Theory Application: Theory of Comfort

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The Theory of Comfort was developed by Katharine Kolcaba through her analysis of several different nursing theories relating to client comfort in a healthcare setting. Comfort is a state of being that is experienced after comfort interventions are implemented (Alligood, 2014). It is the nurse's responsibility to provide comfort interventions in a holistic manner to address specific client needs with ongoing reevaluation and reassessment. Through an assessment of factors out of the client's control, a nurse can tailor his or her plan of care to produce positive effects on patient outcomes.

The central ideas of this theory revolves around achieving comfort in its three forms. She lists the three forms of comfort as relief, ease, and transcendence. Relief is met through addressing specific need. This may include a relief from hunger, pain, or cold. Ease is the state of contentment. For example, a client would experience ease once factors related to anxiety are addressed. Transcendence is the state in which the client has risen above the causative problem (Alligood, 2014).

These types of comfort can occur through four key contexts. These include physical, psychospiritual, environmental, and social. The physical context focuses on the sensations of the body. Psychospiritual context focuses on the awareness of self. This may include esteem, sexuality, and the meaning of life. Environmental context focuses on the external surroundings, and influences. Social context focuses on interpersonal, family, and societal relationships (Alligood, 2014).

Theory Benefits and Usefulness

Because comfort is a prime goal of nursing, the importance of this model's benefits should not be minimized. Since early nursing education in the days of Nightingale, comfort is

seen as a means through which recovery can take place. Kolcaba's theoretical work gives nurses an assessment tool through which they can help their clients reach a comfortable state. Healthcare brings about all types of illnesses, both acute and chronic. These illnesses may cause several negative factors that can interfere with the healing process. Simple holistic interventions such as healing touch, guided imagery, along with therapeutic medications can assist in attaining a state of comfort.

This model works tremendously well with dying patients. When medical treatment no longer provides any improvement in the quality of life, comfort care can help patients relieve symptoms associated with distress (Alzheimer's Association, 2010). Palliative care is a specialty in healthcare that focuses on this particular subject. They focus is on attaining the highest quality of life through relief of physical, emotional, and spiritual turmoil (Alzheimer's Association, 2010).

Theory Limitations

Although many might find holistic comfort care to be simple and straightforward, others may struggle with the concept as these skills do not come naturally to them. For these nurses, active involvement will be necessary until the skills become reflexive. Once the nurse becomes proficient in meeting the basic human needs of their clients, they are given the opportunity to learn more about themselves and more easily apply interventions that may increase client comfort (Malinowski & Stamler, 2002).

As the population continues to diversity, nurses must learn to understand and implement culturally relevant aspects of comfort. This may require the nurse to view the client's personal experience through their own eyes and through the cultural values that the client finds important. The use of cultural preservation can help the client reach a state of increased comfort

(Malinowski & Stamler, 2002). Unfortunately, this skills are not properly developed in all nurses. An attitude of open-mindedness can facilitate the process until the nurse gains enough experience to implement cultural sensitivity into their own practice.

Article Summary and Critique

Malinowski & Stamler (2002) examine several different comfort theories and their influences on patient comfort. It aims to show that that comfort is a necessities that precedes the healing process. It also delves into how technology has moved healthcare into a direction of finding a cure. This has had a direct effect on the idea of nursing comfort interventions. These interventions are now viewed as simple tasks that non-professionals caregivers are to provide rather than being a vital part of the healthcare plan.

The article successfully synthesizes several theoretical methods to stress the importance of bringing a holistic comfort approach back to nursing. It advocates the need for additional research regarding comfort care and its positive correlations to patient outcome. This will help to find a meaning for comfort, since no consensus exists to date. Because modern medicine has placed a great amount of focus on health promotion, there is a need to find out how healthcare providers can link comfort with wellbeing (Malinowski & Stamler, 2002).

Krinsky, Murillo, & Johnson (2014) focus strictly on Kolcaba's theory in their study of comfort measures in cardiac patients. The study looks to see how implementing quiet time on a cardiac unit can increase comfort through all four contexts. It proposes that "a loud and chaotic environment can negatively affect patient healing." (pg. 601) Knowing that rest is required for healing, units are still bombarded with loud alarms and noises that interrupt sleep.

