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表 1. 医師のストレス要因(抽出分)

Author(s)	year	subject	Significant stressor	Outcome
Arnetz BB	2001	physicians	extrinsic stressors: relative decrease in salaries Leadership and organizational issues	
			higher workload not enough time to finish assigned duties unable to relax and winddown following work	intellectual work demands
			sufficient time to finish one's work clear assignment of responsibilities and duties reasonable workload influence over one's work and work processes	perceived organizational efficiency
			skills development mental energy positive work climate	overall work satisfaction
			work climate excellent performance feedback from managers high degree of participatory management reasonable workload	job satisfaction
			positive work climate	mental well-being, mental energy
Arnetz, Akerstedt, et al	1990	physicians	night call duties long working hours poor ergonomics	
Baldwin et al	1997	Resident	feeling overwhelmed self-reported number of minor mistakes emergency admissions times had to retrieve equipment patient death	
Biaggi et al	2003	Resident	time off future career prospects clear management adequate feedback on personal performance a right to a voice in important matters culture of openness and tolerance good salary flexible work hours time autonomy opportunities for learning work intensity	burnout
Geurts et al	1999	Resident	high quantitative workload problematic dependency on superiors work-home interference	burnout
Graham et al	1996	palliative physicians	insufficiently trained in communication and management skills	burnout
Humphris & Cooper	1998	General dental practitioner	rising patient expectations aggression exhibited by patients in the practice	

			the risk of cross-infection litigation working as a team member	
Lemkau et al	1988	Resident	low social support satisfaction	burnout
Li et al	2006	physicians	Effort-reward imbalance job strain	SF-36
McCue	1982	physicians	intrinsic to medical practice: working with emotionally intense issues suffering fear sexuality failures death	
Nyssen et al	2003	Resident	work organization	burnout
Purdy et al	1987	Resident	Excessive demands on time	burnout
Richards	1998	doctor	gravity, emotional intensity and responsibility insufficient resources provided in the public sector constraints and demands (interference) of various government agencies requirements for accreditation and continuing professional development loss of the traditional status of doctors, and negative media representation poor remuneration (compared with expended effort) lack of appreciation	
Richardson & Burke	1993	women physicians	threat of malpractice litigation wanting higher income changes in practice procedures time pressures	job satisfaction
Riley	2004	doctor	interaction between the demanding nature of their work and their obsessive, conscientious and committed personalities subjective lack of control subjective insufficient rewards	
Sargent et al	2004	Resident	anxiety about clinical competence increased work-home stress in relationships with faculty and senior residents increased number of hours worked stress in relationships with nurses anticipated postresidency financial debt	burnout
Schattner & Coman	1998	doctor	time pressure intensity of demand on doctors conflicting demands managing the demands of small business,	Leaving job sense of powerlessness and negative rewards

			finance and accounting medicolegal threat and unreasonable expectations and demands of patients after-hours and on-call work interference with family life	
Shanafelt et al	2002	Resident	negative career satisfaction self reported suboptimal patient practices	burnout
Sundquist & Johansson	2000	general practitioners	job strain	impaired general health
Taft et al	2004	general practitioners	partner abuse	
Thomas NK	2004	Resident	Intense work demands Limited control high degree of work-home interference around in residency training programs	burnout

表 2. 看護師を中心とした医療従事者のストレス要因(抽出分)

ref	year	subject	Significant stressor	Outcome
Adams & Bond	2000	nurses	degree of cohesion and perception of staff organization cohesion existing among ward nurses collaboration of medical staff perceptions of professional practice team building skills of the ward managers	Job satisfaction
Adamson et al	1995	nurses	Medical dominance	
Aiken	2001	nurses	increase in workload non-nursing tasks	decreased ability to complete nursing duties
Aiken et al	2002	nurse manager	high patient to nurse ratio	patient mortality burnout job dissatisfaction
Arnetz & Arnetz	2000	nurses	violence	
Avallone & Gibbon	1998	nurses	dealing with death and dying being moved among different patient care units within the organization shortage of essential resources (incl. nursing staff) work load	
Baglioni et al	1990	nurses	workload inadequate staff cover time pressure	
Bakker et al	2000	Nurses	Effort-reward imbalance	burnout
Bamber	1991	mental health nurses	quality of decisions made by managers amount of in service training offered physical working conditions	leave
Barton & Folkard	1991	mental health nurses	night work temporary employment	
Blegen	1993	nurses	organizational commitment	
Boswell	1992	nurses	inability to deliver quality nursing care	
Boyle	1991	nurses	Poor networks	
Bratt et al	2000	nurses	Relationship with other clinical staff Leadership and management style poor locus of control poor group cohesion lack of adequate supervisory support coping with emotional needs of patients and their families poor patient diagnosis death and dying	

