



The PS-ICU group wishes you ...

Happy New Year!
¡Feliz Año!
Felice Anno Nuovo!
Bonne Année!

First Step : The construction of the PS-ICU scale

REMINDER

The aim of this international project is to develop a new scale that would identify the different perceived stressors by professionals in intensive care units.

Table 1 : Number of participants per country and in total for the first step

To identify them, we conducted exploratory interviews with a total of 166 professionals in intensive care in 4 different countries. Then, we carried out a thematic analysis of each of the interviews to identify stressors.

	Canada	France	Italia	Spain
Physicians	20	22	20	20
Nurses	22	22	20	20
Total of participants	42	44	40	40

RESULTS FROM QUALITATIVE ANALYSIS

Thematic analyses identified 99 factors grouped in 8 major themes of sources of stress.

Table 2 : List of major themes identified in exploratory interviews

1. Stress related to patient
2. Stress related to the task to be performed
3. Stress related to institutional context
4. Stress related to personal dimensions
5. Stress related to the staff
6. Stress related to the patient's family
7. Stress related to the organization of the service
8. Stress related to work conditions

From these factors, 99 items were generated to develop the PS-ICU scale. Pre-tests of this scale were then carried out on 70 participants and 49 items were suppressed (based on some criteria such as comments, relevance, importance, clarity, missing data).

Last Step : The validation of the PS-ICU scale

STUDY DESIGN

Have you experienced this situation within your unit?	Never experienced	I experienced this situation and...			
		1 I was <u>not at all stressed</u>	2 I was <u>a little stressed</u>	3 I was <u>rather stressed</u>	4 I was <u>extremely stressed</u>
Socially isolated end-of-life patient or one with no immediate family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colleague not doing his/her work properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of recognition (from the patient, the family, the team, the hierarchy)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contradictory information given by other caregivers to the family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortage of beds in the unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Figure 1 : Example of items on the PS-ICU scale

To validate the new PS-ICU scale with 50 items, the scores of this scale must :

- be stable over time,
- correlate with clinical measures.

A large international sample of 200 participants (including physicians and nurses) per country will be required. This last step will include 2 phases :

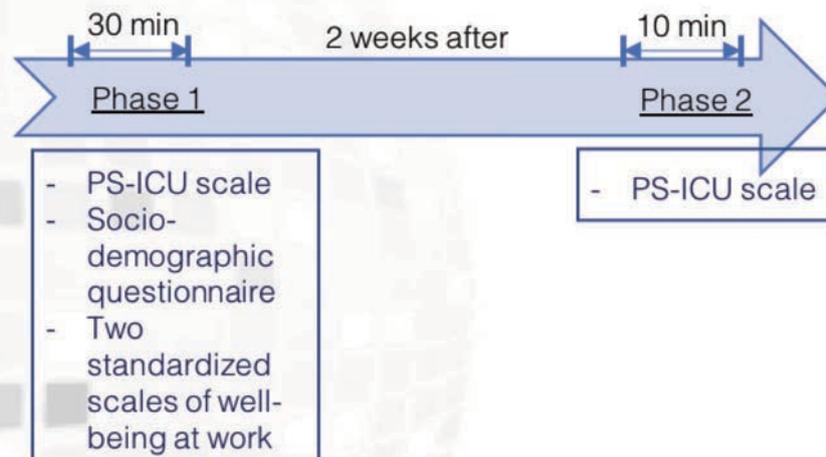


Figure 2 : Experimental design of the last step

FUTURE OBJECTIVES : RESEARCH & PRACTICE

The scale validation will allow to the study of :

- Impact of perceived stress on mental health, job satisfaction and quality of care
- Impact of the cultural, organizational dimensions specific to each country on perceived stress in ICU
- Impact of coping skills on perceived stress

PS-ICU :

A team that is growing stronger

Alicia Fournier, PhD in health psychology, joined the PS-ICU group.

Highly experienced in the field of stress and scale construction, Alicia Fournier will participate :

- the validation process,
- the mobilization of services and the data collection,
- the study of links between stressors and mental health, quality of life and safety of care,
- the publication of the results.



Publication and valorisation

Currently, three papers are being written :

- The first paper will be a literature review. The objective is to list all the scales used in the scientific field to measure Job stressors in ICUs, and thus to highlight the importance of developing a new international scale specific to intensive care.
- The second will aim to enhance the value of the data from the qualitative interviews. This article will develop the entire scientific methodology that led to the discovery of the 8 major stressors in ICUs.
- The third will aim to enhance the construction of the PS-ICU scale in 50 items. This paper will mention the different criteria and steps that led to the deletion of 49 items and resulted in the creation of the PS-ICU in 50 items.

PS-ICU team will also participate in conferences to promote the data to the scientific community, physicians and psychologists.

Research team

AUSTRALIA	Alfred Hospital, Melbourne	ICU
CANADA	CHUM, Montréal	ICUs, Research program, Quality of health
FRANCE	CHU Fr. Mitterand, Dijon CHU Grenoble Alpes, Grenoble CHU J. Minjoz, Besançon Université de Franche-Comté, Besançon Université de Bourgogne, Dijon	ICUs, Methodology and quality of life-Epidemiology (UMQVC, CHU J. Minjoz), Laboratory of psychology (Université de Franche-Comté), Laboratory Psy-DREPI (Université de Bourgogne)
ITALIA	Policlinico A. Gemelli, Rome	ICU
SPAIN	Hospital Universitario Torrejón, Madrid Gregorio Marañon Hospital, Madrid Hospital de la Fe, Valencia	ICUs

