

Supplementary Table S1. Search Strings

Database	Search Strategy
PsycInfo	exp Neonatal Intensive Care/ or (neonatal intensive care or newborn intensive care or NICU).mp. AND exp Nurses/ or exp Nursing/ or (nurse or nurses or nursing).mp. or neonatal nurse.mp. or nurse practitioner.mp. OR (neonatologist or hospitalist or pediatrician).mp. or exp Pediatricians/ OR exp Physicians/ or physician assistant.mp. OR exp Medical Residency/ or resident.mp. OR exp Medical Personnel/ or exp Health Personnel/ or hospital personnel.mp. OR exp Psychiatric Nurses/ or nursing staff.mp. OR psychotherapist.mp. or exp Psychotherapists/ OR occupational therapist.mp. or exp Occupational Therapists/ OR psychiatrist.mp. or exp Psychiatrists/ OR exp Psychologists/ or exp Clinical Psychologists/ or psychologist.mp. OR clinician.mp. or exp Clinicians/ OR mental health.mp. or exp Mental Health/ AND PTSD.mp. or exp Posttraumatic Stress Disorder/ or exp Occupational Stress/ OR compassion fatigue.mp. or exp Compassion Fatigue/ OR exp Occupational Stress/ OR burnout.mp. OR psychological stress.mp. or exp Psychological Stress/ OR exp Emotional Trauma/ or psychological trauma.mp. OR exp Anxiety/ or exp Major Depression/ or exp Distress/ or psychological distress.mp. OR exp Morality/ or exp Professional Ethics/ or exp Ethics/ or exp Health Personnel Attitudes/ or exp Bioethics/ or nursing ethics.mp. OR secondary trauma.mp. OR exp Vicarious Experiences/ or vicarious trauma.mp. OR second victim.mp. OR exp Moral Injury/ or moral injury.mp. OR exp Health Personnel Attitudes/ or exp Morality/ or exp Professional Ethics/ or moral distress.mp.
Ovid MEDLINE	Intensive Care Units, Neonatal/ or Intensive Care, Neonatal/ or NICU.mp. or newborn intensive care.mp. or neonatal intensive care.mp OR Nurses/ or Nurses, Neonatal/ or NICU nurses.mp. OR Neonatal Nursing/ or Nursing/ OR neonatologist.mp. or Neonatologists/ OR Nurse Practitioners/ OR Physician Assistants/ OR hospitalist.mp. or Hospitalists/ OR "Internship and Residency"/ or

	resident.mp. OR Neonatology/ OR pediatrician.mp. or Pediatricians/ OR physician.mp. or Physicians/ OR Personnel, Hospital/ or Health Personnel/ OR Nursing Staff, Hospital/ or Nursing Service, Hospital/ or Medical Staff, Hospital/ OR psychotherapist.mp. or Occupational Therapists/ or psychiatrist.mp. or Psychiatry/ or psychologist.mp. or Psychology/ or provider.mp. OR clinician.mp. or Nurse Clinicians/ AND Mental Health/ or Stress Disorders, Post-Traumatic/ OR "compassion fatigue".mp. or Compassion Fatigue/ OR (trauma or burnout).mp. or Burnout, Professional/ or Burnout, Psychological/ or Stress, Psychological/ or Psychological Trauma/ or Psychological Distress/ OR Ethics, Nursing/ or Morals/ OR (secondary traum* or vicarious traum* or second victim).mp. OR "psychological safety" OR (moral injury or moral distress).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
Embase	'neonatal intensive care unit'/exp OR 'neonatal intensive care' OR 'newborn intensive care' OR 'nicu' AND ('neonatal nurse'/exp OR 'nurse'/exp) AND 'nursing'/exp OR 'neonatologist'/exp OR 'nurse practitioner'/exp OR 'physician assistant'/exp OR 'resident'/exp OR 'pediatrician'/exp OR 'hospital personnel'/exp OR 'health care personnel'/exp OR 'nursing staff'/exp OR 'medical staff'/exp OR 'psychotherapist'/exp OR 'clinician'/exp OR 'occupational therapist'/exp OR 'psychiatrist'/exp OR 'psychologist'/exp OR 'clinical nurse specialist'/exp OR nurse OR nursing OR neonatologist OR pediatrician OR physician OR psychotherapist OR psychiatrist OR psychologist OR clinician OR 'occupational therapist' AND 'mental health'/exp OR 'posttraumatic stress disorder'/exp OR 'compassion fatigue'/exp OR 'vicarious trauma'/exp OR 'burnout'/exp OR 'professional burnout'/exp OR 'physiological stress'/exp OR 'psychotrauma'/exp OR 'psychological safety'/exp OR

	'moral injury'/exp OR 'ethical dilemma'/exp OR 'secondary traumatic stress'/exp OR 'second victim'
CINAHL	(MH "Intensive Care, Neonatal") OR (MH "Intensive Care Units, Neonatal") OR "neonatal intensive care" OR "newborn intensive care" OR NICU AND (MM "Physicians+") OR MH Physician Assistants OR Physician OR MH (Internship and Residency) OR (MH "Medical Staff, Hospital+") OR MH Nursing Staff, Hospital OR neonatologist OR hospitalist OR pediatrician OR clinician OR MH Occupational Therapists OR "Occupational therapist" OR MH Psychologists OR psychologist OR psychiatrist OR MH Psychotherapists OR psychotherapist OR MH Nurses OR Nurses OR "neonatal nurses" OR MH Neonatal Intensive Care Nursing OR MH Neonatal Nurse Practitioners OR MH Neonatal Nursing OR "NICU nurses" OR MH Nurse Practitioners OR "nurse practitioner" AND MH Burnout, Professional OR burnout OR MH Compassion Fatigue OR "compassion fatigue" OR MH Stress Disorders, Post-Traumatic OR MH Stress, Psychological OR MH Mental Health OR "mental health" OR MH Psychological Trauma OR trauma OR MH Anxiety OR anxiety OR MH Depression OR depression OR "moral injury" OR PTSD OR "second victim" OR "psychological safety" OR "moral distress" OR "vicarious trauma"

Supplementary Table S2. Characteristics of Included Publications (N = 76).

Publication	Sample ¹	Constructs	Measures ²	Relevant Results
Al-Harrasi, Al Sabei, Omari & Al (Nurses); 100% Abrawi, 2024 [141]	Oman, N = 173 Female/Women	Burnout	MBI	- MBI: Emotional exhaustion (EE) mean was 14.41 (<i>SD</i> = 11.91); depersonalization (DP) mean was 3.65 (<i>SD</i> = 5.15); personal accomplishment (PA) mean was 36.48 (<i>SD</i> = 10.32). - Age was associated with PA ($r = .234, p = .002$). - NICU experience was associated with a) EE ($r = -.410, p = .001$), b) DP ($r = -.285, p = .001$), and c) PA ($r = .203, p = .008$).
Artigas 2017 [88]	United States of America (USA); N = 27 (Nurses)	Moral Distress	MDS-R	- MDS-R: Composite moral distress mean (frequency x intensity) score was 58.9 (<i>SD</i> = 36.4; scale range 0-400); mean frequency of moral distress ranged from 0.04 to 1.70 (scales range 0-4); mean intensity of moral distress ranged from 1.85 to 3.33. - 9% were considering leaving their current position. - 70.3% felt professional satisfaction when caring for newborns with NAS.
Barr 2020 [69]	Australia, N = 136 (Nurses, Midwives, & NSs); 99% Female/Women	Burnout, Moral Distress	Burnout Measure MDS-R	- MDS-R: Moral Distress "Intensity" mean (frequency x level of disturbance) score was 4.68 (<i>SD</i> = 2.25; scale range 0-16). - 21% were considering leaving their position.

