

# KATHERINE KOLCABA BY SARA IDO COMFORT THEORY

**Dr. Katharine Kolcaba, RN**

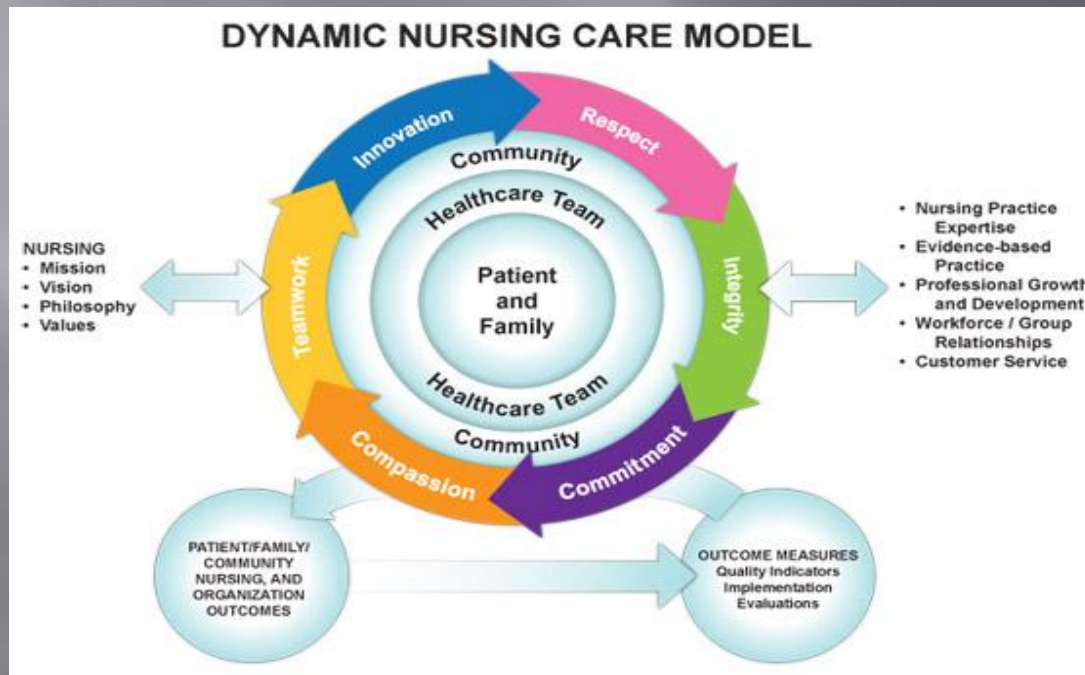


By: Sara Ido, Robyn Veitch, Angela Dushane, and Sara Williams

# Katherine Kolcaba by sara ido

## Comfort Theory

Nursing model is the focus of the whole person's lifestyle, emotions, culture, beliefs, behavior, and not only treating the persons illnesses.



# COMFORT THEORY by sara ido

- ▣ Modeling is a process that helps the nurse to understand the patient's personal model, to recognize that each patient has a unique perspective. From the patient's perspective, the nurse develops an image of the patient's world. (Erickson, 2012)

# COMFORT THEORY

by sara ido

There have been many models of nursing for about 150 years, when Nightingale's beliefs about nursing influenced the shape of profession. (Elliott, 2008)

In the 1980's, comfort activities were observed. Meanings of comfort began to be explored. This is when Kolcaba began to develop a theory of comfort when she was a graduate student at Case Western Reserve in Cleveland, Ohio. Kolcaba's (1992) theory was based on the work of earlier nurse theorists. Kolcaba developed her nursing theory in the 1990s.

