

Usefulness of the comfort theory in the clinical nursing care of new mothers: critical analysis



Utilidade da teoria do conforto para o cuidado clínico de enfermagem à puérpera: análise crítica

Utilidad de la teoría de la comodidad para el cuidado clínico de enfermería a la puérpera: análisis crítico

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ABSTRACT

Objective: The aim of this study was to evaluate the usefulness of the comfort theory for the clinical nursing care of new mothers.

Methods: This is a reflexive-theoretical study conducted in November and December 2014, based on the usefulness criterion proposed in the critical analysis of the Barnum nursing theory.

Results: The comfort theory in nursing care for new mothers applied to study analysis revealed that this theory meets the criteria of usefulness because it provides applicable concepts that facilitated the clinical nursing care of women in the postpartum period and helped increase their comfort level. The verification of these concepts showed that the theory can be applied in different settings of clinical care for new mothers.

Conclusion: The theory can be used to support and improve clinical nursing care for postpartum women, and help improve puerperal comfort.

Keywords: Nursing theory. Nursing care. Postpartum period.

RESUMO

Objetivo: Avaliar a utilidade da Teoria do Conforto de Kolcaba para o cuidado clínico de enfermagem à puérpera.

Método: Estudo teórico-reflexivo, realizado nos meses de novembro e dezembro de 2014, tendo como base o critério da utilidade proposto na análise crítica da teoria de enfermagem de Barnum.

Resultados: A partir da análise de estudo que aplicou a Teoria do Conforto no cuidado de enfermagem a uma puérpera, observou-se que esta teoria atende aos critérios de utilidade, por apresentar conceitos aplicáveis que facilitaram o cuidado clínico de enfermagem à puérpera e contribuíram para aumentar seu nível de conforto. Pela verificação de seus conceitos, considera-se que a teoria pode ser aplicada nos diferentes ambientes de cuidado clínico de enfermagem à puérpera.

Conclusão: A teoria poderá ser utilizada como subsídio para o cuidado clínico de enfermagem à puérpera, o que irá favorecer a melhoria desse cuidado e contribuir para o conforto puerperal.

Palavras-chave: Teoria de enfermagem. Cuidados de enfermagem. Período pós-parto.

RESUMEN

Objetivo: El objetivo fue evaluar la utilidad de la teoría de la comodidad para el cuidado clínico de la enfermería a las puérperas.

Métodos: Estudio teórico-reflexivo, realizado en noviembre y diciembre de 2014, basada en el criterio del uso propuesto en el análisis crítico de la teoría del enfermería de Barnum.

Resultados: A partir del análisis del estudio que aplicó la teoría de la Comodidad en el cuidado de enfermería para mujeres después del parto, se observó que esta teoría cumple con los criterios de utilidad, por presentar conceptos aplicables, lo que facilitó el cuidado clínico de la enfermería a las mujeres en el período posparto y contribuyeron para aumentar su nivel de comodidad. Mediante la verificación de sus conceptos, se considera que la teoría puede aplicarse en diferentes entornos del cuidado clínico de la enfermería puerperal.

Conclusión: La teoría se podrá utilizar como soporte para el cuidado clínico de la enfermería de las mujeres después del parto, lo que favorezca a la mejora de esta asistencia y contribuir a la comodidad puerperal.

Palabras clave: Teoría de enfermería. Atención de enfermería. Período posparto.

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■ INTRODUCTION

In order to reflect on the clinical nursing care of new mothers, we must first consider the meaning of clinical, which comes from the Greek word *klinos*, meaning inclination, reverence, and regard for the suffering of the sick⁽¹⁾. Consequently, clinical nursing care for new mothers involves viewing these women as multidimensional beings with all the human, social, physical, emotional and spiritual dimensions this involves, and as integral beings that are vulnerable to conditions that may affect their comfort and compromise their health. Furthermore, the provided care must observe the care needs perceived by the cared being.

In the gravid-puerperal cycle, the puerperium is the period of greatest vulnerability to complications, such as bleeding, infection, breast lactation complications, and puerperal depression. However, this is the period in which women receive the least care from the health team⁽²⁾. The alterations women experience in the puerperal period are related to their comfort. After delivery, health workers focus their attention on the newborn, and the new mothers are not usually perceived as individuals who need care.

