






Work Environment, Workload, and Mental Health Among Healthcare Staff in Critical Care Settings: A Systematic Review

Fezeh Rezaeian^{1*} 

¹ MSc in General Psychology, Sohravardi Institute of Higher Education, Qazvin, Iran

* Corresponding author email address: rezaeianfezeh@gmail.com

E d i t o r	R e v i e w e r s
Luis Felipe Reynoso-Sánchez  Department of Social Sciences and Humanities, Autonomous University of Occident, Los Mochis, Sinaloa, Mexico felipe.reynoso@uadeo.mx	Reviewer 1: Masoud Mirmoezi  Department of Physical Education and Sport Sciences, Islamic Azad University, Central Tehran Branch, Tehran, Iran. Email: massoudmirmoezi@live.com Reviewer 2: Azade Abooei  Department of Counseling, Faculty of Humanities, University of Science and Art, Yazd, Iran. Email: a.aboei@tea.sau.ac.ir

1. Round 1

1.1 Reviewer 1

Reviewer:

The review question is generally clear, but the manuscript does not provide sufficient justification for combining highly heterogeneous settings such as intensive care units, emergency departments, anesthesia units, rotating-shift nursing environments, and COVID-19 crisis wards into one analytical category. These environments differ substantially in patient acuity, workflow structure, ethical burden, and staffing models. The authors should explain why these settings were grouped together and discuss the implications for interpretability and transferability of findings.

The Methods section states that the review follows “the main elements recommended by PRISMA 2020,” yet the reporting remains incomplete relative to PRISMA standards. Most notably, no explicit search dates, search strings, screening procedures, reviewer numbers, or inter-rater agreement processes are reported. The absence of this information limits reproducibility and raises concerns regarding selection bias. At minimum, the authors should provide a supplementary search appendix with complete search syntax and screening workflow details.

The statement “Exact database hit counts were not reconstructable from the available source material” is problematic for a systematic review methodology. Without transparent reporting of retrieved records, duplicates removed, excluded studies, and final inclusion counts, the review cannot fully satisfy systematic-review transparency standards. The authors should either

reconstruct the PRISMA flow retrospectively or explicitly reclassify the manuscript as a structured narrative review rather than a formal systematic review.

The section on work environment, control, and autonomy contains a valuable conceptual discussion, particularly regarding “modifiable” versus “non-modifiable” stressors. Nevertheless, the review does not adequately address structural health-system constraints such as workforce shortages, budget limitations, or policy-level staffing restrictions. As written, some recommendations may appear overly managerial without acknowledging broader systemic barriers. A deeper organizational-health-policy perspective would strengthen the analysis.

The subsection addressing emotional load and moral strain is one of the strongest parts of the manuscript conceptually, but the review does not sufficiently engage with the growing literature on moral injury and secondary traumatic stress in healthcare professionals. The authors repeatedly refer to “moral pressure” and “ethical dilemmas” without defining these constructs or distinguishing them from burnout. Incorporating contemporary literature on moral injury would substantially improve conceptual rigor.

The manuscript appropriately notes that burnout is distinct from depression and anxiety, citing Fischer et al. (2020); however, the synthesis would benefit from greater attention to measurement heterogeneity. Different studies likely used different burnout inventories, stress scales, depression measures, and resilience instruments. Without discussing this methodological variability, the review risks implying greater comparability across studies than actually exists.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Reviewer:

The inclusion and exclusion criteria are insufficiently detailed. For example, the manuscript states that “commentaries without empirical or synthesizable evidence were used only for contextual interpretation when relevant,” but it remains unclear how these contextual sources influenced the synthesis and whether they were formally extracted or appraised. The authors should clarify whether non-empirical sources contributed to thematic conclusions and how interpretive bias was minimized.

The quality appraisal process requires much greater methodological specificity. The manuscript references the Joanna Briggs Institute appraisal tools but does not indicate which tools were applied to which study designs, how appraisal judgments were conducted, or whether low-quality studies were weighted differently in the synthesis. Without a transparent appraisal table, readers cannot evaluate the evidentiary strength underlying the conclusions.

Table 2 is useful as a descriptive overview; however, it lacks important methodological details such as sample characteristics, sampling strategies, response rates, measurement instruments, and risk-of-bias indicators. Including these variables would allow readers to better contextualize the findings and judge the relative reliability of included evidence. Currently, the table functions more as a narrative summary than a systematic evidence matrix.

In Section 3.1 on workload and staffing, the manuscript repeatedly asserts that workload is “multidimensional,” yet the review does not clearly distinguish between objective workload measures (e.g., staffing ratios, hours worked) and subjective workload perceptions. This distinction is essential because perceived overload may reflect organizational climate, psychological distress, or coping capacity rather than actual staffing conditions alone. Greater conceptual precision is needed in this section.

The discussion of fatigue and patient safety appropriately highlights clinically meaningful relationships; however, causal language occasionally exceeds the evidence base. For example, the sentence suggesting that fatigue “can affect attention, memory, vigilance, and team interaction” is plausible but should be framed more cautiously because most included studies are cross-sectional and correlational. The manuscript should consistently differentiate between association and causation throughout the Results and Discussion sections.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.