

Application of Nursing Theory in Practice:

Kolcaba's Comfort Theory

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A nursing theory is a way of organizing and systematically addressing situations encountered. The basic purpose behind any nursing theory is to provide a mechanism for nurses to assess the conditions of patients according to the methodologies of the theory being applied, and to use the principles of the theory to identify both what the patient needs and an appropriate method of meeting those needs. Each theory has its own assumptions about patients or their behaviors or the environment, and the theory chosen is one that seems appropriate to the specific instance being dealt with. Nursing theories can be broadly scoped grand theories that are very general and provide principles of practice. Alternatively, mid-range nursing theories are more specific and less general, and offer overall nursing strategies. Finally, nursing practice theories are specific to a situation and are intended to address specific problems. Generally speaking, a broad-range theory provides large-scale guidance, mid-range theories offer overall nursing strategies, and nursing practice theories address specific types of situations. While all are useful, mid-range theories that provide suggested strategies on addressing practice situations can offer nurses an approach to their job, while the nursing practice theories address only specific situations.

For the purposes of this discussion, the specific nursing theory under consideration is Kolcaba's mid-range comfort theory, originally introduced in 1994 (Kolcaba 1994), but greatly expanded and developed in the two decades since that original introduction. In essence, comfort theory insists that management of comfort through relatively simple comforting techniques result in improved patient experiences and outcomes (Kolcaba, 2010). The key principles, as articulated by Kolcaba include: that all interactions are caring interactions; that nurses address

the patient, family, and friends in a holistic way designed to increase their comfort; that all individuals are approached with an intention to comfort; that regular “comfort assessments” of patient, family and friends are conducted; and that comfort is documented on a routine basis (Kolcaba 2010). Kolcaba defines three key types of comfort: relief, ease, and transcendence (Kolcaba 2010). Relief means the state of having some specific need met, specifically one that relates to the person’s comfort. Ease means a state in which the person is calm or contented. Finally, transcendence refers to a state in which a person rises above whatever problems or pain they have or are experiencing (Kolcaba 2010). Comfort theory places importance on addressing comfort as an important outcome of nursing care (Kolcaba 2010).

In the remainder of this paper, a specific and detailed discussion of one application of comfort theory is first introduced. That is followed by a discussion of strategies used to address this problem, including the rationale for selecting that strategy and an ethical issue deriving from the selection of that strategy. Finally, the paper concludes first by summarizing key points of this discussion, and then commenting on the personal lessons learned as a result of writing this paper.

Problem/Issue

A specific issue that is important in dealing with patients in my clinical practice is in how to provide the best care for those who have chronic, serious illnesses. In particular, it is important to know how to address the issue of patient satisfaction and comfort. I have found that family and friends of such patients are often do not know what to do that is best for their sick loved one. As a nurse leader, I find I have to develop strategies for assisting them in this regard. My approach is from that of comfort theory, first by approaching them as I do patients, with caring intentions, and second by helping them understand how they can best help their loved one once that person is back in the home environment. To this end, I suggest taking the initiative to

develop an ongoing family training program to be offered about once a month, or as needed, to assist family and friends of such patients in understanding the basics of how they can give comfort to their sick loved one in the context of the home.

Multiple aspects of comfort need to be addressed in this situation. First, of course, is the comfort of the patient and identifying strategies to ensure that the patient is as comfortable as possible, given his or her medical condition and the treatments required. The patient's family and friends are also a concern. Their comfort—or lack of comfort—directly impacts how they respond to the patient and thus impacts the patient's comfort too. Nurses and other medical staff also have comfort issues to cope with, particularly when the outlook for a well-liked patient is fairly grim. In addition, nurses have comfort issues in their workplace via their interactions with other people and their environment. For all these reasons, addressing the comfort needs in the face of the seriously ill or dying patient is an issue that needs to be addressed.

Nurses are required to demonstrate leadership in ensuring that their patients receive the best care and the greatest comfort possible. In this regard, I would like other nurses, particularly newer nurses in my facility to attend this program, both to freshen their knowledge of how to give comfort, but more importantly to give them guidance in what they can do to assist the families and friends of their own patients who have chronic diseases. Learning how to identify ways to make a difference in the lives of patients with chronic, painful diseases and to demonstrate their leadership in that role. Furthermore, a thorough understanding of comfort therapies can also make a difference in the lives of the nurses who employ them. Applying comfort theory to the issue of caring for patients with severe illnesses will require key strategies. The next section identifies strategies to address this issue.

Strategy

One key strategy is to understand that patients with chronic diseases are not always directly under a nurse's charge. Thus, one key strategy to implement is to ensure that family, friends, and/or caregivers of these patients understand the ideas behind comfort therapies and are prepared to offer those therapies on a regular basis.

The key element of comfort theory is that nurses are expected to approach patients from a holistic manner, which includes considering their families, friends, and caregivers (Kolcaba 2010). Nurses demonstrate their leadership when they ensure that everyone around the patient is knowledgeable and educated about the types of symptoms to watch out for (based on the physical disease involved and therapies being given) and some simple, comforting techniques to improve the patient's comfort level.