For nursing, the provision of care involves meeting the healthcare needs of patients with sensitivity, promptness, and solidarity based on care attitudes that promote comfort and well-being. The provided care combines physical and emotional integrity that is exchanged between the caregiver and the recipient of this care⁽³⁾.

It should be noted that the aim of nursing care is to help patients adapt to the processes of life and the health/disease situations they are experiencing, and help other health workers to solve the health problems that affect patients. This care is not limited to technical competence, and should include the sense of being human⁽⁴⁾.

Furthermore, this care must be substantiated in nursing theories that can be applied to cater to this population, and support and improve care.

In nursing, the theories are used to describe, explain, diagnose, and prescribe care measures, and provide scientific support for nursing actions. For the development of nursing as a science and profession, the theories, research, and clinical practice must be related⁽⁵⁾.

The theories guide and assist nurses in the identification of solutions to the problems presented by patients. Several models of analysis have been created to verify the applicability of a theory in the nursing practice, which, in turn helps nurses identify and critically select the best theory for the different clinical-assistance contexts⁽⁶⁾.

This study highlights Katharine Kolcaba's comfort theory, classified as a medium-range theory, which can possibly serve as a basis for clinical nursing care for new mothers. This theory was selected because it was used to systematise nursing care of a new mother⁽⁷⁾ in a study conducted by researchers of the CNPq Women's Care and Nursing research group (GRUPESME – UECE), with the participation of the principal author of this study. The usefulness of this theory was confirmed by means of critical analysis. Thus, the aim here was to assess the usefulness of Kolcaba's comfort theory in clinical nursing care for new mothers. This evaluation can support the extended use of this theory by nurses in their care practices, and help improve clinical nursing care for new mothers.

■ KOLCABA'S COMFORT THEORY

Kolcaba presents four meta-paradigms of her theory and their definitions, namely: nursing is described as the process of intentional evaluation of the comfort needs of patients, with the defining of measures to meet these needs and the reassessment of these measures after their implementation for comparison with the previous baseline. The evaluation can be objective or subjective. The patient who receives the care can be an individual, a family, institutions or communities in need of healthcare. The setting is any aspect that involves the patient, family or institution that can be manipulated by the nurse(s) to improve comfort. Health represents the proper functioning, as defined by the patient, family, group or community⁽⁸⁾.

The theory describes the comfort in three forms, namely: relief, ease, and transcendence. Relief is the state in which the patient has satisfied a specific need. It refers to the satisfaction of a need by controlling global factors that produce discomfort, which can cause an immediate state of calmness or contentment. Comfort as relief is the immediate holistic result, which can be quickly altered with the changing circumstances. Comfort as ease is a state of calmness or satisfaction related to the satisfaction of specific needs that cause discomfort or interfere with comfort. It is a longer lasting and continuous state of contentment and well-being. Comfort as transcendence is understood as a condition in which individuals rise above their own problems or pain, or the highest level of comfort, based on the satisfaction of needs of education and motivation that empower users to develop their potential and adopt healthy lifestyle habits, and carry out their activities with the maximum possible independence⁽⁹⁾.

■ METHODOLOGY

This is a theoretical and reflective study based on the theories analysis model proposed by Barbara Stevens Barnum, which allows the judgment of theories using internal and external criticism criteria. External criticism is how the theory relates to the world. The author proposes some criteria, namely: convergence with reality, usefulness, significance, discrimination, range of the theory, and complexity. Internal criticism analyses the components of the theory itself, namely: clarity, consistency, adequacy, logical development and level of development of the theory⁽¹⁰⁾.

In this study we used the criterion of usefulness proposed by external criticism to satisfy the research objective and verify the applicability of Kolcaba's comfort theory in the nursing practice for new mothers by examining its use in the systematisation of nursing care for a new mother⁽⁷⁾ conducted by researchers of CNPq Women's Health and Nursing research group (GRUPESME-UECE), with the participation of the main author of this study.

