

Application of Katharine Kolcaba Comfort theory to nursing care of patient

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I. INTRODUCTION

Caring is in practice since existence but caring as profession named Nursing was scientifically Coined by the founder of modern nursing who in her writings “*what it is and what it is not*” declared the boundaries along with its Constitutional elements. Those elements with appropriate association not only revealed the nature of caring dogma it also shows that it is doing something base on thinking something or in simple words this is practice rely on theory.

According to McCrae, (2011) For the sake of assuming valuable status of profession in society nursing struggle to legitimate its position by generation and application of theory.

Nursing literature is rich regarding theory practice association. although constant body of argument, counter argument and lack of agreed conclusion regarding nursing theory creates a bit confusion among nurses but ideally nursing theory should set the code of every day practice of nurses (Giltinane, 2013) as lack of a valued unique contribution nurses make to health care based on a specialized body of knowledge will portrayed nursing role as subordinate to doctor (McCrae, 2011)

Eminent nurses’ theorist, scientist, Researchers, Clinicians, Educators and intellectual intelligentsia aid evidence to different perspectives of theory practice link. Some unanimous convincing narratives argue that the relationship is reciprocal and according to (Mckenna, 2005) Nursing theory takes its origin from practice, than reverse to practice for testing and at the end become set to guide the practice.

II. PURPOSE

The desire behind this paper is an effort to explain the practical application of nominated theory to critical scenario of patient I cared in my clinical practice.

III. CLINICAL SCENARIO

My patient was Mr. X admitted to our unit about 10 days back. Mr. X was 18 years old FSc student and was injured in a bomb blast injury. He was accompanied by his sisters and mother at the time of admission he was operated on day first in order to save his limb but unfortunately surgery does not work and consequently his limb amputated for the sake to save his life. now Mr. X was well oriented and hemodynamically stable, wound dressing was intact and dry, He was afebrile but was complaining pain 5/10, he was used to realize his condition. He was looking anxious, unable to cope this tragic event and was denying his condition.

Possible concepts derived from scenario:

Physiological discomfort, anxiety, Pain, Fear, Image disturbance, traumatization.

Application of appropriate nursing theory:

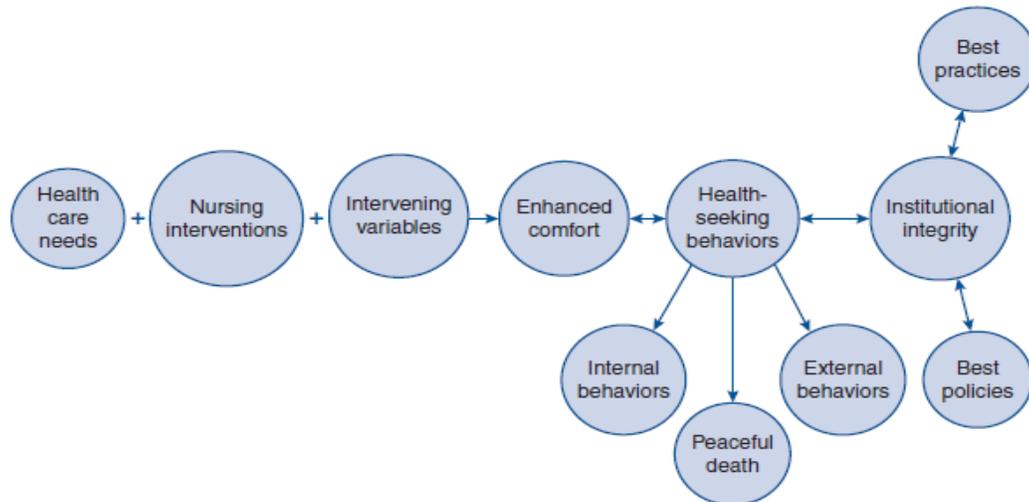
Theory of comfort devised by Katharine Kolcaba is suited best to me for application to care of my patient.