NIGHTINGALE

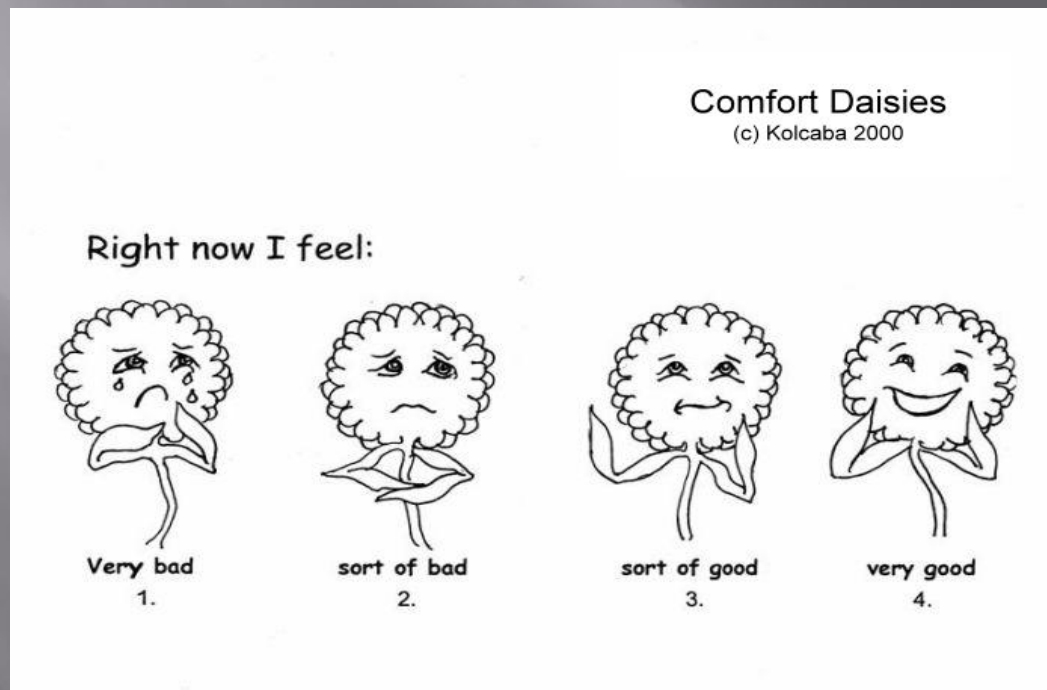


KOLCABA



# COMFORT THEORY by sara ido

Kolcaba describes comfort as a relief, ease and transcendence and comfort can occur in the following contexts: Physical, psychospiritual, environment, and sociocultural. ("Current nursing," 2011)



# KATHERINE KOLCABA COMFORT THEORY

## Information and Concepts:

Kolcaba's Comfort Theory states that patient comfort exists in three forms – relief, ease, and transcendence (Kolcaba, 2011). Kolcaba related her theory to the four global concepts of human beings, environment, health, and nursing.



# Human Beings

Comfort is achieved when the patient's pain needs are met. For example, in regard to pain medication administration, when the patient receives pain medication, they feel a relief from the medication's effect on their pain. Relief is achieved. Ease comfort is focused on the psychological state of the patient (Kolcaba, 2007). They become at ease because their pain is subsiding. Transcendence happens when the patient is able to rise above their challenge of health problems and pain (Kolcaba, 2007).





# Environment

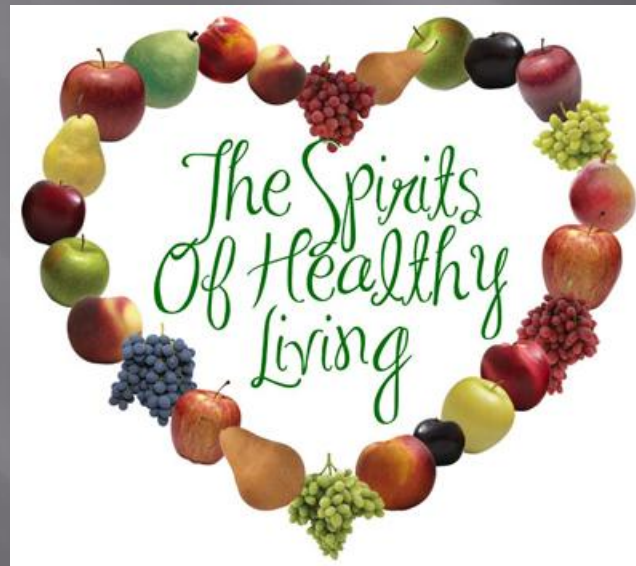
A calm and comforting environment will allow the patient's anxiety level to decrease. The patient's anxiety level will be reduced and thus resulting in the patient becoming relaxed and comfortable. A quiet and relaxed surrounding can be enhanced by the caring nurse and the patient's loved ones being near.





