

Comfort Theory: A Framework for Pain Management Nursing Practice

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Overall Objectives

- Describe Comfort Theory and its application to pain management nursing practice
- Discuss the application of Comfort Theory in clinical practice
 - Individual
 - Select Populations and Practice Settings
 - Health Care Systems



Memorable Nurse



"...what nursing has to do...is to put the patient in the best condition for nature to act upon him."

Florence Nightingale
Notes on Nursing 1859

Memorable Nurse



"The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (*or to peaceful death*) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible" (1958)

Virginia Henderson's definition of nursing

Memorable Nurse

- Describe a nurse colleagues that delivers exceptional nursing care
 - Describe what a nurse did for your loved one
 - Describe what a nurse did that comforted a patient
- Care with kindness
 - Time and touch that fostered healing
 - Listened
 - Respect
 - Special attention-individualized

A historical perspective of comfort and nursing care:

- 1900-1922- a central focus and moral imperative
- 1930-1959- a strategy for achieving aspects of nursing care
- 1960-1989- became a minor goal
 - Physical aspects of care were dominate
 - Emotional comfort became increasingly important
- 1990-2006-Comfort Theory
 - Childbirth pain
 - End of life and palliative care
 - Pain Management
 - ? Discomfort a potential Nursing Diagnosis
 - ? Comfort- a proposed NIC

State of affairs*****

- Patients with pain scores of 10/10 despite increases in medication
- Patients with complex medical care-experiencing loss and suffering
- Expectations that pain scores would be "0"
- Nursing staff not knowing what to do if medication did not help
- Personal feelings of frustration and inability to make a difference

Comfort Theory: It makes sense to me

- Provides a holistic approach
- Supports clinical decision making
- Helps explain nursing care
- Colleagues understand comfort
- Patients understand it and parents can be an integral part of care
- Framework for my practice

Comfort is a Useful Concept

It is important:

- ...for patients working to return to former functional levels
- ...for patients going through strenuous therapies
- ...for those who want to die in a dignified way

What is Comfort ?

- A blanket or a favorite sweater
- A family member close by
- Music: a lullaby or rock
- Human touch-rocking
- A call or visit from a friend
- A prayer or quiet moment
- Medication to ease the pain



Comfort is defined by the individual

Kolcaba's Comfort Theory

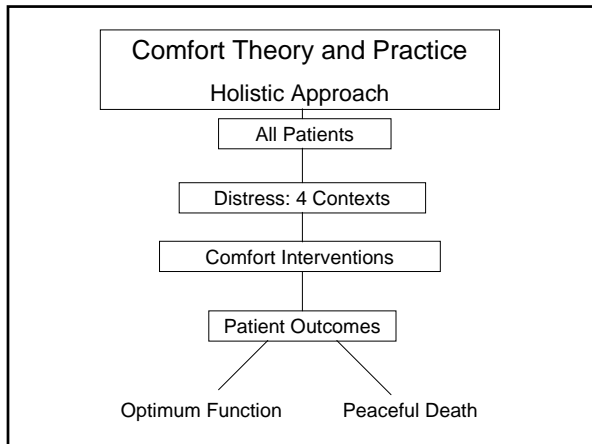
- Comfort is:
 - Individualized - holistic
 - Enhanced feelings of well being
 - A sense of being strengthened
- Provides a framework for care
- Is not "comfort care orders" for end of life

Kolcaba 2003

Kolcaba's Comfort Theory


- Human needs are addressed
 - Relief: the state of having a discomfort mitigated or alleviated
 - Ease: the absence of specific discomfort
 - Transcendence: the ability to "rise above" discomforts when they can not be eradicated or avoided

Kolcaba 2003



Comfort Care

- Four General Contexts
 - Physical
 - Environment
 - Sociocultural
 - Psychospiritual
- Types of Care
 - Technical
 - Coaching
 - Comforting



Contexts of Comfort

- Physical-pertaining to bodily sensations and homeostasis
 - Pain relief
 - Regular bowel function
 - Fluid/electrolyte balance
 - Adequate oxygen saturation
 - Turning and positioning
- Psychospiritual-pertaining to internal awareness of self, esteem, sexuality, meaning in one's life
 - Maintaining/improving self-esteem
 - Enhancing independence
 - Increasing relaxation
 - Accommodating religious practices


