Comfort Theory and the Kaiser Permanente Nursing Model

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Thank you for participating in this exciting conference!

Learning Objectives:

Upon completion of this presentation, each participant will be able to:

・ discuss the technical and holistic definition of comfort.

・ apply the technical definition of comfort to practice.

・ describe how components of comfort management can be integrated into the KP nursing model now and in the future.
A. My Background:

- Diploma grad, bedside nurse for 15 years
- RN to MSN program, class of 1987, CWRU
  - Quantitative, empirical
  - “Nurse scientists must define the concepts they use in practice.”
  - “Nursing science is about patient outcomes.”
    - includes family (a unit with the patient)
- Head nurse on a new dementia unit at the time.

B. My interest in comfort arose from an early assignment: to diagram my practice

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Facilitative Environment

Prevent/Treat Excess Physical Disabilities
Prevent/Treat Excess Psychological Disabilities

Comfort

Optimum Function
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The main building block for CT is its complex definition:

- Eight definitions in most modern dictionaries
- Oxford English Dictionary (origins of English words)
  - originated from Latin word confortare.......to strengthen greatly
- Different perspectives based on disciplinary roles in comforting patients and families:
  - **Nursing, medicine, pharmacy, social work, psychology, theology, ergonomics, psychiatry**
- Textbooks, articles, nursing history, early writers
  - Comfort was more holistic and important in early writings.
  - Three main ways to think about comfort in Nursing
C. Toward defining Comfort as an Umbrella Term, a Whole Person Term

- "Relief" – unmet comfort needs
- "Ease" – contentment; attention to risk factors
- "Transcendence" – motivation, confidence, hope; nurses never give up; help patient/family cope when full relief is not possible
- Juxtaposed with contexts of holistic experience:
  - physical, psychospiritual, sociocultural, environmental

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The Strengthening aspect of comfort:

Confortare: to strengthen greatly (immediate goal)

- When patients are strengthened they do better with Health Seeking Behaviors (Subsequent outcomes, mutual goals)
- When patients do better, the institution does better (Institutional Outcomes, rationale for why comfort is important)

Technical Definition of Comfort:

The immediate state of being strengthened by having needs for relief, ease, and transcendence addressed physically, psychospiritually, socioculturally, & environmentally.

- State specific (comfort right now!)
- The outcome of comfort is patient and family centered, because comfort is a basic human need.
  - Historically, a traditional mission of Nursing
  - It's what most experienced nurses do intuitively
  - Novice to Expert by P. Benner
Comfort is a holistic outcome, under which we can place management of pain & anxiety.

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- Cells interrelated
- The whole is greater than the sum of its parts.
- Grid is a visual for practice.

D. General Characteristics of Comfort

- Active participation of patient/family related to comfort, self-care, optimum discharge, and other outcomes
- Important to prevent discomforts; easier than treating discomforts
  - Avoid sights, smells, or conversations near patients that could stimulate anxiety, pain, etc.
  - Address risk factors for each patient to keep them in ease.

Comfort is measurable in all patient populations:

- On patients' charts
  - If you didn't chart it, you didn't do it (implementation: what did you do?)
  - Results of most comforting interventions and processes (caritas) can be documented (evidence: did your interventions increase comfort?)
A value added outcome rather than a negative, scary one!

- Currently, most nursing outcomes studied by nurses are negative
  - Bedsores, falls, med errors, nosocomial infections, failure to "rescue."
- When you decrease anxiety and pain, you increase patients' comfort, and you increase positive subsequent outcomes such as wellness and self-confidence, patient satisfaction, cost.
- When patients or their social support system cannot meet comfort needs, nurses have ethical obligations to assist patients and family to achieve enhanced comfort.
  - Patient comfort is in many of our standards.
  - Essential principle of health care ethics is to address comfort needs of the whole person & family.

E. Comfort Management Options:

Because it is concrete, recordable, plan-able, measurable, and repeatable there is an entire menu of options for patient & family care which can include:

- Assessment of individualized comfort needs
- Caring interventions and intentions (*caritas*) specific to those needs, including….