Brown & Edelmann	2000	nurses	low levels of confidence in their clinical skills	
Brown et al	1994	mental health nurses	increasing workloads increasing administration lack of resources	
Brown et al	1995	mental health nurses	support and communication	
Burnard et al	1999	mental health nurses	payment level	job satisfaction
Burnard et al	2000	mental health nurses	workload, caseload	
Carher	2000	nurses	assault	
Carson et al	1991	mental health nurses	not having enough facilities in the community	
Carson et al	1996	mental health nurses	large caseloads	
Carson et al	1997	mental health nurses	having too little time to plan and evaluate treatment	
Chan & Hancock	2003	nurses	role ambiguity (lack of clear and consistent information about the role)	job dissatisfaction
Chapman	1993	nurses	Low control, high demand low support	
Charnley	1999	nurses	low levels of confidence in their clinical skills	
Cheng et al	2000	nurses	job control job demand social support	SF-36
Chu et al	2003	nurses	routinization affectivity job involvement coworker support role ambiguity	
Chung & Corbett	1998	nurses	dealing with death and dying being moved among different patient care units within the organization shortage of essential resources (incl. nursing staff) work load	
Coffey	1999	nurses	verbal and physical aggression	
Coffey	2000	mental health	concerns relating to the particular client groups	

		nurses		
Coffey & Coleman	2001	mental health nurses	caseload size	
Coffey et al	1999	mental health nurses	lack of facilities interruptions in the office	burnout
Constale & Russell	1986	nurses	Leadership and management style poor locus of control poor group cohesion lack of adequate supervisory support	
Dallender and Nolan	2002	mental health nurses	excessive administration demands	
Dalphonnd et al	2000	nurses	violence	
Decker	1997	nurses	poor relationships with supervisors, coworkers and physicians	
Demerouti et al	2000	nurses	workload inadequate staff cover time pressure Leadership and management style poor locus of control poor group cohesion lack of adequate supervisory support shift working lack of reward	
			job demands (workload, time pressure, demanding contacts with patients)	emotional exhaustion
			job resources (lack of participation in decision-making, lack of reward)	disengagement from work
Dolan	1998	nurses	lack of control lack of support and backup staffing problems	
Drake & Brimblecombe	1999	mental health nurses	having to see inappropriate referrals having to work with suicidal clients alone	
Edwards et al	2000	mental health nurses	lack of facilities within the community	
Engels et al	1996	nurses	awkward posture, stooping, standing lifting heavy burdens work pace adjusting for unforeseen events	musculoskeletal complaint
Engels et al	1998	nurses	work postures	musculoskeletal complaint
Erikson & Williams-Evans	2000	nurses	violence	

Fagin et al	1995	mental health nurses	not having enough facilities in the community to refer clients onto knowing that there were long waiting lists having to deal with suicidal clients	
Fagin et al	1996	mental health nurses	inadequate staffing to cover potentially dangerous situations	
Farrell	1999	nurses	violence	
Fong	1993	nurses	Low control high demand low support	
Foxall et al	1990	nurses	dealing with death and dying being moved among different patient care units within the organization shortage of essential resources (incl. nursing staff) workload time pressure Relationship with other clinical staff coping with emotional needs of patients and their families poor parent diagnosis	
Frisch et al	1991	nurses	dealing with death and dying being moved among different patient care units within the organization shortage of essential resources (incl. nursing staff) work load	
Glass et al	1993	nurses	Low control high demand low support	
Goodin	2003	nurses	nursing shortages	
Hannigan et al	2000	mental health nurses	lacking a supportive line manager job insecurity not having elderly caseload not having completed specialist training not working in a supervisory or managerial position	burnout
Haper & Minghella	1997	mental health nurses	working structures lack of resources above all management problems	
Hare et al	1988	nurses	coping with emotional needs of patients and their families poor patient diagnosis death and dying	

