

Comfort theory research paper

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I chose this scenario which is appropriate for the application of Kolcaba's Comfort theory: You are a nurse on an inpatient oncology unit. Your patient is a 72-year-old competent male who has been told his cancer is terminal and that further treatment is unlikely to have any benefit. He accepts that and would like to explore hospice. However, his two adult children insist that he should continue chemotherapy and fight on and they tell you not to discuss with him or get a consult for hospice. Specific Concepts of the Theory In order to address this scenario I used the middle range theory of Comfort and its specific concepts.

This paper aims to describe the Comfort Theory, its application to the healthcare setting and areas for potential research and its relevance to the health care system. Comfort is an immediate desirable outcome that leads to excellent care in the nursing profession. Comfort is a vital part of the treatment and recovery of patients. Comfort is a cause of relief from discomfort, a state of ease and peaceful satisfaction, a state of comfort and whatever makes life pleasurable. (Kolcaba & Kolcaba, 1991). This theory addresses the most relevant issues in the nursing kingdom.

Using this theory not just for patients, but for nurses will improve recruitment and retention rates of skilled health care professionals. Providing comfort is a necessity in the care of clients on inpatient oncologic unit.

Currently, comfort is being viewed as a last result for terminally ill patients and not used as a standard hospital protocol or prophylactically to improve client's health status. The main purpose of Comfort Theory is to improve patient's satisfaction and outcomes as well as improve institutional integrity. As a middle range theory, Comfort theory is practically based and can be used

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in direct response to this specific clinical scenario that we as the advanced nurse practitioner will participate. (Peterson & Bredow, 2009).

Overview of the Theory and Utility in Nursing Practice The theory of Comfort can be utilized to guide and enhance nursing practice. In her theory she describes holistic comfort in three different forms: relief, ease and transcendence as the immediate experience of being strengthened by having these necessary forms in four contexts: physical, psycho-spiritual, socio-cultural which incorporate cultural traditions and family, and environmental. (Goodwin, Sener & Steiner, 2007). Relief is when the patient has had a comfort need met. Ease is defined as a state of contentment, and transcendence is a state of comfort in which clients are able to rise above their challenges. (March & McCormack, 2009). The psycho-spiritual context refers to comfort of one's identity, sexuality, self esteem and any other spiritual relationship with a higher being. Socio-cultural comfort arises from interpersonal and societal relationships along with family. (Kolcaba, Tilton & Drouin, 2006).

The author created a taxonomic structure of three types of comfort integrated with the four contexts of experience, into a 12? cell grid. The grid is useful for assessing patient's needs, planning interventions and evaluating their effectiveness, and helps to contribute to the understanding and utility of the theory. (Peterson & Bredow, 2009). Kolcaba's proposes that when clients and family members feel more comfortable, they will engage in more health seeking behaviors which include internal and external behaviors and a peaceful death.

Internal behaviors occur at the cellular level, such as immune functioning. External behaviors refer to activities of daily living and health maintenance programs. When patients and family members are engaging in more health seeking behaviors as a result of increased comfort due to interventions, members of the health care team will be more content, will ultimately perform better and improve institutional outcomes such as reduced costs of care, reduced length of stay, enhanced financial stability and increased patient satisfaction. (Peterson and Bredow, 2009).

Regarding the relevance to nursing practice, comfort is a positive outcome that is linked to an increase in health seeking behaviors and to positive institutional outcomes (Kolcaba & DiMarco, 2005). Nurses are constantly utilizing the comfort mechanisms and try to move patients towards the transcendence phase. Psychospiritual needs include teaching confidence and motivation through discomfort. Ways that nurses can implement comfort measures are through massage, allowing visitation, caring touch and continued encouragement (Kolcaba & DiMarco, 2005).

Sociocultural comfort needs are the needs for cultural sensitive reassurance and positive body language. Nurses can provide these needs through coaching, encouragement, and explaining procedures. Nurses can help patients achieve the environmental comfort by lowering the lights, closing the doors, interrupting sleep minimally and limiting loud noise around the patients rooms (Kolcaba & DiMarco, 2005). Nurses document patient's states before and after the use of comfort measures to verify if they are improving or worsening the client's condition.

