Kolcaba's Comfort Theory and Patient Centered Care:

Application to Nursing Practice

Anne Marie Holler

University at Buffalo

The State University of New York

Philosophy of Nursing

My worldview or personal philosophy of nursing includes four concepts of the nursing metaparadigm which inter-relate with each other and includes person, environment, health/illness, and nursing. These concepts along with philosophical statements provide a framework that underpins my values and beliefs of nursing practice. Establishing a philosophy of nursing provides meaning to the profession, helps to guide practice, and serves as a foundation for providing exemplary patient care.

Person

Person in the healthcare environment represents the patient, family or community being cared for by the healthcare provider. This environment is supportive of patient centered care where every patient is a unique individual with unique values and beliefs. Patients are in a vulnerable position when ill and depend on nurses to provide the knowledge, support and encouragement needed to improve their health and well being. Patient centered care involves treating the patient holistically while preserving their dignity and self worth, assisting the patient along the continuum towards self actualization (Gillette, 1996). The philosophical approach that best fits my view of science is constructivism, which has its focus on understanding the actions and significance of individuals and building upon their knowledge and experiences (McEwen & Wills, 2011). Its emphasis focuses on the patient's perception of what exists, along with their feelings and values.

Health

My philosophy includes following best practice when caring for patients with the goal of promoting positive health outcomes. As a healthcare provider I believe in creating an

environment that is supportive, protective, and promotes physical, emotional, and spiritual health and well-being.

Environment

It is important to practice in an environment that meets the accepted standards of nursing practice. It is imperative to carry out nursing responsibilities and decision making in a manner consistent with the ethical obligations of the profession (American Nurses Association, 2010). I am committed as a nurse to promote the health, welfare, and safety of every individual within my care, and to establish caring and trusting relationships with patients and their families that meet the patients' physical and psychosocial needs.

Nursing

Nursing is both an art and a science; it encompasses professional and personal values, knowledge and competencies (McEwen & Wills, 2011). I value inquiry and life-long learning as it pertains to current evidence based practice and improving patient outcomes. It is essential for nurses to provide holistic care and comfort as the patient regains their health through the process of healing. I believe that nursing, albeit a science is also grounded in caring. My philosophy is derived from the love and dedication I have as a practicing Registered Nurse, and is centered in providing quality, patient centered care, within a caring framework. Working as a RN in post anesthesia care and ambulatory surgery I have the opportunity of providing comfort through holistic care to the surgical patient. I believe it is essential to establish a trusting relationship which will have a positive influence on health, healing, and comfort of the patient.

Future Leadership Role

I chose the profession of nursing because I wanted to make a difference in the lives of my patients. I have chosen the profession of a nurse educator because I want to make a difference in the lives of my students. I strive for a commitment to excellence in my nursing endeavors and in my role as a future nurse educator and leader. Just as my philosophy of nursing focuses on providing quality patient centered care within an ethical and caring environment; my philosophy of teaching centers on providing student centered instruction using experiential and constructivist strategies within a caring framework. It is my goal to instruct our future nurses to become competent caregivers, whose practice follows the values and ethics of caring. Using nursing theory as an organizing framework will help the students understand how specific concepts apply to nursing practice.

Reflection on Practice

Through this case study scenario I will identify concepts that were salient during my nurse-patient interaction. Included in this study are ways of knowing as they pertain to my assessment and interventions. As I reflect on a patient interaction that I experienced in the peri-operative area, I have gained a realization just how important it is to take the time to provide a complete, holistic patient assessment. This human, transpersonal interaction facilitated an understanding not only of the patient's physical needs, but of her psycho-social needs as well.