# Health

After anxiety and pain are addressed, the patient is able to deal with the care they need and the recovery process. According to Kolcaba, health is considered to be optimal functioning, as defined by the patient, group, family, or community (Kolcaba, 2011).

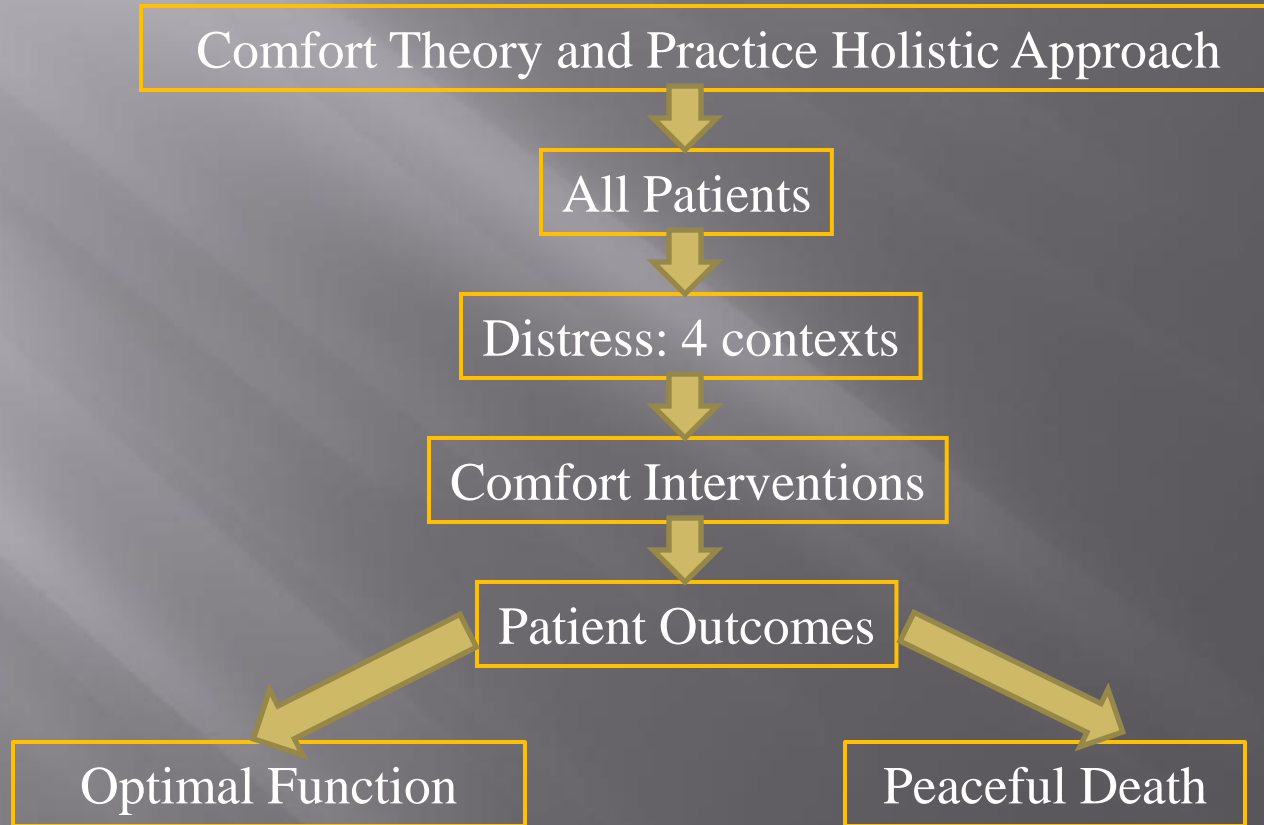


# Nursing

The nurse addresses the patient's comfort needs and creates a care plan. As the patient's comfort needs change, the nurse interventions are updated. If the patient feels that they are being cared for properly, they will be emotionally and mentally better, which will aid in their recovery (Kolcaba, 2011).