				- Leaving was associated with a) burnout (OR 4.25, $p < .001$) and b) hospital ethical climate (OR = .29, $p = .02$).
Barr 2022 [75]	Australia; $N = 142$ (Nurses, Midwives, & NSs); 99% Female/Women	Burnout	Burnout Measure (BM)	-BM: Exhaustion ($M = 4.80$, $SD = 1.04$); Demoralisation [sic] ($M = 3.24$, $SD = 1.06$); Loss of Motive ($M = 3.28$, $SD = .84$) (1=never; 7=always).
Barr 2024a [100]	Australia, $N = 123$ (Nurses, Midwives, & NSs); 96% Female/Women	Other Distress (Mental health/somatic)	Mental Health Inventory (MHI- 21)	- MHI-21 (scale ranges 1-6 with higher scores indicating better mental health): Psychological distress mean was 3.08 ($SD = .96$); hopelessness mean was 1.73 ($SD = .59$); emotional wellbeing mean was 3.52 ($SD = .83$). - Maladaptive coping styles (venting, behavioral disengagement, and self-blame) together explained 24% of the variance in psychological distress ($R^2 = .24$, $F(3,119) = 12.30$, $p < .001$). - Adaptive coping styles (active coping, planning, positive reframing, and using emotional support) and maladaptive coping styles (behavioral disengagement and self-blame) together explained 27% of the variance in emotional wellbeing ($R^2 = .27$, $F(6,116) = 7.05$, $p < .001$).
Barr 2024b [109]	Australia, $N=123$ (Nurses, Midwives, & NSs); 96% Female/Women	Other Distress (Mental health/somatic;	MHI - 21 Nursing Stress Scale (NSS)	- MHI-21 (scale range 1-6): psychological distress subscale mean was 3.08 ($SD = .96$) and emotional wellbeing subscale mean was 3.52 ($SD = .83$).

	NSs); 96% Female/Women	Perceived stress/distress		- NSS (scale range 0-4): Mean was 1.24 (SD = .36). -Nursing stress was associated with a) psychological distress ($R^2 = .11$) and b) emotional wellbeing ($R^2 = .10$). - The five-factor model of personality explained further variance in psychological distress ($R^2 = .27$) and emotional wellbeing ($R^2 = .26$); Trait emotional intelligence was associated with predicted further increments in psychological distress ($R^2 = .05$) and emotional wellbeing ($R^2 = .08$). -Optimism and mood regulation (dampening, repairing and maintaining emotions) subscales of the trait emotional intelligence measure were associated with predicted psychological distress ($R^2 = .29$) and emotional wellbeing ($R^2 = .41$).
Barr 2025 [87]	Australia; $N = 142$ (Nurses, Midwives, & NSs); 99% Female/Women	Moral Distress	MDS-R, modified 14-items	- MDS-R, modified (scale range 0-16): Futile Care median was 6.00; Compromised Care median was 6.67; Untruthful Care median was 1.75. -Correlations between the Moral Foundations Questionnaire (MFQ-20) and MDS-R subscales were small and ranged in significance (rs .15 - .22, $p < .10$ - $<.01$).
Basset et al., 2022 [61]	France; $N = 344$; (333 Nurses, 68 Physicians)	Burnout	MBI	- 15% of participants (22.1% of Physicians and 11.6% Nurses, $p < .05$) had two or more of the three subscales of the MBI in the high-risk range.

- Physicians had more DP symptoms in the high range than Nurses ($p < .05$).

- Burnout symptoms in high range were higher for part-time versus full-time employees (21.1% vs. 12.0%, $p < .05$).

Begjani et al., 2022 [90]	West Azerbaijan Province; $N = 115$ (Nurses); 100% Female/Women	Moral Distress	MDS-R	- MDS-R: Mean frequency ($M = 1.72$, $SD = .46$), intensity ($M = 1.78$, $SD = .40$) and total scores ($M = 4.04$, $SD = 1.57$) were in the moderate ranges. - Frequency of moral distress was associated with a) the frequency of perceptions of futile care ($r = .48$, $p < .001$) and b) the intensity of perceptions of futile care ($r = .30$, $p = .001$). - Intensity of moral distress was associated with the intensity of perceptions of futile care ($r = .44$, $p < .001$), but not with frequency of perceptions ($r = .03$, $p = .87$). - The intensity of moral distress was negatively associated with a) age ($p < .001$) and b) work experience in NICUs/NSCUs ($p < .001$; rs not reported).
Bursch et al., 2018 [64]	USA, $n = 53$ ($N = 115$, NICU Nurses & 62 PICU Nurses); 94.8% Female/Women; 61.7% Caucasian	Burnout, Traumatic Stress, Other Distress	MBI, modified Primary Care-Posttraumatic Stress Disorder Screen (PC-PTSD)	- MBI: Working most frequently in the PICU relative to the NICU was associated with higher a) EE ($M = 6.62$, $SD = 3.81$ vs. $M = 5.00$, $SD = 3.48$, $p < .05$) and b) DP ($M = 2.15$, $SD = 2.30$ vs. $M = 1.02$, $SD = 1.63$, $p < .01$).

(Mental health/somatic)	General Anxiety Disorder-7 (GAD-7),	Patient Health Questionnaire-2 (PHQ-2)		- EE was associated with a) finding communication with fellow Nurses stressful ($\beta = 0.67, p = .007$) and b) being White (reference) vs. Asian/Pacific Islander ethnicity ($\beta = -1.78, p = .02$). - Day shift workers had higher levels of DP than night shift ($\beta = -0.98, p = .01$) or mix shift ($\beta = -1.43, p < .001$). - Other ethnicity/race was associated with less PA than White participants ($\beta = -3.15, p = .003$). - Lack of knowledge, skills and/or self-confidence was associated with lower levels of PA ($\beta = -0.74, p = .04$). - PC-PTSD: 13.2% reported clinical levels of traumatic stress. - GAD-7: 11.3% reported clinical levels of anxiety and another 20.8% reported moderate levels. - PHQ-2: 5.7% reported clinical levels of depressed mood. - Nurses working for 10 years or less reported more anxiety than those working 11 or more years ($M = 4.57, SD = 4.83$ vs. $M = 2.61, SD = 2.77, p < .01$). - Anxiety was associated with age ($r = -.18, p < .05$).
Carletto et al., 2022 [58]	Italy; $N = 115$ (76 Nurses & Physiotherapists, 35 Physicians, 4 Healthcare Assistants)	Burnout, Moral Distress	MBI MDS-R	- MBI: EE median was 19.00, CI [12.00, 30.75] for Nurses/Physiotherapists and 19.00 CI [11.50, 33.50] for Physicians ($p = .906$); DP median was 4.00, CI [1.00, 8.25] for Nurses/Physiotherapists and 3.00, CI [1.00, 6.50] for Physicians ($p = .661$); PA median was 35.00,

				CI [28.75, 42.25]) for Nurses/Physiotherapists and 38.00, CI [34.00, 41.00] for Physicians ($p = .265$). - MDS-R: Nurses/Physiotherapists had a median score of 4.36 (2.39–5.64); Physicians had a median score of 3.36 (2.68–4.11; ns, $p = .257$) indicating low levels of moral distress. - Nurses/Physiotherapists were more likely to have low PA (32.9%) relative to Physicians (8.6%, $p = .012$). - Moral distress was associated with EE such that for each unit increase in EE, moral distress also increased by 0.13 (95% CI [0.06, 0.21], $p = .001$). - Spirituality and/or religiousness were shown to be a moderating variable between moral distress and EE.
Cavaliere et al., 2010 [86]	USA, $N = 94$ (Nurses); 100% Female/Women; 68% White	Moral Distress	MDS	- MDS: The mean frequency, intensity and overall moral distress scores were low to moderate (frequency: $M = 1.34$, range: 0.4-2.88; intensity: $M = 1.73$; range: 0.66-3.18; total score: $M = 3.96$, range: 0.35-9.16). - The clinical situation that produced the most moral distress was " Following the family's wishes to continue life support even though I believe it is not in the best interest of the child."
de Boer et al., 2015	Netherlands, $N = 117$ (87 Nurses, 30	Moral Distress	MDS-R	- MDS-R: Moral distress mean for Nurses was in the low range ($M = 2.40$, $SD = 1.68$, $Mdn = 2.11$ (1.24-2.90)) and Physician were in the low range ($M = 1.68$, $SD =$