Case Scenario

B. W. was a 41yr old white female who was admitted to the ambulatory surgical unit for bilateral salpingo-oopherectomy with possible staging and frozen section of a symptomatic ovarian mass. She presented with a prior surgical history of having had a hysterectomy at age 39

for severe endometriosis and cervical dysplasia. She is a wife and mother of three daughters age 4, 8 and nineteen. Pre-operative nursing is traditionally problem focused and include the responsibilities for ensuring that the patient is safely cleared for surgery. Preparing the patient for surgery begins with reviewing the patient's EKG, CXR, and labs to discern abnormalities. The history and physical is read and the consent is prepared for signing with the patient verbalizing an understanding of the surgery they are having. As I entered the patient's room I identified myself, and began the pre-operative interview process. Upon initial observation, the patient appeared somewhat anxious. However, as I was further into the admission I realized that the patient was more distressed than I previously thought. As a peri-operative nurse I understand that surgical patients have higher anxiety levels due to the hospitalization, illness, and fear of surgical outcomes. Therefore, communication between patient and nurse is paramount. Focusing on the patient as a whole, and not just on their illness, allows the nurse to provide caring, trusting, patient centered care. With this in mind, I took the time to ask the patient about her prior surgical history, and what fears she had, as I stood close and listened. I had a feeling that she wanted to tell me more, and she proceeded to explained that she had a bad experience with pain in her prior surgery, and also feared that she may have ovarian cancer. Due to her feelings of unease, I called her daughter in during the admission, and prior to her intravenous catheter insertion. During the course of our interaction I provided appropriate reassurance, information about post-op pain control, and comfort which appeared to alleviate a large amount of the patient's fear and discomfort.

Reflection

Reflecting on this interaction, it is evident that my nursing philosophy, values and beliefs were aligned with the care that I provided to this patient. As a healthcare provider I believe in creating an environment that is supportive, protective, and promotes physical, emotional, and spiritual health and well-being. Providing a patient centered environment and focusing on the patient's perception of what she was feeling helped to alleviate the patient's anxiety. Although we are pushed to prepare the patient quickly for surgery, I was grateful that I was able to spend the extra time with this patient to offer comfort and support. If I had been only problem-focused, I would have missed the opportunity to enhance the patient's quality of life at that moment through meaningful presence and dialogue. According to Schaefer (2002), reflection enables one to look back on an experience in a new way; careful thought results in a better understanding of one's self and personal meaning of the interaction. Through the process of reflection, I was able to clearly identify "ways of knowing," or an understanding of the events taking place during this interaction, which confirmed how important the concepts of caring and viewing the patient holistically are in a nurse-patient relationship (McEwen & Wills, 2013, p. 17). The "ways of knowing" that I applied during this time was intuitive, esthetic, and personal knowledge. During the course of our interaction I had an intuitive feeling that the patient needed comfort and further discussion of her pre-operative fears. This encounter was engaging and interpersonal. Further expounding on this thought, "emancipatory knowing" allowed me to critically examine this situation as it occurred and incorporate appropriate interventions to improve care. Sharing these observations with nursing colleagues can be a catalyst for changing ways of practice and improving patient outcomes. This nurse-patient interaction demonstrates that although

procedures and skills are important to providing quality patient care, we must not overlook the benefits of compassion and conceptualizing the performance of that care.

Concept Identification and Analysis

Developing nursing theory begins with concept analysis through the identification of specific nursing phenomena (Shaha, Cox, Belcher & Cohen, 2011). It is essential to identify and understand phenomena that concern nursing because knowledge gained from this process should guide practice. With this being said, as I reflect on my recent case study I will recognize the phenomena that occurred in my nurse-patient interaction, and identify salient concepts that emerged during the course of patient care. The purpose of a concept analysis in this context is to clarify feelings of pre-operative anxiety and unease from the patient's perspective. Having a thorough understanding of what the patient is experiencing can cultivate the development of interventions to improve support for patients and their families.

After coding my case study, I have identified similar phenomena which I then clustered together in groups. Similar phenomena which I identified were patient symptoms relating to patient feelings of pre-operative anxiety, along with subsequent nursing interventions to alleviate these symptoms. Looking further at the phenomena I have identified patient outcomes resulting from caring nursing interventions.

