



EVALUATION OF KOLCABA'S COMFORT THEORY

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ABSTRACT

Kolcaba's Comfort theory is one of the many theories that are clearly applicable to today's nursing practice. Kolcaba holistic approach to comfort is defined as the immediate experience of being strengthened through having the needs for relief, ease, and transcended met in four contexts of experience (Kolcaba, 1994). This paper aims to evaluate the Comfort Theory (CT), strengths, limitations, validity, generalizability, congruency with current nursing standards, contribution to nursing discipline, relevance social and cross culturally.

KEY-WORDS: *Kolcaba's, Theory, Comfort, Evaluation.*

GENERALIZABILITY

The comfort theory (CT) can apply to patients of all ages, or cultural background (Kolcaba, Tilton, & Drouin, 2006). Nursing is. The comfort theory can apply to not just the patient but the family and or the caretaker. Applicable to a wide variety of nursing settings, in hospitals it can be further broken down and specified to different areas of practice such as labor & delivery, surgery, pediatrics, etc. (Kolcaba & Dimarcco ,2005),(Kolcaba ,2002).

EMPIRICAL FRAMEWORK

Several empirical tools have been created to measure comfort such as the General Comfort questionnaire, the visual analog scale, and the Comfort Behaviors Checklist (McEwen & Wills, 2019, p.240). Utilizing these instruments, many research studies have been performed to assess Kolcaba's Theory of Comfort as it applies to nursing practice and education, in effort to provide direction for future research studies. The theory has contributed to the nursing discipline in a sense that it has provided direction for performance review, outcomes research and quality

improvement (Kolcaba, Tilton & Drouin, 2006, p.541). Numerous research studies based on Theory of Comfort have been conducted on many different areas of nursing (Kolcaba & DiMarco, 2005). The validity of this theory can be confirmed by several factors. CT describes nursing-sensitive phenomena that are readily associated with the deliberate actions of nurses, and their productivity, and are theoretically related to enhanced institutional integrity (Kolcaba, 2001). It is congruent with today's nursing values and domains such as identification of needs, interactions, holism, symptom management. The CT can be applied to multiple populations, making it relevant cross-culturally, and socially. The American Nurses Association (ANA) define the standards of nursing practice as "duties that all registered nurses, regardless of role, population, or specialty, are expected to competently perform. Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations" (ANA, 2015a, p. 1). CT focus is to holistically care for the patient (of all backgrounds), this goes in line with the ANA definitions of standards of nursing practice.

STRENGTHS AND LIMITATIONS

One of the obvious strengths of this model the generalizability of it. The concept of comfort is one that is underpinning to nursing to begin with, addressing the basic human needs, which makes it easier for nurses to relate to. The jargon of this theory and the movement of the concepts make it less abstract and easier to interpret. Research has supported its use in the clinical setting (Kolcaba & DiMarco, 2005). Because CT is a middle range theory that is more general and abstract it enables the application to a wider range of health care settings and patient populations. The use in practice and research continues to cultivate.

Optimal level of comfort is defined by the patient reaching the transcendence phase if the nurse is unable to do an accurate assessment to define the areas of comfort the patient may not reach such state, making a limitation of CT (Kolcaba & DiMarco, 2005). Because of all the demands a nurse is required to do this can pose a challenge, the nurse may not have enough time to provide certain comfort measures. The nursing workforce is overloaded in terms of the number of patients that nurses oversee, the number of hours that nurses work, and the number of tasks that nurses perform (DeLucia P., Ott. T, & Palmieri. P, 2009, p.2)." Concepts and propositions are readily operationalized easily using the taxonomic structure of comfort as a guide for item generation" (Kolcaba, 2001, p.91).

CONCLUSION

Because Kolcaba Comfort Theory addresses the basic human needs it makes it easier to be “adopted to any health care setting or age group, whether in the home, hospital, community, region or state” (Kolcaba, 1994). The prudent nurse abides by the standards of nursing practice that entitles taking care of the patient as a whole protecting from all harm, this is very much so the values the CT focuses on. The theoretical structure of Kolcaba’s comfort theory has real potential to direct the work and thinking of all healthcare providers within the institution (Kolcaba, & DiMarco, 2005).

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