[94]	Physicians & NPs; 90% Female/Women			0.98, <i>Mdn</i> = 1.58 (1.04-2.08)). -Nurses scored significantly higher than Physicians on moral distress ($p = .01$). - Moral distress intensity was associated with a) religiosity ($\beta = 0.155$, $p = .01$) and b) the wish to diminish treatment ($\beta = 0.183$, $p < .001$).
Downey et al., 1995	USA, $N = 59$ (Nurses); 98% Female/Women	Other Distress (Perceived stress/distress)	Stress Audit, modified	- Overall mean stress when caring for dying babies was moderate ($M = 2.49$, $SD = 1.20$; scale range 0=not stressful, 4=very stressful). -Stress most frequently (scale range 0=never, 4=all the time) associated with feelings of helplessness ($M = 2.71$, $SD = 1.16$), intense sorrow ($M = 2.61$, $SD = 1.31$), lack of exercise ($M = 1.59$, $SD = 1.08$), chronic fatigue ($M = 1.36$, SD not reported), headaches ($M = 1.34$, SD not reported), irritability ($M = 1.29$, SD not reported), and being overcritical ($M = 1.22$, SD not reported).
[99]				
Dryden-Palmer et al., 2020	Canada, $n = 1896$ ($N = 2820$: 1,844 Nurses, 306 Physicians, 459 RTs, 211 Other)	Moral Distress	MDS-R	- MDS-R: Median of NICU subsample in moderate range for frequency x intensity (<i>Mdn</i> = 79 (52-114)). - No associations were reported for the NICU subsample. -Highest individual score on MDS-R was "Following the family's wishes to continue life support even though I believe it is not in the best interest of the child."
[91]				
Duxbury et al., 1984	USA, $N = 283$ (Nurses)	Burnout	Tedium Scale (TS)	- Burnout was associated with a) job satisfaction ($r = -.41$, $p < .001$) and b) quality of relationship with

[70]

nursing leadership ($r = -.29, p < .001$).
 - Burnout was associated with head nurse leadership style ($F(3,279) = 3.90, p < .01$), with greatest burnout in Nurses reporting low consideration-high structure head nurse leadership style.

Dye et al., 2024 [49]	USA, $N = 43$ (15 Physicians, 27 Advance Practice Professionals); 88.1% Female/Women	Burnout	unvalidated survey item	- Burnout symptoms (1 item scale post shift for 242 shifts) were identified on over 40% of staff shifts. - 2.5% selected "I feel completely burned out and wonder if I can go on"; 7.4% selected "The symptoms of burnout that I'm experiencing won't go away"; 33.9% selected "I am definitely burning out and have 1 or more symptoms of burnout, such as physical and emotional exhaustion."
				- Higher levels of workload during a shift were associated with greater reports of burn-out such that the likelihood of reporting at least 1 symptom of burnout or higher increased with an increase in WORKLINE scores (Relative Risk [RR] = 1.05; 95% CI [1.01, 1.10], $p = .02$). - Stress increasing with years of experience (RR = 1.05; 95% CI [1.01, 1.10], $p = .03$).
Favrod et al., 2018 [57]	Switzerland, $n = 91$ (Total sample $N = 213$, Traumatic Nurses & 122 Hospital Midwives); 92% Female/Women; 87%	Burnout, Other Distress	MBI	- MBI: EE mean was 23.0 ($SD = 9.9$); DP mean was 4.8 ($SD = 4.1$); PA mean was 31.6 ($SD = 5.5$). - MBI EE: 21.4% high, 47.6% moderate and 31.0% low; DP: 6% high, 29.8% moderate and 64.3% low; PA: 60.7% low, 35.7% moderate and 3.6% high.

	European Union country of origin	(Mental health/somatic)	Secondary Traumatic Stress Scale (STSS)	- MBI: 4.8% high on all 3 scales of burnout. - STSS: mean in moderate range ($M = 38.7$, $SD = 10.9$). - STSS: 19.5% in severe range and 8.5% in the high range.
			Hospital Anxiety and Depression Scale (HADS)	- HADS: Anxiety mean in the normal range ($M = 6.3$, $SD = 3.2$); depression mean in normal range ($M = 3.9$, $SD = 3.4$). - HADS: 74.7% in the normal range for anxiety and 84.3% in the normal range for depression symptoms. - Nurses reported greater traumatic stress than midwives (11.5% vs. 1.7%; $\chi^2 = 13.28$, $p < .001$).
Fortney et al., 2020 [105]	USA, $N = 237$ (Nurses); 41% Female/Women; 67% White	Other Distress (Perceived stress/distress)	Nurse Perceptions of Infant Well- Being Survey (NPIWBS)	- NPIWBS: Distress (scale range 0=not at all; 4=very much) was in mild range ($M = 0.67$, $SD = 0.88$). - Distress was associated with a) perceptions of infant suffering ($b = .58$, $p < .001$) and b) lower infant quality of life ($b = -.41$, $p < .001$).
Fujimaru et al., 2012 [51]	Japan, $n = 38$ (Total sample $N = 64$, NICU Nurses, 26 General Ward Pediatric Nurses)	Other Distress (Physiologic)	Cumulative Fatigue- Symptoms Index (CFSI) Cortisol & Glycol	- CFSI: Scores for fatigue and depression in NICU Nurses were higher than those in General Ward (GW) Nurses ($F(1, 28) = 5.23$, $p = .03$ and $F(1, 28) = 4.42$, $p = .045$, respectively). - There was a trend for CFSI anxiety scores in NICU Nurses to be higher than in GW Nurses ($F(1, 28) = 3.33$, $p = .079$). - Salivary Immunoglobulin A concentrations were lower in the NICU Nurses than in the GW Nurses ($F(1, 22) = 8.38$, $p = .008$), indicating decreased immune

function.

- There was a trend for a positive association between cortisol concentrations and CFSI depressive symptoms in both NICU and GW Nurses (r not reported, $p = .053$).

Fumagalli et al., 2021 [52]	Italy, $n = 45$ (Total sample $N = 73$, NICU Nurses & 28 Neonatal Ward Registered Nurses or Nurses Aids)	Other Distress (Perceived stress/distress; Physiologic)	Mental Health Professional Stress Scale (MHPSS), modified Cortisol	- MHPSS (scale range 0-18): NICU stress mean from a) workload = 12.09 ($SD = 3.39$), b) difficulties with infants and parents = 9.21 ($SD = 2.97$), c) organizational structure and processes = 9.21 ($SD = 3.90$), d) lack of resources = 7.09 ($SD = 3.76$), e) relationships and conflicts with other professionals = 5.47 ($SD = 3.34$), f) professional self-doubt = 7.81 ($SD = 3.32$) and g) home/work conflict = 7.65 ($SD = 3.54$). - NICU Nurses relative to general ward Nurses reported greater difficulty with infants and parents ($F = 5.42$, $p = .02$) and professional self-doubt ($F = 4.32$, $p = .04$). -The decrease in mean cortisol values between the beginning and end of work shifts was less pronounced in NICU professionals who reported greater psychological stress ($p < .001$).
Gagliardi et al., 2022 [79]	Italy; $n = 122$ (Total sample $N = 314$ with NICU nurses, 192 Neonatal Ward staff including 145 Nurses, 100 Physician, 68	Burnout, Traumatic Stress, Other Distress (Mental health/somatic;	MBI, EE Impact of Events Scale Beck Depression Inventory (BDI)	- CSI: NICU staff reported a higher mean pandemic-related stress index ($M = 3.55$, $SD = 0.81$) compared to Neonatal Ward staff ($M = 3.31$, $SD = 0.84$, $p = .014$). - Scores where the total sample were above the clinical cutoff: 91% for symptoms of state anxiety, 29% for post-traumatic stress, 13% for EE [note that clinical cut

	Other); 81.1% of NICU sample were Female/Women	Perceived stress/distress)	Covid-19 pandemic-related stress index (CSI) Psychosomatic Symptom Checklist STAI	off of 30 used while standard high cut off is 42], and 3% for depression symptoms. - Nurses ($M = 55.85$, $SD = 10.72$) had higher state anxiety than Physicians ($M = 52.5$, $SD = 10.73$, $p = .041$), but not other professions ($M = 55.41$, $SD = 9.52$). - Logistic regressions, controlling for setting, job and sex, showed that an increase of one point in pandemic-related stress index was significantly associated with an increased risk of clinically relevant state anxiety symptoms (OR = 3.31; 95% CI [1.87, 5.88]), post-traumatic symptoms (OR = 2.46; 95% CI [1.73, 3.49]), EE (OR = 1.80, 95% CI [1.17, 2.79]), and depressive symptoms OR = 2.75, 95% CI [1.05, 7.19]); note that differences between NICU and NW staff were not significant thus the results are relevant to both groups.
Gannot et al., 2022 [77]	Israel, $N = 195$ (137 Nurses, 58 Physicians); 85% Female/Women	Traumatic Stress	Secondary Traumatic Stress Scale (STSS)	-STSS: Nurses mean ($M = 35.18$; $SD = 8.74$) and Physicians mean in mild ranges ($M = 35.38$, $SD = 10.52$). -STSS was associated with vigor (i.e., "...interconnected feelings of physical strength, emotional energy, and cognitive liveliness"; $r = -0.33$, $p < .001$). -The greater the cognitive flexibility, the stronger the negative association between STSS and vigor (moderating effect; $\beta = 0.19$, $p < .01$).

