

## PS-ICU Research (Perceived Stress in Intensive Care Unit) Instructions for Step 1: Generation of items - exploratory interviews

### Exploratory interviews in Montreal: many thanks to all of the teams of the intensive care units of CHUM (University Hospital of Montreal)!

The exploratory interviews were very successful at the three CHUM sites in Montreal (Hôpital Saint Luc, Hôtel Dieu and Notre Dame). Laurence Aubert (PhD student in psychology) and I met with 40 professionals (20 nurses and 20 physicians) in July. We wish to thank all of the professionals of CHUM for their warm welcome. The theme of stress in intensive care aroused strong interest among the professionals and resulted in rich interviews.



Photo 1 : Research centre CHUM

**It will be Italy's, Spain's and France's turn in September. Then Melbourne's soon.**

The questionnaire and the interview script were translated into Italian and Spanish. As for Melbourne, we have been in contact with Steve McGloughlin and the implementation of the research will resume.

## Reminder: Population per country for step 1

#### INCLUSION CRITERIA FOR THE SUBJECTS

In this step, we will include the services which:

- Practise an activity of intensive care (whether this practice is medical or surgical, adult or paediatric).

The professionals of ICU who:

- Volunteer to participate in the study (and with the consent of the head of the unit),
- Senior physicians, interns, and nurses who have been working in the service for more than three months.

#### NON INCLUSION CRITERIA FOR THE SUBJECTS

- Administrative staff, nursing auxiliaries, physiotherapist
- Senior physicians, interns, and nurses who have been working in the service for less than three months.

GROUP	SPC	POPULATION
Physicians	Seniors	10
	Interns	10
Nurses	Experienced <i>With more than two years of experience in the service</i>	10
	Novice <i>With less than two years of experience in the service</i>	10

Table 1: The reference corpus

## PS-ICU exploratory interviews: instructions for use for the psychologists who will conduct the interviews

#### THE FIRST CONTACT WITH AN INTENSIVE CARE UNIT

The success of the research depends on the information about the research that will be given to the professionals. This information must be clear and the professionals must feel concerned. Moreover, the psychologist must be available and adapt him/herself to the functioning of the service so that the professionals will agree to be interviewed.

Before beginning the interviews, it is essential to meet with the departmental head and the head nurse to collect organizational information and define the context of the interviews (place, interviews during the professionals' working hours or outside of work). The context can be different depending on the socio-professional category as the doctors and nurses do not necessarily have the same availability and do not favor the same meeting places.

- **Informing about the research:** The research is focused on the professionals' experience of stress in intensive care. Effectively, the professionals who work in intensive care are confronted by specific stressors, and this study aims to identify these stressors in order to better act on them. We also aim to create a tool enabling their identification of these stressors and to help ICUs develop corrective actions to improve the well-being of professionals at work. These interviews are conducted in Australia, Canada, Spain, France and Italy.

- **Implementing the research:** In order to carry out the interviews successively, it is imperative for the psychologist to have an office (a table and 2 chairs) near the service and to ensure that the contents of the interviews will be strictly confidential. The interviews must be conducted individually.

A minimum of 40 minutes is necessary to conduct the interview. This requires some availability on the part of the professionals and therefore they can organize their time.

**For the nurses:** the head nurse can organize the teams so that a professional can have free time. The interviews can also be conducted outside of work, but this solution is not always easy for the professionals.

**For the doctors:** appointments can be made with the senior physicians and the interns, which is often easier for them.

The staff lounge, reception room, and offices are meeting places where professionals allow themselves to take more time to discuss and inform themselves about the interest and the modalities of the research.

## The procedure for the interviews: The following steps must be observed:

**1** Information about the research and signing the fully-informed consent. The questionnaires and interviews are anonymous (each subject's interview and questionnaire are coded with a number without mention of the first or last name).

**2** Ask permission to audiotape the interview.

**3** Administering the questionnaire (15 minutes) with eCRF (electronic case report form): The psychologist reads each of the questions of the questionnaire and the scales, and the professional answers. This enables the psychologist to verify if the questions are understood and to establish confidence in order to begin the interview.

**4** Conducting the interviews (30 to 40 minutes) two themes are dealt with:

- **On stressors:** Be very careful to avoid using the word "stress" as it has become vulgarized and everyone has his/her own definition. Use instead: what are the difficult or emotionally difficult situations, or situations that are difficult to bear that you have experienced in your profession?

Take time to go over all of the situations and ask how each situation was experienced, what was their impact on the professional (on his/her psychological equilibrium at work as well as personal)? How did they cope with them?

If you feel that it will be difficult to approach certain points, you can use an inverted formulation:

**"In your opinion, which points should be changed for your well-being at work?"**

- **On the relation with patients and families :** the patient and the family are central elements in the professional's work, and that is why we emphasize the experience of this relation and its impact. The objective also involves trying to understand how the professionals protect themselves from this relation which can often be emotionally heavy. Particular attention will focus on dehumanization (how it is manifested, intensity, impact on the relation).

If you feel that this question is difficult to approach, you can use a formulation that encourages distancing:

**"If you could see yourself with the patient, how would you describe yourself?"**

The different research themes are dealt with during the interview by using open questions (cf. interview guidelines) which provide a common thread while respecting what the subject can say spontaneously about him/herself. This gives the subject the possibility to choose how to tackle the question, he/she has the choice to be stirred, to become annoyed, to go back to the question or to skirt it. This freedom allows the professional to develop his/her discourse, his/her experience, and also enables the researcher to be closer to what the professionals have experienced.

## Next newsletter : the qualitative analysis of the interviews

We are currently transcribing the interviews conducted in Montreal. The qualitative analysis of the interviews will allow us to draw up a coding framework showing all of the stressors reported by the professionals (in terms of frequency and intensity). This coding framework will then be used by all of the research teams involved in order to enrich and/or modify it on the basis of their own interviews.

Gilles Capellier will be in ESICM congress in Berlin. It will be a good opportunity to meet with us and discuss the PS-ICU project and its advancement.

Alexandra Laurent and Gilles Capellier