Nurses knowing a patient's condition can provide comfort measures to prevent negative outcomes. If a patient is requesting hospice care, a nurse may be aware of the possibility of achieve this goal. If the nurse notices an increase in pain, facial grimacing and anxiety, the nurse may realize that he should make some arrangements for hospice care. The nurse could also provide massage, guided imagery or other interventions based on the type of terminal cancer and intensity of the pain. Being able to determine when comfort measures are useful is vital to improving the quality of patient care.

When patients are more comfortable, they are more likely to engage in health seeking behaviors, and to comply with medications and exercise regimes, increased compliance with prescribed diets and more peaceful deaths when palliative care is the appropriate goal. (March & McCormack, 2009). When patients increase their health seeking behaviors, nurses are more satisfied and improve their quality of care which increases the institutional integrity, and enhances the care of all health care professionals.

Meaning of the Theory

I think the theory means that the role of nursing includes the assessment of comfort needs, the design of comfort actions to address those requirements, and the re-evaluation of comfort levels after accomplishment. In the model of Comfort, nursing is described as the process of assessing the patient's comfort requirements, developing and implementing suitable plans of care, and evaluating the client's comfort after the care plans have been approved. Nursing Appraisal can be objective, such as the inspection of the pale skin in our competent male client with cancer, or subjective, such as asking if he is comfortable.

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The Theory of Comfort considers patients to be individuals, families, institutions, or communities in need of health care. The environment can be manipulated by a nurse or loved one in order to enhance comfort. In my opinion this theory is one of the fastest growing areas of current nursing theory improvement, and the most promising. The comfort theory can be applied to patients of all ages, cultures backgrounds, or communities. It is also applicable to patients in the hospital, clinic or home. I believe that comfort is a positive concept and is associated with activities that nurture and fortify clients.

Review of the Research The Comfort theory has been tested in many settings, used as a basis of study and evaluated in several researches. It is necessary for this theory to be in the forefront of health care and research because it can greatly enhance patient outcomes. Though it has not necessarily been tested in all of these areas, it can be used to enhance any person's health status in any practice setting. The nurse researcher employing this theory will find it very useful because of its ease of application.

The researcher can take this theory and apply it to whatever setting and it is easily tested with a variety of instruments including, General Comfort Questionnaire, Shortened General Comfort Questionnaire, Visual Analogue Scales and Comfort Behavior Checklists. It provides direction for performance review, outcomes research and quality improvement (Kolcaba, Tilton & Drouin, 2006). As a middle range theory it has fewer concepts and propositions than a grand theory, is easily testable, easily applicable and

interpreted and more narrow in scope. The theory has a low level of abstraction.

This theory is still in early development. Concepts, propositions, and outcomes of comfort are operationalized easily using the taxonomic structure of comfort. The theory is still being tested and applied to a wider institutional approach. Because Kolcaba's theory has still not been adapted in all of the researched settings, the benefits and outcomes are currently just speculated. Research of this theory is ongoing and constantly evolving. The theory is broad in scope because it can be applied to a variety of patient settings and patients of all ages and backgrounds.

The theory can be viewed as being narrow in scope because it focuses solely on patient and families. However, it is easily extrapolated to other areas of practice. Once this occurs, the theory will be mainly viewed as being broad in scope. Researchers can test the benefits of comfort on learning. This theory does not necessarily have to involve just health care settings; it can be implemented in any field with any member of the health care team (Goodwin, Sener & Steiner, 2007). Her theory is easily interpreted and applicable to patient settings.

A traditional goal of nursing has been to attend to patient comfort. Patients expect this from nurses and give them credit when comfort is delivered. Through deliberate actions of nurses, patients receive what they need and want from their nurses. The theory provides directionality for nursing practice because it provides measurable outcomes. However, the author mainly provides examples of comfort measures and how these work in the

hospital. The author also relates comfort measures to improving health-seeking behaviors and benefiting institutions and institutional integrity.