Garten et al., 2021 [45]	Germany; <i>N</i> = 49 (Nurses); 100% Female/Women	Other Distress (Perceived stress/distress)	unvalidated survey	- The most frequent (scale range 1=never, 5 =always) distress-related symptoms were a) excessive self-criticism (33.3%), b) emotional exhaustion or symptoms (33.3%), and c) “speechlessness” (27.2%). - The most frequent (scale range 1=never, 5 =always) sources of distress in end-of-life care situations were a) staffing shortages (65.3%), b) close relationship with child (59.2%), c) close relationship with parents (59.2%) and d) care assignments more than 4 weeks (59.2%).
Grace & VanHeuvelen, 2019 [60]	USA, <i>N</i> = 222 (131 Nurses, 34 Physicians, 24 NPs, 33 RTs); 88% Female/Women; 92% White	Burnout	MBI, modified 6 item EE	- MBI (modified; measure range: 6-29): Physicians (<i>M</i> = 15.88; <i>SD</i> = 4.29) and NPs (<i>M</i> = 16.83; <i>SD</i> = 4.95) reported greater burnout than Nurses (<i>M</i> = 14.38; <i>SD</i> = 4.25) and RTs (<i>M</i> = 13.85; <i>SD</i> = 5.14; <i>ps</i> < .05). - Burnout was positively associated with job demands, including a) emotional labor (<i>p</i> < .05), b) work-life conflict (<i>p</i> < .001), c) irregular work hours (<i>p</i> < .001) and d) heavy work pressure (<i>p</i> < .001; <i>rs</i> not reported). - Burnout was negatively associated with job resources (all <i>ps</i> < .001), including a) perceptions of affective and instrumental support from co-workers and b) job autonomy.
Guttmann et al., 2021 [43]	USA; <i>N</i> = 231 (178 Nurses, 43 Physicians, 10 Social Workers (SW); 97% of Nurses,	Moral Distress	Moral Distress Thermometer (MDT)	- MDT: There was an average increase in moral distress of 0.84 (<i>SD</i> = 3.15, <i>p</i> = .002); Physicians had an average increase of 1.1 (<i>SD</i> = 3.52, <i>p</i> = .01) and Nurses had an average increase of 0.55 (<i>SD</i> = 2.66, <i>p</i> = .07).

	70% of Physicians & 100% of SW were Female/Women; 89% of Nurses, 74% of Physician & 90% of SW were White.		79 Goals of Care conversations	- Staff who were not satisfied with the Goals of Care discussion and staff who perceived disagreement among the participating clinicians had a greater increase in moral distress relative to staff who were satisfied (OR = 1.08, 95% CI [1.00, 1.17] and 1.09, 95% CI [1.00, 1.06] respectively). - When staff respected parents' views about their child's quality of life, moral distress was more likely to decrease ($p < .01$). - 33% of Nurses stated that they were considering leaving their current position due to moral distress.
Hallowell & Kutney-Lee, 2016 [68]	USA, $N = 1091$ (Nurses)	Burnout	MBI	- MBI EE: 20% high; DP: 11% high; PA: 23% low. - In poorer work environments, Nurses were significantly more likely to report a) high levels of burnout, b) low PA, c) intention to leave their job within the year and d) job dissatisfaction (no βs or ps reported).
Hally et al., 2021 [95]	USA, $N = 55$ (Nurses); 100% Female/Women	Moral Distress	Measure of Moral Distress for Healthcare Professionals (MMD-HP)	-MMD-HP: Moral distress mean in the moderately low range ($M = 142$, $SD = 75$). -Considering leaving a position was associated with composite moral distress score ($r = .31$, $p = .016$).
Hawes, 2009 [66]	USA, $N = 75$ (Nurses); 99% Female/Women; 93% White	Burnout, Other Distress (Perceived stress/distress)	MBI	- MBI: EE mean was 19.64 ($SD = 9.46$); DP mean was 3.37 ($SD = 3.31$); PA mean was 35.36 ($SD = 8.63$). - ENSS (scale range 0 -228): Total score mean in moderate range ($M = 119.89$, $SD = 29.4$).

			Expanded Nurse Stress Scale (ENSS)	- Control over practice mediated the effect of stress on EE ($R^2 = 256$, $F(2, 68) = 11.377$, $p = .0001$). - Workload and problems with supervisors were the environmental factors most strongly associated with EE and DP (rs ranged from .33 to .49).
Hayakawa, Schomberg & Barrows 2023 [63]	USA; $n = 141$ (Total sample $N = 696$ with Pediatric & NICU Nurses; 94.3% Female/Women; Race: 64.9% White; Ethnicity: 77.8% Non-Hispanic, 13.8% Hispanic or Latino)	Burnout, Traumatic Stress	ProQOL	- Pro-QOL: Burnout mean in low range ($M = 18.3$, $SD = 3.8$); Secondary traumatic stress mean in low range ($M = 18.6$, $SD = 4.9$); Satisfaction mean in moderate range ($M = 23.8$, $SD = 3.0$). - Burnout: 34% moderate and 19.8% low. - Secondary traumatic stress: 27% moderate and 20.6% low. - Compassion Satisfaction: 17.9% moderate and 27.9% low. - NICU Nurses had significantly increased odds of low satisfaction compared to Nurses in other pediatric departments ($OR = 1.75$, $p = .01$). - NICU Nurses were at an increased risk of moderate burnout ($OR = 2.78$, $p = .0001$) and moderate traumatic stress ($OR = 1.67$, $p = .05$) compared to other departments.
Hegazy et al., 2023 [106]	Egypt; $N = 96$ (64 Nurses, 32 Physicians); 57.8% Female/Women	Other Distress (Perceived stress/distress)	Work Stress Questionnaire (WSQ)	- WSQ: The mean work stress score in the moderate range ($M = 43.89$, $SD = 5.77$); 5.5% had a high, 79.2% moderate, and 15.6% low level of stress.

		Commonly Experienced Stress Symptoms (CESS)	- CESS: Mean = 7.5 (<i>SD</i> = 4.54), <i>Mdn</i> = 7 (4, 10); 33.3% reported that stress had negatively affected their health. - Work stress was associated with stress symptoms (<i>r</i> = .45, <i>p</i> < .001). - Stress symptoms were associated with age (<i>r</i> = .22, <i>p</i> = .029), sex and profession such that Females (<i>p</i> <0.001) and Physicians (<i>p</i> = .028) had higher stress symptoms than Males and Nurses.	
Heuer et al., 1996 [111]	USA, <i>N</i> = 59 (Nurses); 98% Female/Women	Other Distress (Perceived stress/distress)	Stress Audit, modified	- Stressors (scale scores 0-4) with the highest scores were a) staffing other units when necessary (i.e., floating; <i>M</i> = 3.38; <i>SD</i> = 1.02), b) unnecessary prolongation of life (<i>M</i> = 3.10; <i>SD</i> = 1.27), c) emergencies/arrests (<i>M</i> = 3.07; <i>SD</i> = 1.03), and d) inadequate staffing (<i>M</i> = 3.04; <i>SD</i> = 1.04). - Ratings of job stress and anxiety/tension were positively associated with a range of environmental (e.g., management efficiency: <i>r</i> = .40-.43, <i>p</i> < .001), interpersonal (<i>r</i> = .32-.33, <i>p</i> < .01) and intrapersonal (e.g., level of knowledge: <i>r</i> = .36 - .42, <i>p</i> < .01) factors.
Huang et al., 2022 [101]	China; <i>N</i> = 260 (Nurses with “no previous history of psychiatric diseases”); 97% Female/Women	Other Distress (Mental health/somatic)	Generalized Anxiety Disorder (GAD-7)	- GAD-7: 28.46% reported mild, 6.15% moderate and 5.45% severe anxiety symptoms. - PHQ-9: 29.62% reported mild, 8.85% moderate, 2.31% moderate-severe and 1.92% severe depression symptoms.