Introduction to theorist:

Born in 1965 at Cleveland, Ohio, is gerontology specialist nurse and theorist. Kolcaba developed a middle range theory where she operationalized the comfort as an outcome of care and later on her theory has been tested in numerous interventional studies (Parker & smith, 2010.) comfort theory is developed in 1990s and is up to date in application to current health care industry as it is continues to change and have last updated in 2007 (March & McCormack, 2009)

Description of comfort theory:

Conceptual framework for Comfort Theory



(Parker & smith,2010. pp.292)

Conceptual proposition of comfort theory:

According to (Peterson & Bredow, 2009.pp.197) kolcaba comfort theory have following propositional statements which links concepts:

1. **Health care needs:**nurses determine comfort needs of patients specially those not met with existing settings
2. **Nursing interventions:**nurses plan interventions and coordinate their activities to fulfill the unmet comfort needs
3. **Intervening variables:** nurses take in account intervening variable while planning interventions and determination probability of interventions success.
4. **Enhanced comfort:**nurses attained the outcome ofenhanced comfort with implementation of appropriate interventions in caring way.
5. **Health seeking behavior:** by attaining state of enhanced comfort patient, family and nurses further unite their ties for health seeking behavior which cultivate more comfort.
6. **Institutional integrity:**enhanced comfort maximizes health seeking behavior and increment in health seeking behavior results in better institutional outcomes.

Taxonomic grid of comfort theory:

During concept analysis kolcaba review literature of different discipline related to concept of comfort including medicine, nursing, psychology and English During the development of the comfort theory, Kolcaba conducted a concept analysis of comfort that examined literature from several disciplines including nursing, medicine, psychology, psychiatry, ergonomics, and English(Peterson & Bredow, 2013). She elaborates three existing forms of comfort which are relief, ease and transcendence and explain that if nurse freed a patient from pain by administering analgesia the patient sense comfort in relief sense, If the patient anxious issue is resolved he enjoy comfort in ease sense and if patient is rising of the discomforting challenges through rehabilitation he sense comfort in form of transcendence(March & McCormack, 2009)

According to (Kolcaba, 1991)three nursing theories were used to describe three distinct types of comfort: Relief was derived from the work of Orlando, ease from Henderson while Transcendence was adopted from Paterson and Zderad (Parker & smith, 2010.pp390).kolcaba further elaborate the three existing form of comfort in context to Physical,Psych spiritual, Environmental and Sociocultural environment (March & McCormack, 2009)

	Relief	Ease	Transcendence
Physical			
Psychospiritual			
Environmental			
Sociocultural			

The taxonomic structure of comfort (Parker &smith, 2010.pp391)

Application:How to be a nurse?

According to(Chandra, Raman& kolcaba, 2016)comfort theory is best comprehend when applied in partition. At first part nurses asses the physical, psych spiritual, sociocultural and environmental needs of patients and thus enable patient towards engaging in health seeking behavior which is the second part of comfort theory by ensuring enhanced comfort. Engagement in positive health seeking behavior ultimately leads to better out comes which is link to institutional integrity in term of decreasing hospital stay, cost effective care and better satisfaction.

Care of Mr. X according to kolcaba model:

After assessing comfort needs of Mr. x. Following nursing intervention were planed:

1. Pain reduction: (physical comfort)

Prescribed medication was administered to control pain. Non pharmacological interventions were implemented for pain control.His position was changed to release pressure of bony prominence and a light sand bag was placed on the residual limb for the sake minimizing muscle spasm and improving comfort level.

2. Care to promote acceptance of change or loss strengthening ability to adjust to change lifestyle and relieving anxiety (Psychosocial comfort)

Mr. x was keenly usual coping mechanism was Observe during time of stress and use of coping was reinforced as he was in shock during immediate his own value belief system was considered gradually his dealing become better with passage of time. Denial anger and depression feeling was acknowledged as

normal during the process of new adjustment. It was realized that disturbance in body image cause anxiety and people use defense mechanism to deal it effectivelybut it should not affect self-esteem. Patient was Encourage to disclosesocialinterpersonal conflicts which may ariseMr. X was encouraging for his own decision and participation in care. Patient was gradually exposed to body changes and was reassure about strengths and resources available. Patient was encouraging to describe self-ideal and council about self-acceptance

