

# Theoretical knowledge and utilization of the theory of comfort in nursing practice

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# **ABSTRACT**

Introduction: For years, Nursing has struggled to get the recognition as being a discipline in which the own theoretical knowledge and practice based on evidence are fundamental requirements. **Objectives:** 1) Identify knowledge about general and midrange nursing theories (TRM by its acronym in Spanish), its utilization in practice and examples of application of the Kolcaba comfort theory in the nursing activities in the Anesthesia and Recovery Ward at a hospital in Concepción; 2) Perform an educational intervention as continuous training of these professionals. Methodology: Intervention pilot project in educational management, performed between April and May of 2017, including the application of initial questionnaire, followed by education and focus group, finishing with a final questionnaire. **Results:** Participation of 11 nurses. Knowledge prior to the intervention was scarce in regards to big theories and null about TRM. The nursing theories were defined as basis of the professional activities, but only four (4) of the 11 professionals recognized using them daily. After educational intervention, examples of the application for the Kolcaba theory where identified; physical comfort: pain assessment and management; psychospiritual comfort: direct communication with the patient, explaining processes to go through; sociocultural comfort: informing the family; environmental comfort: reduction of the intensity of the lights, noises, and or conversations. **Conclusions:** It is recommended to perform interventions in order to reinforce knowledge about nursing and encourage formation of work groups between clinic nurses and scholars in order to carry out research, looking to reduce the existence gap between theoretical and practical knowledge.

# Keywords: Nursing; Continuous Education; Patient Comfort; Nursing Theory (DeCS; BIREME).

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### **INTRODUCTION**

The Nursing Professional uses nursing research based on his own knowledge as evidence for critical thinking and for decision making within daily activities. When theory and evidence is used to be based on it in order to guide their practice the quality of the care provided improves; for instance, deciding the appropriate nursing action to perform at that moment <sup>(1)</sup>. Meleis <sup>(2)</sup> claims that nursing focuses on various aspects of care at different moments and with different purposes; thus, nursing cannot be exemplified throughout just one conceptual model or theory, since this field contemplates distinct views, which a lot of times are contradictory. But this is not something negative, since it facilitates the inclusion of the diversity of thought and generates development opportunities whether it be in practice or for research.

Nursing professionals are in charge of providing high-quality care and with a good cost-effectiveness ration; therefore, the help provided by them should be constantly evaluated and improved based on knowledge of new and improved research <sup>(3)</sup>. Also, should keep a critical eye at their performance and ask themselves if their actions are based on scientific knowledge or are a product of imitation <sup>(4)</sup>.

According to Fawcett (5), the midrange theories or TRM have the objective of reducing the abstraction of the theories in order to bring them closer to the practice, and make their application simpler. Within these theories, it can be found Katherine Kolcaba' Comfort Theory. The word confort derives from the original English word comfort, whose translation into Spanish is not confort (6), but we used this term because it is the most used in the Spanish publications regarding Kolcaba's Comfort Theory. It was used throughout such article as a synonym of subjective convenience and wellbeing. Kolcaba defines comfort as "the immediate experience of being fortified upon satisfying the needs of relief, tranquility, and transcendence in four contexts (physical, psychospiritual, sociocultural, and environmental). Comfort is much more than the absence of pain and physical comfort (7). The theory of comfort has been widely used in research (8-14) due to the simplicity and clarity in the concepts, because apart from being a crucial aspect in the nursing field, upon providing care, the well-being of the patient is sought, what is deeply related to the comfort concept described by Kolcaba.

Theoretic knowledge should be the guide of nursing practice, education, and research <sup>(15)</sup>, but, sometimes, universities do not give it due importance, but tend to the biomedical and technical approach <sup>(16)</sup>. Therefore, many professionals work without taking into consideration this theoretical knowledge, which is fundamental for their daily work, but even then performs activities that meet the thinking of nursing theorists <sup>(17)</sup>.

For all these reasons, the objectives were:

1. Identify knowledge about general nursing theories and the TRM, the utilization of theories in the nursing practice, and examples about the application of TRM of comfort by Katherine Kolcaba in the daily activities of Nursing in the Anesthesia and Recovery Units Ward of Hospital Clínico Regional Dr. Guillermo Grant Benavente, in Concepción, Chile

2. Apply an educational intervention as a management activity in the continuous training of the nursing professionals previously mentioned.

## **METHODOLOGY**

This was an intervention pilot project in educational management using the mixed method approach of an exploratory nature (18). It was performed within the context of the Master Degree in Nursing of Universidad de Concepción, throughout the Teaching-Care Workers Agreement with Hospital Dr. Guillermo Grant Benavente and with the authorization of the supervising nurse of the unit; because of the time, the characteristics of the workshop and fact that the participation was voluntary, it was not submitted to an ethics and research committee. Three (3) educational sessions were held, between the months of April and May of 2017, with a convenience sampling (18), where the nursing professionals who were available at that moment attended, and by means of signing a simple authorization, they accepted to voluntarily participate with the safeguarding of personal data and authorization of the publication of the results.

