

Journal Watch

The Patient Dignity Inventory: A Novel Way of Measuring Dignity-Related Distress in Palliative Care.

Prepared by: Dr. Pablo Amigo, Presented during morning rounds on the Tertiary Palliative Care Unit, Grey Nuns Hospital on December 16th 2008

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Abstract: Quality palliative care depends on a deep understanding of distress facing patients nearing death. Yet, many aspects of psychosocial, existential and spiritual distress are often overlooked. The aim of this study was to test a novel psychometric-the Patient Dignity Inventory (PDI) - designed to measure various sources of dignity-related distress among patients nearing the end of life. Using standard instrument development techniques, this study examined the face validity, internal consistency, test-retest reliability, factor structure and concurrent validity of the PDI. The 25-items of the PDI derive from a model of dignity in the terminally ill. To establish its basic psychometric properties, the PDI was administered to 253 patients receiving palliative care, along with other measures addressing issues identified within the Dignity Model in the Terminally Ill. Cronbach's coefficient alpha for the PDI was 0.93; the test-retest reliability was $r = 0.85$. Factor analysis resulted in a five-factor solution; factor labels include Symptom Distress, Existential Distress, Dependency, Peace of Mind, and Social Support, accounting for 58% of the overall variance. Evidence for concurrent validity was reported by way of significant associations between PDI factors and concurrent measures of distress. The PDI is a valid and reliable new instrument, which could assist clinicians to routinely detect end-of-life dignity-related distress. Identifying these sources of distress is a critical step toward understanding human suffering and should help clinicians deliver quality, dignity-conserving end-of-life care. *J Pain Symptom Manage* 2008; 36:559-571.

Strengths:

- Multiple centers involved,
- Stringent inclusion criteria for this well-planned study, which used multiple validated tools and sound statistical analysis.

Multiple stages taken in the development of the tool, with patient and expert feedback used to refine the instrument leading to the development of a questionnaire with very good psychometric properties.

Population is comparable to that seen by our program.

Weaknesses:

Applicability to other populations still uncertain, as the tool needs to be validated in other countries, test-retest reliability beyond 24 hs is unknown. Although authors claim that can be filled in a short period of time by highly functional patients, may be burdensome for weaker/ debilitated patients.

A reduction in the number of items may be necessary to reduce burden to patient and enhance clinical use.

Relevance to Palliative Care:

Assessing psychosocial, spiritual and existential distress can be a daunting task for the younger/ inexperienced clinician. The development of this screening tool may help to improve the screening of dignity-related distress in palliative care patients by staff less familiar with the evaluation of these issues, helping to provide holistic care to those dying from progressive, incurable illnesses.