Hatcher & Laschinger	1996	nurses	dealing with death and dying being moved among different patient care units within the organization shortage of essential resources (incl. nursing staff) work load	
Healy & Mckay	1999	nurses	workload inadequate staff cover time pressure Relationship with other clinical staff	
Healy & Mckay	2000	nurses	work overload shift working	
Hillhouse & Adler	1997	nurses	workload inadequate staff cover time pressure Relationship with other clinical staff	
Hipwell et al	1989	nurses	workload inadequate staff cover time pressure coping with emotional needs of patients and their families poor patient diagnosis death and dying	
Hope et al	1998	nurses	Relationship with other clinical staff	
Hurley	2000	nurse manager	downsizing	
Ito et al	2001	mental health nurses	having less supervisory support having a higher perceived risk of assault	intention to leave
Jackson et al	2002	nurses	Violence dealing with victims and perpetrators of violence	anxiety, sick leave, burnout, poor recruitment and retention rates
Josephson et al	1997	nurses	job strain physical exertion	musculoskeletal problems
Kaye	1996	nurses	violence	
Kelly et al	1998	nurses	lack of confidence unrealistic expectations by clinical staff role conflict and role ambiguity value conflicts lack of support	leaving job
Kilfedder	2001	mental health nurses	role conflict control	burnout
Kivimaki et al	2000	nurses	bullying	
Knoop	1995	nurses	organizational commitment	

Lagerstrom et al	1995	nurses	low commitment low support high work demand low control lack of stimulation	musculoskeletal symptoms
Lally & Pearce	1996	nurses	dealing with death and dying being moved among different patient care units within the organization shortage of essential resources (incl. nursing staff) work load	
Lambert et al	2004	nurses	workload conflict with physicians conflict with other nurses lack of support inadequate preparation uncertainty about treatment	leaving the current nursing position
Laschinger et al	2001	nurse manager	trust in management	job satisfaction
Leary et al	1995	mental health nurses	feeling professionally isolated	
Lee & Henderson	1996	nurses	low organizational commitment	
Lees & Ellis	1990	nurses	workload inadequate staff cover time pressure Relationship with other clinical staff coping with emotional needs of patients and their families poor parent diagnosis death and dying	
Leveck & Jones	1996	nurses	Leadership and management style poor locus of control poor group cohesion lack of adequate supervisory support	
Lucas et al	1993	nurses	Leadership and management style poor locus of control poor group cohesion lack of adequate supervisory support	
Mandel & Lohman	1987	nurses	lifting over 10 patients/wk	lower back pain
Manderino et al	1994	nurses	time demands state laws restricting the ability to carry out the advanced practice role	

McGowan	2001	nurses	workload inadequate staff cover time pressure Leadership and management style poor locus of control poor group cohesion lack of adequate supervisory support	
McGrath et al	1985	nurses	meaning cannot be found through work	
McLeod	1997	mental health nurses	too many referrals/caseloads too large clerical administration	
Melchoir	1996	nurses	lack of support	
Morrison et al	1997	nurses	Leadership and management style poor locus of control poor group cohesion lack of adequate supervisory support	
Munro et al	1998	mental health nurses	job control social support	Job satisfaction and mental health
Murray	1998	nurses	dealing with death and dying being moved among different patient care units within the organization shortage of essential resources (incl. nursing staff) work load	
Niedhammer et al	1994	nurses	psychological load (relationships with colleagues, superiors, patients, confrontation with suffering and death,	cervical pain
Nolan	1995	mental health nurses	overly heavy workload difficulties with clients organizational structure interprofessional conflict under resourcing professional self-doubt home/work conflict	
O'Connell et al	2000	nurses	violence	
Parahoo	1991	mental health nurses	paperwork/clerical duties not working independently not being one's own manager not being an independent practitioner	job dissatisfaction
Parry-Jones et al	1998	mental health nurses	increases in workload and administrative duties combined with reduced time for the service user and family contact	
Peter & Liaschenko	2004	nurses	sustained proximity	moral distress moral ambiguity

Price	2002	nurses	Poor support fro co-workers low extrinsic rewards low amount of control responsibility poor professional opportunities	
Prosser et al	1996, 1997	mental health nurses	increases in workload and administration	burnout
Robinson & Lewis	1990	nurses	shift rotation	
Ruggiero	2005	nurses	weekends off per month emotional stress	job dissatisfaction
Ryan & Quayle	1999	mental health nurses	organizational issues	
Santos et al	2003	nurses	physical demands responsibility of inpatient nursing	
Scalzi	1990	nurses	concern for poor quality of nursing staff, medical staff and patient care	
Schafer	1992	mental health nurses	having too many interruptions in the office lack of facilities	
Schmitz et al	2000	nurses	Leadership and management style poor locus of control poor group cohesion lack of adequate supervisory support	
Shader et al	2001	nurses	Leadership and management style poor locus of control poor group cohesion lack of adequate supervisory support	
Snape & Cavanagh	1993	nurses	dealing with death and dying being moved among different patient care units within the organization shortage of essential resources (incl. nursing staff) work load	
Snelgrove	1998	mental health nurses	emotional pressure/difficulty quantifying work	
Stordeur et al	2001	nurses	workload inadequate staff cover time pressure Relationship with other clinical staff Leadership and management style poor locus of control poor group cohesion lack of adequate supervisory support	
Tholdy Doncevic et al	1998	district nurses (Stockholm)	Organizational sources of stress, such as ongoing changes in the primary care organization, and	