This approach is supported in the literature in a recent study by Collinge et al. (2013). Collinge et al. (2013) taught family and caregivers of at-home cancer patients simple comfort techniques, such as massage and acupressure. The training program included both a DVD lasting over an hour and a training manual. The goal of the training program was to teach these caregivers specific symptoms related to the cancer and treatment, provide them with the psychological support for giving touch-type therapies to the patients, and to teach them the specific massage and acupressure techniques (Collinge et al., 2013). In comparing those who were asked to practice the comfort techniques three times a week (or more), to those caregivers who were asked only to read to the patients an equivalent amount of time, those patients receiving the comfort therapies showed significantly reduced symptoms (Collinge et al. 2013). While those patients who were read to showed a mild reduction in self-reported symptoms of 12% to 28% after sessions, the reduction in symptoms of those receiving comfort therapies was substantially larger, 29% to 44% (Collinge et al. 2013). It's important to note that even simply

sitting by the patient and reading to him or her also provided some relief of symptoms.

Using this approach of educating family and caregivers of chronic patients in comfort theory and comfort techniques has other benefits as well. A study of how learning comfort theory impacted the lives and practices of new nurses demonstrated that understanding these techniques may be helpful for the caregivers as well as the patients (Goodwin & Candela 2013). Goodwin and Candela (2013) studied how new nurses used comfort theory as they transitioned from training to practice, and how they applied comfort theory to their education, their personal interactions, and their workplace. Comfort theory applied to workplace interactions assisted the new nurses as they coped with stress, work overloads, and even dealing with the occasional hostility from experienced staff (Goodwin & Candela 2013). The theory also assisted them during the final phases of their training program, as they learned to seek peer and faculty support in effective ways, and to understand the relevancy of their training curricula to the workplace and to their lives (Goodwin & Candela 2013). The overall relevance of comfort theory was demonstrated by the increased pride these nurses took in their professional skill and in their ability to provide patient care, and by their greater preparedness for training programs in general (Goodwin & Candela 2013). The relevance of this study to the problem of teaching caregivers how to improve the patients' comfort is direct. Like newly trained nurses, caregivers are often overwhelmed by the responsibilities of looking after their loved one. They also are uncertain, just as new nurses are, of their ability to cope with the issues they face, and to relieve the pain and suffering of the patient. Goodwin & Candela's 2013 study noted that the nurses themselves were able to use comfort theory to improve their abilities to cope with demands of nursing, and to help them relieve their own stress. Thus, teaching family and caregivers about basic comforting therapies provides them with tools they can use to help their patients but also to help themselves.

It seems thus clear that teaching family and caregivers simple comforting techniques serves a dual goal of providing greater comfort to the patients and also assisting the family and friends to cope with the stress of their caregiving responsibilities. Thus, the key nursing strategy for this situation is to demonstrate leadership by ensuring that family and caregivers of chronic patients understand the symptoms they should watch for, that they should be psychologically prepared to institute simple, safe touch therapies, and that they should be taught exactly how to do those therapies such as massage, acupressure, or other key comfort strategies.

My nurse leadership goal is thus to establish a basic one-evening training program every month or two in which families and friends can learn these techniques and the basics of comfort theory. This program could be run in a meeting room at the local hospital or clinic and the program filled via referrals from physicians and nurses with patients and families dealing with chronic diseases. It is important, however, that referrals be done by the physician and that the participants attendance is completely voluntary—the patient or caregivers approach the program for participation rather than being approached by someone who is not their medical care provider. This is to avoid ethical issues that impinge on patient privacy and HIPAA concerns. Patients and family could be provided with the information about the program by their physician or nurse, and then could make their own decisions about whether they would like to participate in it. No pressure to participate would be exerted.

Another issue is that of overcoming the psychological barriers to touching a patient with a chronic illness like cancer. Collinge et al. (2013) found in focus groups that such inhibitions do exist, even toward loved family members. Thus, part of the educational program I propose would have to deal with this issue and assist family and caregivers in overcoming their concerns. This also implies, however, that as the nurse leading the program, I must do nothing that implies

either judgment or psychological analysis of the participants. Such attitudes are inappropriate and unethical. All participants must be treated with great respect and their concerns approached with care and a genuine concern to assist but not demand. This too is a critical element of comfort theory: approach all interactions with caring intentions (Kolcaba 2010). By taking this approach, the nurse educator models the behavior she hopes to instill in the participants.

Conclusion

In considering the issue of nurses dealing with patients who have chronic, potentially debilitating and painful diseases, it is important for them to understand how family, friends, and caregivers need to be included in the nurses' consideration of comfort theory. Such patients may be at home most of the time, so teaching the family and caregivers how to recognize symptoms and apply comfort therapies to assist the patient can significantly improve the patient's level of comfort. These strategies, even simple ones, such as reading to a patient, have been shown to generate significant relief, while simple touch comfort therapies, such as massage, have been demonstrated to have even greater relief. Furthermore, other strategies show that inexperienced nurses can apply similar comfort strategies to improve their own lives, which in turn implies that the lives of the caregivers and family can also be positively impacted by this approach. Thus, a strategy of establishing a regular class to teach family and caregivers how to apply comfort therapies to their loved ones is an important element of applying comfort theory to a nursing practice.

In writing this paper, it became clear to me that nursing theories have relevance not only to specific work situations and to individual patient needs. Nursing theories also can positively impact the lives of the patient's family and friends. Furthermore, nursing theories such as Kolcaba's comfort theory can also improve the lives of the nurses who apply it to their own

practices and to their interpersonal relationships in all arenas.

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