 This stress process ultimately results in poor individual health, diminished professional success, long-term absenteeism, and increased rates of turn- over, thereby affecting hospital finances due to ICU nurses leaving their jobs.29 The prior findings25-28 are concordant with the results presented herein. The participants included in the control group had worse self-rated health than the ICU nurses included in the intervention group. In addition, more ICU nurses left their jobs in the control group than in the intervention group. Effects of a multimodal program including simulation on job strain among nurses working in intensive care units | Økte krav og økt arbeidsrelatert stress reduserer individenes arbeidstilfredshet, og øker risiko for stressreaksjoner og utbrenthet. Denne stressprosessen kan redusere individenes helse, redusere profesjonell suksesjon, langtidssykemeldinger og øke turnover rate. Siden kontrollgruppen viser til dårligere resultater og høyere turnover rate enn i intervensjonsgruppen kan man kanskje forebygge noe med en intervensjon slik som er brukt i denne gruppen intensivsykepleiere.  | Krav StressArbeidstilfredshetLangtidssykemeldingTurnoverForebygge | ArbeidsmiljøMental og fysisk helse |
| Although most of the nurses in this study were satisfied or highly satisfied with their position, most also indicated that they experience moderate to high stress with their current work. This finding is alarming for a number of reasons. First, a number of previous studies have indicated that millennial nurses—or younger generation nurses—have the highest level of compassion fatigue.2,10,11 Although the current sample did not show higher burnout among younger generations, it did show that compassion satisfaction was lower in younger generations. Additionally, 40% of the nurses in the sample reported having considered leaving the profession, with 31% having considered leaving in the past year. As the profession faces a wave of retiring nurses, the influx of younger generation nurses will continue. Moreover, the high- stress environment of acute care organizations, particularly units that provide care to critically ill patients, could add increased job stress. The moderate to high stress identified in this study demonstrates unaddressed compassion fatigue that may possibly result in not only high job turnover but also potentially the loss of nurses from the profession; the reported satisfaction and job enjoyment cannot be used alone as indicators of professional quality of life because job stress is an important component. Effect of meaningful recognition on critical care nurses compassion fatigue | Selv om sykepleierne I studien her stort sett er fornøyde indikerer de også at de opplever moderat til høyt stressnivå med deres nåværende arbeidssituasjon. Viser til at yngre sykepleiere i studien her har mindre medfølelsestilfredshet og selv om det er sett i tidligere studier at yngre generasjoner opplever mer utmattelse gjør de ikke nødvendigvis det i denne studien. – Det er altså variabler – 40% av deltakerne i denne studien vurderte å forlate yrket sitt, 31 % vurderte å forlate det siste året. Med tanke på at mange eldre sykepleiere skal gå av med pensjon, kommer det til å måtte bli mange nye, yngre sykepleiere i tiden fremover.Moderat til høyt stressnivå hos sykepleiere viser til uadressert medfølelsesutmattelse, som kan resultere i økt turnover når de nye sykepleierne kommer i større tall, med færre av de eldre hardføre sykepleierne.  | Stress i forhold til arbeidssituasjonAlderMedfølelsestilfredshetForlate yrket sittMange nye sykepleiere som kommer etter hvert | ArbeidsmiljøMental og fysisk helse |
| BS prevalence was found to be higher among nurses who terminated employment in the public sector, 66.7% (PR = 1.28), with a weekly workload of 24 hours at night or less, 65.0% (PR = 1.39), with a weekly working day equal to or greater than 36 hours, 61.5% (PR = 1.07), who reported not presenting another job, 65.8% (PR = 1.51), who had the title of specialist in intensive care, 58.9% (PR = 2.36), who reported assisting 10 or more patients, 65.7% (PR = 1.42), who worked in an adult ICU 66.7% (PR = 1.25) and who reported monthly income equal to or less than R$ 3,000.00 (*reais* (R$) is Brazil’s currency), 60.4% (PR = 1.57). The results found did not present statistical significance (Table 4). Burnout syndrome and associated factors in intensive care unit nurses | Utmattelsessyndrom var mer tilstedeværende hos sykepleiere som sluttet i offentlig sektor med 3 delt turnus med nattarbeid, lange arbeidsdager og overtid, hos sykepleiere med spesialistutdanning som intensivsykepleier, hos de som hadde ansvar for/assisterte 10 eller flere pasienter, ansatte ved voksen intensivavdelinger, og de som hadde lavere lønn.  | UtmattelsessyndromSlutter i jobben3 delt turnusNattarbeidLange arbeidsdagerSpesialutdannetVoksen intensivLav lønn | ArbeidsmiljøFysisk og mental helse |
| BS prevalence showed differences according to the Demand- Control Model quadrants. The results showed that intensive care nurses who reported active work (high demand and high control) and high-strain job (high demand and low control) had a prevalence of 72.7% and 63.9%, respectively. The PR obtained between high and low strain situations. Burnout syndrome and associated factors in intensive care unit nurses | Intensivsykepleiere som rapporterte stort arbeidspress i en krevende arbeidssituasjon opplevde mer utmattelsessyndrom.  | ArbeidspressUtmattelsessyndrom | ArbeidsmiljøFysisk og mental helse |
| Concerning the nurses’ profile, according to the job variables, the average time of work at ICU was approximately 6 years, similar to that found in another study with these professionals(21). There was a high workload in other paid activities in the nursing field. Most have a specialization degree in intensive care and declared to receive a monthly income between R$ 3,000.00 and R$ 6,000.00. The authors corroborate that imbalance between salary and workload can significantly increase the probability that nurses will have BS(21)*.* The category of nursing, even today, struggles to define a minimum salary. Most nurses reported working else- where, this fact may be related to a search for increased income. In a study by Zanatta and Lucca (2015)(14 it was observed that 35.1% of nurses had two employment relationships, which can contribute to work overload(14,27-28). Burnout syndrome and associated factors in intensive care unit nurses | Sykepleierne som opplevde å ha dårligere lønn rapporterte også å ha høyere nivåer av utbrenthet. Dette settes i sammenheng med at de samme som rapporterer dette også rapporterer og ha andre abreidsplasser i tillegg for å øke inntekt.  | Dårligere lønnUtbrenthet | ArbeidsmiljøFysisk og mental helse |
| Age, years of practice and tenure were significantlyand negatively related to burnout scores. Burnout scores reducedsignificantly with increasing age, years of tenure and practice; smallamounts (6%, 9% and 4%, respectively) of this variation wereexplained by these relationships (Table 2). Nurses with 5 to 15 yearsof practice had higher burnout scores than their colleagues withmore than 15 years of practice, with significance confirmed byanalysis of variance (Table 3) and a post hoc test (p ¼ 0.023, 95% CI0.33, 5.55).Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Alder, antall år med erfaring og fartstid kan relateres til dårligere utbrenthetsskåring, men jo flere år en intensivsykepleier er på avdelingen jo bedre skårer de på burnout, personalet med mer en 15 års erfaring skårer bedre enn de med mindre enn 15 år erfaring.  | ErfaringUtbrenthet | Mental og fysisk helseErfaring |
| Burnout scores increased significantly with tenure at Site B to explain 7% of the variation in these scores; this was not significant at Site A. Tenure at Site B was significantly related to both compassion satisfaction and burnout levels (Table 3) Nurses with more than 15 years of tenure at Site B had significantly higher compassion satisfaction scores than those with less than 5 years of tenure (p 1⁄4 0.048, 95% CI 0.04, 10.86). This latter group of nurses had higher burnout scores than nurses with over 15 years’ duration in the same ICUCompassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Tenure: Retten til å være i permanent jobb; Ekvivalent av det å ha fast stilling her i Norge. <https://dictionary.cambridge.org/dictionary/english/tenure>Fast jobb kan påvirke intensivsykepleierens evne til medfølelsestilfredshet, grad av utbrenthet. Studien viser til at intensivsykepleiere med 15 år fast stilling eller mer hadde skåret bedre på medfølelsestilfredshet enn de med mindre enn 5 år i fast stilling. Viser også at gruppen med mindre enn 5 år i fast stilling har høyere skår på utbrenthet.  | Fast jobbMedfølelsestilfredshetUtbrenthetLengre erfaring | Mental og fysisk helseErfaring  |
