

Screening for cross-cultural adaptations of the Patient's Dignity Inventory

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Abstract— Cross-cultural adaptation is a process that involves the transfer of knowledge between different cultures. Therefore, for a psychological instrument to be used in another country, for example, it is necessary to follow methodological rigors for an effective final model. In the field of oncology, research on the concept of dignity is incipient in most of the countries and one of the precursors of this concept was the Canadian psychiatrist, Harvey Chochinov. A model called the Dignity Model was developed and resulted in an inventory (Patient Dignity Inventory). The objective of this research is to carry out a screening on the cross-cultural adaptation studies of the Patient's Dignity Inventory. It is an integrative literature review to verify the main studies published databases about validation of the Patient Dignity Inventory. MEDLINE, LILACS, Scielo and Google Scholar databases were used to track adaptation studies. The keywords "Patient Dignity Inventory" AND "Validation" OR "Cross Cultural" were used for the collection of articles. In the initial results, 121 articles were found. After applying all filters, 19 articles were found within the criteria selected for review. It was noticed that most of the studies used rigorous methods, resulting in inventories with satisfactory psychometric properties for use in another culture.

I. INTRODUCTION

The applicability of instruments produced in different origins is a challenge that has become increasingly common for the scientific community. Globalization has boosted psychological assessment processes in an accelerated way, since through access to information means, it is possible to discover new

constructs or even means of assessment that had not been thought of before.

The realities between countries can be quite different, whether from a social, economic, linguistic, cultural point of view, or even in terms of evaluation that make sense for that population. That said, when we are faced with the process of adapting an assessment instrument to another different context, we need to

consider all these interferences that influence in the construction of the new guise that this instrument acquires when entering a new reality.

Thus, when tracing the scientific literature on conceptualizations and guiding ourselves on this theme, Arruda-Colli et al (2021) points out that this process of adapting an instrument basically follows - in a synthetic way - three steps, which would be: 1 - Perform an assessment of the realistic capabilities of a given instrument to measure the same construct in a different culture and language; 2 - Strictly follow the translation steps (and all others that involve this linguistic aspect); and, 3- Check the equivalence of the version being adapted (putting what has been developed so far to the test). Thus, it is important to note that it is a process with steps that necessarily follow an order to obtain a satisfactory result.

The health context is a multifaceted space in which it relates to different types and areas of knowledge, but still with an emphasis on a curative and biomedical health logic. In this way, studying a perspective that promotes humanization and reflection of the care that is focused on the patient is a challenge. For this, it is necessary to understand that when dealing with humans, we need to turn to the needs of the other, with a look at the psychological, physical, social, spiritual, and cultural aspects. It is no longer possible to conceive of the idea of studying the individual without considering all these aspects.

In contexts specialized in patient care who have a progressive disease, sometimes incurable or terminal, it is essential to understand the different facets that permeate this individual. Thompson and Chochinov (2010) point out that changes occur increasingly and seem to take over various domains of life, whether in the social, cultural, individual experiences or even personality fields. Thus, these authors also add that the perception and recognition of dignity in a social way directly influence the care provided by the professionals involved in the process, as well as the perception of those who receive this care, whether the sick individual and/or their family members.

Therefore, it is through these theoretical vs. practices that are built models that allow dialogue with the concepts of dignity with professional activity and care aimed at patients. There are several theoretical models that try to study this topic. But before we elucidate ourselves on some of these models that will not be studied (except for the Model of Dignity by Chochinov and collaborators - which will serve as a theoretical-empirical model for the development of this research project), we must first proceed with a study of the latent and prominent meanings when we talk about dignity. Notions of dignity can also

help health professionals in their actions in the act of caring for those facing a life-threatening illness (Chochinov, 2002).

Canadian psychiatrist Harvey Max Chochinov developed a model that promoted the evidence of patients' desires in conditions of illness without therapeutic possibilities. This practice has spread worldwide due to its applicability and effectiveness in promoting and maintaining dignity. Thus, through speeches and experiences with patients in centers whose main driver was dignity, Chochinov developed a model of care that aims to preserve dignity. This model is divided into three areas: 1- Concerns related to illness; 2- Repertoire for the conservation of dignity; 3- Inventory of social dignity. Based on the model described above, an instrument was developed to measure the sources of concerns/stressors related to dignity. Thus, it is a way of evaluating how the patient perceives himself in the face of illness and the suffering associated with it.