			Patient Health Questionnaire (PHQ-9)	- Interpersonal relationships (OR = 0.530, 95% CI [0.326, 0.860]), marital status (OR = 1.849, 95% CI [1.763, 1.940]), irregular diet (OR = 1.972, 95% CI [1.880, 2.069]) and poor sleep (OR = 7.295, 95% CI [6.850, 7.770]) were independent factors associated with mood and anxiety symptoms (all p s < 0.05).
Janvier et al., 2007 [46]	Canada, $N = 279$ (115 Nurses, 164 Obstetric & Pediatric Residents); 75% of Residents White	Moral Distress	unvalidated survey	- Frequent “ethical confrontation” (defined as moral distress) was experienced by 35% of Nurses and 19% of Residents. - Gestational age reported as Resident’s threshold for resuscitation was associated with moral distress ($p < .05$). - Nurses in the outborn NICU group reported more frequent ethical confrontation (56%) than Nurses in inborn NICU (22%) or the delivery room s (24%, $p < .05$).
Kitao et al., 2018 [98]	Japan, $N = 384$ (Analyses included 169 Nurses, 175 Physicians); 71% Female/Women; 100% Asian	Other Distress (Mental health/somatic)	unvalidated survey	- Nurses reported higher psychological distress than Pediatricians when providing support to bereaved families (72.8% vs. 55.4%, $p = .001$). - Nurses reported anxiety about hurting bereaved families than Pediatricians (74.0% vs. 54.9%, $p < .001$). - Nurses in “high distress group” had more frequently experienced patient loss in the past year than Nurses in “low distress group” (78% vs. 63%, $p = .036$).

Klein et al., 2017 [62]	Switzerland, $N = 398$ (302 Nurses, 96 Physicians)	Burnout	MBI, modified 10 items	- The most common stressors included a) lack of regular staff meetings or enough time for routine discussions of difficult cases (18% indicated often), b) lack of psychological support for the NICU staff and families (18% indicated often), c) loss of information or lack of transmission of the information within the NICU/caregiver team (16% indicated often) and d) caring for dying patients (10% indicated often). - More work experience was associated with a) less EE and b) lower DP ($p < .05$). - Physicians and Nurses did not differ on most burnout items, except Physicians rated greater frustration with their job than Nurses ($M = 1.56$ (95% CI [1.31, 1.82]) vs. $M = 1.26$ (95% CI [1.14, 1.38], $p = .037$) and Physicians indicated feeling they treat some patients as if they were impersonal objects more than Nurses ($M = .47$, 95% CI [0.27, 0.67] vs. $M = .24$, 95% CI [0.16, 0.32], $p = .010$).
Knupp et al., 2018 [104]	USA, $N = 175$ (Nurses)	Other Distress (Mental health/somatic)	Checklist Individual Strength questionnaire (CIS)	- CIS (scale range 20-140): Fatigue mean = 68.25 ($SD = 19.32$). - Fatigue associated with a) number of hours worked/shift in previous 2 weeks ($\beta = 5.87$; $t = 2.15$, $p < .05$), b) number of hours of sleep/each 24-hour period before the shift ($\beta = -5.08$; $t = -2.38$, $p < .05$), c) current physical or mental health contributor ($\beta = 9.40$; $t = 3.02$, $p < .01$) and d) recent distressing patient event ($\beta = 10.53$; $t = 3.11$, $p < .01$).

				- Fatigue associated with nurse manager ability, leadership, and support ($\beta = -4.87$; $t = -2.02$, $p < .05$).
Kushniruk, 2019 [72]	USA, $N = 283$ (Nurses)	Burnout	MBI	- MBI: EE mean was 18.4 (SD not reported; range: 0-53); DP mean was 4.2 (range: 0-22); PA mean was 38.4 (range: 14-48). - Feeling "called" to work in the NICU was significantly associated with PA ($p < .05$). - EE was associated with the absence of a religious affiliation ($p < .05$). - DP was associated with a) Nurses' own heel sticks ($p < .05$), b) precipitous delivery ($p < .05$), and c) younger nurse age ($p < .01$). - PA was associated with a) NICU hospitalization ($p < .01$) and b) younger nurse age ($p < .001$).
Kutahyalioğlu et al., 2021 [168]	USA; $N = 176$ (Nurses); 98.8% Female/Women; 81.3% Caucasian/White, 91.5% non-Hispanic	Burnout	ProQOL, Burnout Scale	- Pro-QOL: Mean burnout in low range ($M = 20.9$, $SD = 6.3$). - 66.5% were in low burnout range. - Burnout was associated with family centered care ($r = -.199$, 95% CI [-0.368, 0.010]). - However, burnout <u>was</u> did not significantly <u>associated with</u> predict family centered care practices above environmental factors and psychological empowerment (R^2 change = 0.002, $F = 0.46$, $p = .497$).
Larson et al., 2017	Canada, $n = 62$ (Total Burnout, sample $N = 206$ with		MBI, DP	- MBI: DP median score was 6 (3–12), with 39% scoring in high range.

[92]	49 NICU Nurses, 6 NICU Physicians, 7 NICU RTs & 144 PICU Staff); 85% Female	Moral Distress	MDS-R	- MDS-R: NICU staff median in high range ($Mdn = 95.5$ (71-141)) and was not statistically different from PICU staff. - 50% of NICU staff reported work-related moral distress. - Situations that cause the most moral distress were end-of-life care and communication; results similar between professions. - Moral distress was associated with a) DP ($r^2 = .27, p < .001$), b) uncertainty ($r^2 = .04, p = .008$) and c) perceived hospital supportiveness ($r^2 = .18, p < .001$). - Highest scoring item was "Follow the family's wishes to continue life support even though I believe it is not in the best interest of the child." - Nurses and RTs had higher moral distress intensity than Physicians ($Mdn = 60$ (47-68) vs. $Mdn = 61$ (51-68) vs. $Mdn = 49.5$ (28.5-61), $p = .01$).
Lavoie-Tremblay et al., 2016	Canada, $N = 86$ (Nurses); 97% Female/Women	Other Distress (Perceived stress/distress)	Nurse Stress Scale (NSS)	NSS (1=never stressful; 4=very frequently stressful): $M = 1.64$; $SD = 0.57$. - Stress associated with a) work schedule ($r = -.34, p = .01$), b) team effectiveness ($r = .33, p = .00$), c) family-centered care ($r = -.024, p = .03$), d) task obstacles ($r = .29, p = .01$), e) organizational obstacles ($r = .38, p = .00$), and f) technology obstacles ($r = .33, p = .00$).
[107]				

Lawrence, 2011 [85]	USA, $n = 7$ (Total sample $N = 28$, 7 NICU Nurses, 11 PICU Nurses & 10 Medical ICU Nurses); 100% Female/Women; 100% White	Moral Distress	MDS, "Not in the patient's best interest" subscale	- MDS "Not in patient's best interest" subscale mean was in the moderately low range ($M = 2.3$, $SD = 1.14$). - Moral distress was associated with a) work engagement ($r = -.48$, $p = .05$, $r^2 = .23$), and b) critical reflective practice in the NICU ($r = .78$, $p = .05$).
Mohammadi, Tajabadi & Roshanzadeh, 2021 [96]	Iran, $n = 12$ (Total sample $N = 190$ with NICU Nurses, 38 CCU, 101 ICU, 26 Hemodialysis & 13 Oncology Nurses); 78.8% Female/Women	Moral Distress	MDS	- MDS: Total sample mean intensity = 4.8 ($SD = 0.51$) and mean frequency = 5.2 ($SD = 0.56$) are average level. - NICU mean moral distress score = 3.8 ($SD = .70$) and differed from other unit types ($F = 3.931$, $p = .04$). - Moral distress was inversely associated with age ($r = -.3$, $p = .04$) and working experience ($r = -.3$, $p = .03$). - Three dimensions of psychological empowerment (meaning, competence, self-determination) were inversely associated with moral distress intensity ($R^2 = .25$, $p < .05$).
Moore & Schellinger, 2018 [73]	USA, $N = 62$ (Nurses); 97% Female/Women; 65% White	Burnout, Traumatic Stress, Other Distress (Mental health/somatic)	ProQOL The Center for Epidemiological Studies Depression Scale (CES-D)	- ProQOL: Burnout mean in low range ($M = 20.15$, $SD = 5.01$); secondary traumatic stress mean in low range ($M = 21.60$, $SD = 4.80$). - CES-D: mean was in nonclinical range ($M = 10.67$, $SD = 8.06$). - Burnout associated with a) depressive symptoms ($r = .29$, $p < .01$) and b) secondary traumatic stress ($r = .55$, $p < .01$).