| Analyses indicated that site (place of work) significantly predicted the level of compassion satisfaction (b 1⁄4 0.250, p < 0.024). Years of tenure significantly negatively predicted the level of burnout (b 1⁄4 0.260, p < 0.016), however site was not a significant predictor of burnout. Site (place of work) significantly predicted the level of STS (b 1⁄4 0.338, p < 0.002), however tenure was not a significant predictor in this case. In summary, site was the strongest predictor of compassion satisfaction and STS, and shorter tenure strongly predicted increasing burnout (Table 5). Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | STS, medfølelsestilfredshet(MTF) og utbrenthet i forskjellig grad kan relateres til arbeidsplass, sammen med kortere ansiennitet. Dette gjelder jo bare arbeidsplass A og B som er undersøkt, det vil sannsynligvis være andre variabler ved andre arbeidsplasser i tillegg, men dette sier oss noe om at arbeidsplassen/miljø kan ha påvirkning, sammen med lengde erfaring i år.  | Sekundært traumatisk stressUtbrenthetAnsiennitetForskjellige arbeidsplasser | Mental og fysisk helseArbeidsmiljø |
| Overall, years of practice, tenure, educational level and place of work significantly influenced compassion satisfaction and fatigue. Less experienced nurses had lower compassion satisfaction and appeared more vulnerable to burnout than nurses who were older, with longer tenure and more nursing experience. This will need to be countered; to facilitate the transition of young nurses into more senior and experienced roles it will be important to address the poorer compassion satisfaction of the more vulnerable early and mid-career nurses.32 These findings support earlier research, with similar results from two US studies of CCNs in adult and paediatric ICUs,3 Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | \*Arbeidsplass, antall år I jobb, fast stilling, utdanningsnivå påvirker signifikant MTF, STS og Utbrenthet. Det er viktig å finne en løsning der man klarer og beholde sykepleiere lenge nok til at de klarer å «komme over» MTF STS og utbrenthet, da det er høyere sannsynlighet at en yngre og mindre utdannet med mindre erfaring slutter en de eldre.  | Arbeidsmiljø, fast stilling, utdanningsnivåMedfølelsestilfredshetSekundært traumatisk stressUtbrenthetAlder | Mental og fysisk helseArbeidsmiljø Kompetanseheving |
| another of surgical and medical nurses35 and an Australian study of the general nursing workforce.32 Large numbers of nurses leave the profession early in their career for reasons that include burnout.36 Our results are supported by a study exploring the complexity of turnover in the nursing profession; working conditions, ethical dilemmas and inability to provide the desired type of nursing care were shown to impact the intention to leave of early to mid-career nurses.37 Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | I følge annen studie, intensivsykepleiere forlater jobben pga utbrenthet blant annet. Viser også at dette gjelder de nyeste sykepleierne med minst erfaring.  | UtbrenthetForlater jobbenNye og yngre sykepleiere | Mental og fysisk helseErfaring |
| Whilst not independently predictive (possibly subsumed, for example, by age), postgraduate education was linked with higher levels of compassion satisfaction. An Australian paper reporting results from a general nursing cohort found less educated nurses suffered anxiety and negative moods leading to higher levels of compassion fatigue.32 A recent study examining professional quality of life and clinical competencies reported nurses with greater clinical competence tended to have higher compassion satisfaction and lower fatigue.38 This effect is not limited to the nursing profession; a study examining social workers’ professional quality of life identified evidence based practice use and years of experience as buffers to the impact of trauma.39 Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Videreutdanning kan påvirke og gi sykepleierne høyere MTF, viser også at de med mest klinisk erfaring har høyere MTF og mindre fatigue. | Videreutdanning og kompetansehevingMedfølelsestilfredshetKlinisk erfaring | Mental og fysisk helseKompetansehevingErfaring |
| Some researchers denote caring or feelings for others as grounded in self-care.44 It makes sense, therefore, to incorporate interventions in future planning that buffer the negative effects of compassion fatigue by improving compassion satisfaction and addressing burnout.45 With STS explaining 30% of burnout scores, it may be worth considering interventions geared toward decreasing burnout by reducing STS.45 Potential strategies to combat this type of stress include mentoring, cognitive techniques, mindfulness and peer discussion.11 Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Forfatterne foreslår å buffre de negative effektene av medfølelsesfatigue ved å bedre MTF og prøve å gjøre noe med utmattelsessyndrom. Med STS som grunnlag for 30% av tilfellene med høy utmattelse kan det være verdt å tilby bruk av mentorer, kognitive teknikker, mindfulness og gruppesamtaler for å forebygge STS og derfor utmattelse og medfølelsesfatigue.  | Mentor-ordningKompetansehevingMindfullnessGruppesamtalerForebygging | Mental og fysisk helseKomptenaseheving |
| CCNs are required to have expert clinical skills and knowledge, qualities such as reliability, empathy, kindness and patience as well as ability to deal with stressful situations whilst being stable, agile, exact, alert and systematic.9 CCNs gain clinical skills and knowledge from formal university education and/or hospital on-the-job training; often they are neither prepared nor provided with any education around the likely emotional stressors involved with providing effective patient-centred nursing to patients suffering trauma or multi- organ failure.4 Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Siden Intensivsykepleiere må ha evner som; reliabilitet, empati, tolmodighet, samtidig som de skal være I stand til å håndtere stressende situasjoner hvor intensivsykepleieren er forventet å være stabil, agil, nøyaktig, alert og systematisk må også intensivsykepleieren oppdateres, kurses og inneha klinisk og teoretisk kompetanse. Det foreslås at intensivutdanning og kurs kan inneholde mer undervisning I forhold til det å håndtere emosjonele stresselementer som kommer av å jobbe med pasienter I krise. Altså gi intensivsykepleieren mer verktøy for å håndtere jobben på en god mate! | Evner: Reliabilitet, empati, tolmodighetStressmestring og håndteringForventninger til intensivsykepleierenKan man implementere stresshåndtering i utdannelsen? | Mental og fysisk helseKompetansehevingUtdanning |
| High expectations of meeting competency requirements could pressure CCNs; support and opportunities are required to develop experience, understanding and resilience as well as the requisite knowledge and competencies in safe situations, which may lead to enhanced compassion satisfaction. Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Høye forventninger om kompetanse hos intensivsykepleier kan og stresse intensivsykepleieren. Støtte er nødvendig for å skape god erfaring, for å bygge forståelse for resilience/utholdenhet på lik linje med kunnskap og kompetanse I et trygt miljø, som kan gi intensivsykepleieren bedre MTF.  | Forventninger og stressUtholdenhet og motstandsdyktighetMiljø | Mental og fysisk helseKompetanseKompetanseheving |
| With longer experience in the role linked with lower burnout scores, have these more experienced nurses developed coping or survival skills?47,48 Or have the more affected early career nurses resigned d at least from the critical care arena? Could an answer lie in individual coping skills, personality traits or resilience and could such attributes be cultivated by work-based interventions such as debriefing, clinical supervision or peer sup- port? Some of these strategies are already employed in areas such as mental health.49 What is needed is a model to suit this health workforce population; one to accommodate the unique shift work (often 12 hr) and demands made on CCNs. Further investigation is warranted to answer these questions, and enable identification or development of appropriate interventions to enhance the coping skills and reduce the burnout experienced, particularly, by early to mid-career CCNs. Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Stiller spørsmål: Har sykepleierne med lengre erfaring utviklet overlevelsesmekanismer eller ferdigheter I forhold til at de skårer lavere på utbrenthet enn de med kortere ansiennitet? Eller ligger svaret I individuelle ferdigheter, personlighetstrekk eller motstandsdyktighet, og kan slike attributer eller faktorer kultiveres av tiltak på arbeidsplassen som debrifing, klinisk veiledning eller kollegastøtte? Det trengs en modell som passer denne gruppen I helsevesenet, som er tilpasset skiftarbeid og etter behov basert hos intensivsykepleierne. Spesielt med tanke på intensivsykepleiere som er I starten/midten av karriere, da det er større sjanse for at disse opplever utbrenthet.  | ErfaringOverlevelsesmekanismerIndividuelle ferdigheter PersonlighetstrekkKollegastøtte | Mental og fysisk helseKompetanse Kompetanseheving |
