

# Comfort Theory 101

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## Common Definitions: *Comfort* (Webster)

- 1. To soothe in distress or sorrow.
- 2. Relief from distress (absence of previous discomfort) (negative sense)
- 3. A person or thing that comforts
- 4. A state of ease and quiet enjoyment, free from worry (neutral sense)
- 5. Anything that makes life easy
- 6. Suggests the lessening of misery or grief by cheering, calming, or inspiring with hope (positive sense)
- verb, noun, adjective, adverb

# What do we mean by comfort?

- Complex term
- Relief, ease, transcendence
- **PLUS: “To Strengthen Greatly”**

from original  
meaning of the  
word (Oxford  
English  
Dictionary)



# Relief

I need help because  
I'm lonely.

or in pain

or constipated

or nauseated

or scared.....



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# Ease



I feel totally  
peaceful.

# Transcendence



**I did it!**  
(with the  
help of my  
coach...)

# Four recurring themes (contexts):

## Physical Comfort

- ◆ Homeostasis, pain relief, symptom management, diagnostic related problems,
- ◆ Chronic health issues



# Psychospiritual Comfort

- ◆ Fear, loss of control, family concerns, prognosis, stress, coping strategies, meaning in one's life, afterlife ?, etc.





# ◆ Sociocultural Comfort (approach and attitudes of staff, family, friends)

*Financial situation, social support, traditions, language, information wanted, etc.*



# Environmental Comfort



- ◆ Levels of noise, light, calm, tone, color, safety features, sign posts, name visibility,

# Definition of Holistic Comfort

	<b>Relief</b>	<b>Ease</b>	<b>Transcendence</b>
<b>Physical</b>	pain		
<b>Psycho-Spiritual</b>	anxiety		
<b>Socio-Cultural</b>			
<b>Environ-mental</b>			

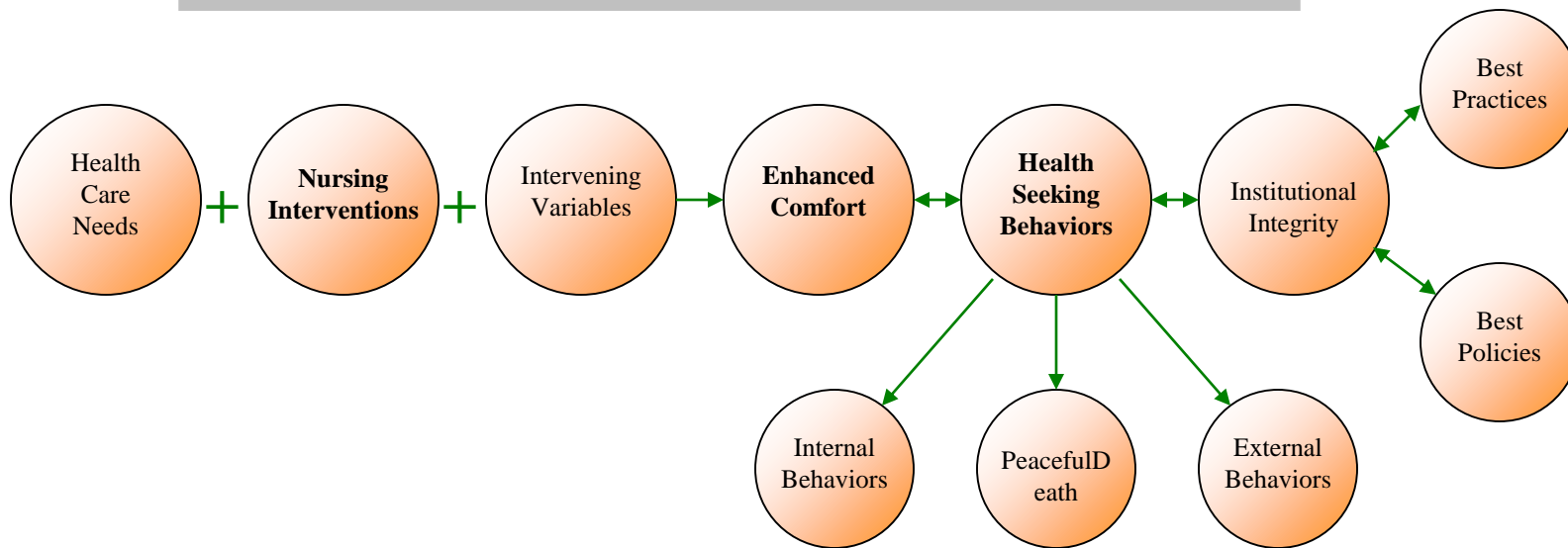
## Technical definition of *Comfort* (cont)

- The state of being strengthened when needs for *relief, ease, and transcendence* are met in four contexts of experience: *physical, psychospiritual, sociocultural, and environmental*
- Comfort is an umbrella term, under which pain and anxiety fit.
- Nice fit with holistic nursing practice and research!

# *This is Comfort Theory:*

- Nurses assess unmet comfort needs of patients and/or families
- Nurses design comforting interventions to enhance comfort of patients and/or families
- If intervention is effective, comfort is enhanced
- Enhanced comfort is positively related to engagement in HSBs
  - Comfort is strengthening
- When patients (and families) engage in HSBs, institutions have better outcomes
  - Patient satisfaction, nurse retention, costs down

## Conceptual Framework for Comfort Theory



# Practical Application (Nursing Process)

- Holistic *assessment* of patients' comfort *needs*
  - Use grid as a guide
- Holistic *interventions* to meet those needs.
  - Use grid as a guide
- Measurement of comfort after intervention compared to baseline comfort
  - Evaluation: did my intervention(s) work?
  -
- First part of Comfort Theory

## Relationship of *comfort* (holistic outcome) to health seeking behaviors (*HSBs*)

- **Goals of patient, family, with nurse**

External HSBs: e.g. functional status, rehab progress

Internal HSBs: e.g. healing, t-cell counts, etc.

Peaceful death: perfect for hospice and palliative care

- Second part of Comfort Theory



# Institutional outcomes:

- How did the intervention(s) affect the institution?
  - Patient satisfaction, cost/benefit analysis, rankings, reputation, morbidity and mortality stats, staff retention and attendance, etc.
- Third part of Comfort Theory

- Kolcaba, K. (2003). *Comfort Theory and Practice*. Springer.
- Available at Amazon.com