In the first case study provided by Krinsky, Murillo, & Johnson (2014), a patient is denied comfort measures due to a loud and disruptive unit and chaotic system. These factors are

thought to have led him into a state of increased pain, anxiety, and exacerbation of symptoms. In their second case study, comfort measures are applied such that the patient very little added stress from the healthcare process. This time, the patient has a successful outcome without exacerbation of symptoms.

Although the case studies provided are anecdotal at best, it does well to show how a cardiac patient can have drastically improved outcomes just by providing a system in which comfort is offered at each step of the healthcare system. If nurses at each step in the process were advocates of comfort, this process could be easily implemented in all areas in the hospital settings.

Issues in Clinical Practice

In the neurosurgical intensive care unit (ICU), clients are continuously admitted with life threatening illnesses and trauma. These patients are anything but comfortable upon admission. Within this area of care, sometimes comfort takes the backburner to life-saving measures. This is generally well understood as a patient that experiences cardiac or brain death have no need for comfort. Yet, upon observation of truly strong and competent nurses, small comfort measures are taken whenever possible even during life-saving events. For example, during emergent transport to the operating room, the nurse may walk next to the stretcher and hold the patient's hand. They may also give him comforting words without knowing if the patient is alert enough to understand what is being said. These nurses demonstrate a natural instinct in the care they provide that is similar to what is described in the Theory of Comfort.

Luckily, once the immediate danger has passed and the healing process can begin, comfort takes the forefront in order to compliment healing. The trauma ICUs do an excellent job providing therapeutic interventions that improve comfort in these patients. Medication

management and titration are very important aspects in treating pain and anxiety but several holistic tools can often be overlooked. Some interventions that are used include heating lamps for hypothermic patients, frequent turns for patients unable to do so themselves, frequent oral care and suctioning, and guided imagery for patients undergoing painful bedside procedures.

Applying Theory into Nursing Care

Applying Kolcaba's theory in this setting of nursing care could have beneficial effects on patient outcomes. By taking an extra moment to implement holistic interventions into practice, even with patients that are experiencing life threatening situations, could show improvement in the overall patient outcome. A nurse who practices this theory can look to address problems other than physical needs. Through consultation with chaplain services, patients and family may be able to reach relief in a psychospiritual context. Through therapeutic coaching between the patient, family, friends, and the nurse, patients may be able to reach a state of social ease. Through minimizing distractions and allowing the patient time to rest, the patient may be able to reach a state of environmental relief.

Discussion

My personal nursing philosophy has changed significantly through the study of various nursing theoretical models but the Theory of Comfort made me question who I am as a nurse. The ideas that form my purpose as a nurse include keeping the patient safe, alleviate suffering, and acting as a patient advocate. I think back to examples of past clients and wonder if what I am doing truly coincides with that statement.

If I am being honest with myself, I think that I can improve upon my ability as a nurse to alleviate suffering. I focus too much on the pharmacological side of this coin and not enough on

psychospiritual, environmental, or social aspects. Looking forward, I plan to focus more on these contexts as they apply to patient comfort.

Through the study and analysis of Kolcaba's theory, I have found several weaknesses in my own practice. I have noted simple interventions that I can use to improve my client's overall comfort that are independent from the use of opioids and benzodiazepines. This assignment has shown me that I come from a background that focuses on fixing the problem rather than fixing the person. Until these traits can become ingrained in my nature, I must be an active participant in correcting these issues with the hope of simultaneously improving myself as well as improving comfort and health of my patients.

References

Alligood, M. R. (2014). *Nursing theorists and their work* (8th ed.). St. Louis, MO: Elsevier.

Alzheimer's Association. (2010). Encouraging comfort care. Retrieved from http://www.alzheimersillinois.org/pti/downloads/Encouraging%20Comfort%20Care_SINGLE.pdf

Krinsky, R., Murillo, I., & Johnson, J. (2014). Theory Connections: A practical application of Katharine Kolcaba's comfort theory to cardiac patients. *Applied Nursing Research, 27*(Interprofessional issue),147-150. doi:10.1016/j.apnr.2014.02.004

Malinowski, A., & Stamler, L. (2002). Comfort: exploration of the concept in nursing. *Journal Of Advanced Nursing, 39*(6), 599-606 8p. doi:10.1046/j.1365-2648.2002.02329.x