



Understanding Dignity in Variable Intensive Care Settings:
The *Patient Dignity Inventory* and Dignity-Related Distress
among the Critically Ill

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Background

- Model developed by H.M. Chochinov and team at Manitoba Palliative Care Research Unit
Thesis: Illness itself can lead to concerns about lost independence, distressing symptoms, and anxiety.
 - Individual's attitudes/ perspectives can help maintain dignity
 - Treatment by others can destroy someone's dignity
 - More serious health issues increase risk that dignity will be adversely impacted

Significance

Patients with prolonged ICU stays often experience anxiety, depression and PTSD (Myhren et al, Crit Care, 2010; Jackson et al, Crit Care Med, 2003)

- Some evidence suggest that early intervention on anxiety/depression symptoms promotes psychological recovery from ICU experience (Peris et al, Crit Care, 2011).
- Early identification of stressors/ sources of distress may facilitate prompt and targeted early intervention.

Project overview

- The Patient-Dignity Inventory (PDI) is an innovative psychometric tool designed to measure various sources of dignity related distress among patients nearing the end of life.
- This study will sample 100 patients and caregivers in each of five critical care units at the Hospital of the University of Pennsylvania (HUP) and the Pennsylvania Presbyterian Medical Center (PPMC).

Aims

- Attempting to understand the utility of the PDI across various critically ill populations and validate this instrument as a tool in this population
- Identifying risk factors for loss of dignity in patients admitted to the ICU for >48 hours

Methods

- Participants screened electronically and verbally with RN for inclusion criteria
 - Age >18
 - ICU LOS >48h
 - If intubated/ sedated/ delirious, family member available to participate
 - Consent
- Surveys can be self-administered or delivered by research assistant based on patient needs
- 4 survey instruments administered to patient participants to assess anxiety, depression, perceived quality of communication, and dignity
 - PDI, PHQ-8, GAD-7, HCCQ
 - Caregiver participants complete only PDI and HCCQ

Results/ Outcome

- All cardiac surgical patients
- Average length of stay 25 days (shortest 5, longest 73)
- 50% male, 50% female
- 60% white, 40% black
- Moderate depression (average PHQ score 15.2)
- Mild-moderate anxiety (mean GAD-7 score 9)
- Wide variance in levels of perceived autonomy support (average 59.2, min 25, max 81)
- PDI: moderate overall preservation of dignity (average 54.6/125)
- Specific areas of concern: symptom management, uncertainty about future, feeling changed from old self, loss of ability to perform activities of daily living independently

Your own role in the project



Lessons Learned

- Healthcare Providers are **STRONG** !
- The importance of a patient's dignity is critical to the patient's healing process.
- Working in a critically ill population, a strong team is needed to care for a patient's well-being and rehabilitation.