



Defining and measuring dignity for hospitalised older people.

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Introduction

It is not clear how older people, carers and clinicians define dignity or dignity care.

Evidence suggests dignity-related training for healthcare staff is needed to deliver dignified care.

The proportion of people aged 65+ continues to increase in Australia. Older people are at risk of loss of dignity during acute hospital care arising from factors related to the environment (e.g., lack of privacy), staff behaviour (e.g., being curt) and patient factors (e.g., incontinence, lack of independence)

Dignity is important to older people and their carers, but remains an unmet need. Lack of understanding regarding dignity needs can lead to differing goals of care and lack of dignified care.

There is some evidence about factors older people consider important for dignity care, however, there is little confirmatory evidence about effectiveness of interventions to achieve dignity. Well-designed trials are needed. However, there are no appropriate validated tools to measure older people's dignity during hospitalisation. Existing current tools do not meet readability and design criteria relevant to older people, with small font, too many questions and response options, and focus on end-of-life care.

Aim

The study aimed to enhance knowledge and understanding about dignity and dignified care from older peoples' and their carers' perspective, and use this information to develop a tool to measure dignity of older people during hospitalisation.

Methods

- This qualitative study used interpretative description methodology with two main phases: Phase 1: Individual Interviews; and Phase 2: Tool Development.
- Older patients (65+ years) hospitalised in acute care, and subsequently transferred to sub-acute care (McKellar Centre), and their carers, were invited to participate.
- Thematic content analysis was used to summarise data.
- A self-report survey tool, based on interview findings, was designed with five consumer representatives.

Results

- 18 patients and 20 carers were interviewed in 2019.
- Three main themes were identified: 'Involve me in decisions about my care and treatment', 'Provide me with safe and quality care', and 'Speak to me with respect'.
- The 13-item self-report survey was designed in accordance with WISE principles: Written Information Simply Explained.

Dignity in Care for Hospitalised Older People Survey

This survey aims to measure your level of dignity while in hospital. Dignity can be defined as ... *how people feel, think and behave in relation to the worth or value of themselves and others ... Or, as one person receiving care put it, 'Being treated like I was somebody'.* (Tauber-Gilmore et al., 2018) Thinking about your current stay in hospital and your Dignity, respond to these 13 statements, with one of the following options: Never, Sometimes, Often and Always. Mark your response as a cross (X) in the appropriate square.

Dignity Statements	Never	Sometimes	Often	Always
Example: The staff are friendly.			X	
The staff are caring.				
I receive enough information about my health condition.				
I receive enough information about my care.				
Staff give choices when planning my care.				
I am made to feel comfortable when my privacy is affected.				
I am made to feel comfortable when my independence is affected.				
Staff have enough time to assist me when I need help.				
I have concerns about some aspects of care that I have experienced.				
Staff give me time to discuss how I am feeling.				
I am spoken to with respect.				
I feel comfortable to ask for help.				
I feel safe raising concerns about my care with staff.				
During my stay in hospital, I was treated like I was somebody.				

Conclusion

Older people and their carers identified specific elements of care that uphold or threaten dignity during acute hospitalisation. The self-report survey will be validated in two future studies.



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