				- Support-seeking moderated the relationship between secondary traumatic stress and burnout ($\beta = 0.07, p < .05$).
Mörelus et al., 2013 [112]	Sweden, n = 33 (Total sample N = 47, 33 NICU Nurses, 14 Child & Adolescent Psychiatric Nurses (CAP))	Burnout, Other Distress (Physiologic)	The Copenhagen Burnout Inventory (CBI) Cortisol	- CBI: NICU Nurses had lower client-related burnout than CAP Nurses ($M = 13.3, SD = 9.1$ vs. $M = 22.9, SD = 15.7, p = .035$). - NICU Nurses had a higher morning/evening salivary cortisol quotient than CAP Nurses ($M = 10.1, SD = 9.5$ vs. $M = 4.7, SD = 4.4, p < .001$). - No associations were found between salivary cortisol and measures of health or well-being.
Nazzari et al., 2022 [138]	Italy; N = 314 (145 Nurses, 100 Physicians & 69 Other); 81.1% Female/Women	Other Distress (Mental health/somatic)	Global index of emotional distress (EDI)	- EDI was estimated with principal component analysis combining the EE scale of the MBI, Beck Depression Inventory, STAI, Psychosomatic Symptom Checklist and Impact of Events Scale. - EDI was positively associated with behavioural inhibition and fun seeking (β 's range = 0.23 - 0.30, $p < .005$) and negatively associated with job satisfaction ($\beta = -0.24, p = .003$).
Noah & Potas 2022 [169]	Somaliland; N = 45 (Nurses); 73.3% Female/Women	Burnout	MBI	- Nurses with high burnout had 3.7 times higher risk of neonates under their care being diagnosed with a nosocomial infection (OR = 3.743, 95% CI [1.498, 9.356]).

Nyarko et al., 2024 [139]	Ghana; <i>N</i> = 364 (Nurses); 60.16% Female/Women	Burnout	MBI	- MBI: EE mean was 26.44 (<i>SD</i> =13.55); DP mean was 7.66 (<i>SD</i> = 7.18); PA mean was 36.87 (<i>SD</i> = 10.35). - MBI EE: 51.1% high, 16.21% moderate, and 32.69% low; DP: 33.80% high, 15.38% moderate and 50.82% low; PA: 29.12% low, 16.21% moderate and 54.67% high. - Alarm fatigue was associated with EE ($r = .52, p < .001$) and DP ($r = .43, p < .001$) but not PA ($r = .09, p = .100$).
Oates R. & Oates P., 1995 [102]	Australia, <i>N</i> = 226 (192 Nurses, 34 Physicians)	Other Distress (Mental health/somatic)	General Health Questionnaire (GHQ)	- GHQ: Psychological disfunction (score > 4) reported by 27% of Nurses and 32% of Physicians. -Physicians with scores >4 differed from Physicians with scores 0-4 on conflict between job demands and personal life is a problem (16 vs. 9 $p = .02$). -Nurses with scores >4 differed from Nurses with scores 0-4 on a) conflict between job demands and needs of personal life is a problem (70% vs. 40% $p = .0002$); b) Nursing administration is supportive of my work (31% vs. 47% $p = .046$); c) the atmosphere in my unit is supportive (51% vs. 76% $p = .0007$); d) work duties are clearly defined (68% vs. 83% $p = .02$); e) lack of clearly defined work duties is a significant source of stress (78% vs. 60% $p = .02$); f) Junior doctor/nurse conflict is a problem in my unit (68% vs. 47% $p = .009$); and g) peer conflict between nurses is a problem (67% vs. 41% $p = .001$).

Oates P. & Oates R., 1996 [103]	Australia, $n = 291$ (Total sample $N = 387$ with NICU Nurses, 96 General Ward & Pediatric Nurses); 96% Female/Women	Other Distress (Mental health/somatic)	General Health Questionnaire (GHQ)	- GHQ: 32% of NICU Nurses had emotional health scores in impaired range (score > 4), significantly higher than expected in random sample of Australian females ($p < .0001$). - NICU Nurses differed from general pediatric Nurses on a) work environment overcrowding (50% vs. 25%, $p = .0001$), b) nursing under-staffing is a problem in my ward (64% vs. 49% $p = .03$), c) pediatrician-nurse conflict is a problem on my ward (45% vs. 28% $p = .007$), d) having considerable influence in decisions about providing pain relief (38% vs. 61% $p = .0004$) and e) keeping up to date is stressful (62% vs. 75% $p = .004$).
Oehler et al., 1991 [71]	USA, $N = 49$ (Nurses); 100% Female/Women	Burnout, Other Distress (Mental health/somatic)	MBI STAI	- MBI: EE mean was 24.1 ($SD = 10.1$); DP mean was 6.9 ($SD = 4.9$); PA mean was 32.1 ($SD = 6.9$). - EE was significantly predicted by a) job stress ($F = 4.05$, $p < .001$), b) trait anxiety ($F = 3.99$, $p < .001$) and c) current work experience on unit ($F = -3.06$, $p < .01$). - DP was significantly predicted by a) job stress ($F = 2.27$, $p < .05$) and b) total work experience ($F = -2.21$, $p < .05$). - PA was significantly predicted by a) supervisor support ($F = 3.30$, $p < .01$) and b) state anxiety ($F = -1.99$, $p < .05$). - STAI: Mean state ($M = 34.98$) and trait ($M = 37.13$) anxiety in low ranges.

Omidi et al., 2023 [67]	Iran, <i>N</i> = 140 (Nurses)	Burnout	MBI	- MBI: EE mean was 16.78 (<i>SD</i> = 11.06); DP mean was 6.30 (<i>SD</i> = 5.45); PA mean was 27.35 (<i>SD</i> = 7.39).
			World Health Organization Quality of Life-BREF (QoL)	- MBI EE: 16.4% high, 28.6% moderate, and 55.0% low; DP: 18.6% high, 25.0% moderate, and 56.4% low; PA: 7.0% low, 15.7% moderate, and 79.3% high. - EE and DP were negatively associated with all dimensions of QoL ($r = -0.47$ to -0.79). - PA was positively associated with all dimensions of QoL ($r = .40$ to 0.56). - EE increases with overtime hours ($p = .017$). - DP decreases with a) age ($p = .047$) and b) duration of marriage ($p = .019$).
Park & Oh, 2019 [110]	Korea, <i>N</i> = 111 (Nurses); 99% Female/Women	Other Distress (Perceived stress/distress)	End of Life Care Stress (EOL)	- Overall EOL care stress (scale range 1-5) in "higher than medium stress" level ($M = 3.61$, $SD = 0.61$). Highest subscales included difficulties with EOL care ($M = 3.67$, $SD = 0.71$); lack of knowledge ($M = 3.63$, $SD = 0.64$); difficulties in physical and structural environment ($M = 3.65$, $SD = 0.66$); and emotional stress ($M = 3.49$, $SD = 0.64$). - EOL care stress associated with positivity towards death ($r = .33$, $p < .001$).
Prentice et al., 2018 [47]	Australia, <i>N</i> = 345 (286 Nurses, 22 Physicians, 37 Fellows & Medical	Moral Distress	unvalidated survey	- 72% experienced moral distress at least once a month. - 96% viewed moral distress as a normal component of NICU.

