



## Letter to the editor

## Response to letter to the editor



We would like to thank Agarwal, Bravo, Madhivanan, and Taylor-Amador for the letter (20 March 2019) regarding our review.<sup>5</sup> We appreciate your interest in our review and hope you have also had the opportunity to read about some of the work that has evolved from this review;<sup>1–4</sup> As you have highlighted, our review “importantly addresses the gap in well-being literature, which may propel future studies and development of workplace interventions”, and we too are excited about this opportunity.

Given the diverse views and debate surrounding systematic reviews, alongside the various ontological and epistemological positions held, we enjoyed reading your appraisal and critique of our review. We agree, as reported, that not submitting a protocol before the review was a limitation and encourage future studies to do so. We highlighted our use of a reporting guideline to demonstrate transparency in reporting, and it appears our goal was achieved. There are, again, diverse views related to the use of controlled vocabulary terms or related keywords. For our review, there was a very specific aim, identified in the review objectives and the methods. Searching a broad range of nonspecific terms was outside the scope of this review, but we look forward to future systematic reviews that may have a broader aim.

Our clear and transparent reporting of methods enabled an easy replication in CINAHL. Your search in CINAHL yielded 3742 hits, we wonder if the difference in the number of hits identified may be related to the variation in source database, we used EBSCO Health Databases (CINAHL Plus with Full Text and Medline). Additionally, we expect that if/when you investigate/d these hits in further detail, most publications were not investigating well-being in intensive or critical care nurses and most were likely focusing on the well-being of patients or ill-being of nurses.

In sum, whilst our review certainly contained limitations, we believe these do not detract from our modest conclusions, “The well-being of intensive care nurses is currently understudied. Conceptualising intensive care nurses’ well-being, understanding correlates of well-being, and testing workplace interventions to improve well-being remain significant opportunities for future research”<sup>5</sup> (p. 6). We appreciate the opportunity you have provided for us to revisit some aspects of our review and hope that our review stimulates others to research this important topic.

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