Groupings of Similar Phenomena

Patient Centered Care

Patient Symptoms (**Uncertainty** of Illness/diagnosis)	**Caring** Nursing Interventions (For **health seeking** behavior)	Patient Outcomes (**Comfort**)
• Anxiety • Pain • Prior experience/bad memory • Shivering • Fear of diagnosis • Feeling helpless	• Holistic comfort • Transpersonal interaction • Invite family in • Provide heated blanket • Reassurance • Compassion • Empathy • Respect • Effective communication • Pre-post-operative teaching • Intuitive knowing • Sense of presence	• Relief from anxiety • Relief from discomfort • Relaxation • Satisfaction with care • Engaged with care • Sense of well being • Hope • Quality care • Patient empowerment

Concept Identification

The main problem of the case study deals with pre-operative fear and anxiety resulting from the patient's uncertainty of illness and diagnosis. Identifying key concepts will help to form appropriate interventions to resolve the problem. After grouping the phenomena that are relevant

to my case study, the salient concepts are uncertainty of illness resulting in pre-operative anxiety, health seeking behaviors identified through observation and patient nurse dialogue, and providing comfort through patient centered care and human caring in the patient-nurse interaction. The main concept that is integrated throughout the nurse-patient interaction is the need for comfort. Subsequently providing comfort through compassionate care will help to alleviate the negative symptoms experienced by the patient relevant to her fear of her post-operative diagnosis and pain. Ultimately these concepts will contribute to the patient's overall health and well being.

Definitions of Concepts:

Uncertainty of illness is defined as how individuals process and structure a meaning for their illness (McEwen & Wills, 2011). This can be further explained by the patient's fear of a post-operative diagnosis of cancer, resulting in situational anxiety.

Health- seeking is defined as behaviors in which patients, families, and nurses interact towards a sense of well being (Peterson & Bredow, 2013, p. 193). Further explanation is the interaction between patient and nurse for the purpose of securing needed assistance for information and comfort.

Comfort is defined as the "satisfaction of the basic human needs for relief, ease, and transcendence arising from health care situations that are stressful" (McEwen & Wills, 2011, p. 234). According to Kolcaba (2001), comfort needs occur in both physical and mental contexts of human experience.

As I view these concepts in relation to the case scenario I can see direct linkages between the concepts of uncertainty of illness, health seeking behaviors, and comfort. I can easily

recognize the how these relationships have a direct effect on one another. The level of relationships among the concepts are predictive due to the fact that by identifying the unmet comfort needs of the patient, interventions were planned to meet those needs resulting in the desired outcome of enhanced comfort.

Application of a Middle Range Theory

Reflecting on my case study, I have identified phenomena throughout the patient-nurse interaction that related to the patient's pre-operative fear, anxiety, and uncertainty of her illness. The concept that stood out the most throughout this interaction was the patient's need for comfort during the stressful time associated with her impending surgery and uncertain diagnosis. Providing comfort through compassionate care will help to alleviate the negative symptoms experienced by the patient relevant to her fear of her post-operative diagnosis and pain. Ultimately these concepts will contribute to the patient's overall health and well being.

Supporting Middle Range Theory

Providing comfort is a positive outcome that is linked to addressing the patient's health seeking behaviors during the interpersonal relationship between patient-nurse (Kolcaba, 2001). Patient comfort is a desired outcome in the peri-operative setting. When choosing a middle range theory that focused on patient problems in this setting, I wanted to choose one that would guide nursing practice towards positive patient outcomes. With this in mind, I chose Comfort Theory by Katherine Kolcaba, which supports the main concept of providing patient comfort through holistic care that strengthens patients to engage in behaviors that promote a state of well being (Kolcaba, 2001; Peterson & Bredow, 2013; Wilson & Kolcaba, 2004). This theory provides a useful framework to enhance patient comfort by helping to guide holistic nursing interventions

for not only physical discomfort, but psychological or emotional discomfort as well. In fact, Kolcaba (2001) explains that patients strive to have their comfort needs met, and the comfort theoretical framework can assist nurses with their assessments of various comfort needs within the "context in which comfort occurs" (p. 89). Patients may be strengthened by having their human needs for "relief, ease, and transcendence" met in the areas of their "physical, psycho spiritual, environmental and sociocultural milieu (Peterson & Bredow, 2013, p. 196; Wilson & Kolcaba, 2004, p. 168).