	Residents); 93% Female/Women			- Moral distress frequency was associated with working with higher acuity patients (no β -value reported, $p = .02$).
Prentice et al., 2021 [44]	Australia, $N = 525$ (386 Nurses, 82 Residents, 34 Fellows, & 24 Neonatologists); 91% Female/Women	Moral Distress Thermometer (MDT)		- Overall, moral distress occurred on 687 of 4589 (15%) of survey occasions on 99 infants. - MDT (scale range 0–10): Mean intensity of moral distress was 5.0 ($SD = 2.2$). - Moral distress was “strongly associated” with the perception of “parents wanting too much.”
Profit et al., 2014 [40]	USA, $N = 2073$ (1464 Nurses, 204 Physicians, 31 Fellows, 35 NPs, 286 RTs, 21 Other); 85% Female/Women	Burnout	MBI, modified 4 item EE	- MBI: 25.9% ($SD = 10.8\%$) met cut off for high EE. - Physicians reported less EE than non-Physicians ($M = 15.1\%$, $SD = 19.6\%$ vs. $M = 26.9\%$, $SD = 1.4\%$, $p = .0004$). - EE was associated with a) teamwork climate ($r = -.48$, $p = .0001$), b) safety climate ($r = -.40$, $p = .01$), c) job satisfaction ($r = -.64$, $p < .0001$), d) perceptions of management ($r = -.50$, $p = .0006$), and e) working conditions ($r = -.45$, $p = .002$).
Raeseide, 2000 [97]	Australia, $N = 76$ (Nurses)	Other Distress (Mental health/somatic)	STAI	- STAI: State-Anxiety mean in low range ($M = 34$, $SD = 8.1$); Trait-Anxiety mean in low range ($M = 37$, $SD = 9.9$). - Nurses reported caring for a dying baby was moderately stressful ($M = 2.31$, $SD = 1.19$, 0=not stressful, 4=very stressful). - Nurses identified the most stressful periods as compassionate care prior to death (46%), immediately

				before death (22%), after death (15%), and when baby died (8%).
Ravaldi et al., 2023 [59]	Italy, <i>N</i> = 227 (97 Nurses, 55 Physicians, 53 Midwives, 22 Other); 90.3% Female/Women	Burnout, Stress	MBI Impact of Event Scale- Revised (IES-R)	- MBI: All MBI subscales and IES-R total and subscale scores were significantly correlated ($p < .05$). - IES-R: 30.8% reported low, 34.0% moderate and 35.3% high traumatic stress symptoms; there were no differences between provider types ($p = .628$). - Professionals who received communication training were less likely to develop a) high levels of avoidance symptoms (21.2% vs. 43.6%, $\chi^2 = 9.9$, $p = .007$) and b) hyperarousal (27.5% vs. 39.2%, $\chi^2 = 11.9$, $p = .003$). - In a multivariate analysis, assisting 4 or more monthly losses and scoring medium or high levels of traumatic stress increased the risk of developing EE. - Having specific training in bereavement care was the only independent protective factor for both post-traumatic stress and burnout symptoms.
Rezaei, Nematollahi & Asadi, 2023 [83]	Iran, <i>N</i> = 126 (Nurses)	Moral Distress	MDS	- MDS: mean frequency in moderate range ($M = 44.42$, $SD = 17.67$); mean intensity in moderate range ($M = 49.45$, $SD = 17.11$). - As the intensity of moral distress increases, the hospital ethical climate becomes less favorable ($r = -.19$, $p = .03$).

Richey, 1988 [170]	USA, N = 346 (Nurses); 98% Female/Women	Moral Distress	unvalidated survey	- Statements endorsed by 50% or more of participants included "Caring for these fetal-infants makes me feel..." a) "...discouraged"; b) "...depressed"; c) "...angry". - Moral/ethical viewpoints endorsed by 50% or more of participants included a) "Treatment should not be instituted if the fetal-infant's probability of severe impairment is high" (57%), b) "No one has the right to define what constitutes meaningful life for another" (66%), c) "Allowing fetal-infants to die should be acceptable medical practice" and d) "Medical treatment should NOT be the same for all fetal-infants regardless of the circumstances" (73%).
Rocheffort & Clarke, 2010 [55]	Canada, N = 339 (Nurses); 99% Female/Women; 93% White	Burnout	MBI, EE	- MBI: 35.7% had EE scores higher than published norms for medical personnel ($M = 23.25$; $SD = 10.63$).³ - EE scores were associated with ratings of nurse staffing and resource adequacy ($\beta = -.99$, $p < .01$).
Rosenthal et al., 1989 [50]	USA, N = 30 (Nurses); 100% Female/Women; 87% White	Other Distress (Perceived stress/distress)	unvalidated survey	- Job stress (rated on "7-point scale") mean was moderate ($M = 4.83$, $SD = 1.3$). - Job satisfaction (rated on "7-point scale") was moderate ($M = 5.1$, $SD = 1.4$). - Job stress was significantly associated with age ($r = -.38$, $p < 0.05$). - Sudden death of an infant ($M = 5.6$, $SD = 1.6$), ethical issues concerning prolongation of life ($M = 5.4$, $SD =$

1.3) and physician conflict were rated the most stressful situations.

Saeidi et al., 2020 [171]	Iran, <i>N</i> = 30 (Nurses)	Burnout	MBI	- MBI: EE mean was 20.42 (<i>SD</i> = 14.6); DP mean was 7.20 (<i>SD</i> = 8.85); PA mean was 30.51 (<i>SD</i> = 12.01).
Saleh et al., 2019 [84]	Iran, <i>N</i> = 172 (Nurses)	Moral Distress, Traumatic Stress	MDS Compassion Fatigue Scale (CFS)	- MDS: Frequency in average range (<i>M</i> = 2.01, <i>SD</i> = 0.62); Intensity in high range (<i>M</i> = 3.11 <i>SD</i> = 0.89). - CFS: Average to high range (<i>M</i> = 3.94, <i>SD</i> = 0.50). - Compassion fatigue was associated with a) age (<i>r</i> = .22, <i>p</i> = .003), b) nursing experience (<i>r</i> = .24, <i>p</i> < .05), c) work experience in the NICU (<i>r</i> = .187, <i>p</i> = .041) and d) intensity of moral distress (<i>r</i> = .436, <i>p</i> = .001).
Sannino et al., 2015 [89]	Italy, <i>N</i> = 406 (Nurses); 96% Female/Women	Moral Distress	MDS-R	- MDS-R: The mean frequency, intensity and overall moral distress scores were low to moderate. (frequency <i>M</i> range = 1.66-1.88; intensity <i>M</i> range = 2.37-2.76; moral distress <i>M</i> range = 4.49-5.73. No <i>SDs</i> reported). - Males reported higher moral distress (i.e., composite score >64) than females, (77.8 male nurses vs 49.1 female nurses, <i>p</i> <0.001). - The clinical situation endorsed as leading to the most moral distress was "Initiate extensive life-saving actions when I think it only prolongs dying".
Sano et al., 2018 [76]	USA, <i>N</i> = 174 (Nurses); 98% Female/Women	Burnout, Traumatic Stress	Oldenburg Burnout Inventory (OBI)	- OBI: mean burnout in moderate range (<i>M</i> = 2.34, <i>SD</i> = 0.38). - ProQOL STS: mean in low range (<i>M</i> = 2.05, <i>SD</i> =

				0.57).
			ProQOL, Secondary Traumatic Stress (STS) Scale	- STSS: mean in low range ($M = 1.81$, $SD = 0.62$). - OBI was positively associated with a) ProQOL STS ($r = .44$, $p < .01$) and b) STSS ($r = .52$, $p < .01$). - ProQOL STS was associated with STSS ($r = .75$, $p < .01$).
			Secondary Traumatic Stress Scale (STSS)	- OBI was associated with a) strength of the nurse-infant/family relationship ($r = -.17$, $p < .05$), b) self-compassion ($r = -.36$, $p < .01$) and c) nurse-physician collegiality ($r = -.32$). - ProQOL STS was associated with a) self-compassion ($r = -.31$, $p < .01$) and b) nurse-physician collegiality ($r = -.21$, $p < .05$). - STSS was associated with a) strength of the nurse-infant/family relationship ($r = -.20$, $p < .01$), b) self-compassion ($r = -.44$, $p < .01$) and c) nurse-physician collegiality ($r = -.24$). -Self-compassion mediated the association between the strength of the nurse-infant/family relationship and STS, STSS, and burnout when there were higher levels of nurse-physician collegiality ($\beta = -0.030$). When the level of nurse-physician collegiality was low, there was no significant association ($\beta = -0.006$).
Sexton et al., 2014 [41]	USA, $N = 2073$ (1464 Nurses, 204 Physicians, 31 Fellows, 35 NPs, 286	Burnout	MBI, modified 4 item EE	- NICUs high on "Leadership Walking Rounds" frequency showed a trend for a reduction in EE relative to NICUs with low frequency but was not significant ($p = .07$).