| The growth and ageing of the population is driving demand for healthcare services, and retention and maintenance of an experienced and competent critical care nursing workforce is essential.5 Interventions geared toward improving compassion satisfaction and decreasing burnout, including reducing STS, could lead to both greater wellbeing and longevity in the CCN workforce. This first phase of a larger research project supports the need to conduct qualitative research to further explore the sources of CCNs’ satisfaction or dissatisfaction in their challenging role. Small contributions to the variation in compassion satisfaction and fatigue were explained in this study, and the majority of influences are yet to be determined. Future research is needed to better understand what enhances compassion satisfaction in this high-stress environment and what interventions could be employed to retain and maintain this crucial critical care nursing workforce. Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Intervensjoner for å forbedre intensivsykepleierens opplevelse av MTF, minske utbrenthet og STS, kan føre til et helsevesen med intensivsykepleiere som blir lengre I jobben sin, og et samlet styrket helsevesen I fremtiden. Studien konkluderer også med at det er behov for å forske MTF, utbrenthet, STS og hva som kan bedre dette hos intensivsykepleieren.  | IntervensjonerMedfølelsestilfredshetUtbrenthetSekundært traumatisk stressForebygging | Mental og fysisk helseForebygging |
|  | ARBEIDSMILJØ |  |  |
| Individual factors are important, but so too are the organisational and societal contexts in which the nursing care occurs. Place of work was shown to be a predictor of compassion satisfaction and fatigue. Symptoms of compassion fatigue may be indicators of the nature of the organisation’s culture and ways of working, influencing nurses’ decision to continue or to leave the job or profession.10 Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Individuelle faktorer: viktig. Men det er også organisasjon og sosiale faktorer. Arbeidsplass og kultur på arbeidsplass kan påvirke hvorvidt intensivsykepleieren finner seg en annen job eller annet yrke.  | Arbeidsplassen og arbeidsmiljøet | Arbeidsmiljø |
| Due to the elevated levels of workplace tension, physicians and nurses are consistently subjected to mental health issues, such as anxiety, which is defined as “a psychological state typically correlated with uneasiness, fear, or worry” [6]. The economic burden of anxiety is huge and anxiety is considered to be the sixth leading cause of disability [7, 8]. In China, healthcare professionals are placed under great pressure due to poor working conditions, highly stressful relationships between caregivers and patients, and severe medical staff shortages [9, 10]. This also makes Chinese medical staff vulnerable to developing anxiety symptoms. Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | I kina: på grunn av økt arbeidsmengde og dårlige arbeidsvilkår ser de en sammenheng mellom angstsymptomer og mangel på helsepersonell, høyt stressnivå på arbeidsplassen og dette gjør helsepersonellet utsatt for å utvikle symptomer på angst.  | Arbeidsmengde Dårlige arbeidsvilkårAngstsymptomerMangel på helsepersonellStressnivå | Arbeidsmiljø |
| According to the Job Demand-Resources Model (JD-R Model), job demands are ‘negative factors’, such as a heavy workload and demanding interactions with clients. In contrast, job resources are ‘positive factors’, such as advanced job skills and enough leisure time [30]. When job de- mands are chronically high and job resources are limited, burnout can happen [30].Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | Krav fra arbeidsplassen er «negative faktorer» som f. Eks. Høyt arbeidspress, mens arbeids ressurser er «positive faktorer» som f. Eks. Avanserte ferdigheter og nok fritid. Når kravene fra arbeidsplassen er kronisk høye og arbeidsressursene er få, er man i fare for å utvikle utbrenthet.  | Negative faktorer i forhold til arbeidsplassenutbrenthet | Arbeidsmiljø |
| In our study, consistent with existing literature, moral distress had significant negative effects on job satisfaction and nurses’ intentions to leave their cur- rent position.6,19,25-27 Critical care nurses’ perception that they were working in a healthy environment was associated with higher job satisfaction and lower levels of moral distress. One plausible explanation for these findings is that healthy practice environments foster collegial relationships of support and trust, and such environments provide employees with resources and adequate staffing that, in turn, maintain high states of job satisfaction and less intention by nurses to leave their current positions. Significant relationships were demonstrated between moral distress frequency and the perception of the practice environment. Predictors of moral distress in a US sample of critical care nurses | Bedre arbeidsmiljø fostrer økt arbeidsfornøydhet og lavere nivåer av moralsk stress. Et sunt arbeidsmiljø fostrer kollegiale forhold, støtte og at en stoler på hverandre. Slike arbeidsmiljøer har også ofte god bemanning og adekvate mengder ressurser, slik at man kan beholde høye nivåer med jobbtilfredshet som igjen gir lavere intensjon om å bytte jobb. Predictors of moral distress in a US sample of critical care nurses | ArbeidsmiljøSunne arbeidsmiljøerKollegiale forholdBemanningJobbtilfredshetIntensjon om å bli i jobben | Arbeidsmiljø |
| The finding that that nurses employed in a Beacon-recognized unit experienced less moral distress is consistent with the intent of the AACN Beacon Award for Excellence, in that critical care units given the award have established high standards for care quality by improving outcomes on the basis of evidence. Beacon-designated units demonstrate collegial practice environments with higher morale and increase staff retention, exemplifying the standards of a healthy work environment.29 Predictors of moral distress in a US sample of critical care nurses | Sykepleiere i avdelinger som er anerkjent av AACN Beacon Award for Exellence har mer fornøyde ansatte en de som ikke har det.De har også en høyere standard for pasientbehandling  | Anerkjennelses-programmerStandard for arbeidsmiljø | ArbeidsmiljøTiltak |
| The prevalence of job strain at 6-month follow-up was lower in the intervention group (13%; 95% CI, 6%-20%) than in the control group (67%; 95% CI, 58%-76%) (between-group difference, 54% [95% CI, 40%-64%], *P* < .001; Table 2). Neither variable of marital status (odds ratio, 0.90 [95% CI, 0.43-1.87], *P* = .78; Hosmer-Lemeshow test *P* = .96) nor working the night shift (odds ratio, 0.53 [95% CI, 0.26-1.10], *P* = .10; Hosmer- Lemeshow test *P* = .76) was associated with job strain. Effects of a multimodal program including simulation on job strain among nurses working in intensive care units | Forekomst av arbeidsrelatert belastning var lavere etter 6 måneder hos intervensjonsgruppen.  | Arbeidsrelatert belastning | Arbeidsmiljø |
| The prevalence of isostrain (job strain and low social sup- port) was significantly decreased at 6-month follow-up in the intervention group compared with the control group (7% [95% CI, 2%-12%] vs 55% [95% CI, 45%-65%], respectively; between- group difference, 48% [95% CI, 35%-59%], *P* < .001). All these between-group differences regarding job strain and isostrain remained significant at 12-month follow-up in the 93 questionnaires analyzed (Table 2). Absenteeism during the 6-month follow-up was 1% in the intervention group compared with 8% in the control group (between-group difference, 7% [95% CI, 1%-15%], *P* = .03). Effects of a multimodal program including simulation on job strain among nurses working in intensive care units | Forekomst av arbeidsrelatert belastning og lite sosial støtte var signifikant lavere etter 6 måneder i intervensjonsgruppen sammenlignet med kontrollgruppen. Sykefravær var 1% i intervensjonsgruppen mens det var 8 % hos kontrollgruppen i de 6 månedene de ble fulgt.  | Arbeidsrelatert belastningSosial støtteSykefravær | Arbeidsmiljø |
| In addition, 4 nurses (4%) in the intervention group left the ICU during the 6-month follow-up compared with 12 nurses (12%) in the control group (between-group difference, 8% [95% CI, 0%-17%], *P* = .04). No nurse moved from one ICU to an- other during the entire trial period. Effects of a multimodal program including simulation on job strain among nurses working in intensive care units | 4% I intervensjonsgruppen sluttet underveis, sammenlignet med 12% i kontrollgruppen. Ingen flyttet fra en intensiv til en annen under denne perioden.  | Sluttet i jobben | Arbeidsmiljø |