			reorganization of tasks	
Tholdy Doncevic et al	1998	district nurses (Zagreb)	lack of resources	
Tovey & Adams	1999	nurses	Low control high demand low support working relationships lack of staff professional concerns about poor standards of care external work pressure	
Tyler & Cushway	1995	nurses	workload inadequate staff cover time pressure	
Tyler & Ellison	1994	nurses	inadequate staff cover time pressure Relationship with other clinical staff Leadership and management style poor locus of control poor group cohesion lack of adequate supervisory support coping with emotional needs of patients and their families poor patient diagnosis death and dying	
Tyler & Cushway	1995	nurses	workload	
Tzeng	2002b	nurses	Indirect working environment salary and promotion	
van Wijk, C	1997	military nurses	Lack of support from supervisors, high responsibility long working hours task overload	burnout
Vincent & Billings	1988	nurses	Poor management	burnout
Voss et al	2001	nurse managers	bullying	sickness absence
Walcott-McQuigg & Ervin	1992	nurses	uncooperative family members and clients inability to reach physicians unfamiliarity with situations	
Wang	2002	nurses	pay and job promotion	
Webster & Hackett	1999	nurses	Low control high demand low support	
Weinberg & Creed	2000	healthcare professionals and hospital staff	lack of support from manager (unavailable, not supportive, inactive on key issues interpersonal difficulties with supervisor(harassment)	Anxiety, depressive mood

			<p>problems of physical environment (no window and extreme heat)</p> <p>poor prospects of promotion (rejection of post frozen)</p> <p>job not secure (end of contract announced or expected)</p> <p>under-utilised (not using skills for which trained)</p> <p>very heavy workload (covering an additional clinical area or load)</p> <p>absence of confidant</p> <p>conflict of work role</p>	
Weyers et al	2006	nurses	Effort-Reward Imbalance	poor self-rated health
Whitehorn & Nowlan	1997	nurses	violence (verbal abuse, physical harm, physical attacks)	
Wickett et al	2003	nurses	substitution of RNs for unskilled workers	increase in the workload and dissatisfaction
			removal of the RN from direct care	dissatisfaction
			perceived disparity between expectations of standards of care and what they are unable to sustain	
			lack of career opportunity	
			mismatch in expectation between nurses and patients	leaving the position
Wykes et al	1997	mental health nurses	<p>increasing workloads</p> <p>increasing administration</p> <p>lack of resources</p>	

表 3. 医療職のストレス要因:要約 (カッコ内はレビュー文献中職業別にとりあげられたもの)

ストレス要因	項目
外在的因子	<p>要求度</p> <ul style="list-style-type: none"> 量的・質的負荷 時間的切迫 中断の多さ(看護職) マンパワー不足(看護職) 重責 長時間労働(医師) <p>身体的就業環境(看護職・一部医師)</p> <ul style="list-style-type: none"> 患者の移動 人間工学的要素 <p>役割のあいまいさ</p> <ul style="list-style-type: none"> 看護業務と思えない仕事(クラーク業務など:看護職) <p>仕事のコントロール</p> <p>サポート・人間関係</p> <ul style="list-style-type: none"> 看護師との関係(医師)・医師との関係(看護職) 上司サポート ハラスメント・いじめ(看護職) <p>低報酬</p> <p>新しいテクノロジーへの対応(看護職)</p> <p>仕事と家庭のバランス(研修医・看護職)</p> <p>夜間当直(医師)・夜勤・交替勤務(看護職)</p>
組織・管理に関わるもの	<p>職場風土・雰囲気</p> <p>リーダーシップ・マネジメントの不備</p> <p>適切なフィードバック</p> <p>業務への意見の反映</p> <p>チームワーク・協力</p>
比較的職業特異的と思われる因子	<p>患者の死</p> <p>訴訟のおそれ</p> <p>患者の過度な期待</p> <p>暴力のおそれ(看護職)</p> <p>質の高い看護提供をできないこと(看護職)</p> <p>自殺企図者など特定の患者のケア(看護職)</p>
そのほか	<p>不十分な能力/経験/スキル・トレーニング不足</p> <ul style="list-style-type: none"> 自信のなさ・失敗の数(研修医・看護職) <p>勉強の機会(研修医・看護職)</p> <p>将来の見通し(研修医)</p> <p>緊急入院(研修医)</p>