

THEORY OF COMFORT OF KATHARINE KOLCABA, APPLIED TO PERI-OPERATIVE NURSING

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Introduction: Promote comfort in certain contexts of care continues to be an issue that needs intervention, especially if we consider that comfort is much more than the subjective perception of health, "(...) it's a complex holistic state (...)" and "an essential result of health care (...)"¹. Considering that in the process of life the person is confronted with "(...) the need to adapt, manage the changes in his life in order to maintain physical, psycho spiritual, social, environmental comfort to feel healthy"², the "comfort" assumes interest in the context of a critical situation for the patient/family and also in the constant search of excellence for nursing practice

Purpose: Analyze a case study, based on the theory of KATHARINE Kolcaba.

Methods: An integrative review of the literature by mobilising the descriptor "Comfort" AND "Periooperative nursing " AND Kolcaba, using the school method. Were selected ten databases imaginable, between 1990-2016, included for analysis four articles.

Results and Discussion:

Type of comfort	Context in which comfort occurs
Relief: having a particular comfort need met.	Physical: involving bodily sensations and homeostasis.
Ease: being calm or content.	Psychospiritual: items such as self esteem, self concept, sexuality, meaning in life, and spirituality, which contribute to internal awareness.
Transcendence: a feeling that one can rise above problems or pain.	Environmental: includes temperature, light, sound, odor, color, furniture, landscape, and other factors in the background of the human experience.
	Sociocultural: involving interpersonal, family, and societal relationships such as finances, teaching, health care personnel, etc. May also refer to family traditions, rituals, and religious practices.

Case study
F.R., male, 33 years old, Caucasian,
Diagnosis of Panfacial Fracture,

On arrival at the operating room:
Anxious, referring to fear of anesthesia, surgery and postoperative.
After surgery:
Agitated, anxious with respiratory difficulty, tremors and nausea.

Taxonomic Structure of Comfort Needs Applied			
Context	Relief	Ease	Transcendence
Physical	Pain, Nausea	Comfortable bed, homeostasis	Patient thinking "How can I tolerate pain when I wake up?"
Psychospiritual	Anxiety	Uncertainty about prognosis	Need for spiritual support
Environmental	Noisy , bright lights; cold	Lack of privacy	Need for calm, familiar environmental elements
Sociocultural	Absence of traditions and culturally sensitive care	Family absence	Need for support from family or significant other; need for information

The promotion of total comfort, mobilizes three types of interventions:

- **"Interventions of comfort standard"**- monitoring the vital signs and laboratory results with quick response to serious situations. It also includes pain relief, reduction of hypothermia and positions of comfort. These interventions can help the patient to maintain/restore physical function and comfort and prevent complications.
- **"Coaching"**- mobilizes interventions that decrease the anxiety, provide confidence, promote hope and offer an optimistic plan for the recovery, applied in useful time.
- **"Comfort food for the soul"**- massages, touch, music therapy and "give a hand". These interventions include the need of transcendence and memorable concepts.

Conclusion: In the context of peri-operative nursing, nurses provide care and comfort in physical contexts, for pain relief, hygiene, positioning and promoting independence; psycho-spiritual by religious assistance, help and psychological support and socio cultural through the relationship with the family and environmental factors.

Bibliography:

(1)Kolcaba, K. Comfort theory and practice. A vision for holistic health care and research. New York : Springer, 2003; 16-17
(2)Vieira, M. Ser Enfermeiro. Da compaixão à proficiência. 2ª ed. Lisboa. Universidade Católica Editora, 2009;84
Apóstolo, J. O conforto nas teorias de enfermagem – análise do conceito e significados teóricos. Revista Referência Março 2009; II Série – nº 9; 61-67
Kolcaba KY. A taxonomic structure for the concept of comfort. Images. 1991;16(1): 22-31; 227-240.

Kolcaba, KY. A theory of holistic comfort for nursing. Journal of Advanced Nursing. 1994, Vol. 19, nº 6: 1178-1184.
Kolcaba KY, Wilson, L. Comfort Care: A framework for PeriAnesthesia Nursing. Journal of PeriAnesthesia Nursing, 2002.Vol. 17, Nº 2 : 102-114
Wilson L., Kolcaba K. Practical Application of Comfort Theory in the PeriAnesthesia Setting. Journal of PeriAnesthesia Nursing. June 2004. Vol. 19, Nº 3: 164-173.