

## 45th Biennial Convention (16-20 November 2019)

### Testing Katharine Kolcaba Theory of Comfort on Post-Operative Children

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Aim of study was to test Katharine Kolcaba theory of comfort by evaluating the effectiveness of integrative comfort care interventions on discomfort experienced by children (age 5-10 years) during post-operative period. Method - experimental approach, pre-test and post-test control group design, was used for evaluating the effectiveness of integrative comfort care interventions on discomfort experienced by children. Sample comprised of 200 children, selected using purposive sampling technique and they were randomly assigned to experimental and control group by using flip a coin method. Katharine Kolcaba comfort theory framework was applied to assess patient's condition, plan and deliver integrative comfort care interventions, the steps followed for data collection, planning and implementing effective care were based on the presuppositions of the theory. The tools used for data collection were Base line information of children. Comfort Behaviors check list, and Comfort Daisies. Comfort care interventions were delivered through nursing process approach. These interventions were addressed across physical, psychological, social, spiritual, and environmental aspects. After the application of theory, the analysis revealed improvement in the comfort level of the subjects. Mann –Whitney test was used to find out the significant difference in post-test post-operative discomfort scores among subjects in experimental and control group, findings were significant at  $<.001$ . Friedman test was also used to compare the pretest and posttest post-operative discomfort scores of children in experimental group, A significant difference ( $\chi^2 = 282.714$ ,  $P < .001$ ) in pretest and posttest post-operative discomfort scores of the subjects was observed. A significant difference ( $\chi^2 = 281.788$ ,  $P < .001$ ) was observed among subjects in experimental group as assessed by Comfort Daisies. Hence, concluded that integrative comfort care interventions were effective in reducing the post-operative discomfort significantly among the subjects. The findings revealed that subjects, who received integrative comfort care interventions, using comfort theory experienced more comfort as compared to the subjects in the control group.

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#### **Title:**

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#### **Keywords:**

Discomfort, Integrative comfort care interventions and Katharine Kolacaba comfort theory

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### **Abstract Summary:**

After attending this presentation audience will be able to understand about application of comfort theory on post operative children and will be able to undertake researches by using similar methodology in order to test comfort theory.

### **Content Outline:**

#### **Background of the study**

Comfort is a term that has a significant historical and contemporary association with nursing. Since the time of Nightingale, it is cited as desired outcome of nursing care. Comfort is of particular concern in health care, as providing comfort to the sick and injured is one of the goals and it facilitate recovery. Nurses traditionally provide comfort to patients and their families through interventions that are called comfort measures<sup>1</sup>.

The word comfort is defined in the Oxford English Dictionary<sup>2</sup> as "A stage of physical and mental well-being with freedom from pain and trouble ,satisfaction of bodily needs; relief or support in mental distress or affliction; consolation, solace, soothing; the state of being consoled or the feeling of consolation or mental relief; to soothe in grief or trouble, to relieve mental distress; to console."

Katharine Kolbaca first introduced her Theory of Comfort in 1994 which was based on her work as a graduate student studying the concept of comfort. Kolcaba analyzed the concept of comfort and published a mid-range theory of comfort, suggesting that when comfort is enhanced, patients are strengthened and thus are enabled to engage in health-seeking behaviors. In 2003, Kolcaba published a comprehensive book about the development, testing, and application of the theory.<sup>3</sup> With interests in Gerontology, Kolcaba primed her theory from the different client-centered nursing theories like that of Henderson, Orem and Roy's Adaptation Theory. The theory of comfort is one of the many middle range nursing theories because it is focused on a limited dimension of the reality of nursing. It is defined to give direction for regular practice and scholarly research rooted in the discipline of nursing. After earning her diploma in 1965, Kolcaba already showed notice on elderly care. She devoted her early years of formation by considering the works of early theorist and applied it in her work place. One noticeable application of her theory is the similarity of the use of "sleep and rest" of Henderson as a basic need. She proponed that the effects of having to achieve "sleep and rest" is "comfort" – for which was not mentioned in the theory of Henderson. Additionally, she integrates that when the 14 fundamental basic needs are met, the ultimate outcome is the achievement of comfort as an integrated whole. Digging deeper on the influences of her theory, Kolcaba's work was also influenced by Orem. She speculates, "man in general wants to avoid pain and discomfort – therefore the primary goal of man is comfort." Having this statement as a regard, Kolcaba's defined "man" as an "integrated whole" (in times of comfort state) and "re-integrated whole" (in times of discomfort state where man always finds a way to achieve comfort). Though not physically written, but by examination of her work, there is a known influence of Roy's work to the theory of Kolcaba. In one of her writings she mentioned, "health is a state of comfort from the adaptation known by man." This statement has a similar bearing to Roy's Adaptation Theory utilizing the goal of the wholeness of man through adaptation in physiological mode, self-concept mode, interdependence mode, and role-factor mode. She further exclaimed that "wholeness" can be interrelated to "comfort" as an ultimate goal of man whether in time of displacement or at normal states.<sup>4</sup>

Comfort theory is a middle range nursing theory in which comfort is defined as "the immediate state of being strengthened by having the needs for relief, ease, and transcendence addressed in the four contexts of holistic human experience: physical, psycho spiritual, socio cultural, and environmental". Attaining comfort allows the person to engage in health-seeking behaviors which can be internal (physiologic healing), external (health related activities), or a peaceful death. To condense, Kolbaca's. theory of comfort is imbedded in the beliefs that increasing a patient's level of comfort can help to generate health-seeking behaviors among individuals.<sup>3</sup>