Relationship of additional concepts within the comfort theoretical framework

Other concepts identified in my nurse-patient interaction include the patient's fear of the diagnosis of cancer, health seeking behaviors, and holistic patient centered care. I can see direct linkages between these concepts and the selected concept of comfort. Through my literature review I have recognized that viewing the person "holistically" with consideration to all of their needs is at the center of the comfort theory (Kolcaba, 2001; McEwen & Wills, 2011; Peterson & Bredow, 2013; Wilson & Kolcaba, 2004). In addition, the theoretical framework of comfort is based on the needs of the patients and their expectations of holistic and competent nursing care (Kolcaba, 2001). With this in mind, there is a direct linkage between the patient's feelings of anxiety and uncertainty, and the provision of caring nurse interventions that will ultimately enhance patient comfort.

Outcomes of Comfort Theory

The level of relationships among the concepts are predictive due to the fact that by identifying the unmet comfort needs of the patient, interventions are planned to meet those needs resulting in the desired outcome of enhanced comfort. Kolcaba's middle range theory focuses on

how patients' unmet needs of comfort are optimally met by nurses during the stressful heath situation that they are in (Kolcaba, 2001, p. 86).

The comfort theory predicts improved patient outcomes by providing a framework for nurses to better conceptualize the patients' human comfort needs, and subsequently influence their environment so that therapeutic interventions may take place (Kolcaba, 2001). Kolcaba, (2001) depicts a grid to structure the types of comfort within the situation in which comfort occurs (p. 88). Through adaptation of this grid, I will explain how the predicted outcomes of Kolcaba's theory of comfort align with patient outcomes from my case study. There are many aspects of discomfort a patient may experience, in addition to physical discomfort, during the pre-operative phase. Patients' may experience pain, and lack of warmth, but may also have physiological, psychological, environmental, and sociocultural components (Kolcaba, 2001; Wilson & Kolcaba, 2004). Therefore, assessing the patient in relation to their health situation is essential to understanding the needs of the patient at that time.

Types of comfort identified by Kolcaba (2001) include "relief, ease and transcendence", which occur physically and mentally (p. 88). These types of comfort are experienced by the patient "physically, psycho spiritually, environmentally and sociocultural" in the healthcare setting (Wilson & Kolcaba, 2004, p.166).

Relief can be defined as the outcome of a patient that has their health need met, or a discomfort relieved (Peterson & Bredow, 2013; Wilson & Kolcaba, 2004). In the pre-operative setting, the patient verbalized fear and anxiety related to her surgery and post-operative pain (psycho spiritual). The environment was noisy, and cold (environmental) and she was shivering

from coldness (physical). By providing a warm blanket, close presence, time to discuss her fears, and offering clarification of procedures, the patient was able to find a sense of relief.

Ease. The next type of comfort is ease which relates to the patient feeling comfortable or "at ease" in their environment (Peterson & Bredow, 2013; Wilson & Kolcaba, 2004). In the context of the case study this can be explained by the comfort needs of the patient. The patient was uncomfortable on the cart (physical), and had a lack of privacy in the pre-operative setting (environmental). The patient was comforted by the presence of her daughter during the admission and intravenous catheter insertion (sociocultural), and felt more at ease when offered a recliner to sit in instead of the cart. Part of her anxiety stemmed from her prior negative surgical experience, and uncertainty of present diagnosis (psycho spiritual). Wilson & Kolcaba (2004) explicate that when a patient is faced with an uncertain diagnosis or prognosis, they are in need of "emotional support to achieve comfort in this area" (p. 166). Creating a comfortable environment and providing appropriate patient education helped to alleviate some of her anxiety.