Barnum considers that for a theory of nursing to be useful, it must have some characteristics, namely: the concepts of the theory should hold significance for nursing, and be applicable in practice; the theory should be applied to the work and the practice of nursing, and serve as a reference for patient observation and decision-making regarding patients; and the theory must guide the work in the different care settings and its use should facilitate the activities of nursing⁽¹⁰⁾.

To analyse the theory^b, we carefully read the theory of comfort and the study that applied this theory in the care of a new mother⁽⁷⁾, and verified the presence of the characteristics related to the usefulness of the theory in clinical nursing care for new mothers.

■ USEFULNESS OF THE COMFORT THEORY FOR THE CLINICAL NURSING CARE OF NEW MOTHERS FROM THE PERSPECTIVE OF BARNUM

Does the comfort theory select theories that are applicable in practice and facilitate nursing activities for new mothers?

A concept must be introduced in a context to enable its significance and application, and the advancement of

knowledge in a specific area. The concepts are dynamic and variable since the theory to which they belong determines their significance⁽⁵⁾.

In her theory, Barnum created some concepts that are applicable in practice and facilitate the nursing activities for new mothers since they allow a better understanding of her theory and its propositions. We highlight some key concepts, namely: comfort, as a desirable outcome of nursing care, defined as an immediate and holistic experience that strengthens through the satisfaction of their needs for relief, ease and transcendence in physical, psychospiritual, sociocultural, and environmental contexts; comfort needs, identified by the patient/family in a private practice setting; comfort measures, defined as nursing interventions designed to address the specific comfort needs of people, including physiological, financial, psychological, social, spiritual, physical, and environmental needs; health-seeking behaviour, which represents the broad category of subsequent results related to the pursuit of health as defined by who gets care, according to an appointment with the nurse; intervening variables, which are those factors that are not likely to change and over which individuals have little control (such as the prognosis, financial situation, social support, etc.); and institutional integrity, which are the values, financial stability, and the entirety of healthcare organisations at local, regional, state and national level⁽⁹⁾.

In the analysed study, it was observed that the application of the concepts of Kolcaba's comfort theory in the systematisation of nursing care for a puerperal woman with the nursing diagnosis intolerance related to pain characterised by discomfort in efforts; sleep deprivation related to maternal practices that do not favour sleep characterised by anxiety, tiredness and sleepiness during the day; acute pain related to harmful physical agents (operative wound) characterised by protective gestures and verbal report of pain; and impaired comfort characterised by anxiety, fear, and reports of feeling uncomfortable⁽⁷⁾.

Does the comfort theory apply to the practice of clinical nursing care for new mothers?

In the analysed study, the nursing diagnosis *activity intolerance* was established as the result *expected mobility* through the intervention *promotion of physical comfort: pain control*. The nursing diagnosis *sleep*

^b The assessment occurred in November and December 2014 during the course Critical Analysis of Clinical Nursing Care and Healthcare, of the graduate programme in clinical nursing care and healthcare, doctoral level, of the State University of Ceará.

deprivation corresponds to the need for environmental comfort, and it was listed as a result discomfort level (5 - none) through the intervention *promoting physical comfort: control of environment*. In relation to the diagnosis, *acute pain* was established as the result *pain control* by means of the intervention *promotion of comfort: pain control*. For the diagnosis *impaired comfort*, the established results was level of discomfort (5 - none) through the *intervention promotion of psychological comfort: relaxation therapy*⁽⁷⁾.

For the intervention *promoting physical comfort: pain control*, the proposed activities were: investigate with the patient factors that relieve/worsen the pain; reduce or eliminate factors that precipitate or increase the experience of pain; ensure that the patient receives accurate analgesia; inform about the pain, its causes, duration and anticipated discomfort as a result of the procedures. For the intervention *promoting physical comfort: control of environment*, the proposed activities were: avoid unnecessary interruptions and allow rest periods; determine the origins of discomfort, such as wrinkled bed linen and environmental irritants. Regarding the intervention *promoting psychological comfort: relaxation therapy*, the activities were: create a calm setting without interruptions, with dimmed lighting and comfortable temperature, whenever possible; provoke behaviours that are conditioned to produce relaxation, such as deep breathing. After implementing the proposed activities, the comfort level of the new mothers increased⁽⁷⁾.