Comfort is a positive outcome that is linked to an increase in health seeking behaviors and to positive institutional outcomes, Kolcaba & Di Marco<sup>5</sup> mentioned that nurses are constantly utilizing three types of comfort mechanisms and try to move patients towards the transcendence phase without necessarily knowing it. Nurses do assessments throughout their shifts on patients, which include assessing their physical, psycho spiritual, sociocultural and environmental needs. When nurses assess the physical needs of patients, they are looking at deficits in the physiological mechanisms of an ill patient due to a disease, virus or surgery. Some physical comfort needs that can be treated without medications include pain, nausea, vomiting, shivering and itching. Nurses can use different interventions to help alleviate these problems and increase patient satisfaction. Psycho spiritual 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 .<sup>4</sup>Sociocultural comfort needs are the needs for cultural sensitive reassurance and positive body language. Nurses can provide these needs through coaching, encouragement, camaraderie and explaining procedures. Environmental comfort needs of patients comprise a quiet and comfortable environment. Nurses can help patients achieve this environment by lowering the lights, closing the doors, interrupting sleep minimally and limiting loud noise around the patient's rooms .<sup>5</sup>Nurses document patient's status before and after the use of comfort measures to verify if the measures are improving or worsening the patient's condition. Nurses knowing a patient's condition can deliver comfort measures prophylactically to forestall negative results. If a patient is coming back from surgery, a nurse may be aware of the possibility of breakthrough pain. If the nurse is attentive to this and notices an increase in the patient's blood pressure, facial grimacing and anxiety, the nurse may realize that he/she should administer pain medication instead of blood pressure medication. The nurse could also provide massage, guided imagery or other interventions based on the type of surgery and intensity of the pain. Being able to determine when comfort measures are necessary or useful is vital to improving the quality of patient care<sup>6</sup>. When patients are more comfortable, they increase their health seeking behaviors, nurses are more satisfied and improve their quality of care. The improvement of care increases the institutional integrity and overall improves the hospital experience.<sup>5</sup>

### **Need of the study**

Hospitalization is one of the most stressful events that children and adults can experience. Not only are the physical surroundings different, but the procedures that children experience for the first times are new. Anxiety, fear, withdrawal, depression, regression and defiance are few reactions shown by children as well as adults, and these can be more severe than their reaction to illness.<sup>7</sup>

Hospitalization and surgery have negative influences on children. Rudolph et al.<sup>8</sup>cited different events and influences, which make the hospital a potentially stressful place for children. For instance, separation from the family and the siblings, fantasies and unrealistic anxieties about darkness, monsters, murders and wild animals, which are not exactly related to hospitals but introduced by the strange situation, deprivation of social contacts, social demands and threats, pain and other discomforts of the illness or surgery, upsetting therapeutic procedures, fears of disablement and death.

Kain et al.<sup>9</sup>revealed that 50-60% of children undergoing surgery have shown postoperative behavioral changes including separation anxiety; sleep disturbances, aggression towards authority, temper tantrums, and eating problems.

Nurses use various kinds of strategies in reducing discomfort among children. Pölkki T et al.<sup>10</sup> conducted survey on use of non-pharmacological methods in relieving postoperative pain among children (8-12-year). The study showed that emotional support, creating a comfortable environment and assisting with day-to-day activities were accounted for to be utilized routinely, though the cognitive-behavioral and physical techniques were among the less used strategies. Stephens and Hall<sup>11</sup> listed a few interventions to comfort youngsters and families during distressing procedures. Social comforts comprised preparing the child and parent and avoiding the term "pain" with its negative relations. Social and psycho spiritual comforts included inviting the parent/caregiver figure to be present. Examples of environmental comfort were using the treatment space for stressful procedures instead of the child's hospital room and maintaining a calm and positive environment. Physical comfort include positioning the child in a comforting manner with the parents help and support.

Hawley MP<sup>12</sup> described comforting strategies as immediate and competent technical/physical care, attending to physical discomforts positive talk, vigilance, including attending to family.

Tutton E. & Seers K<sup>13</sup> suggested that focusing on comfort from a patient perspective offers practice insights that challenge organizational and cultural norms and suggest new ways of working to address these issues.

Integrated comfort care interventions were used by Wilson I & Kolcaba k<sup>14</sup> in their practical application of comfort theory in the perianesthesia setting. They described that comforting is not a one shot intervention; it is a process that occurs in many iterative steps within the interaction and the developing relationship. During the comforting interaction loop in which a comforting action occurs, the patient is reevaluated and another comforting action is provided across various context and so forth.

In order to comfort the child, it is not sufficient to use single comfort intervention focusing only single comfort need; rather, this task requires integrative comfort care interventions. Integrative comfort care intervention is an approach that combines multiple interventions in order to target many comfort needs addressed across the four contexts of comfort, as Kolcaba proposes.<sup>14</sup>

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**Author Summary:** I am Mukesh Chandra Sharma presently working as associate professor (Pediatric Nursing) in college of nursing AIIMS, City Jodhpur, State Rajasthan, India. AIIMS Jodhpur is one of the SIX NEW AIIMS established by the Government of India. I am having more than 12 years of teaching experience. Author is 8th batch PhD (Nursing) student of National consortium for PhD in Nursing (RGUHS). Author has experience of guiding more than 17 M.Sc (Nursing) students in pediatric nursing.