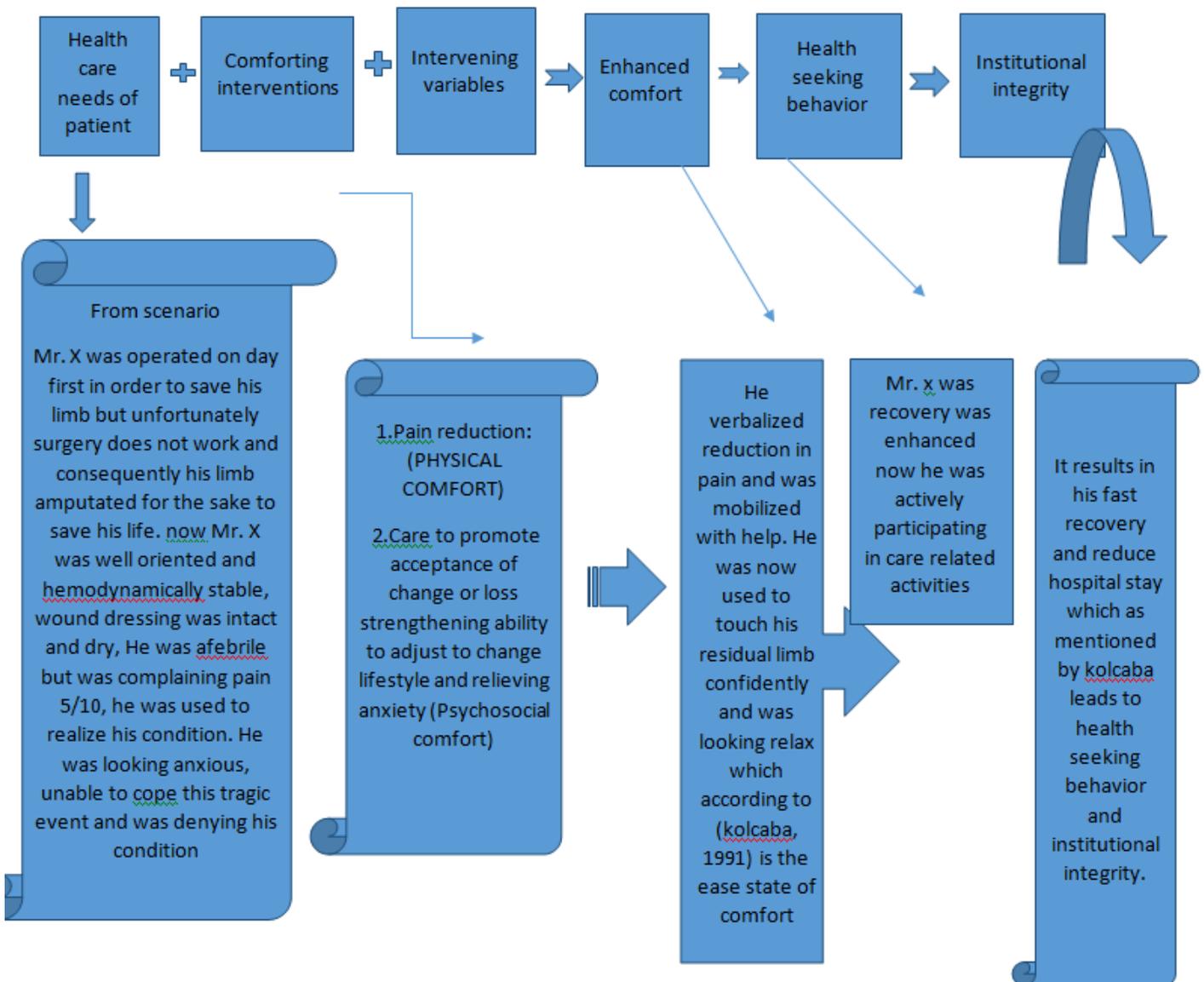
Out comes:

In response to given intervention Mr. x was recovery was enhanced now he was actively participating in care related activities. He verbalized reduction in pain and was mobilized with help. He was now used to touch his residual limb confidently and was looking relax which according to (kolcaba, 1991) is the ease state of comfort. It results in his fast recovery and reduce hospital stay which as mentioned by kolcaba leads to health seeking behavior and institutional integrity.

IV. CONCLUSION

Katherine kolcaba theory of comfort was applied in clinical setting to the care a young surgical patient successfully. Its application to integrate comfort in patient care was excellent and result oriented. The strength of theory is that it coversfulfilling all needs of surgical patients in holistic way. Pediatric patients, comfort care bundles can be identified anddelivered as per each child’s needs and interest.

Care of Mr. X according to Kolcaba model:



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