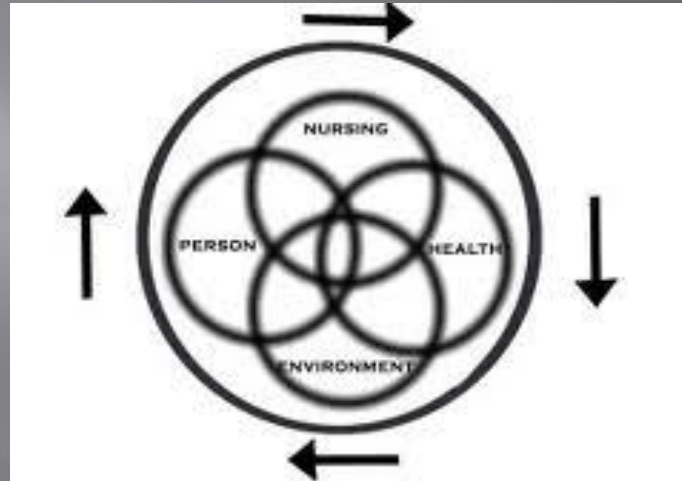
# Interpretation and Inference / Implications and Consequences:



# The Origin of Comfort Theory

- ❑ Between 1900 and 1929, comfort was a goal for both medicine and nursing because it was thought that a patient's comfort led to their recovery (March & McCormack, 2009).
- ❑ From 1929 through the 1990's, the focus on comfort seemed to decrease and was only reserved for patients at the end of life, with no other treatment options available (March & McCormack, 2009).
- ❑ Kolcaba developed her comfort theory after conducting a concept analysis of comfort that examined literature from medicine, psychology, nursing, psychiatry, English and ergonomics.
- ❑ This analysis “confirmed that comfort is a positive concept and is associated with activities that nurture and strengthen patients” (March & McCormack, 2009, p. 76).
- ❑ Kolcaba's theory is unique to nursing but has the potential to place comfort in the forefront of healthcare once again.

# The Content of Comfort Theory



- ❑ Kolcaba's comfort theory addresses all four of the global concepts of nursing.
- ❑ *Nursing* includes the use of assessment, interventions and evaluation to address the comfort needs of the patient.
- ❑ *Person* is the recipient of nursing care; this can be the patient, family, community or institution.

# The Content of Comfort Theory, cont.

- *Environment* is defined as the external surroundings of the patient, which can be changed to increase a patient's comfort level.



- *Health* is the optimal level of functioning of the patient.



- Kolcaba's theory is consistent with the values of the nursing profession such as care, holism, homeostasis, symptom management, interactions, healing environment, and identification of needs (Kolcaba, Tilton, & Drouin, 2006).



# Comfort Theory

- ❑ The concepts included in the comfort theory are specific and are targeted to address the comfort level of the patient. If a patient is comfortable, they will feel better both emotionally and physically, which will help them to recover quicker.
- ❑ Kolcaba's comfort theory can be used in a wide variety of nursing settings.
- ❑ The comfort theory could potentially be used by the entire healthcare team, not just the nursing profession.
- ❑ This theory can be applied to nursing practice, nursing education, and nursing research.



# Examples of Using the Comfort Theory in Practice

- ❑ Giving a patient a warm blanket to help them increase their body temperature after surgery is an example of helping the patient to achieve comfort in the relief sense.
- ❑ Addressing a patient's anxiety by taking time to explain their plan of care is an example of helping the patient to achieve comfort in the ease sense.
- ❑ Coaching a patient throughout their labor and delivery in the OB setting is an example of helping the patient to achieve comfort in the transcendence sense, which enables the patient to rise above their challenges.
- ❑ Providing a private, quiet room for a dying patient is an example of addressing the comfort needs of a patient in the environmental context.
- ❑ Following a patient's religious rituals and consulting a chaplain is an example of addressing the comfort needs of a patient in both the sociocultural and psychospiritual context.

# ▣ Katherine Kolcaba's Comfort Theory

## Case Study:

Michael, a 60-year old male with Irritable Bowel Syndrome (IBS), is admitted to a semi-private room following a partial colectomy and take-down ileostomy. He has had multiple flare-ups over the last 6 months, forcing him into early retirement. He now lives on a limited income and has gained 20 pounds since being prescribed prednisone. He is divorced with adult children and many good friends.