| The prevalence of job strain was lower in the intervention group than in the control group (14% [95% CI, 7%-21%] vs 68% [95% CI, 58%-78%], respectively, *P* < .001) using the cut point of 20 for the psychological demand score and 71 for the decision latitude score. When psychological demand and decision latitude were treated as continuous variables, the general linear model confirmed that the intervention was associated with significantly lower psychological demand and higher decision latitude compared with the control (Wilks λ test *P* < .001 and *P* < .001, respectively). Effects of a multimodal program including simulation on job strain among nurses working in intensive care units | Forekomst av arbeisrelatert belastning var lavere i intervensjonsgruppen enn i kontrollgruppen. Resultatene peker til at intervensjon gir signifikant lavere «Psychological demand» (Finner ingen god oversettelse på dette?)/psykiske krav? og beslutningsbredde sammenlignet med kontrollgruppen.  | Arbeidsrelatert belastningIntervensjon | Arbeidsmiljø |
| Discussion An intervention for ICU nurses that included education, role- play, and debriefing resulted in a lower prevalence of job strain at 6 months compared with nurses who did not follow this pro- gram (control group). Although some stress may have positive effects on work, repeated or excessive stress may result in anxiety, distress, burnout, depression, or even posttraumatic stress disorder. Nurses working in ICUs are at particular risk for the negative effects of stress.18 Nurses practicing in ICUs and emergency departments are at particularly high risk of job strain.19-21 Effects of a multimodal program including simulation on job strain among nurses working in intensive care units | En intervensjon for intensivsykepleiere som inkluderer undervisning, rollespill og debrifing resulterte i lavere forekomst av arbeidsrelatert belastning sammenlignet med kontrollgruppen.Beskrives at noe stress kan være positivt men at gjentakende eller overflødig stress kan resultere i angst, bekymring, eller PTSD. Intensivsykepleiere er spesielt utsatt for arbeidsrelatert stress og belastning.  | UndervisningRollespillDebrifingArbeidsrelatert belastningStressAngstPTSD | ArbeidsmiljøIntervensjon |
| Occupational stress and its harmful consequences may be reduced by modifying the work environment or improving the individual’s ability to cope with stress. Training may improve the ability to adapt by encouraging determination and shaping the style of coping with stressful situations.22 These mechanisms may explain the beneficial effect on the reduction of job strain found in the present trial. Simulation scenarios of ICU care provide updates of technical and non- technical knowledge and skills for nurses.23 These simulation scenarios also may improve the ability to cope with stressful situations. Simulation may affect stressors related to work organization (task interruption, ambiguity of roles, workload distribution) or to working conditions such as lack of communication or lack of autonomy.24 Effects of a multimodal program including simulation on job strain among nurses working in intensive care units | Yrkesrelatert stress og dets konsekvenser kan reduseres ved å modifisere arbeidsmiljøet eller ved å bedre individets evne til å håndtere stress. Trening og kurs kan kanskje hjelpe individene med å håndtere arbeidsrelatert stress. Det å simulere scenarioer kan gi intensivsykepleieren en oppdatering både teknisk og for ikke tekniske ferdigheter. Det å simulere scenarioer kan også bedre evnen til å håndtere stressende situasjoner. En stressende situasjon på arbeidsplassen kan påvirke andre stressende elementer relatert til arbeidsplassen, slik at man kutter ned på antall stressende elementer intensivsykepleieren må stå i.  | Yrkesrelatert stressArbeidsmiljøHåndtering av stressKursTreningSimulering | Arbeidsmiljø |
| The intervention tested in the present trial may have helped decrease high psychological job demands such as having to work under time pressure or having to cope with complex, mentally demanding tasks. It may have improved the degree of control (decision latitude) ICU nurses have over their tasks and behaviors in performing their daily work. Effects of a multimodal program including simulation on job strain among nurses working in intensive care units | Intervensjonen som er testet i denne studien kan ha hjulpet på å redusere arbeidsrelaterte psykisk krav til intensivsykepleieren, som for eksempel å jobbe under tidspress eller å måtte håndtere komplekse mentalt krevende oppgaver.  | IntervensjonArbeidsrelaterte kravTidspress | Arbeidsmiljø |
| Increased demands and persistent work-related stress re- duce individual job satisfaction and augment the risk of stress reactions and burnout.25-28 This stress process ultimately results in poor individual health, diminished professional success, long-term absenteeism, and increased rates of turn- over, thereby affecting hospital finances due to ICU nurses leaving their jobs.29 The prior findings25-28 are concordant with the results presented herein. The participants included in the control group had worse self-rated health than the ICU nurses included in the intervention group. In addition, more ICU nurses left their jobs in the control group than in the intervention group. Effects of a multimodal program including simulation on job strain among nurses working in intensive care units | Økte krav og økt arbeidsrelatert stress reduserer individenes arbeidstilfredshet, og øker risiko for stressreaksjoner og utbrenthet. Denne stressprosessen kan redusere individenes helse, redusere profesjonell suksesjon, langtidssykemeldinger og øke turnover rate. Siden kontrollgruppen viser til dårligere resultater og høyere turnover rate enn i intervensjonsgruppen kan man kanskje forebygge noe med en intervensjon slik som er brukt i denne gruppen intensivsykepleiere.  | Krav StressArbeidstilfredshetLangtidssykemeldingTurnoverForebygge | ArbeidsmiljøMental og fysisk helse |
| In terms of organisation, there is a noticeable imbalance between workloads and human resources. This may be related to the increased workload involved in the care of patients with COVID-19. Lucchini et al. (2020) report a 33% increase in CCU workload, with mean scores of 84 on the Nursing Activities Score (NAS), well above the normal value of 63, due to the high number of patients dependent on mechanical ventilation, indications for prone positioning, time spent putting on and taking off PPE and indications for extracorporeal life support techniques. Lucchini et al. (2020) also report on the need to ensure nurse-patient ratios of 1:1.5. In addition, the Spanish Society of Intensive Nursing and Coronary Units (SEEIUC) recommends a ratio of 1:2 (the usual average nurse-patient ratio prior to the COVID-19 pandemic was 1:2.5) (Cruz-Lendínez et al., 2019), with one expert nurse for every 4–6 beds to provide support at times of peak workload and points out that a NAS greater than 61 increases the risk of patient mortality (Raurell-Torredà et al., 2020). Nurses perceptions and demands regarding covid-19 care delivery in critical care units and hospital emergency services | Organisatorisk: en stor ubalanse mellom arbeidsmengde og ressursene som er tilgjengelig. Det ble rapportert om 33% høyere arbeidsbelastning på intensivavdelingene, med en medianscore på 84 NAS (Nursing Activity Score), fra 63 hvor den vanligvis er. Det «spanske intensivsykepleier forbundet» anbefaler også her 1:2 bemanning (1 pas 2 intensivsykepleiere), mens før pandemien var bemanningen normert 1:2,5, med en Ekspert for hver 4-6 seng for å støtte og hjelpe til. De viser også til at NAS over 61 øker risiko for mortalitet hos pasientene.  | Organisatoriske faktorerUbalanse mellom arbeidsmengde og ressurserArbeidsbelastning | Arbeidsmiljø |
| With regard to communication, most nurses perceived that man- agers did not take into account their voice, were not open to their proposals and failed to meet their needs. This lack of communication may be linked to the sense of moral suffering that they report in relation to taking on non-consensual decisions (Cacchione, 2020). According to Jun et al. (2020), teamwork and group cohesion in times of crisis provide essential support to enhance coping and resilience. Additionally, middle managers, who are responsible for implementing care plans in care units, must take into account care nurses’ experience when managing the response to the existing demands in situations of crisis (Estalella et al., 2020). Nurses perceptions and demands regarding covid-19 care delivery in critical care units and hospital emergency services | Vedr kommunikasjon: Mange intensivsykepleiere følte ikke at de ble hørt av sine ledere, og at de ikke var åpne for forslag og at de ikke imøtekom deres behov. Teamarbeid i krisetider gir essensiell støtte for å bedre mestring og motstandsdyktighet, slik at det er viktig å fokusere på å involvere alle, når ledere skal planlegge i krisetider også.  | KommunikasjonMellomledereTeamarbeidMotstandsdyktighetKrisehåndtering | ArbeidsmiljøLedere |