Then, the inventory called The Patient Dignity Inventory (PDI) was developed, consisting of 25 items, covering the sense of dignity of the individuals tested. It is considered a self-report instrument and the items are scored within a *likert scale* from 0 to 5 points, thus, the higher the score, the greater the individual's suffering. It is also proposed in addition that if individuals assemble from 3 points on any item, interventions should be carried out following the dignity model clinic proposed by the author. The 25 items that make up the inventory are divided into five factors: 1- Concern about symptoms (related to sources of physical and psychological suffering); 2- Existential Anguish; 3- Dependency; 4- Peace of Mind; 5- Social Support.

This work intends to search in the main databases, for research that validated the PDI for their cultural contexts. Using inclusion and exclusion criteria to bring together the most accurate findings of open access articles available.

II. METHOD

The present study is an integrative literature review with national and international scope, whose purpose was to present the scientific productions regarding the cross-cultural adaptations of the patient's dignity inventory in different countries. The integrative literature review model aims to infer generalizations on a given topic, based on publications related to the subject of interest (Cecílio & Oliveira, 2017).

The study was developed from research carried out in the following databases: a) SciELO - Scientific

Electronic Library Online, is a virtual library that displays a collection of scientific journals from the following countries: Brazil, Argentina, Chile, Colombia, Cuba, Spain, Mexico, Portugal and Venezuela; b) LILACS - Latin American and Caribbean Literature in Health Sciences, is a bibliographic index of records in the technical scientific literature on health, produced by Latin American and Caribbean authors; c) Medline- Medical Literature Analysis and Retrieval System Online, an international database that gathers bibliographic references and abstracts from biomedical journals. d) Google Scholar – Freely web search with full text databases with an enormous variety of scientific articles.

The period between the year 2008 and June 2022 was adopted as a criterion for temporal division. Since the first article about the inventory was published only in 2008. As a search strategy, the crossing of the keywords was used: Patient Dignity Inventory AND Validation OR Cross Cultural, to provide scope for the research. To proceed, the following research question was used: what are the main studies and research carried out on the validation processes of the patient's dignity inventory described in the world scientific literature?

Regarding the inclusion criteria, the following were stipulated: a) scientific articles available in full and with free access in electronic support; b) studies available in English, Spanish and Portuguese, which followed the specified time frame and contained the key words in the title, abstract or subject; c) studies that contemplated the theme of the validation processes of the specific instrument (PDI).

Regarding the exclusion criteria, the following were considered: studies that diverged from the proposed objective, studies that referred to the application of the inventory in previously adapted contexts, that brought another instrument or that promoted the evaluation of the Patient Dignity Model.

The search for publications was carried out independently and blindly by two researchers. In the initial bibliographic survey, before placing the filters, 121 articles were retrieved. After placing the filters, 25 articles were pre-selected. Following the analysis and consideration of the inclusion and exclusion criteria, as well as seeking the focus of the theme, a total of 19 articles for literature review were obtained. It is important to point out that there were no articles written in Spanish, in this sense, it was only possible to analyze the articles in English and Portuguese. In relation to articles that appeared in two or more databases, the one found in the first searched database was used.

For greater understanding, follow the flowchart for refining the selection (Figure 1).

