

## Background

- Female patients in the intensive care unit (ICU) have higher risk for psychological distress, leading to poor health outcomes (McCurley et al., 2019).
- Black communities notably face unique challenges that increases their health disparities in Canada (Public Health Agency Canada, 2020).
- It is unclear how black women’s experiences of psychological distress in the ICU compares to women of other races.
- Aim to explore women’s experiences of psychological distress and identify measures for assessment and management in the ICU.

## Methods and Materials

- An interpretive description method with patient engagement (PE) (Chudyk et al., 2022; Thorne, 2016).
- Patient partners (PPs) with ICU hospitalization experience in the past 1-3 years as a patient or relative.
- Recruit 8–15 post-ICU survivors for one-on-one interviews, 2-3 focus groups and thematic analysis.



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## EDI, Sex and Gender-Based Analysis

- Use intersectionality theory to explore differences between black and non-black women’s experiences.
- Identify sex-based and culturally appropriate interventions.
- Remove barriers to participation through flexible hours of operation, respecting PPs and study participants’ preferences, and providing compensation for participation.

## Anticipated Outcomes

- Will publish manuscript on PE aspect of study using the Guidance for Reporting Involvement of Patients and the Public checklist version 2 (GRIPP-2) (Staniszewska et al., 2017).
- Project will advance scholarship on PE and improve knowledge translation (CIHR, 2019).
- Project will have implication for improving the mental well-being of female ICU patients and survivors.
- Collaboration with PPs will help establish and sustain ongoing partnerships for future work.

## Limitations

- Project limited to Edmontonian population.
- Risk of recall bias among participants and patient partners (PPs).
- Lack of funds to include more than 2 PPs.
- Increased research burden for PPs.
- PPs to be recruited after first draft of proposal.

## References

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