| Discussion This is the first study on communication satisfaction and job satisfaction among ICU nurses. High levels of communication and job satisfaction were documented in a sample ICU nurses of three Flemish hospitals. Moreover, low levels of turnover intention and burnout risk were documented. Communication satisfaction and job satisfaction among critical care nurses and their impact on burnout and intention to leave, a questionnaire study | Studien omhandler forholdet mellom jobbtilfredshet og kommunikasjonstilfredshet hos intensivsykepleiere. Her dokumenterte de lave nivåer av turnover og risiko for utbrenthet, samtidig som de dokumenterte høye nivåer av kommunikasjonstilfredshet og jobbtilfredshet.   | Jobbtilfredshet Kommunikasjons-tilfredshetTurnover Utbrenthet | Arbeidsmiljø |
| ICU nurses were most satisfied with communication with their supervisors. Communication with executives is often described in the literature as an important predictor of job satisfaction (Grieshaber et al., 1995; Probst et al., 2010). Since our respondents were most satisfied with that particular dimension, this may be an explanation for the high overall job satisfaction in this study. On the other hand, a communication gap seems to exist between the upper management and the work floor. ICU nurses were least satisfied with the information they receive on the organizational perspectives. They were dissatisfied about general information about the organization, its goals and achievements. The study of Aiken et al. (2013) also denotes dissatisfaction among 80% of Belgian nurses about the opportunity to participate in policy decisions (vs. 63% in the Netherlands and Sweden, 44% in Finland, 68% in Norway, 64% in England) and 72% reported that management did not listen and respond to their concerns (vs. 70% in the Netherlands, 64% in Sweden, 67% in Finland, 36% in Norway, 48% in England). The Belgian numbers were among the highest as com- pared to other European countries (Aiken et al., 2013). A recent study among South-African nurses found similar levels of dissatisfaction about organizational perspectives and communication cli- mate (Wagner et al., 2015). Besides, ICU nurses also report a willingness to be more involved in clinical decisions about their patients (Falco-Pegueroles et al., 2016). Communication satisfaction and job satisfaction among critical care nurses and their impact on burnout and intention to leave, a questionnaire study | Intensivsykepleiere som er fornøyd med kommunikasjon mellom seg selv og deres nærmeste ledere også er mer fornøyd med jobben sin.Det identifiseres et gap mellom ledere høyere opp og de på gulvet. Intensivsykepleierne var minst fornøyd med informasjon de får i fra organisasjonen høyere opp. Tallene fra denne undersøkelsen viser til at det er mer missnøye med kommunikasjon med ledere over nærmeste leder i Belgia sammenlignet med Sverige, Norge, Finland og England.  | Kommunikasjon til nærmeste lederKommunikasjon til organisasjonen høyere opp | ArbeidsmiljøLederskap |
| In this study the majority of intensive care nurses had a low turnover intention, as only 6.6% reported a high intention to leave. In contrast, the study of van Dam et al. (2013) found that 30% of nurses in the ICU department considered searching another employment. The more favorable outcomes in the present study may be due to the growing attention for ICU work environments in recent years. Moreover, there is a big difference in nurse-to- patient ratio between ICU’s and general wards in Belgium: 1:2 ver- sus 1:7.6. The latter is amongst the lowest as compared to other European countries (e.g. 1:3.7 in Norway, 1:4.8 in The Netherlands, but 1:10.2 in Spain). (Aiken et al., 2013; Debergh et al., 2012). Communication satisfaction and job satisfaction among critical care nurses and their impact on burnout and intention to leave, a questionnaire study | I denne studien var det bare 6.6 % som rapporterte om ønske å bytte jobb/turnover, i kontrast til andre studier opp til 30% vurderte å skifte jobb (fra 2013). Kan være fordi de siste årene er det fokusert på å jobbe med intensivsykepleiernes arbeidsmiljø og bedre pasient/sykepleier ratioen.  | TurnoverArbeidsmiljøBedre bemanning | ArbeidsmiljøBemanning |
| We also conclude that communication satisfaction moderately correlated with job satisfaction. In addition, each dimension of communication satisfaction was also associated with intention to leave and burnout. The correlations, however, were not strong. This could be due to a low number of nurses who were at risk for burn- out and a low turnover intention among this study sample. Hence, there was less statistical power to identify associations. Despite this power problem, all correlations were positive, which is a valu- able argument to further study the relationship between communication satisfaction and job satisfaction, intention to leave and burnout in a larger sample of nurses. Communication satisfaction and job satisfaction among critical care nurses and their impact on burnout and intention to leave, a questionnaire study | Konkluderer med at Kommunikasjonstilfredshet har en moderat sammenheng til arbeidsfornøydhet. Fordi sykepleierne i studien stort sett var fornøyde kan det være vanskeligere å finne en korrelasjon mellom kommunikasjon og arbeidsfornøydhet, men det tolkes positivt i forhold til at det er mindre turnover ønske og utbrenthet i en stor gruppe intensivsykepleiere.  | Kommunikasjons-tilfredshet ArbeidsfornøydhetTurnover | Arbeidsmiljø |
| Practical guidance Ideally, communication satisfaction should be periodically monitored to capture changes and to identify the main factors con- tributing to communication satisfaction (Grieshaber et al., 1995). Accurate, clear and consistent information should be disseminated towards employees. This applies in particular to issues that affect them and can give rise to gossip (problems, reorganisations. . .) (Wagner et al., 2015). Furthermore, opportunities for collaboration at all levels should be initiated. This develops and improves good co-worker relationships (Sharma et al., 2015). Middle management should be informed about corporate information, such as policies affecting the hospital. They are responsible for further distribution and the translation into practice. Secondly, hospital’s achievements, financial situation should be communicated through a central communication channel (e-mail, hospital’s internal website, written newsletter. . .). Managers can educate their employees on the value of effective communication and organize workshops on communication skills (Wagner et al., 2015). They can be role models in terms of effective communication by creating an environment of open communication, investing in face-to-face communication and involving all employees in improvement initiatives. A communication audit, investigating current and desirable messages and sources, could identify problem areas in written and electronic media quality (Hamilton, 1987). The number of communication sources should be limited and it should be clear which messages come by which media. Communication satisfaction and job satisfaction among critical care nurses and their impact on burnout and intention to leave, a questionnaire study | Ideelt sett burde kommunikasjons fornøydhet periodisk overvåkes for å identifisere forandringer, samt hovedfaktorer som tilrettelegger for kommunikasjonstilfredshet. Korrekt klar og konsistent informasjon fra øvre hold bør gis ansatte på gulvet. Spesielt der man tenker at det kan oppstå rykter og spekulasjoner. Bør også invitere til bedre samarbeid mellom gulvet og ledelse, da dette gir et bedre kollegaforhold. Mellomledere burde informeres fra øvre hold og spre informasjon videre i arbeidsgruppen.Ledere bør også undervise de ansatte i kommunikasjonsferdigheter og hvorfor dette er viktig og effektivt. De bør stille som gode rollemodeller og være til inspirasjon  | Kommunikasjons-fornøydhetOvervåke forandringerInformasjon fra øvre hold til «gulvet»Engasjere sine ansatte til å kommunisere mer effektivt.  | Arbeidsmiljø |
| Evidence on characteristics of different types of ICUs is limited. Cimiotti et al30 reported that nurses in MICU and mixed medical-surgical ICUs perceived higher levels of staffing than did nurses in the CICU and SICU. In another study,31 698 ICU nurses from 8 different Magnet hospitals were surveyed to deter- mine which ICUs reported the healthiest work environments. The MICU, mixed medical-surgical ICU, and SICU scored lowest on control of nursing practice, perceived adequacy of staffing, support for education, and clinical competence. These results were consistent with our findings and highlight the need to explore what characteristics are present in the MICU but not in other ICUs. Affecting resilience and development of posttraumatic stress disorder in critical care nurses | Det mangler også forskning på hvorvidt en type intensivavdeling har forskjellig karakteristikk enn andre typer intensivavdeling. (Kir/Med/Ped/Barn/Etc). Noen av funnene i denne studien viser til at medisinske intensivavdelinger og blandede intensivavdelinger(med/kir) opplevde høyere bemanning enn kardiologiske intensivavdelinger og rene kirurgiske intensivavdelinger gjør.  | Arbeidsstedets karakteristikk BelastningBemanning | ArbeidsmiljøBemanning |