Contexts of Comfort

- Environmental- the external background of human experience
 - Temperature
 - Noise
 - Color
 - Light
 - Views from the window
 - Access to nature
- Sociocultural- interpersonal, family and societal relationships, family traditions, rituals
 - Caring attitude
 - Continuity of care
 - Information and education
 - Enhancing family and friend support
 - Cultural customs

Types of Care: Technical

(Maintain homeostasis)


- Monitoring & managing pain, nausea, dyspnea, etc.
- Preventing complications
- Administering medications
- Observing for side effects



Types of Care: Coaching

(Relieve anxiety and plan for recovery)

- Provide reassurance and information
- Instill hope, listen
- Help plan for optimizing health
- Encourage



Types of Care: Comforting

(Unexpected things)

- Feel cared for and strengthened
- Targets transcendence
- Environment: music, art
- Massage, holding a hand
- Encouragement
- Reminiscence, tranquility
- Presence and memorable connections



Comfort Theory-Patient Care A Case Study

- 16 yr female with IRB, partial colectomy and take down ileostomy, multiple flares for three months. Weight gain with prednisone
- Cramping abdominal pain (4/10) Fentanyl patch 75 mcg/hr, PRN Oxycodone 15 mg PO, Lorazepam and Hydromorphone IV
- School only 2 days in past 4 months
- History of depression, anxiety, suicidal ideation- on Lexapro
- Difficulty sleeping: now and prior to admission

A Case Study..cont

- PCA Hydromorphone
- Surgery: Total colectomy with ileostomy
- Bowel perforation and wound dehiscence. Painful wound exploration at bedside (10+/10): 4 days postop
- Three wounds- Dressing changes 3x day- anxiety and pain (10/10) required ketamine
- Wound vac applied to 1 of the 3 wounds

A Case Study..cont

- Family lives 4 hrs away; mom at home with siblings, dad at hospital
- Supportive church family- uncle lives close to hospital
- Finances are "tight"
- Loves music, history; does not like to be touched or massaged
- Uses deep breathing at times

Comfort: Individual Patient

➤ Physical

Bodily sensations & homeostasis

- Hydromorphone PCA
- Methadone
- Klonazepam and Ambien
- Skin care
- Healing touch--Mom

➤ Psychospiritual

Self esteem, self concept, sexuality, meaning in life, & spirituality

- Deep breathing
- Imagery
- Child life referral- dressing change
- Coaching

Comfort: Individual Patient

➤ Environmental

Temperature, light, sound, odor, color, furniture, landscape & other factors in the background of the human experience

- Music
- Quiet
- Routine for sleep

➤ Sociocultural

Interpersonal, family, societal relationships, finances, teaching, traditions, rituals, & religious practices

- Dad spend the night
- Connect with friends/school
- Financial support- meals
- Chaplin referral

Comfort Theory: Specific Populations

- Alzheimer's
- Hospice
- Postanesthesia Nursing
- Women and child birth
- Pediatrics
- Ambulatory Care

Comfort Theory: Patient Units

- Identify Champions and Opinion Leaders
 - Staff involvement
- Compatibility with expectations
- Staff Education- theory & leadership skills
- Quality Improvement Projects
 - Chart audits
 - Patient satisfaction survey

Comfort Theory: Patient Units

- Integrate theory into nursing practice
 - Ask patients/families what you can do to make them comfortable
 - Assess and provide comfort – 4 contexts
 - Teach families about comfort
 - Clinical discussions
 - Communication-shift report
- Communicate with colleagues: bulletin board, clinical discussions and care plans

Comfort Theory: Systems

- Dimensions of care related to consumer satisfaction
 - Respect me as person
 - Co-ordinate care
 - Give predictive information
 - Provide comfort and pain relief
 - Relieve my fears
 - Involve my family/friends
 - Think of me as a person on a continuum of life---not an episode

Change and Diffusion

- Start with a structure and process
- Connect and communicate
- Design practice: holistic-patient focus
- Integrate comfort into practice
- Wide representation - practice settings
- Improve patient outcomes- measure

Lead Team = Champions

- Develop knowledge and skill with comfort theory
- Communication and feedback
- Plan and direct
 - Changes
 - Policies & Procedures
- Develop leadership skills
- Help remove barriers