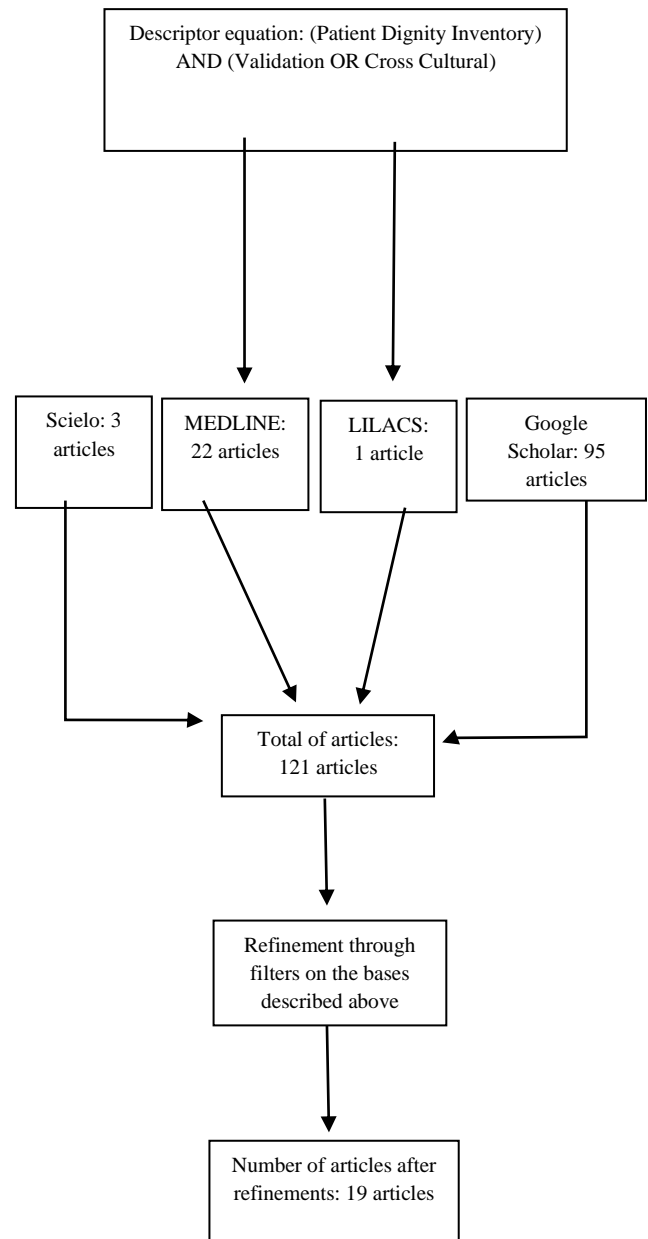


Fig. 1: Flowchart – articles PDI

For the analysis process, after reading the titles, abstracts and, when necessary, reading the full text, an evaluation of the selected articles was elaborated, through methodological procedures aimed at structuring and organization. For this purpose, an Excel table for Windows was created, which included information regarding: the database in which the article was found, the title, the year, authors, the journal, abstract and conclusions. Incorporated into this, the thematic content analysis technique was used through the reading and rereading of the articles, seeking to identify the main aspects that stood out or were

reproduced in the studies. Finally, relevant topics for discussion were established.

III. RESULTS AND DISCUSSION

Regarding the scientific production focused on studies that carried out cross-cultural adaptations of the PDI in the most diverse countries, there is a great focus on the target audience of cancer patients. Of the 121 pre-selected articles with filter, after removing duplicates,

reading the abstracts, and full reading in cases where the appreciation of the abstract was not enlightening, the result of 19 articles, in Portuguese and English, was considered. It is noteworthy that, despite the Spanish language being considered in the initial search, after the methodological course explained, no articles were found in this language. We can show these results through Table 1.