| ICUs are contexts in which collaboration between physicians and nurses is fundamental to the effective functioning of these units. In fact, ICUs are characterized by the need for interdependent teamwork (Stein-Parbury and Liaschenko, 2007). Studies have shown that physicians often perceive themselves as the main decision-makers when it comes to the applicability or modification of treatment plans. Hence, physicians make decisions without nursing consultation, thus neglecting and often under- estimating nurses’ competence (e.g. Coombs, 2003). Nurses well-being in intensive care units, study of factors promoting team commitment | Intensivsykepleieren blir ofte oversett i behandlingsspørsmål og beslutningstaking. Leger kan ha tendens til å ta beslutninger uten å gjøre dette i samråd med intensivsykepleieren og underestimere kompetansen til intensivsykepleieren, mens intensivavdelingen er karakterisert av å være en arbeidsplass som belager seg på beslutningstaking og involvering av alle faggrupper i behandlingsspørsmål.  | BeslutningstakingIntensivsykepleierens kompetanseSamarbeid mellom profesjonene | Arbeidsmiljø |
| This study explored the way in which nursing work characteristics, perceived support and job satisfaction are related to each other and team commitment in ICUs. Nurses well-being in intensive care units, study of factors promoting team commitment | Målet med denne studien er å se på hvorvidt sykepleierarbeid-karakteristikken, opplevd støtte og fornøydhet med arbeidsplassen er relatert til hverandre, og til teamengasjement i intensivavdelingen.  | Opplevd støtteFornøydhetRelasjon? | Arbeidsmiljø |
| The results show that having good relationship with physicians, high autonomy and control to manage one’s own work, as well as high perceived quality of practice, affects identification with work group and with its objectives. The results of both structural model and mediation analyses show that job satisfaction and an individual’s perception to be supported by his/her supervisor mediate the relationship between nurses work characteristics and ICU nurses’ affective commitment. In other words, giving importance to individuals’ needs, as well as working in a safe and efficient team, affects satisfaction with job experience and perceived support, which in turn promote both affective team identification and quality of working relationships. The positive relationship of both perceived support and job satisfaction to commitment is consistent with the social exchange theory in employment relationships (Eisenberger *et al.*, 1986; Rhoades and Eisenberger, 2002), and with the findings of previous studies in other contexts (Moser, 1997; Malik *et al.*, 2010), respectively. Nurses well-being in intensive care units, study of factors promoting team commitment | Resultat: Viser til at å ha et godt forhold til legene, høy autonomi og kontroll/mulighet til å styre eget arbeid påvirker teamet/arbeidsgruppen og dets mål. Hvor fornøyd man er med arbeidsplassen, og et individs oppfattelse av å motta støtte fra sin leder, medierer også forholdet mellom intensivsykepleierens arbeidskarakteristikk og affektivt engasjement. ALTSÅ å gi individene en følelse av å være viktige og å være en mottaker av støtte sammen med det å jobbe i et trygt og effektivt team påvirker om man er fornøyd med arbeidsplassen sin eller ikke.  | Bra samarbeid mellom lege og sykepleierFornøydhet med arbeidsplassenInkludering og støtte | Arbeidsmiljø |
| Conditions of the critically ill patients and challenges nurses have to face daily are factors affecting job satisfaction and team identification (Hurst and Koplin-Baucum, 2005). Nevertheless, this study has shown that job characteristics, organizational and relationship factors play an important role for feelings of attachment. This is in line with previous studies conducted in other units (e.g. Galletta *et al.*, 2011). Nurses well-being in intensive care units, study of factors promoting team commitment | Det å behandle den kritisk syke pasienten er en faktor som påvirker intensivsykepleieren, men man ser også på jobb-karakteristikk, organisatoriske og forholds faktorer spiller en viktig rolle i det å føle seg tilknyttet.  | Føle tilknytning til arbeidsmiljøet | Arbeidsmiljø |
| Despite the limitations, the results present some implications for practice in ICUs. On the basis of the findings, these units should activate managerial strategies in order to increase autonomy and the perception of a good quality of clinical practice, as well as the interpersonal relationships within the unit. The self-determination theory (Deci and Ryan, 1985; 2000) affirms that environments which care about employee’s well-being by satisfying their needs for autonomy, competence and relatedness, increase job control and mastery sense. Therefore, this is relevant as a strategy to improve both job satisfaction and retention by increasing nurses’ identification with the unit. Moreover, when teamwork is not experienced, nurses may feel overloaded and dissatisfied with both the staff and the level of care offered (Irvine and Evans, 1995; Darvas and Hawkins, 2002). This is especially important in ICUs as reduced effectiveness may translate into low quality of care. Hence, a sense of team collaboration should be fostered by nurse managers of the unit in order to promote job satisfaction among nurses and increase staff retention (Borda and Norman, 1997; McNeese-Smith, 1997). For example, involving staff in the definition of goals, decision making, problem solution and meetings related to the organizational life, would increase time employees spend within their unit, as well as their opportunities to interact and coordinate with team members, thus increasing perceived support of nurses. According to the organizational support theory (Eisenberger *et al.*, 1986), employees trade their working effort for valued benefits and to meet their socio-emotional needs. Being supported by the organization helps individuals to satisfy their need for approval, esteem, autonomy and affiliation. Such perceived support would increase workers obligation to help the organization achieve its objectives, their affective commitment and the expectation that their efforts will be rewarded. This results in positive behavioral outcomes including high job performance and low absenteeism. Thus, management styles that support autonomy , nursing practice and good interpersonal relationships might increase internalization of organizational values (Ryan, 1995; Greguras and Diefendorff, 2009; Galletta and Portoghese, 2012), thereby strengthening individual- organization relationship and fostering well-being among ICU nurses. Nurses well-being in intensive care units, study of factors promoting team commitment | Arbeidsmiljøer som støtter og bryr seg om arbeidstakeren, og dens autonomi og kompetanse er i seg selv en strategi for å forbedre både jobbtilfredshet, å beholde/bevare arbeidstakerne, ved å styrke intensivsykepleiernes identitet med enheten de arbeider på. Ved å involvere intensivsykepleierne mer i det organisatoriske ved driften av avdelingen vil du også oppnå mer støtte fra sykepleierne, som igjen også øker høyere effektivitet på avdelingen, mer arbeid blir gjort og sykefravær går ned, fordi man styrker autonomien, interpersonale forhold og god sykepleiepraksis i organisasjonen.  | ArbeidsmiljøAutonomiKompetanseJobbtilfredshet | Arbeidsmiljø |
| Considering the factors related to the work environment, we observed a significant associa- tion of high hardiness with the variables weekly workload of 41-80 hours and not taking leave/ absence. The workload is a critical factor for stress resistance since health professionals with extensive workloads had developed low stress resistance, while professionals who worked with a mean weekly workload of 40 hours showed hi- gher resistance, which was considered a protecti- ve factor22. Thus, the studies describe and reinforce the psychological damage that the shift hours and excessively long hours can bring to health pro- fessionals, especially those who treat critically ill patients, because work overload has been men- tioned in the literature as one of the primary stress sources25. Hardy personality and associated factors in health professionals active in services that treat critical patients | Arbeidsmiljørelaterte faktorer:* Observerer signifikante assosiasjoner til høy motstandsdyktighet hos de med 41-80 timers uker og ikke har noe fravær eller ferie. De individene som jobber tilnærmet «normale» uker med 40 timer viste å ha høyre nivå med stress, dårligere motstand mot stress, altså motstridende siden det er ansett å ha mindre arbeidstid som en beskyttende faktor.