Comfort Theory: Systems

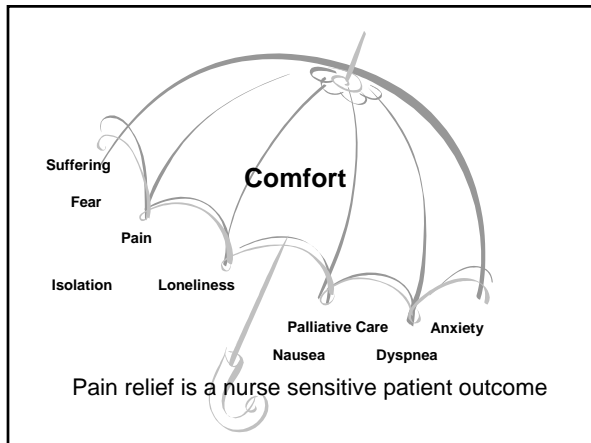
Caring for patients begins and ends with comfort

Each patient receives individualized, compassionate care in a culture that promotes well-being and comfort of patients, families, and staff.

This practice will be characterized by: engagement, holism, listening, presence, kindness, patience, evidence, respect, energy, empowerment, professionalism, and collaboration.

Comfort Survey- Web based

- Comfort Survey- Web based
 - Questions from Kolcaba survey
 - Revised for children
 - Shortened
- Testing and validation
 - Paper and computer pilot
 - Data to be analyzed



Comfort for the Nurse

- **Physical**
 - Breaks
 - Adequate staff/resources
 - **Environmental (organizational culture)**
 - Professionalism
 - Open Communication
 - **Psychospiritual**
 - Encouragement
 - Managerial support
 - **Sociocultural**
 - Team work
 - Collaboration
- 

Hand Massage



- A 2-minute nursing intervention
- Easy to learn and do
- Touch, connection, relaxation, and support
- Useful for patients and colleagues
- Provides Comfort

* M* Technique- Jane Buckle, RN

Take Home Messages

- Pain management can be approached from a comfort perspective: physical, psychospiritual, environmental, sociocultural
- Comfort Theory is useful in assessing and caring for patients in pain
- Comfort Theory is a framework for nursing practice and can be applied to individual practice, units and systems

Getting a new idea adopted even when it has obvious advantages is often very difficult...Everett Rogers

Comfort Theory and Care

Comfort Care is a nursing art that entails the process of comforting actions performed by a nurse for a patient. According to comfort theory, patients experience comfort needs in stressful health care situations. Patients and their families/support groups meet some needs but other needs remain unmet. These needs can be identified by a nurse who then implements comfort measures to meet the needs. Enhanced comfort readies the patient for subsequent healthy behaviors or a peaceful death. Comfort measures can provide relief, help ease a distress or help support the patient to transcend the experience or condition.

Comfort Needs are assessed in four contexts of patient's experience:

- **Physical:** pertaining to bodily sensation and physiologic problems associated with medical diagnosis
- **Psychospiritual:** pertaining to the internal awareness of self, including esteem, concept of sexuality, and meaning in one's life; this can also encompass one's relationship to a higher order or being
- **Environmental:** pertaining to the external background of human experience; encompasses light noise, ambiance, color, temperature, and natural versus synthetic elements
- **Social:** pertaining to interpersonal, family and societal relationships

Types of Comfort Care

Technical: Pain relief, positioning, monitoring

Coaching: Relieve anxiety, provide information, instill hope, and plan for recovery

Comforting: Things that make patients/families feel cared for, strengthened and connected

	<i>Relief</i>	<i>Ease</i>	<i>Transcendence</i>
Physical -bodily sensations and physiologic problems	Opioid for postop pain	Elevate leg for edema	Coaching for labor pain
Psychospiritual -internal awareness, self-esteem, spiritual relationship	Coaching and encouraging-	Chaplain, deep breathing, guided imagery	Support for giving control and feeling safe.
Environmental -light, noise, color, temperature	Reposition due to immobility	Distractions during a procedure, music	Privacy and quiet for a dying patient
Sociocultural -interpersonal, family and society	Information and education	Interpreter, family visiting and presence	Religious practice or rituals

Comfort by S.D. Lawrence (student nurse)

Comfort may be a blanket or a breeze,
Some ointment here to soothe my knees,
A listening ear to hear my woes,
A pair of footies to warm my toes,
A PRN medication to ease my pain,
Someone to reassure me once again,
A call from my doctor, or even a friend,
A rabbi or priest as my life nears the end.
Comfort is what ever I perceived it to be
A necessary thing defined "only by me".

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