



NMNEC Concept: **Comfort**

Mega Concept: Health and Illness

Category: Protection and Movement

Concept Name: Comfort

Concept Definition:

A desired state free from physiological discomfort, and common conditions that impair this state.

Scope and Categories:

- **Scope:**

Comfort is broad, encompassing many different dimensions across the lifespan and across diverse health settings. Any number of mental or physical illnesses and conditions can cause discomfort which can be acute to chronic, mild to severe.

Kolcaba's Holistic Comfort Theory for nursing (1994)

- Three forms of comfort – relief, ease, transcendence
- Physical context, sociocultural context, psychospiritual context, environmental context

- **Categories:**

- Pain
 - Nociceptive – normal pain transmission
 - Neuropathic pain – abnormal processing of sensory input
 - Mixed Pain Syndrome – not able to categorize as nociceptive or neuropathic
- Nausea
 - Resulting from a variety of conditions which trigger:
 - ◆ Chemoreceptor trigger zone
 - ◆ Vestibular apparatus
 - ◆ Vomiting center in the medulla
 - ◆ Gastrointestinal (GI) tract dysfunction

Risk Factors:

Alteration in comfort is likely to affect all individuals regardless of age, gender, race, or socioeconomic status at some point during their life.

- **Risk factors/populations at risk for pain**

- Neonates – primarily procedural pain
- Critically ill children, adolescents and adults - procedural and pathological



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- Older Adults, associated with increased:
 - Chronic Illness or disease causing illnesses
 - Degenerative disorders and subsequent injuries
- Recipients of surgical procedures
- Injuries from falls and trauma
- **Risk factors/populations at risk for nausea**
 - Females of reproductive age, especially during pregnancy
 - Cancer and cancer treatment
 - Patients taking opioids- may induce nausea by chemical action with serotonin release in the GI tract
 - Children/adolescence – primarily post-operative
 - GI disorders – infections, obstructions
 - Elevated intracranial pressure

Physiologic Processes and Consequences:

- Pain
 - Pain theories - specific, pattern and gate theories
 - Initiates activation of the autonomic nervous system which can be prolonged if symptom is unrelieved
 - Potential to affect just about every body system
 - Symptom unmanaged or under managed can result in:
 - Chronic stress
 - Metabolic changes leading to imbalanced nutrition/weight loss, cardiorespiratory dysfunction
 - Compromises in immune function – risk for infections, delayed healing
 - Compromises in respiratory function
 - Diminished quality of life
 - ♦ Physical affects: Diminished functional ability, fatigue, sleep/rest cycle disturbances
 - ♦ Emotional processing: Ineffective coping, anxiety, depression, self-esteem issues, decreased motivation, isolation
 - ♦ Cognitive processing: Diminished concentration, memory, ability to learn
 - ♦ Spiritual processing: Isolation, hopelessness
 - ♦ Developmental delays: Related to physical and emotional consequences
 - ♦ Relational issues: Ineffective family coping, caregiver role strain
 - ♦ Spiritual questioning: Anguish, despair
- Nausea



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- Regulated in the brain stem in an area called the emetic center
 - GI tract disorders or conditions: Stimulation of chemo and mechanical receptors in the stomach, intestines, liver and peritoneal area activate the emetic center via vagal nerve; major neurotransmitters include histamine, acetylcholine, serotonin and substance P
 - Chemoreceptor trigger zone (CTZ): Senses chemicals in the blood related to metabolic disorders, medications (opioids and chemotherapeutic agents most common), toxins; initiates nausea via neurotransmitters dopamine and serotonin
 - Vestibular causes: Include labyrinth disorders, disorders of the inner or middle ear, pharmacological side effects; mediated through acetylcholine and histamine receptors
 - Higher cortical centers: Nausea/vomiting stimulated by a variety of cerebral and psychogenic factors including disorders of the brain and memory of previous unpleasant sights, smells
- The response from the vomiting center is to stimulate the diaphragm, muscles of the abdomen and thorax, and muscles of the digestive organs, larynx and pharynx to cause retching/vomiting

Assessment:

- Pain
 - Can cause a myriad of symptoms depending on the source, the degree of tissue damage, the individual's sensory and coping abilities and the meaning of the pain.
 - Chronic pain may not manifest itself in the same way as acute pain because of the body's ability to adapt to the noxious stimulus.
 - Assessment of symptom/pain (baseline, exacerbations and breakthrough) with the components of:
 - Location, intensity, quality, onset, duration aggravating and alleviating factors
 - Patient/family centered comfort goal
 - Effect of discomfort on quality of life and function
 - Patient/family centered functional goal
 - Psychosocial relationship to pain experience
 - Cultural/spiritual relationship to pain experience
 - Developmental relationship to pain experience
 - History of pain and pain management strategies
 - Pertinent medical history with co-morbidities
 - Pain scales, e.g.:
 - Neonatal Infant Pain Scale (NIPS)
 - Faces pain scale, i.e. Wong – Children, non-English speakers



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- Numeric rating scales, i.e. Visual Analog Scale (VAS) - Adolescents and adults, cognitively intact
- Verbal descriptor scales - Adolescents and adults, cognitively intact
- Impaired cognition pain scales – Face, Legs, Activity, Crying, Consolability (FLACC), Pain Assessment In Advanced Dementia (PAINAD)
- Nonverbal individuals cannot report pain with customary tools and are at risk for undertreatment