Table.1: Information about the studies

N	Título	Ano	Autor	Periódico	Conclusões
1	Assessment of patients' dignity in cancer care: preliminary psychometrics of the German version of the Patient Dignity Inventory (PDI-G)	2014	Leon P.Sautier, Sigrun Vehling, Anja Mehnert	Journal of Pain and Symptom Management	We conclude that PDI-G is a psychometrically sound instrument assessing a broad range of dignity-related distress issues in patients with cancer.
2	Cross-Cultural Adaptation to Portuguese of the Patient Dignity Inventory Instrument	2019	Alessandra do Nascimento Cavalcanti, Karina Danielly Cavalcanti Pinto, Eulália Maria Chaves Maia	Revista de Enfermagem da UFPE	It is expected, through the results obtained, that the inventory be adapted according to the scientific parameters of the literature, reaching confidence coefficients above 0.8, characterizing in an instrument of high efficacy that one intends to measure.
3	Translating the Patient Dignity Inventory	2019	Karin Blomberg, Olav Lindqvist, Carina Werkander Harståde, Annika Söderman, Ulrika Östlund	International Journal of Palliative Nursing	The process of translation and adaptation added clarity and consistency. The Swedish version of the PDI can be used in assessing dignity-related distress. The next step will be to test this Swedish version for psychometric properties in a larger group of patients with palliative care needs before use in research.
4	Spanish version of the patient dignity inventory: translation and validation in patients with advanced cancer	2015	María Rullán, Ana Carvajal, Jorge M.Núñez-Córdoba, Marina Martínez, José Miguel Carrasco, Irene García, María Arantzamendi, Alazne Belar, Carlos Centeno	Journal of Pain and Symptom Management	The Spanish version of the PDI showed adequate psychometric properties when tested with advanced cancer patients.

5	Czech version of the patient dignity inventory: translation and validation in incurable patients	2018	Helena Kisvetrová, David Školoudík, Libuše Danielová, Kateřina Langová, Renáta Váverková, Milena Bretšnajdrová, Yukari Yamada	Journal of Pain and Symptom Management	The results from the study support the reliability of the PDI-CZ and its future use in patients with incurable cancer and noncancer patients.
6	Validity and reliability of the Brazilian version of the Patient Dignity Inventory (PDI – Br)	2021	Donato, Suzana Cristina Teixeira ; Chiba, Toshio ; Carvalho, Ricardo Tavares de ; Salveti, Marina de Góes	Revista Latino-Americana de Enfermagem	Composed of three domains and 25 items, the PDI - Br instrument presented satisfactory psychometric properties for its use in our environment, through the evidence of validity and reliability.
7	The Patient Dignity Inventory and Dignity-Related Distress among the Critically Ill.	2022	Mergler, Blake D; Goldshore, Matthew A; Shea, Judy A; Lane-Fall, Meghan B; Hadler, Rachel A.	Journal of Pain and Symptom Management	This study demonstrates that the inventory can be used to assess patient distress in critical care settings. Further research may elucidate the role of dignity-based interventions in treating and preventing post-intensive care psychological symptoms.
8	Validity and reliability of the Turkish version of the Patient Dignity Inventory.	2021	Eskigülek, Yasemin; Kav, Sultan	Palliat Support Care	PDI-TR was found to be a valid and reliable tool in palliative care patients in Turkish society.
9	Validation of the Patient Dignity Inventory in Mexican Cancer Patients.	2021	Rodríguez-Mayoral, Oscar; Galindo-Vázquez, Oscar; Allende-Pérez, Silvia; Arzate-Mireles, Cinthya; Peña-Nieves, Adriana; Cantú-Quintanilla, Guillermo; Lerma, Abel; Chochinov, Harvey Max	J Palliat Med	The Mexican version of the PDI shows adequate psychometric properties in patients with cancer. We suggest the use of PDI-Mx in clinical care and research.

10	Korean Version of the Patient Dignity Inventory: Translation and Validation in Patients With Advanced Cancer.	2021	Oh, Si Nae; Yun, Young Ho; Keam, Bhumsuk; Kim, Young Sung; Koh, Su-Jin; Kim, Yu Jung; Kang, Jung Hun; Lee, Kangkook; Hwang, In Cheol; Oh, Ho-Suk; Song, Eun-Kee; Shim, Jae Yong.	Journal of Pain and Symptom Management	Our findings indicate that the PDI-K is a valid and reliable instrument to measure dignity-related distress in patients with advanced cancer. This tool provides a four-factor Korean language alternative to the PDI
11	Validity and reliability of the Mandarin version of Patient Dignity Inventory (PDI-MV) in cancer patients.	2018	Li, Yu-Chi; Wang, Hsiu-Hung; Ho, Chung-Han	PLoS One	The PDI-MV is a psychometrically sound instrument assessing a broad range of dignity-related distress issues in cancer patients.
12	Psychometric properties of the Patient Dignity Inventory in an acute psychiatric ward: an extension study of the preliminary validation.	2018	Di Lorenzo, Rosaria; Ferri, Paola; Biffarella, Carlotta; Cabri, Giulio; Carretti, Eleonora; Pollutri, Gabriella; Spattini, Ludovica; Del Giovane, Cinzia; Chochinov, Harvey Max	Neuropsychiatr Dis Treat	The PDI can be a reliable tool to assess patients' dignity perception in a psychiatric setting, which suggests that both social and clinical severe conditions are closely related to dignity loss.
13	Psychometric Properties of the Greek Version of the Patient Dignity Inventory in Advanced Cancer Patients.	2017	Parpa, Efi; Kostopoulou, Sotiria; Tsilika, Eleni; Galanos, Antonis; Katsaragakis, Stylianos; Mystakidou, Kyriaki	Journal of Pain and Symptom Management	The Greek version of the PDI showed good psychometric properties in advanced cancer patients, supported the usefulness of the instrument assessing the sense of dignity distressing aspects of the terminally ill cancer patients.

