Methods Two hundred and forty-four outpatients (50% males, mean aged 54.34 ± 14 years) making visits to the Maugeri Institute were asked to evaluate the communication skills of 10 front-line health care professionals using the HCCQ, a 14-item, 5-response option questionnaire. Of all the participants, 78 outpatients (Group A) were asked to complete the HCCQ by two psychologists, while 166 outpatients (Group B) were asked to fill in the HCCQ by the front-line professionals. All the questionnaires were anonymous.

Results Factor analysis of the HCCQ identified four factors: 1. Patient-centered problem-solving (6 items, range 6–30, mean 22.22 ± 3.65); 2. Effective communication skills (5 items, range 5–25, mean 18.95 ± 3.20); 3. Hostility (3 items, range 3–15, mean 3.92 ± 1.95), and 4. Non-verbal (face) communication (2 items, range 2–10, mean 6.89 ± 1.45). The HCCQ showed content validity, established beyond consensus of three experts, and acceptable reliability (Cronbach’s α ranging from 0.68 to 0.86; total/item correlations from 0.70 to 0.88). No differences were found on HCCQ scores as related to age, sex and educational level of patients. Significant differences were found in factor 4 (p = 0.005) between Group A (mean 6.45 ± 1.46) and Group B (mean 7.09 ± 1.41). It suggests that involving, in the assessment procedure, hospital personnel other than the professionals who are the target of patient’s evaluation may lead to reliable measures.

Conclusions The HCCQ appears to be a reliable measure of patient satisfaction with health care communicative behaviours. It allows to identify specific aspects that are evaluated as less satisfying by the patients in order to plan effective communication training for health care professionals.

PRECAIRIOUSNESS, STRESS AND COPING

Sordes-Ader, Florence, France; Tap, Pierre, France; Vasconcelos, Maria de Lourdes, Fonseca, Marta, Portugal

The instruments currently available to evaluate stress to compile a scale for the assessment of perceived stress have been used. The scale consists of 30 items that represent four dimensions: depression, physical manifestations, lassitude–tiredness and agitation–tension. For this research we reduced the scale to 12 assertions, variously associated with the four dimensions.

To determine the strategies for stress management (coping) we adopted the Toulouse Coping Scale, constructed on the basis of a critical analysis of existing coping scales, whereby 6 initial strategies were assessed: localization, social support, withdrawal, conversion, confrontation and denial. We retained 18 items from the 54 on this scale, three for each of the 6 strategies.

Regarding the relation between stress and coping, analysis of the results showed that the strategy of withdrawal – social support was positively correlated with the global outcome for stress in three of the four groups, and was not significant for the precarious Portuguese.

The strategy of control-actualization is associated with a low level of stress, but only for the Portuguese, both precarious and non-precocious.

The strategy of denial and conversion was only found in a negative relation, with a high level of stress, for the Portuguese, especially those in a non-precarious situation. In relation to the French, no relation was found between stress and denial.

STUDY OF DEPRESSED MOOD, COPING STRATEGIES AND QUALITY OF LIFE DURING PREGNANCY AND AFTER CHILDBIRTH

Spitz, Elisabeth, De Tychey, Claude, Briancon, Serge, Costantini, M.-Louise, Vaillant, Magali; France
The individuals more currently affected by precariousness are those who live in situations characterised by great social vulnerability: the long-term unemployed, working people with low income, young people in precarious jobs, single mothers with meagre income, children who do not attend school, unqualified young people, and others. Without their being explicit diseases, these situations characterised by impotence and discomfort are a threat to the individual's integrity. They pave the way for the emergence or aggravation of chronic pathologies, psychic problems, psychosomatic ailments leading to psychic suffering that is difficult to manage (Haut Conseil pour la Santé Publique, 1996). The term suffering itself has a negative connotation and is often replaced with the term stress, which leads to the feeling one experiences on interpreting or assessing a situation. However, each person has his or her own way of responding to the stimuli coming from their social environment and their personal history. The same event may have various consequences depending on the individuals. The same setback may, on the one hand, completely destroy someone's capability to tackle a problem and, on the other hand, prompt somebody else to action. This capacity to deal with problems (called coping) involves the ability to handle, accept, avoid or reduce stress. According to their personal history, but also depending on the mental and external resources available to them, individuals may or may not emerge from a situation of precariousness feeling stronger, and conceive, a project, a professionally one, that will help them become socially integrated again (Tap and Vasconcelos, 2004).

SOCIO-ECONOMIC PRECARIOUSNESS AND PSYCHOLOGICAL VULNERABILITY

comparison between the French and the Portuguese people about stress and coping

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The experienced stress was evaluated on the basis of a scale designed by Tap and Vasconcelos (2004) (who draw on the work done by Lemyre and Tessier, 1998). The scale consists of 30 elements divided into four dimensions: depressive mood, physical manifestations, lassitude/tiredness, and feverishness/tension. Here, we drew on the work done by Lemyre and Tessier, 1998). The scale consists of 30 elements divided into four dimensions: depressive mood, physical manifestations, lassitude/tiredness, and feverishness/tension. Here, we propose a reduced scale of twelve elements (three per dimension). The answers' format is carried out by means of a Likert type (giving from 1 to 5 based on one to five total scores). The global self-esteem score may range from a minimum of 12 points to a maximum of 60 points.

