Translation and Validation of the Korean Version of the Patient Dignity Inventory in Patients With Advanced Cancer: A Pilot study

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Introduction

- The Patient Dignity Inventory (PDI) was designed in 2008 to measure different sources of distress related to dignity at the end of life, and has been used to measure the effectiveness and feasibility of Dignity Therapy. The aim of this study was to provide a Korean translation of the PDI and analyze its psychometric properties in patients with advanced cancer.

Methods

- The procedure of translation and cultural adaptation was carried out following the Report of the ISPOR Task Force for Translation and Cultural Adaptation. Patients seen in the palliative care clinic between 20th Dec 2018 and 1st Feb 2019, meeting inclusion criteria, were invited to participate in the study. Inclusion criteria were patients with advanced cancer with illness progression or limited prognosis, older than 19 years, normal cognitive function based on clinical consensus, and able to understand Korean.

Results

Table 1. Patient Sociodemographic Profile and Clinical Characteristics (N = 18)

Characteristics	N (%)
Age in yrs, median (range)	68 (50-91)
Sex	
Female	6 (33.3)
Male	12 (66.7)
Educational level	
Elementary school	2 (11.8)
High school	6 (35.3)
University or more	8 (47.1)
Unknown	1 (5.9)
Cancer type	
Gastrointestinal	11 (61.1)
Gynecologic	3 (16.7)
Lung	2 (11.1)
Prostate	1 (5.6)
Other solid tumors	1 (5.6)
Location of care	
Inpatient	7 (38.9)
Outpatient	11 (61.1)
ECOG	
1	1 (5.6)
2	5 (27.8)
3	12 (66.7)
4	1 (5.6)

Table 2. Internal Consistency Analysis of the Korean Version of the Patient Dignity Inventory (PDI-K) (N=18)

Dimension	n of items	IIC (min-max)	IDV (min-max)	IDV (%)	Cronbach's α
Symptom Distress (6-30)	6	0.472-0.862	0.273-0.704	87.5%	**0.879**
Existential Distress (6-30)	6	0.539-0.851	0.242-0.725	79.2%	**0.850**
Dependency (3-18)	3	0.372-0.758	0.044-0.712	66.7%	**0.701**
Peace of Mind (3-18)	3	0.663-0.742	0.296-0.82	83.3%	**0.840**
Social Support (3-18)	3	0.409-0.737	0.265-0.665	66.7%	**0.708**
Total question (21-105)	21				**0.936**
Total question (25-125)	25				**0.950**

IIC: item internal consistency, IDV: item discriminant validity

Table 3. Concurrent Validity Between PDI-K, ESAS, HADS, and FACIT-Sp-12 (N=18)

	ESAS-r	HADS		FACIT-Sp-12		
	total score	Anxiety	Depression	Meaning	Peace	Faith
Symptom Distress (0-30)	0.541	0.699	0.660	-0.593	-0.456	-0.065
Existential Distress (0-30)	0.437	0.661	0.430	-0.368	-0.054	0.111
Dependency (0-18)	0.433	0.639	0.152	-0.279	-0.250	-0.123
Peace of Mind (0-18)	0.077	0.376	0.402	-0.345	-0.023	0.241
Social Support (0-18)	0.074	0.439	0.517	-0.606	-0.276	-0.137
Total question (0-105)	0.448	0.730	0.490	-0.534	-0.285	-0.021
Total question (0-125)	**0.448**	**0.738**	**0.496**	**-0.529**	**-0.282**	**-0.023**

Spearman correlation coefficient with PDI dimension score.
Edmonton Symptom Assessment System-revised(ESAS-r), the Hospital Anxiety and Depression Scale(HADS), Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being(FACIT-Sp-12).

Conclusion

- This study has provided the first Korean version of the PDI, following a rigorous translation method to ensure that PDI terms identify sources of patient distress properly in a Korean context.
- One of the limitations is that almost half of the patients had been diagnosed with gastrointestinal tumors, so results may not fully generalize to patients with other type of tumors. And Exploratory factor analysis was not performed due to small sample size in this pilot study. A study sample of 140 patients was estimated to be required to perform exploratory factor analysis.