The theory addresses comfort and how it can improve patient outcomes, but fails to expand adequately on how these comfort measures can be used outside of the hospital setting. Many researchers are taking the Comfort Theory and extrapolating it to be useful in other health care settings. Comfort theory tested by nursing research all the relationships between nursing interventions, patient comfort, health seeking behaviors and institutional integrity. Finally the theory include all health care providers and implemented as an institution-wide framework for practice. (Peterson & Bredow, 2009).

Applications of the Theory and Solutions for the Scenario I apply the theory and developed specific solutions for the issues that are raised in the scenario: It is significant to specify if nurses and other health care providers implement this theory into their practice, patient outcomes will significantly improve. This theory will not only enhance patient results, but it will help prevent imminent medical problems. We as a nurse assess the physical, psychospiritual, sociocultural and environmental needs of the clients, for example looking at deficits in the physiological mechanisms of this very ill patient due to an inoperable cancer.

Some physical comfort needs that can be treated without medications include pain, vomiting, anxiety and weakness. We can use different interventions to help alleviate these problems and increase patient satisfaction. The theory describes nursing practice as being holistic,

humanistic and needs related. It describes different nursing interventions intended to promote comfort for the patients provided by nurses. This theory differentiates nursing from other health related disciplines by demonstrating the different types of comforting measures provided by the health care team.

There is a role play in seeking the client's comfort by all members caring for the patient, including the client himself seeking his relief in a hospice once he attain the comfort level desired through participating in his quick recovery and exploring for a hospice. In this scenario, it will be the role of the nurses to help the client to achieve the desired comfort level by teaching the family members related to the convenience of the hospice care. We will explain the necessity of stop the chemotherapy.

Lack of teaching in this extreme case may result to lack of comfort and lack of peace in the event of terminal illness and death. These solutions lead to recovery at a faster pace. It is crucial the provision of good environment to ensure that the client receives plenty comfort for his recovery. Therefore, the nurse play the leading role of identifying the client's comfort needs, and design interventions to address those needs. With certain comfort level the client acquires strength to participate in health seeking behaviors and if not, encounter peaceful death.

If specific comfort needs of a patient are met, the patient experiences relief and comfort, for example, a patient who receives pain medication in an inpatient oncologic unit. Ease addresses comfort in a state of contentment. For example, the patient's concerns of hospice care are addressed. Positive

outcomes are achieved through the cooperation of all parties involved. The client should be cooperative to gain the desired energy in a comfortable manner, or die in a peaceful way due to his comfort level, if death occurs.

Conclusions about Usefulness of the theory in Nursing Practice Kolcaba's middle range theory of Comfort is applicable to all areas of the healthcare field and other nursing situations since it is currently patient and family centered. The theory is formulated to provide guidance for everyday practice and scholarly research rooted in the nursing education comforting the learner or student in an educational environment. This theory was created to guide for the assessment, dimension, and appraisal of patient comfort.

There are a lot of benefits we can get in learning and applying Kolcaba's Theory of Comfort as it promotes understanding and collaboration between health care team members addressing the current shortage in health care team. In addition, it will improve societal acceptance of the health institution and increase patient satisfaction. (March & McCormack, 2009) It is important to denote the application of it to an institution wide approach. I consider a limitation that Kolcaba restricts the use of interventions to provide comfort as a function of nurses.

It is focused on a limited dimension of the reality of nursing. (March & McCormack, 2009). In the role of providing comfort, the nurses need to meet the basic physical, psychosocial and spiritual human needs throughout client comprehension to their experience. Theory of Comfort has a real potential to direct the work and thinking of all health care providers within one institution since, it appears that the comfort is always present in all culture and

appropriate universal goal for healthcare. It is a middle-range theory for health practice, education, and research. (Malinowski & Stamler, 2002).