Comfort Management (cont)

- Three levels of comfort interventions:
  - Technical interventions (minimum expectation of patients & families)
  - Coaching (teaching, encouraging, listening, etc)
  - Comfort Food for the Soul (a memorable, healing experience, complementary to other levels)
    - Massage, imagery, healing touch, bed bath, etc.
    - Uninterrupted time and timing important
    - Privacy
Examples of holistic interventions:

- Evaluation of effectiveness of these strategies by asking about comfort levels of patients and/or their families.
  - ask your patients! (verbal rating scale, 0 to 10)
  - document comfort before and after strategy or at end of shift on routine forms
- Communication of comfort needs & strategies that work to the interdisciplinary team.
  - pattern for Hand Off
  - (care plan for holistic comfort?)
- Comfort Rounds

Comfort Management (cont)

- Nursing assignments based on comfort needs of patient & family
- Orientation
- Performance review
- Continuing education
- Benchmark for nurse productivity
- For all personnel to create a “comfort zone” at work
  - Enhanced infrastructure
  - awards for workplace excellence (Magnet, Beacon, Gold Award)
Comfort Management (cont)

- Effective interventions increase comfort (immediate outcome)
  - Repeated, effective interventions contribute to a trend for better outcomes (achievement of goals because patients are strengthened).
  - Goals are called Health Seeking Behaviors (subsequent outcomes) and are mutually determined.
  - When patients do better the Institution does better.
    - Increased patient satisfaction (HCHAPS, Press/Ganey Scores).

A framework for planning research:

A good theory creates a “velocity of recipes” for large and small (comfort) studies….3 parts

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F. Strengths of Comfort Management

- Concrete and simple pattern for care planning and evaluation
  - Defined and measurable routinely
  - What nurses PLAN and DO; Intuitive, familiar language,
  - USNS Comfort in Haiti: “…the sight of the Comfort is a promise of hope anchored a mile out in the bay.”

Also applies to other disciplines.

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Strengths (cont)

- Directly applied at the bedside
  - Evidence for translational research
- A theoretical link which explains, predicts, and prescribes nursing strategies for positive patient, family, and institutional outcomes
- It’s what patients want and need in healthcare situations…immediately!
- Easy to use in any practice setting
  - “What can I do to make you more comfortable?”

Strengths (cont)

- Any or all parts of Comfort Management can be utilized in the KP model.
- An outcome to determine effectiveness of caring interventions as evidenced by increased comfort of recipients.

Strengths (cont)

- Individualized & holistic system for patients, families, & each other
- A positive (value-added) patient outcome that is a true indicator of quality care
  - (not a negative or scary outcome!)
  - E.g. “Failure to Rescue”
- A succinct & powerful contributor to InI.
- A way to think about the work place as a “comfort zone”
  - By definition, enhanced comfort strengthens staff and leaders too.
  - Magnet Status, Beacon Award, etc.
G. Exemplars of Comfort Management

- Institutional level
  - Magnet (Southern New Hampshire MC)
  - HCHAPS (Mount Sinai, NYC)
- Specific Projects
  - ASPAN Comfort Management Guidelines
  - Quiet Time
  - Doll program

Exemplars (cont)

- Research (comfort studies)
  - Breast Cancer
  - Incontinence
  - End of Life
  - Student Stress

Exemplar: A Patient’s Story
Cream of Wheat Comfort Grid

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<tr>
<td>Physical</td>
<td>Nausea, poor position, weakness</td>
<td>I can eat</td>
<td>The need to believe, &quot;I can do this!&quot; &quot;I can heal&quot;</td>
</tr>
<tr>
<td>Psycho-spiritual</td>
<td>Anxiety, grief, fear, depression</td>
<td>I feel peaceful, content</td>
<td>Need to have hope, feel safe. Need for caritas</td>
</tr>
<tr>
<td>Socio-cultural</td>
<td>Need for info, personalized care</td>
<td>Able to talk, make eye contact, smile</td>
<td>Need for nursing support system, caritas</td>
</tr>
<tr>
<td>Environmental</td>
<td>Noise, light, cold, odor, clutter</td>
<td>Therapeutic milieu, out of bed, personal belongings, food preference</td>
<td>Need for a &quot;comfort zone&quot; to inspire, strengthen or calm</td>
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Thank you note (7/30/92):

"What a pleasant surprise to hear from you & for you to remember our 44th anniversary. It was your cream of wheat that started me back to recovery, but more than that, it was your t.i.c. (tender loving care) and time that I needed in my much weakened condition. It was quite an effort to raise my hand to eat so I thank you and picture you feeding me very often in my mind.

I am eating better, sleeping better but still feel very weak. It takes a lot of effort just to open the mail or walk out on the porch."

Conclusion

I conclude this presentation with the closing statement in my note from my "Cream of Wheat" patient:

"I hope I see you again...Thank you for being a "bedside nurse"!!" (quotation marks & exclamations added by patient)

Marty
Have you seen my book yet?


- Updates since 2003 in video-streamed format on web site.

Thank you for your consideration and commitment!