* (Kan jo ha noe med at de som jobber så mye også har en «hardy» personlighet som tåler det?)
 | ArbeidsmiljøFaktorer som påvirker motstandsdyktighet i et arbeidsmiljø | Arbeidsmiljø |
| Satisfaction with coworkers varied by age and was lowest in those between the ages of 60 and 69 (7.33 ± 2.42) years. *Post hoc* analysis revealed that nurses in the age group of 30–39 years were more satisfied with their coworkers than nurses between the ages of 60 and 69 (11.28 ± 3.54 vs. 7.32 ± 2.42; *p* < .05) years. Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Sykepleiere mellom 60 og 69 år var minst fornøyd med kollegene sine, og de mellom 30 og 39 år mest fornøyd med kollegene sine.  | AlderFornøydhet med egne kolleger | Arbeidsmiljø |
| Poor interpersonal relationships at a workplace have been previously identified to be a risk factor for decreased job satisfaction (Zangaro & Soeken, 2007). Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Tidligere studier viser også til at dårlige kollegiale forhold er en risiko for å være misfornøyd med arbeidsplassen sin.  | Kollegiale forholdRisiko for misfornøydhet | Arbeidsmiljø |
| Furthermore, cohesive and supportive coworkers are vital determinants of satisfaction in nurses (Tourangeau & Cranley, 2006) Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Gode kolleger som støtter og viser godt samhold øker også fornøydhet hos sykepleiere.  | Kollegiale forholdStøtte og samhold | Arbeidsmiljø |
| In our study, older nurses, males, and those with children had lower satisfaction with their coworkers. Although several factors may influence these findings, initiatives to minimize major source of stress such as intergenerational conflict with younger nurses and support groups can enhance coworker relationships (Letvak, 2003; Weston, 2006). Burnout perceived stress and job satisfaction among trauma nurses at a level 1 safety net trauma center | Studien viser også til at kjønn og alder kan ha noe å si med tanke på hvor fornøyde de er med kollegene sine. Eldre menn med barn var mer misfornøyd med kollegene sine i denne studien.  | Kjønn og alder – fornøydhet | Arbeidsmiljø |
|  | KOMPETANSEHEVING |  |  |
| Another study revealed CCNs’ role competence and proximity to capable nurses predicted compassion satisfaction, while structured educational programs were linked to job satisfaction.10 This being so, management support enabling access to postgraduate education is important not just for a better educated and more clinically competent critical care workforce, but one with potentially greater compassion satisfaction and lower fatigue. Compassion satisfaction and fatigue a cross sectional survey of Australian intensive care nurses | Forslag om at arbeidsgiver bør legge tilrette for videreutdanning for å beholde sykepleierne i jobb på intensiv. Dette også for kompetanse og bedre klinisk arbeidsstyrke på avdelingen.  | Kompetanseheving | Kompetanseheving |
| Limitations of this study include a low response rate and survey responder bias. The study assessed only 1 form of meaningful recognition, which was selected because it was the largest known recognition program standardized among hospitals. Nurse respondents were asked if they received other forms of formal recognition in their facilities, although con- tent analysis did not reveal any other formal pro- grams; top responses included “thank you notes” and “Nurses Week” recognitions. Another potential form of meaningful recognition that was not identified in the study is a clinical ladder program. Although nurses did not identify a clinical ladder program in their “other forms of recognition,” many hospitals have such programs in place. Future research is needed to examine whether nurses identify this type of program as meaningful recognition and the effect that a clinical ladder may have on compassion fatigue.Effect of meaningful recognition on critical care nurses compassion fatigue | Dette er en studie basert på EN form for meningsfylt anerkjennelse som ble valgt ut fordi det er den mest anerkjente anerkjennelsesprogrammet standardisert for sykehus (DAISY). Sykepleierne som deltok i studien oppga å ikke motta andre former for meningsfylt anerkjennelse, en typisk det «vanlige» eksterne som for eksempel sykepleier-uken osv. En annen form for meningsfylt anerkjennelse er klinisk stige program(som vi også har i Norge). Selv om sykepleierne ikke listet dette opp som en annen form for anerkjennelse, har mange sykehus dette på plass.  | Meningsfylt anerkjennelseBehov for flere undersøkelserKlinisk stige | KompetanseUtvikle seg selv |
| Simulation as a teaching and learning strategy is a widely used tool to train students for effective clinical practice. High- fidelity simulation is considered a viable method to enhance clinical skills, communication, clinical decision making, and critical thinking and to promote self-confidence and teamwork.6,7 Furthermore, high-fidelity simulation has been associated with improved clinical outcomes and sustained improvement in nursing confidence and knowledge.8,9 Effects of a multimodal program including simulation on job strain among nurses working in intensive care units | Simulering som undervisning er mye brukt og ikke ukjent for helsepersonell, brukes mye for å trene studenter og for å oppdatere i klinisk praksis. Realistisk simulering er vurdert å være en viabel metode å øke klinisk kompetanse, kommunikasjon, klinisk beslutningstaking, kritisk tenking og for å øke selvtillit og bedre teamarbeid. Realistisk simulering er også assosiert med forbedret kliniske utfall og vedvarende forbedringer hos sykepleierens kunnskap og selvtillit.  | Simulering,Realistisk simulering | Kompetanseheving |
| The results suggest that nurses made more autonomous clinical and pharmacological management decisions than in their regular care practice, which was more pronounced in CCUs. This was also pointed out by other authors (Lake, 2020) and led to healthcare systems, such as the American healthcare system, adopting changes in the regulation of professional competencies during the crisis, such as the waiving of medical prescriptions for diagnostic tests or certain drugs or allowing advanced nurse practitioners to make decisions without medical supervision (Centers for Medicare Medicaid Services, 2020). However, this situation was not considered to be negative in the case of more experienced and better trained nurses, who felt that they implemented care interventions that were consistent with their level of competence and whose perception of the care they provided was safe and under control. Unfortunately, this expertise is not officially supported with training in Spain despite the proposals put forward by the SEEIUC (Raurell-Torredà, 2020). As pointed out by Glasper (2020), considerable periods of training and years of experience are required to become a competent critical care nurse. During this crisis, many nurses have provided care at the CCU outside of their own field of expertise, which required extensive mentoring by expert nurses. In this sense, it is interesting to reflect on the findings of Chen et al. (2009), which highlight the value of sharing knowledge among co-workers in terms of strengthening professional commitment. Nurses perceptions and demands regarding covid-19 care delivery in critical care units and hospital emergency services | Autonomi:Intensivsykepleierne gjorde flere beslutninger, både kliniske og farmakologiske enn de hadde gjort i en vanlig situasjon, samtidig ble det flere steder i verden gjort enklere for intensivsykepleiere og «nurse practitioners» å foreskrive/bruke medikamenter uten leger bak seg. Dette var ikke sett på som negativt, av de mer erfarne og bedre trente intensivsykepleierne, som følte at de fikk implementert intervensjoner i pleie som var konsistent med deres eget kompetansenivå og at det var trygt og under kontroll. Uheldigvis er ikke det en del av opplæring/trening/kursing i spania, men dette er noe som kommer av å ha intensivsykepleiere som har jobbet i mange år, med god handlingskompetanse og disse ekspert intensivsykepleierne ble som mentorer for yngre og mindre erfarne intensivsykepleiere.   | Autonome beslutningerIntervensjoner i pleienHandlingskompetanseErfaringMentor | Utvikle seg selvkompetanse |