The educational intervention began with the application of an initial questionnaire, that we had previously prepared, which consists of personal data such as age, gender, year graduated from University, time working in the unit, and shift system used, plus three essay questions with the objective of measuring prior knowledge of the professionals in regards to nursing theories, whose essay questions were: "What are the nursing theories? If you are familiar with anyone?" Do you know what the midrange theories in nursing are? If you are familiar with anyone, name its main characteristics" "Do you apply some type of nursing theory in your daily work? Which? How?" Once the application of the questionnaire ended, an audiovisual presentation began given by main author about the "Importance of Theoretical Knowledge in Nursing", where the concept of nursing as a discipline is explained as being scientific and humanistic (19), the structure of this knowledge, according to Fawcett, from the most abstract (Metaparadigm) to the most concrete (empiric indicators) passing through the TRM (5); nursing based on evidence, which implies providing care based on scientific research (3), the main components of the TRM of Kolcaba's Comfort Theory (1) and examples of its application in the field, where physical comfort, psychospiritual, and environmental were highlighted (8-10).

It is worth mentioning that the topics exposed in the education were selected according to the objectives to be reached. Subsequently it led to a focus group named "round table" where professionals were invited to discuss the examples of the application of the Comfort Theory in the nursing practice in the unit, which were recorded. The session ended with a final questionnaire that we had previously prepared, with the objective of evidencing the knowledge presented in the education, whose essay questions were: "What do you think the importance is in regards to the nursing theories?" "Based on what was discussed in the round table, present your final conclusions about the application of the comfort theory in the unit".

It is important to point out that the initial and final questionnaires do not correspond to a pre or post-test to validate the intervention, since its objective was to gather information. In turn, the quality control of the data was obtained throughout the gathering of this information with the application of questionnaires individually applied to the participants and in a group manner throughout the education carried out.

First, the quantitative analysis of the sociodemographic variables was performed using the SPSS Statistical Program, Version 23.0; then, the recordings of the round table were transcribed to Microsoft Word, and finished with the assessment of the content of the answers given to the questionnaires and discourses of the focus groups in the Atlas.ti. software.

# **RESULTS**

Eleven of the 26 nurses who work in the unit participated, which consisted of 2 groups of 4 people and 1 group of 3 people. Out of all of the participants, 8 were women and 3 were men. The average age was 35 years, with an age range varying from 24 to 61. In regards to the type of shift, there were 4 nurses of the fourth shift and 7 of day shift. In regards to their graduation date, it ranged from 1988 to 2015. Finally, the average time working in the unit was 6.8 years, with a range anywhere from 3 months to 27 years.

In regards to the initial questionnaire, the first question sought to identify knowledge about general nursing theories, where a large part of the nursing professionals defined the theories as the basis for their profesional work and as a reference where their work is based on, with the theory of self-care of Dorothea Orem being the most mentioned, followed by the theory of 14 needs by Virginia Henderson, also naming Callista Roy, Betty Neuman, and Hildegard Peplau. The second question aimed to determine the knowledge about the TRM in nursing, where only one (1) nursing professional mentioned the comfort theory, but without mentioning any characteristics. The third question aimed to determine if they used any type of nursing theory in the daily work, 7 participants did not answer the question and 4 mentioned the theory of self-care, of which only 2 described activities performed based on this theory.

Upon analyzing the discourses of the focus group about the application of the comfort theory within the unit,

they were grouped in the 4 contexts of comforts described by Kolcaba, mainly referring to physical and psychospiritual comfort. In the physical aspect, pain assessment and management stood out, which was mainly handled throughout the administration of intravenous pain medicine, in addition to: changes in position, gel rolls in order to avoid pressure ulcers, thermal blankets to increase temperature, amongst others. Within the psychospiritual aspect, direct communication with the patient stood out, especially explaining the patient the processes that he will have to face, since having a surgery is a stressful process for a person. It has been shown that the information received by the patient, in a simple and understandable manner produces a general reduction of overall anxiety, leading to optimal recovery (20). Following, regarding socio-cultural comfort, the discourse focused on the family of the patient, the nursing professionals stated that informing the family is fundamental in their care, since the patient is often more worried about them than his own wellbeing, also stating that regards to the post-operative care given to children one parent of the child is allowed to enter; for instance, to calm his crying. In regards to environmental comfort, they mentioned that the influence of environmental factors that could interrupt the tranquility of the patient causing a reduction in comfort, such as intensity of lights, loud noises, very high-pitched talks, etc.

Question one of the final questionnaires aimed to determine the degree of importance attributed to nursing theories, in which a diversity of answers were obtained, but it is highlighted that none of the professionals left the question in blank, and the answers were considerably more extensive than those of the initial questionnaire. The answers were grouped into two big groups: 1) Nursing theories support professional work, and 2) They help to provide better care to the patient. In regards to the second question, which intended that the nursing professionals noticed that they applied Katherine Kolcaba's comfort theory in their daily work within the unit, upon assessing their answers it could be proven that such objective was reached, since they could show actions in which the theory was applied on a daily basis without them knowing. A large part of the answers mentioned the 4 comfort contexts described by Kolcaba, and, in the same manner as the previous question, they were grouped into two groups: 1) The theory as support of the nursing field, and 2) Provide comprehensive care to the patients.