14	Dignity and Psychosocial-Related Variables in Advanced and Nonadvanced Cancer Patients by Using the Patient Dignity Inventory-Italian Version.	2017	Grassi, Luigi; Costantini, Anna; Caruso, Rosangela; Brunetti, Serena; Marchetti, Paolo; Sabato, Silvana; Nanni, Maria Giulia	Journal of Pain and Symptom Management	The study confirmed that the PDI-IT is a valid instrument to be applied in oncology and measuring three factors, namely existential, psychological, and physical distress, as core dimensions of dignity, to be monitored and treated in clinical settings.
15	Patient dignity inventory (PDI) questionnaire: the validation study in Italian patients with solid and hematological cancers on active oncological treatments.	2012	Ripamonti, Carla Ida; Buonaccorso, Loredana; Maruelli, Alice; Bandieri, Elena; Pessi, M Adelaide; Boldini, Stefania; Primi, Caterina; Miccinesi, Guido	Tumori	The Italian version of PDI is a valid and reliable tool to evaluate the dignity related-distress in out-patients with either solid and haematological cancers, on active oncological treatments, in non-advanced stage of the disease.
16	Analysis of the construct of dignity and content validity of the patient dignity inventory.	2011	Albers, Gwenda; Pasman, H Roeline W; Rurup, Mette L; de Vet, Henrica C W; Onwuteaka-Philipsen, Bregje D	Health Qual Life Outcomes	This study demonstrated that the PDI items were relevant for people with an advance directive in the Netherlands. The comprehensiveness of the items can be improved by including items concerning communication and care.
17	Estrutura fatorial da escala de dignidade em doentes com necessidades de cuidados paliativos	2017	Cunha, M., Loureiro, N., Duarte, J., & Carvalho, F.	Millenium - Journal of Education, Technologies, and Health	This research constitutes a further step, in the study of the psychometric properties of the Patient Dignity Inventory, in a sample of the Portuguese population. The comparative study of the present research, with the results obtained by Chochinov et al. (2008) revealed, that in the present study, the values of internal consistency in the various factors and the overall score are more robust. The results suggest that the identification of dignity predictive factors, in people with palliative needs, can develop and implement clinical strategies for their promotion, which can be an important contribution to future research and clinical practice.

18	Patient Dignity in Coronary Care: Psychometrics of the Persian Version of the Patient Dignity Inventory	2015	Abbas Abbaszadeh, Fariba Borhani, Roghayeh Mehdipour Rabori	Br J Med Med Res.	This tool can be useful in measuring coronary patients' dignity and the distress associated with dignity that these patients comprehend, and it can be used in Persian-speaking countries.
19	The patient dignity inventory: a novel way of measuring dignity-related distress in palliative care.	2008	Chochinov, Harvey Max; Hassard, Thomas; McClement, Susan; Hack, Thomas; Kristjanson, Linda J; Harlos, Mike; Sinclair, Shane; Murray, Alison.	Journal of Pain and Symptom Management	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.

It was found that the largest number of articles published considering the proposed theme occurred in 2021 with 04 publications, with a dispersion of publications over the years from 2008 to 2022. Over the years, there has been a greater publication of studies on adaptation processes.

