Table 1. Desired general working conditions and reasons to leave

Systematic review	Methods	Population	Findings
Adnan, 2022	Umbrella realist review for types of interventions that are effective to improve well-being and decrease burn-out among critical care healthcare professionals defined by the American Association of Critical Care Nurses	N/A	Effective type of context of interventions: • tailoring interventions to individual needs; • structured education; • engagement with the intervention; • quiet mental space and awareness; • individual-focused interventions should not replace work stressors; • unity of interventions and measures help to determine effective interventions in the future.
Khan, 2019	Systematic mixed-method literature review	Nurses in adult critical care	Reasons for intention to leave ICU nurses: • working conditions (USA); • organizational climate (USA) was significantly inversely related to intention to leave. Average nurses' wages, hospital profitability and magnet status had strong positive and statistically significant effects on organizational climate and hospital teaching status had a significantly negative effect; • Nurses who perceived adequate staffing were less likely to leave their job in the next year and were less likely to be dissatisfied with their job or highly burnt out (Korea); • AACN-certified nurses were less likely to leave their current job and were more empowered than nurses who were not AACN certified (USA) • Staff were empowered by internal processes, such as feelings of doing good, increased knowledge and skills, and by external processes such as nourishing meetings, well-functioning team work and a good atmosphere (Sweden); • Important relationships of turnover intention with age, night shifts, emotional demands and development opportunities (the Netherlands); • Statistically significant association noted between burnout indices and professional satisfaction (Greece); • Nurses with limited autonomy and poor relationships with physicians experience greater levels of emotional exhaustion, which can negatively influence their perception of quality of care and an intention to leave (Brazil); • Work environment was strongly correlated with job satisfaction and intent to leave (Canada)

			• The severity of moral distress was associated with nurse–physician collaboration, dissatisfaction on care decision and intention to resign (Italy) • Two themes emerged as major influences on job dissatisfaction: (1) stress experienced from excessive workload demands and the ICU work environment, and a lack of respect and recognition (China).
Dilig-Ruiz, 2019	Systematic review	Critical care nurses	Associations between individual, employment, and organizational factors and critical care nurses' job satisfaction: • Significant negative relationship with burnout- emotional exhaustion (5 studies) • Significant negative relationship with job stress (7 studies) • Significant positive relationship with shift worked (flexibility) (5 studies) • significant positive relationship with autonomy (4 studies) • Significant positive relationship with personnel resources and staffing (Having an adequate number and mix of staff) (6 studies) • Significant positive relationship with teamwork and group cohesion (The general sense of individuals wanting to stay in a particular group) (4 studies). • Equivocal/mixed results with respect to whether or not there is a relationship with career experience (8 studies) No relationship with critical care nurses' job satisfaction: • age (8 studies) • gender/sex (7 studies) • education (7 studies)
Cucolo, 2024	Systematic review and meta-analysis	Intensive care units (ICU)(5 studies); hospitalisation units (5 studies); both ICU and HU (1 study); emergency department (1 study) and different departments of the hospital (4 studies). Only one study included the primary care service.	Characteristics of interprofessional work and dimensions of nursing workload identified in the included studies (n=17): Interprofessional work: • Collaboration, partnership, trust, interaction between professionals, teamwork; • Good relationship between physicians and nurses and collaboration between physicians and nurses; • Professional communication; • Clarity of roles, responsibilities or professional functions; • Autonomy; • Interdependence and definition of common objectives. Nurse's workload:

<table>
<tr>
<td></td>
<td></td>
<td></td>
<td>

Quantitative: Number of patients and complexity of cases versus demand for care required; ratio of patients per nurse; time dedicated to professional communication; work overtime;
Emotional: Stress, fear, guilt, and dietary imbalance; moral distress; burnout;
Cognitive: learning, specific knowledge/specialization and interruptions (by patient, family, teams and telephone calls);
Qualitative: Lack of personnel and other resources

Thematic categories, subthemes and codes identified from included studies:
<table>
<tr><th>Thematic categories</th><th>Subthemes</th><th>Codes</th></tr>
<tr><td rowspan="3">Interprofessional practice in coping with emotional overload</td><td rowspan="3">N/A</td><td>Professional relationship and suffering</td></tr>
<tr><td>Teamwork and burnout</td></tr>
<tr><td>Collaboration and suffering</td></tr>
<tr><td>Time dedicated by nurses to professional communication</td><td>N/A</td><td>Time and communication</td></tr>
<tr><td rowspan="3">Working conditions and patient care</td><td>Conflict and flexibility in the context of practice</td><td>Conflicts and flexibility</td></tr>
<tr><td>Working conditions and interprofessional practice</td><td>Complexity of care, working hours, number of professionals</td></tr>
<tr><td>Effects on patient care</td><td>Patient/family and safe care</td></tr>
</table>
</td>
</tr>
</table>

Table 1. Desired general working conditions and reasons to leave
Leidraad Organisatie van Intensive Care in Nederland 2025