- Nausea
 - Patient history – pertinent medical history with co-morbidities, medications, changes in weight, associated GI complaints (e.g., early satiety, change in appetite, anorexia, constipation, diarrhea, vomiting, pain, anxiety, stress)
 - Age, gender
 - Nutrition/hydration status – review weight, chemistry panel, comprehensive metabolic panel, complete blood count (CBC), serum iron tests, urinalysis
 - Review other diagnostic evaluations to identify underlying cause - GI studies, x-rays, computed tomography (CT), magnetic resonance imaging (MRI)
 - Assessment of symptom/nausea and presence of retching or vomiting (baseline, exacerbations and breakthrough) with the components of:
 - Onset, duration aggravating and alleviating factors
 - Method of management
 - Anticipated expectations
 - Patient/family centered comfort goal
 - Effect of nausea on quality of life and function
 - Psychosocial, cultural/spiritual, developmental relationship to nausea experience
 - Diary of symptoms, nutritional intake, bowel movements, etc.

Clinical Management:

Primary Prevention: Anticipatory Guidance

- Anticipatory guidance to manage discomfort

Secondary Prevention: Screening

- Identification of discomfort in at risk populations

Tertiary Prevention: Symptom Management

- Collaborative strategies for symptom management
 - Interprofessional roles for symptom management
 - Nursing



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- Pain management specialists/providers
 - Physical therapists
 - Interdisciplinary team in home care/hospice
 - Spiritual advisors
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- Goals of therapy
 - Relieve pain, nausea or discomfort
 - Promote sleep, rest, relaxation
 - Improve physical function, ability to perform ADLs
 - Improve/maintain nutrition/hydration
 - Decrease anxiety, depression from unmanaged discomfort
 - Improve cognitive functioning (concentration, learning)
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- Strategies for pain symptom management
 - Pharmacologic
 - Analgesia
 - Opioids, non-opioids, adjuvants
 - Patient controlled analgesia
 - Anesthesia
 - Local
 - Regional
 - Epidural/spinal block
 - Non-pharmacologic
 - Cognitive behavioral interventions
 - Relaxation/imagery
 - Distraction
 - Cutaneous stimulation
 - Acupressure
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- Strategies nausea symptom management
 - Pharmacologic
 - Antiemetics
 - CTZ origin: Serotonin antagonists, e.g., ondansetron
 - Vestibular: Antihistamines e.g. Bonine
 - GI tract: Dopamine antagonists, phenothiazine, GI stimulants, e.g., metoclopramide
 - Non-pharmacologic



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- Oral care
- Diet and Environment: Reduce stimuli, odors, sights, sounds
- Cognitive behavioral interventions
- Relaxation/imagery
- Distraction
- Cutaneous stimulation
- Acupressure

Interrelated concepts:

- **Advocacy:** Nurses need to assure adequate symptom management recognizing patients as the experts of their discomfort (pain, nausea, fatigue)
- **Communication:** Essential for assessment and understanding the meaning of discomfort to the patient/family
- **Culture:** Has an impact on the meaning of discomfort, the ability to assess, and the acceptable treatments
- **Stress and coping:** Potential for exacerbation of the stress response, added stress limits ability to cope, stress and anxiety may induce nausea
- **Nutrition:** Discomfort causes increased metabolic demands which may result in imbalanced nutrition, nausea and vomiting may result in metabolic disorders and nutritional deficiencies
- **Ethics:** Unmanaged and undermanaged pain may result in ethical dilemmas for healthcare providers as does liberal use of narcotics to control pain
- **Professional identity:** Adequate assessment and comfort management is a key element of nursing care



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Model case:

Jane Doe is a 79-year-old Caucasian female. Over the past month her family has noticed a decrease in her cognitive abilities as well as hypokinesia. An MRI revealed a mass at the left temporal lobe and a surgical procedure showed metastatic brain tumor. Several pharmacological agents were given for pain control. Morphine per patient controlled analgesia (PCA) was used to manage her surgical pain and nonsteroidal anti-inflammatory drugs (NSAIDs) were used to manage mild complaints unrelated to her pathology. As her disease progressed, a fentanyl patch was used for long term management and Roxanal sublingually was used for breakthrough pain. In addition, the family as well as nursing staff utilized non-pharmacological measures to help her relax and to distract her from her pain. Alternative pain management included the application of reading, and music of her choice along with guided imagery. Although eradication of her pain was not possible at this point, pharmacologic and non-pharmacologic measures used simultaneously reduced her pain to a tolerable level for her and her family.

Jane Doe is an example of utilizing complementary comfort measures as well as pharmacological treatments to manage pain. As her pain was reduced, her ability to cope with the pain and terminal diagnosis increased as evidenced by improvements in her mood and affect. Music and the presence of her supportive family allowed Jane to rest easier.

Exemplars:

New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:

- Pain
- Nausea

Optional Exemplars

- Fibromyalgia
“Fibromyalgia is one of the most common chronic pain conditions. The disorder affects an estimated 10 million people in the U.S. and an estimated 3-6% of the world population. While it is most prevalent in women —75-90 percent of the people who have FM are women —it also occurs in men and children of all ethnic groups. The disorder is often seen in families, among siblings or mothers and their children. The diagnosis is usually made between the ages of 20 to 50 years, but the incidence rises with age so that by age 80, approximately 8% of adults meet the American College of Rheumatology classification of fibromyalgia.” (National Fibromyalgia Association, 2019)
- Pruritus
- Fatigue
- Insomnia



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- Anguish
- Loneliness
- Spiritual distress



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