

Title: The Intersectionality of Gender and Race in Women's Experiences of Psychological Distress in Critical Care

Background: Hospitalization in a cardiac intensive care unit (CCU) is associated with high stress levels and adverse emotions linked to psychological and physiological complications impeding recovery and persisting for years after ICU discharge (Levine et al., 2021; Lichtman et al., 2008). Women have more adverse psychological outcomes in the cardiovascular and ICU literature (Buckland et al., 2019; McCurley et al., 2019). No practice guidelines address mental health in CCU (Kusi-Appiah et al., 2021), and no attention has been given to the role of gender and race. Nonetheless, how mental health outcomes are measured at national level may not reflect how different communities understand and talk about health (Public Health Agency of Canada, 2020). Black women are less likely to seek mental health support, even though mental health strongly predicts their overall health and quality of life (Sabri et al., 2013). Depression in black women for instance, is strongly associated with risk for heart failure (Gaffey et al., 2022). Black women's uneasiness of disclosing mental health challenges may be partly due to sociocultural expectations to display "superhuman strength" and "heroic resilience" in the face of adversities (Cousin et al., 2022). Black women also represent a population understudied in mental health research; hence, we know little of their unique needs.

Objectives. I will employ an intersectionality and patient engagement framework to examine intersectional factors shaping a) women's and black women's experiences of psychological distress in CCU, b) women's perceptions of caring behaviors to mitigate psychological distress, and c) women's views on person-centered strategies for psychological distress assessment and intervention in the CCU. To inform my design, I will conduct a scoping review of female patients' experiences in cardiac ICUs.

Design. I will use an interpretive description (ID) methodology with patient engagement. ID draws on existing experiential knowledge and generates knowledge relevant to the clinical work (Thorne, 201). Purposive and snowball sampling will be used to recruit participants through collaborating CCUs and the Alberta SPOR platform. I will invite two patient partners with lived CCU experiences to participate in the governance, study design, analysis, and dissemination of findings. Women after CCU discharge will be engaged in interviews and focus groups. Analysis: I will identify commonalities and differences with attention to intersectional factors impacting participants' experiences. I will conduct a sub-group analysis of Black women's experiences and will explore participants' perceptions and recommendations of caring practices. I will co-create practice considerations with study participants.