	RTs, 21 Other); 79% Female/Women			
Shivani et al., 2023 [48]	India, <i>N</i> = 223 (Nurses); 99.1% Female/Women	Burnout, Traumatic Stress, Other Distress (Perceived stress/distress)	ProQOL-5 Perceived Stress Scale (PSS-14)	- ProQOL-5 Burnout: 70.8% moderate and 0% high; Secondary traumatic stress: 78.5% moderate and 8.5% high; Satisfaction: 54.7% moderate and 44.4% high. - PSS-14: 17.5% severe, 59.2% moderate and 23.3% mild stress. - Stress was associated with a) burnout ($r = .39, p < .01$), b) secondary traumatic stress ($r = .23, p < .01$) and c) compassion satisfaction ($r = .28, p < .01$). - Using multivariate analyses, severe stress was associated with a) older age (for age 21 to 30 years (OR = 0.06, 95% CI [0.05, 0.75], $p < .05$); for age 31 to 40 years (OR = 0.07, 95% CI [0.08, 0.77], $p < .05$), b) having experience of less than 1 year (OR = 1.56, 95% CI [1.1, 3.22], $p < .05$), c) having 4 or more patients per shift (OR = 1.92, 95% CI [1.83, 4.21], $p < .05$), d) working 11 to 20 night shifts per month (OR = 2.04, 95% CI [1.23, 3.21], $p < .05$), e) alarm bells in NICU (OR = 1.88, 95% CI [1.12, 2.92], $p < .05$), and f) lights in ICU (OR = 2.76, 95% CI [1.12, 6.82], $p < .05$).
Skorobogatova et al., 2017 [172]	Lithuania, <i>N</i> = 94 (Nurses); 100% Female/Women	Burnout	MBI	- MBI: EE mean was 14.4 (<i>SD</i> = 7.91); DP mean was 3.8 (<i>SD</i> = 4.75); PA mean was 29.1 (<i>SD</i> = 10.12).

				- MBI EE: 9.6% high, 41.5% moderate and 48.9% low; DP: 12.8% high, 9.6% moderate and 77.7% low; PA: 61.7% low, 23.5% moderate and 14.9% high.
Tawfik, Phibbs, et al., 2017 [39]	USA, N = 1934 (1374 Nurses, 218 Physicians, 32 NPs, 258 RTs, 20 Other); 85% Female/Women	Burnout	MBI, modified 4 item EE	- MBI: 26.7% (<i>SD</i> = 9.8%) met cut off for EE. - Highest EE prevalence was found in NICUs with a) higher average daily admissions ($32.1\% \pm 6.4$ vs. $17.2\% \pm 6.7$, $p < .001$), b) higher average occupancy ($28.1\% \pm 8.1$ vs. $19.9\% \pm 8.4$, $p = .02$), and c) those with electronic health records ($28\% \pm 11$ vs. $18\% \pm 7$, $p = .03$).
Tawfik, Sexton, et al., 2017 [42]	USA, N = 2073 (1464 Nurses, 204 Physicians, 31 Fellows, 35 NPs, 286 RTs, 21 Other); 85% Female/Women	Burnout	MBI, modified 4 item EE	- MBI: Nurses, NPs and RTs reported more EE than Physicians ($M = 28\%$, $SD = 11$ vs. $M = 17\%$, $SD = 19$, $p < .05$). - EE means were higher in day shift than night shift ($M = 30\%$, $SD = 3$ vs. $M = 25\%$, $SD = 4$, $p < .05$). - EE means were higher in those with 5+ years of services versus fewer years of service ($M = 29\%$, $SD = 2$ vs. $M = 16$, $SD = 6$, $p < .05$).
Thomas et al., 2022 [142]	USA, N = 136 (Nurses); 94% "White, Non-Hispanic", 6% "Non-White"	Burnout	MBI	- MBI: most had high-to-moderate EE (82-91%); about 50% had moderate levels and 30% had high levels of DP; the majority reported high levels of PA (87-91%). - 16.9% classified as having turned over in their position.

Uslu-Sahan et al., 2024 [108]	Turkey, <i>N</i> = 215 (Nurses); 100% Female/Women	Burnout, Other Distress (Perceived stress/distress)	MBI Death Anxiety Scale (DAS)	- MBI (scale range 0-88): used one overall score and described mean as moderate ($M = 39.21$, $SD = 17.61$). - DAS (scale range 0-100): mean described as moderate ($M = 57.65$, $SD = 21.46$). - Palliative care attitudes were associated with a) burnout ($r = -.564$, $p < .001$) and b) death anxiety ($r = -.418$, $p < .001$).
Vittner et al., 2022 [74]	USA, <i>N</i> = 115 (81 Nurses, 6 Physicians, 28 NPs & Physician Assistants; 93% Female/Women	Burnout, Other Distress (Perceived stress/distress)	Pro-QOL, Burnout Scale Perceived Stress Scale (PSS)	- ProQOL: Burnout mean in moderate range ($M = 24.61$, $SD = 1.72$). - PSS: Perceived stress mean in high range ($M = 27.81$, $SD = 3.21$). - Burnout associated with perceived stress ($r = .47$, $p < .001$). - Perceived stress associated with a) years of experience ($F = 4.77$, $p < .004$), and b) education ($F = 2.89$, $p < .039$).
Winning et al., 2018 [65]	USA, <i>N</i> = 463 (175 Nurses, 3 Physicians, 18 Advanced Practice Nurses, 31 Therapists [Respirational, Occupational & Physical] 40 Other); 96% Female/Women; 95% White	Burnout, Traumatic Stress, Other Distress (Mental health/somatic)	ProQOL Hospital Anxiety and Depression Scale (HADS)	-ProQOL: Burnout mean in low range ($M = 20.67$, $SD = 5.17$); STS mean in low range ($M = 19.25$, $SD = 5.04$). - HADS: Anxiety mean in low range ($M = 5.19$, $SD = 3.39$); depression mean in low range ($M = 2.47$, $SD = 2.55$). - Healthcare providers involved in an error or adverse event, relative to those who did not, reported higher levels of a) burnout ($M = 22.44$, $SD = 4.91$ vs. $M = 21.89$, $SD = 5.00$); b) secondary traumatic stress ($M =$

				22.44, $SD = 4.91$ vs. $M = 21.23$, $SD = 5.05$), c) anxiety ($M = 6.57$, $SD = 3.70$ vs. $M = 6.13$, $SD = 3.05$) and d) depression ($M = 3.40$, $SD = 3.03$ vs. $M = 2.79$, $SD = 2.49$). -Coworker support moderated the association between adverse event experiences and a) anxiety ($F(4, 445) = 10.83$, $p < .001$, $R^2 = 0.09$) and b) depression ($F(4, 445) = 23.05$, $p < .001$, $R^2 = .17$), but not job satisfaction, burnout, or secondary traumatic stress.
Zana-Taieb et al., 2023 [38]	France, $N = 721$ (Neonatologists); 77% Female/Women	Other Distress (Perceived stress/distress)	Neonatologists Quality of Life at Work - unvalidated survey	- 29% reported a heavy workload; 44% reported feeling overworked often/always; 49% reported work-related sleep problems; 17.2% reported having experienced burnout symptoms. - The main reasons for dissatisfaction were excessive work hours and insufficient remuneration for on-call duty.

¹ Includes country, sample size, NICU provider type and distribution by sex if reported in the publication.

² Primary measure(s) used to assess the construct(s) of interest.

³ Per personal communication with first author, given that means in manuscript were incorrect.