# Comfort Theory

- ▣ Kolcaba defines comfort as “the immediate state of being strengthened through having the human needs for **relief**, **ease** and **transcendence** addressed in 4 contexts of experience” (Kolcaba, 2003).
  
- ▣ Comfort Theory’s 4 contexts of experience:
  - (1) physical
  - (2) psychospiritual
  - (3) environmental
  - (4) sociocultural



# Comfort Theory

How would Kolcaba's Comfort Theory address the case study?

## 3 Human Needs:

**Relief** occurs when specific comfort needs are met, i.e., the relief of postoperative pain by administering prescribed analgesia.

**Ease** occurs when the patient reaches a comfortable state of contentment, i.e., the feeling experienced after addressing issues that cause anxiety.

**Transcendence** occurs when the patient is able to rise above challenges or pain, i.e., the act of listening to his favorite music when nausea persists despite treatment with antiemetics (“Comfort Theory,” 2011).



# Comfort Theory

How would Kolcaba's Comfort Theory address this scenario?

	<b>Relief</b>	<b>Ease</b>	<b>Transcendence</b>
<b>Physical</b>			
<b>Psychospiritual</b>			
<b>Environmental</b>			
<b>Sociocultural</b>			



# Comfort Theory

## Case Study Key



	<b>Relief</b>	<b>Ease</b>	<b>Transcendence</b>
<b>Physical</b>	Abdominal pain, diarrhea, N/V, lack of mobility	Comfortable resting position (sleep and relaxation), PCA	Pt resumes his ADLS with side effects controlled
<b>Psychospiritual</b>	Anxiety, depression, social stigma	Deep breathing, coaching/role models, reassurance	Pt feels spiritually and emotionally at ease
<b>Environmental</b>	Double-patient rooms, female nurses, temperature, bright lights	Male nurses, single room, low lighting, quiet, privacy provided	Pt feels comfortable changing colostomy bag
<b>Sociocultural</b>	Family not present, financial concerns	Visitors, phone calls, learns more about financial implications	Pt has a supportive network in place, financial issues have been addressed

# References

Comfort Theory (2011). *Nursing theories: A companion to nursing theories and models*.

Retrieved from

[http://currentnursing.com/nursing\\_theory/comfort/theory\\_Kathy\\_Kolcaba.html](http://currentnursing.com/nursing_theory/comfort/theory_Kathy_Kolcaba.html)

Elliot, Craig (2008). *Introduction to nursing theory*. Retrieved from

<http://www.articlesbase.com/on-line-education-articles/introduction-to-nursing-theory-360867.html>

Erickson (Jan., 2012). *Nursing theories*. Retrieved from

[http://nursingplanet.com/theory/modeling\\_and\\_olemodeling\\_theory.html](http://nursingplanet.com/theory/modeling_and_olemodeling_theory.html)

Kolcaba, K. (2003). *Comfort theory and practice: A vision for holistic health care and research*. New York, NY: Springer Publishing Company.

Kolcaba, K. (2011) *Nursing theory*. Retrieved from [nursing-theory.org/nursing-theorists/Katherine-Kolcaba.php](http://nursing-theory.org/nursing-theorists/Katherine-Kolcaba.php)

Kolcaba, K. (2007). *An introduction to comfort theory*. Retrieved from

<http://www.thecomfortline.com/>

# References

- Kolcaba, K. (2005). Comfort theory and its applications to pediatric nursing. *Pediatric Nursing*, 3, 187-194.
- Kolcaba, K., Tilton, C., & Drouin, C. (2006). Comfort theory: A unifying framework to enhance the practice environment. *The Journal of Nursing Administration*, 36 (11), 538-544.
- Kolcaba's Theory of Comfort (2011). *Nursing theory*. Retrieved from <http://nursing-theory.org/theories-and-models/Kolcaba-theory-of-comfort.php>
- March, A., & McCormack, D. (March/April, 2009). Nursing theory directed healthcare: Modifying Kolcaba's comfort theory as an institution-wide approach. *Holistic Nursing Practice*, 75-80.
- Merkel, S. (2007). *Comfort theory: A framework for pain management nursing practice*. Retrieved from [www.aspmn.org/conference/documents/SandraMerkelFull.pdf](http://www.aspmn.org/conference/documents/SandraMerkelFull.pdf)