An important information that deserves attention in the results of the articles was in relation to the journals in which the research was published, and it is possible to evidence the more frequency of publication in the “Journal of Pain and Symptom Management”. Of the 19 articles found, including the article from the original study, 8 of them were published in this journal, corresponding to 42.1% of the research carried out. Thus, in addition to the journal's qualis (A2) and impact factor (3.92), it can be thought that the journal has great acceptability for the theme, thus contributing to the choice of authors.

Regarding the databases in which the articles were found, it was possible to perceive that most of the searches were concentrated in MEDLINE (63.2%), followed by Google Scholar (26.3%) and finally, Scielo (10, 5%). This is an expected result considering that MEDLINE concentrates a greater collection of highly relevant international journals and that ended up being the profile of research carried out on this topic.

Furthermore, it is important to point out some more statistical aspects that the articles brought that refer directly to the processes of psychometric properties of the instrument. The construction of criteria that aim to evaluate the statistical and psychological testing properties of a given instrument are of paramount importance for the

guiding definition and for the quality of that measurement, regardless of the construct being evaluated. The need for an in-depth assessment of the properties that are proposed to measure certain characteristics in a questionnaire is unique. Thus, even before becoming apt for wide use, the instruments must offer accurate, interpretable, and valid data for the evaluation of the population, with measures that have scientific robustness. Thus, the performance about the results of the measurements is due - for the most part - to the reliability and validity of the instruments, being considered as the main measurement properties.

In the studies of this review, it was observed that the PDI is adapted and validated for 17 different countries and one of the ways to measure the reliability of these studies is through a coefficient called Cronbach's Alpha. Thus, Cronbach's alpha coefficients for the original version of the instrument in Canada (2008) was 0.93, in the Iran study (2015) it was 0.85, the Italian version (2012) was 0.96, the Spanish (2015) was 0.89, German (2014) version was 0.96, Chinese (2018) version was 0.95, Czech (2018) version was 0.92, Greek (2017) version was 0.70, the Brazilian version of São Paulo (2021) was 0.90, the Brazilian version of Natal (2019) was 0.93, the Portuguese version (2017) was 0.96, the Turkish version (2021) was 0.94, the Mexico version (2021) was 0.95, the South Korean version (2021) was 0.96. The Swedish version (2019) and the Netherlands version (2011) did not reveal these values in their available articles.

Still as a relevant part of the data found regarding the behavior of the inventory in different cultures, it can be mentioned that the number of PDI factors occurred as follows in different countries:

- 5 factors: Canada (original instrument), Brazil (Cancer patients), Turkish, Greece, Portugal
- 4 factors: Germany, Czech Republic, United States, Mexico, South Korea, China, Iran
- 3 factors: Spain, Brazil (patients in palliative care), Italy (psychiatric patients), Italy (cancer and non-cancer patients)
- 1 factor: Italy (cancer patients)

These results demonstrate similarities that the studies may have among themselves, whether related to pathology, as well as in similar institutional contexts, as well as the way a certain population reacts to challenging situations. These data were obtained through an extensive statistical analysis that reproduced a model that provided us with the behavior of the inventory. The Swedish version and Netherlands version did not reveal this information about how many factors the inventory in these realities have.

In this way, cultural adaptation, while it is a process that involves elements of psychometrics, ends up involving other areas that, if not considered, directly reflect on the results. Considering culture, context, language, and nuances are all part of successful cross-cultural adaptation.

IV. CONCLUSION

It is of fundamental importance to encourage and expand discussions for how the researchers of the field are directing their efforts to ensure that the methodological steps are visible, in compliance with the international guidelines recommended for the processes of elaboration and cross-cultural adaptation of instruments. These precautions make it possible to highlight the various methodological possibilities, with their scope and limitations.

In addition, understanding the most diverse facets to better assess the processes that involve the dignity of the patient who finds himself in challenging pathological situations is of paramount importance. That's why the incentive for scientific research in this area, which is still so incipient of results, is to bring out a higher quality assistance for those who really needs this kind of care.

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