### **DISCUSSION**

It was worked with a large variety of participants, but, similar responses were obtained in the questionnaires and agreements of opinion at the round table.

Knowledge prior to the educational intervention was able to be determined in regards to the big and midrange nursing theories, with which in regards to the first item, was scarce and the latter was null, which makes question ourselves about the importance given in the curricula of nursing professionals to their own knowledge about the field. Upon finishing the presentation several nursing professionals mentioned that they did not know the TRM's existed, and that they were not taught during their academic training, it was not something strange in those that graduated quite some time ago, but there were nurses graduated in the years of 2014-2015 who were not aware of them as well. Other mentioned that within the hospital there was no training offered about subjects related to nursing, but, instead, about technical and clinical procedures, with a biomedical focus, also declaring their interest in participating in these types of opportunities of further education more focused on the nursing field.

It was noted that the majority of the nursing professionals did not identify the use of a nursing theory or model that guides the daily work, as only 4 out of the 11 professionals recognized using a nursing theory. An important question arises from the inconsistency in answers 1 and 3 of the initial questionnaire; How can they assure that the theories are a basis of their nursing work, if they are not capable of identifying any one that they use on a daily basis? But, after performing the educational intervention in regards to the comfort theory, the nursing professionals, during the roundtable session, easily identified examples of its identification in regards to its daily application in their work. Also, in the final questionnaire, it was understood from the answers obtained that there was a better comprehension of the subject and commitment upon answering, evidenced by a having a greater extension received from such guestions and a language associated with the concepts reviewed throughout education. Based on what was presented previously, we can deduct that the Nursing professionals were able to identify the Nursing theories as an important element in their practice after the intervention.

This initial poor knowledge and lack of use of the theories within the clinical practice of nursing, increased the gap between theoretical knowledge and the practical knowledge defined by Patricia Benner (21), where the nursing professionals dedicated to the health-care sector did not recognize the theories as guides for their daily life; in turn, they did not perform any research due to the fact that they did not generate the necessary instances within the hospital for this objective (22). Moreover, it could be seen that the current training given to nursing staff is not focused on the most important aspect, that is, their own knowledge about nursing, but they are focused on the biomedical aspect, which produces a reduction in autonomy (23).

There have been many efforts from different authors in order to insert the nursing models and theories into the professional practice of such career. In 2014, there was a systematic review performed in regards to the implementation of nursing models in the unit for critical patient, concluding that it was a difficult task which needed certain key issues such as counting with institutional support, the knowledge of an instructor or expert nurse, and persistent and motivating

leadership in a manner to transmit it to the desired work team (24).

This in turn, in 2008, a study similar to this one was performed, which began from the premise that nursing depends on the existence of theoretical knowledge for all areas. Using a conceptual or nursing model or theory in regards to care, guarantees that the professionals share the same understanding of the meta-paradigm and language in the orientation of care. The objectives of the study were to be acquainted with the position of the nursing professionals within the nephrology unit about nursing conceptual models and theories and be acquainted with their level of applicability. Where a great variability in regards to theoretical position of the professionals were seen, since they identified themselves with different nursing theorists (25).

In 2015, the topic of education in nursing was reflected upon, whether it be through the process of university education or through continuous education aimed at professionals, where the idea that continuous professional development has been reinforced through technological advancements and by changes in the work world arose, which leads the organizations and individuals to acquire and update knowledge (26). Reason why training for nursing professionals is fundamental, but not only regarding technical processes or biomedical concepts, but of the own scientific knowledge in the nursing field, educate in regards to the search for research in order to provide care based on evidence, and even to a larger extent, teach the nursing theories and models in a didactic and thoughtful manner, especially the TRMs which are thought to be practically applied, so health-care nurses identify themselves with a theory and could see and provide care for people in the nursing own manner and not based on the biomedical

#### **CONCLUSIONS**

This pilot project seeks to contribute to the solution of the issue that is present among the nursing professionals, highlight the lack of knowledge and training on this matter shed light on their need. I should be sought to reduce the gap between theoretical and practical, which is a permanent challenge to face.

More interventions of this type are recommended, where knowledge regarding nursing theories and practices of professionals in this sector is reinforced, to be able to never forget the foundations of our discipline, especially showing the existence of the TRM in nursing whose objective is to reduce the abstraction of conceptual models and big theories<sup>(5)</sup>, which are designed to be applied in the nursing practice, reason why we should make their existence known between colleagues. At the same time, perform training about literature search in scientific journals in order to identify nursing interventions based on evidence, especially the meta-analysis, and therefore the nurses can provide

proven effective and efficient care <sup>(27)</sup>. Finally, it should be encouraged the formation of work groups between clinical nursing professionals and scholars in order to perform research, since the nursing professionals are familiar with the problems that arise from the healthcare that directly affect our patients and the latter have the methodological knowledge needed to perform nursing research, looking to reduce the existing gap between practical and theoretical knowledge.

# **CONFLICT OF INTERESTS**

The authors declare to not have any situation of conflict of interests of a financial, academic or political nature, or of any other type, in regards to the development and publication of this article.

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