

Assessing the intangible: A method for measuring respect and dignity in the ICU

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Treating patients and their family members with respect and dignity is essential to excellent medical care; yet, unlike other elements of high-quality care, respect and dignity are difficult to define, let alone measure. In an effort to promote patients being treated with respect and dignity, bioethics scholars at Johns Hopkins created a 10-point checklist to assess key components of respect and dignity in the intensive care unit (ICU) setting.

"Given the demands of [critical care](#), it is possible to lose track of treating patients and [family members](#) with respect and dignity, but we believe that this is an essential aspect of high-quality care. So we thought it was important to figure out how to measure it, with the idea that careful assessment could identify areas in need of improvement," says Joseph Carrese of the Johns Hopkins Berman Institute of Bioethics, lead author of the study introducing the new checklist, published in *Critical Care Medicine*.

The checklist is the result of data obtained by direct observation of patient-clinician encounters in seven ICUs within the Johns Hopkins Health System in Baltimore, MD. Overall, 351 encounters were observed, with 184 different patients. The assessment of respect and dignity is broken down into 10 items within two general domains: clinician behavior (e.g., greeting patients; explaining activities; and being responsive to patient needs/requests) and clinician demeanor (e.g., being pleasant, compassionate, and supportive).

A key finding of the study was statistically significant differences in mean checklist scores between different types of ICUs, which the authors say could indicate that units caring for only one type of medical problem (e.g., neurological ICUs), do better than units caring for "all comers", perhaps due to staff training, expertise or familiarity with their patients' conditions.

The immediate next step, Carrese says, is to test the checklist in other settings. "We hope that other institutions and researchers will conduct further research in this area, to see if the results we found here, in our large urban health system in the Mid-Atlantic region, can be reproduced elsewhere. This study is an important but early step in ensuring excellent medical care," Carrese says.

More information: Joseph A. Carrese et al, A Direct Observation Checklist to Measure Respect and Dignity in the ICU, *Critical Care Medicine* (2016). [DOI: 10.1097/CCM.0000000000002072](https://doi.org/10.1097/CCM.0000000000002072)

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