
New study confirms reliability of 'ICU-RESPECT' index



The psychometric properties of the 10-item self-reported "ICU-RESPECT" index were confirmed in a different intensive care unit setting from the one where the index was developed, according to new Johns Hopkins-led research published in *Journal of Critical Care*. The index can be used to develop and evaluate educational interventions to counter disrespectful treatment of patients and families in the ICU.

The ICU-RESPECT scale was designed to assess patient perceptions of respect in the ICU setting but tested in only academic medical centre on the U.S. east coast. The concurrent validity of any scale is demonstrated by its ability to distinguish between groups.

The current study aimed to validate the ICU-RESPECT instrument at another academic medical centre that has a different culture and patient population. A secondary aim was to determine whether there were differences between patient and family responses. Researchers administered a survey, including the 10-item ICU-RESPECT scale, to patients and family members in one ICU at a large west coast academic medical centre. Confirmatory psychometric analyses were conducted.

Based on 142 completed surveys, factor analysis confirmed a unidimensional scale with an alpha of 0.90, an Eigen value of 4.9, and factor loadings from 0.50 to 0.86. The mean total score was 7.59 (SD = 3.06) out of a maximum of 10. Among the 106 surveys that included demographics, overall scores did not differ by type of respondent (patient or family) or by gender. There were modest differences in overall scores by patient race. Two individual items differed by type of respondent.

"In the original study, ICU-RESPECT scores differed between different types of ICUs. In the current study, we were not able to examine differences between ICUs because we only collected data from one ICU," the research team explained. "However, we did identify modest differences among racial/ethnic groups."

In the current study, patients who designated "other" as their racial/ethnic group reported lower scores than white, blacks, Asians and Hispanics. "Since we do not know what the 'other' category is comprised of, and there were so few in that category, we cannot interpret this finding," said the researchers, who noted that barriers to effective communication in ICUs have been well-described, in part based on racial and socioeconomic differences.

In addition to detecting differences in overall ICU-RESPECT scores, the research team observed some important patterns in individual items. Notably, for each item, the majority of respondents endorsed the most positive response. However, the team said, there is still room for improvement.

"If our goal is for 100% of patients and families to experience these respectful behaviours 'all of the time', our findings indicate a shortfall in every category, particularly the 'Care team made an effort to understand what matters' and the 'Care team made an effort to know the patient as a unique individual'," the researchers wrote. "Moreover, that fewer patients than families report experiencing these behaviours 'all of the time' deserves further scrutiny."

Future research should assess the scale's predictive validity, and factors associated with variation in scores, the researchers added.

Source: [Journal of Critical Care](#)

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