The analysis of the study⁽⁷⁾ revealed that the propositions of the theory were applied to the practice of clinical nursing care for the new mother, namely: nurses initially identify the comfort needs of the recent mothers who were not assisted by existing support systems and plan interventions to meet those needs, considering the intervening variables as determinants for the success of interventions; when the intervention is appropriate and performed in a considerate way, the new mother experiences comfort as the immediate result; nurses and recent mothers agree on the health-seeking behaviours that are desirable and real; the recent mothers intensify their commitment to health-seeking behaviours, which increases their comfort⁽⁹⁾.

Can the comfort theory be applied in the different environments of clinical nursing care for the puerperal woman?

For the theory, environment involves the patient, family or institution that can be manipulated by the

nurse(s) to improve comfort. Therefore, the comfort theory can be applied in different environments of clinical nursing care for new mothers since it guides the work of nurses in these areas⁽⁹⁾. In the analysed study, Kolcaba's comfort theory was successfully applied in a referral hospital in humanised childbirth in the city of Fortaleza, Ceará⁽⁷⁾.

■ FINAL CONSIDERATIONS

The method of analysis of theories proposed by Barnum allowed us to assess the usefulness of the comfort theory for the clinical nursing care of new mothers. It was observed that this theory is applicable to the clinical practice of nurses in the puerperal period since the concepts of the theory hold significance for nursing and are easy to apply in practice. Moreover, the propositions of the theory can be used as a reference to observe the recent mothers, guide decision making in the planning and implements of care in the different care settings, and facilitate nursing activities.

Thus, the use of the comfort theory by nurses can help improve the comfort of recent mothers by guiding the actions of clinical nursing care and allowing an individualised and holistic care that considers the perception of these women regarding their comfort needs.

The limitation of this study was the use of a single study that applied the comfort theory in the care of new mothers in the hospital setting since no other studies using this theory to support the care of new mothers were found. Therefore, we stress the need for further studies that apply Kolcaba's comfort theory for the care of new mothers in different care settings.

■ REFERENCES

1. Pessini L. Ética do cuidado: entre a exclusão de si e a globalização do todo. In: Trasferetti JA, Zacharias R, organizadores. Ser e cuidar: da ética do cuidado ao cuidado da ética. São Paulo: Ed. Santuário; 2010. p. 17-53.
2. Stefanello J, Nakano MAS, Gomes FA. Crenças e tabus relacionados ao cuidado no pós-parto: o significado para um grupo de mulheres. *Acta Paul Enferm.* 2008;21(2):275-81.
3. Baggio MA. O significado de cuidado para profissionais da equipe de enfermagem. *Rev Eletr Enferm.* 2006;8(1):9-16.
4. Mendes GA. Dimensão ética do agir e as questões da qualidade colocadas face aos cuidados de enfermagem. *Texto Contexto Enferm.* 2009;18(1):165-9.
5. Bouso RS, Poles K, Cruz DALM. Conceitos e teorias na enfermagem. *Rev Esc Enferm USP.* 2014;48(1):144-8.
6. Diógenes MAR, Pagliuca LMF. Teoria do autocuidado: análise crítica da utilidade na prática de enfermagem. *Rev Gaúcha Enferm.* 2003;24(3):286-93.

7. Barbosa EMG, Oliveira FDM, Guedes MVC, Monteiro ARM, Rodrigues DP, Silva LF, et al. Cuidados de enfermagem a uma puérpera fundamentados na teoria do conforto. *Rev Min Enferm.* 2014;18(4):845-9.
8. McEwen M, Wills EM. *Bases teóricas para enfermagem.* 2. ed. Porto Alegre: Art-med; 2009.
9. Kolcaba K. *Comfort theory and practice: a vision for holistic health care and research.* New York: Springer; 2003.
10. Barnum BS. *Nursing theory: analysis, application, evaluation.* 4. ed. Philadelphia: J. B. Lippincott; 1994.

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