Transcendence. The last type of comfort identified in this theory is transcendence which refers to the patient overcoming their feelings of discomfort through a therapeutic relationship with their nurse (Peterson & Bredow, 2013; Wilson & Kolcaba, 2004). In my patient-nurse relationship the patient was able to get through her fear and anxiety through the interventions that I offered. This level of comfort is the final outcome after holistic nursing interventions were implemented. For example, initially the patient was in need of pre-operative teaching regarding post-operative pain, emotional support, a calm and comfortable environment, and the presence and support of a caring family. Providing holistic comfort interventions including empathy, compassion, close interaction, intuitive knowing, and a sense of presence addressed the needs of

the patient throughout the areas of comfort described, resulting in patient satisfaction and a sense of well being.

Application of Comfort Theory to Practice

Utilizing Kolcaba's middle range theory of comfort can be easily adapted in the peri-operative setting and is useful in addressing the patients' various comfort needs. I found it practical as a framework for providing holistic interventions while addressing the patient's anxiety. Pre-operative anxiety is a common discomfort and can have negative effect on the patient's ability to cope in their situation. Providing comfort through compassionate care will help to alleviate the negative symptoms experienced by the patient relevant to her fear of her post-operative diagnosis and pain. When comparing the outcomes from my case study to the comfort theoretical framework I can see similarities as well as insights that I have gained. Along with the concepts and interventions that I have identified, Kolcaba's framework shows how certain aspects of comfort are inter-related within the context of a patient's "holistic experience" (Peterson & Bredow, 2013, p. 195). The comfort theory framework clearly explicates how to assess the patient within their unique situation and environment, thus enabling the nurse to choose comforting interventions resulting in positive patient outcomes. In addition to comfort, this theory enlightened me to the fact that an increase in positive patient outcomes also results in nurse satisfaction, decreased hospital length of stay, and decreased re-admissions leading to positive institutional outcomes (Kolcaba', 2001; Peterson & Bredow, 2013). Using a theory specific to the practice setting can help to provide a positive change in the way that nurses provide holistic patient care based on the patient's individualized physical and emotional needs.

References

American Nurses Association. (2013). *Code of ethics for nurses with interpretive statements*. Retrieved from http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf

Gillette, V. A. (1996). Applying Nursing Theory to Perioperative Practice. *Association of Perioperative Registered Nurses, 64(2),* 261-270. Retrieved from www.aorn.org/

Hills, M. & Watson, J. (2011). *Creating a caring curriculum: An emancipatory pedagogy for nursing.* New York, NY: Springer.

Kolcaba, K. (2001). Evolution of the mid range theory of comfort for outcomes research. *Nursing Outlook*, 49, p.86-92. doi:10.1067/mno.2001.110268

Kolcaba, K. & DiMarco, M. A. (2005). Comfort theory and its application to pediatric nursing, *Pediatric Nursing, 31*(3), 187-194

McEwen, M. & Wills, E. M. (2011). *Theoretical basis for nursing* (3rd ed.). Philadelphia: Lippincott Williams & Wilkins

Peterson, S. J. & Bredow, T. S. (2013). *Middle range theories: Application to nursing research* (3rd ed.). Philadelphia: Lippincott Williams & Wilkins.

Schaefer, K. M. (2002). Reflections on caring narratives: Enhancing patterns of knowing. *Nursing Education Perspectives, 23*(6), p. 286-293.

Shaha, M., Cox, C. L., Belcher, A., Cohen, M.Z. (2011). Transitoriness: Patients' perception of life after a diagnosis of cancer. *Cancer Nursing Practice, 10*(4), 24-27.

Wilson, L. & Kolcaba, K. (2004). Practical application of comfort theory in the perianesthesia setting. *Journal of Perianesthesia Nursing, 19*(3), 164-173. Retrieved from http://www.jopan.org/article/S1089-9472%2804%2900096-6/fulltext

Introduction (20) 20
Case Study and Concept Identification (20) 20
Application of Middle Range Theory (20) 20
Conclusion (20) 20
Grammar, spelling, APA format (20) 20
Total (100) Anne Marie you've written a beautiful paper – an excellent example of learning through reflection and application of Kolcaba's Comfort MR theory, especially as it applies to holistic peri-operative nursing care. 100