Coping strategies

Widely used to determine the strategies for stress management (coping), we adopted the Toulouse Coping Scales of Tap, Sordes-Adér, and Espiértas-Patins (1993) and constructed them on the basis of a critical analysis of existing coping scales, whereby 6 initial strategies were assessed: focalization, social support, withdrawal, conversion, control, and denial. We retained the 16 of the 54 items on this scale, three for each of the six strategies.

Procedure

The compilation of the data was carried out in Public Health Care Centres in the central region of Portugal and in Toulouse, in France, with the co-operation of GPs, social workers, and psychologists. The users were requested to specify the country they were in at the time. In order to present the results fairly and accurately, they would be assisted by the researcher, who would read the questions and explain their meaning to them. Participation was voluntary.

Coping strategies and stress level

As expected, the combination of these coping strategies and the level of stress, correlations have been found.

METHOD

Participants

<table>
<thead>
<tr>
<th>N=449</th>
</tr>
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<tbody>
<tr>
<td>Portugal (Toulouse)</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Precarious situation</td>
</tr>
<tr>
<td>Non-precarious situation</td>
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</tbody>
</table>

Stress:

An analysis of the main components, followed by a varimax rotation, shows a three-factor structure (and not a four-factor one as expected). These three factors are:

1. Depressive mood (31.1% of variance / alpha =.85 for the global population), consisting of five elements;
2. Lassitude and physical manifestations (15.3% of variance / alpha =.79 for the global population), also consisting of five elements;
3. Temporary disturbances (9.5% of variance / alpha =.85 for the global population), consisting of two elements.

The internal consistency of this scale is excellent, with alpha .85 for the global population.

Coping strategies and stress level

The analysis of the connections found between stress and coping strategies shows that the withdrawal-social support strategy is very positively correlated with the global stress result, in three of the four groups. On the one hand, this connection is not significant for the precarious Portuguese. This result indicates that, in this group, withdrawal is not systematically associated with high levels of stress, as if marginalization had become a natural response to stress. On the other hand, this connection is significant among the precarious French (M=17.77), whereas this difference is not visible among the French. The difference is especially significant among the precarious French (M=19.09) (more controlled) and the precarious Portuguese (M=14.37; p<.01). This interaction between country and status appears to be determining here.

Control and Conversion (Factor 3)

The interaction between conversion and country is non-significant. As expected, women resort more frequently to withdrawal and social support than their French counterparts, especially among people in a precarious situation. On the other hand, Portuguese men resort to this strategy more often than Portuguese women, particularly those in a non-precarious situation.

Stress:

The precarious French:

- Withdrawal and social support: .54**

The precarious Portuguese:

- Withdrawal and social support: .07

Connection between global stress and withdrawal-social support: .44**

Control-focalization: -.39**

The precarious Portuguese:

- Control-focalization: -.27

The precarious French:

- Control-focalization: -.24

DISCUSSION

The analysis of the connections found between stress and coping strategies shows that the withdrawal-social support strategy is very positively correlated with the global stress result, in three of the four groups. On the one hand, this connection is not significant for the precarious Portuguese. This result indicates that, in this group, withdrawal is not systematically associated with high levels of stress, as if marginalization had become a natural part of people's lives.

Nevertheless, we may consider the existence of a connection between the level of stress and the type of coping strategy employed. People who experience more stress tend to frequently avoid stressful situations and to request help. These results are consistent with French women, who are more stressed than their men, resort to withdrawal and social support more often than the latter. On the other hand, no difference was found between the precarious and the non-precarious Portuguese women and men. The fact that Portuguese men resort to withdrawal and social support more often than their Portuguese women goes against the usual belief according to which women are simultaneously more stressed, more withdrawn, and more likely to request help.

An expected, the control-focalization strategy is associated with a low level of stress, but only as regards the Portuguese, whether they are precarious or non-precocious. On the contrary, the French show that control is positively associated with the global stress result, in particular concerning the non-precocious group. Control and focalization prove to be non-adaptive to reduce stress among the French, however; regarding the latter, there is a difference between the emotional aspects involved in the action and the effort to control stress-provoking situations. At any rate, stress is viewed as less negative by the French, since it is not regarded as contradicting the problem-resolving process.

The denial and conversion strategy may only be found in a negative connection, with a high level of stress, among the Portuguese, particularly those who are in a non-precarious situation. On the other hand, there appears to be no connection between stress and denial among the French (precarious or non-precarious).

REFERENCES