| The hardy personality encompasses concepts in three realms: control; commitment and chal- lenge, involving the belief that one can control or influence the events of own experience, the abili- ty to feel fully involved or engaged in the activi- ties of own life, and anticipating change as an ex- citing challenge to personal growth, respectively8. Hardy personality and associated factors in health professionals active in services that treat critical patients | Den hardføre personligheten omfatter konsepter i tre domener: Kontroll, forpliktelse og utfordring. Man tror at en kan kontrollere eller påvirke ens egen opplevelse av å føle seg involvert eller engasjert i aktiviteter som påvirker livet og i etterkant forventer personlig vekst  | Hardfør personlighetInvolvering i aktiviteter som påvirker livet Personlig vekst | Kompetanseheving |
|  | SOSIAL STØTTE |  |  |
| Social support is defined as “those social interactions or relationships that provide individuals with actual assistance or that embed individuals within a social system believed to provide love, care, or sense of attachment to a valued social group or dyad” [16]. Social support includes both received social support and perceived social support. Received support refers to an individual obtaining actual help from others, whereas perceived support refers to the belief that such helping behaviors will be available when needed [17]. These supports are commonly provided by colleagues, family, and friends [18]. Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | Sosial støtte defineres her som; de interaksjoner eller forhold som gir individer faktisk assistanse eller gir individer i et sosialt system kjærlighet, omsorg eller en følelse av tilhørighet til en ønsket sosial gruppe eller enhet. Dette inkluderer mottatt sosial støtte og følelse av mottatt sosial støtte.  | Sosial støtte definisjon | Sosial støtte |
| This study was designed to determine the moderating effect of social support on the relationship between burnout and anxiety symptoms. The results support the hypothesis that social support moderates the relationship between burnout and anxiety symptoms among ICU staff. Anxiety symptoms and burnout among Chinese medical staff of intensive care unit, the moderating effect on social support | Studiens formål er å undersøke den modererende effekten sosial støtte har for forholdet mellom utbrenthet og angstsymptomer. Resultatene støtter hypotesen om at sosial støtte moderer forholdet mellom utbrenthet og angstsymptomer.  | Sosial støtte som moderator | Sosial støtte |
|  | ANDRE |  |  |
| This cohort consisted mostly of critical care nurses who had earned baccalaureate degrees (58%; n=189) and had practiced as registered nurses for less than 20 years (56%; n=185). Most participants (59%; n=192) were satisfied with their current job, but 73% (n=238) had contemplated leaving their current job within the past 6 months. Predictors of moral distress in a US sample of critical care nurses | 59% fornøyd med jobben sin, men 73% har vurdert å slutte i jobben sin de siste 6 mnd.  | Fornøyd eller ikke fornøyd med jobbenVurderer å slutte | Slutte i jobben Bli i jobben |
|  | MORALSK STØTTE / STRESS |  |  |
| We found high levels of moral distress frequency when nurses deemed that the care being provided was futile. The highest level of moral distress frequency occurred when the wishes of the patient’s family to continue life support were followed even though the nurse believed that doing so was not in the best interest of the patient. Predictors of moral distress in a US sample of critical care nurses | Der sykepleier mente at behandling ikke lenger var indisert, utløste høyere nivåer av moralsk stress. De høyeste nivåene av moralsk stress oppstod når pasientens nærmeste pårørende ønsket livsforlengende behandling selv om sykepleieren mente dette ikke ville føre frem og ikke var til pasientens beste. OK | Moralsk stress i pasientbehandling | Moralsk stress |
| The analysis of the relationship between moral distress and perceived practice environment demonstrated that scores on all 5 subscales of the PES-NWI correlated significantly (*P* < .001) with MDS scores (Table 2). The significant correlations indicate that as the practice environment deteriorates, the level of moral distress is higher. As nurses participated in more hospital affairs, their moral distress decreased. Nurses who perceived positive quality of care indicated decreased moral distress. As nurse leadership support increased, moral distress decreased. Nurses who reported adequate staffing and resources reported less moral distress. As nurses perceived collegial relationships between themselves and physicians, they reported less moral distress. Predictors of moral distress in a US sample of critical care nurses | Sammenheng mellom moralsk stress og opplevd praksismiljø; signifikante korrelasjoner indikerer at ved dårligere praksismiljø, øker også moralsk stress mer. Faktorer som senker moralsk stress i denne studien: Sykepleiere som får delta i sykehussaker hadde lavere moralsk stress. Sykepleiere som opplevde pasientbehandlingens kvalitet positiv hadde mindre moralsk stressNår sykepleierlederes støtte øker, sank også nivået av moralsk stress hos arbeidstakeren. Sykepleiere som opplevde bra bemanning og bra med ressurser hadde mindre moralsk stress. Sykepleiere som opplevde forholdet mellom sykepleiere og leger/behandlere bra hadde mindre moralsk stress.  | Moralsk stress i arbeidsmiljøFaktorer som påvirker moralsk stress  | Moralsk stress |
| The severity of moral distress was significantly associated with a nurse’s intention to leave his or her current position. In this sample, participants who intended to leave their current position had significantly higher states of moral distress when compared with participants who intended to stay in their cur- rent position (*t*326 = 3.53; *P* < .001).Predictors of moral distress in a US sample of critical care nurses | Alvorlighetsgraden av moralsk stress var signifikant assosiert med sykepleierens intensjon om å forlate nåværende stilling. Alle som vurderte dette i denne studien hadde også signifikant høyere nivåer av moralsk stress sammenlignet med de som hadde som intensjon å bli i jobben sin.  | Moralsk stress, slutte i jobben? | Moralsk stress |
| The hierarchical multiple regression models established that practice environment, quality of care, and nurse characteristics were influential predictors of the frequency of moral distress.Predictors of moral distress in a US sample of critical care nurses  | Faktorer som påvirker moralsk stress:* Praksismiljø
* Kvalitet på behandling til pasient

Sykepleierkarakteristikker OK | Faktorer som påvirker moralsk stress | Moralsk stress |
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