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www.TheComfortLine.com

What do we mean by comfort?

- Technical Definition (from literature in nursing, psychiatry, ergonomics, theology, psychology, etc)
  - *The immediate experience of **being strengthened** by having needs for comfort met*
    - ***Physically***
    - ***Psychospiritually***
    - ***Socioculturally***
    - ***Environmentally***

Pattern for assessment of comfort needs

- Holistic, simultaneous perception of total comfort, umbrella term
  - "I am NOT comfortable going there…."
- Intuitive, not complicated
  - The kind of patient care we already know how and want to do
- Noun (state of comfort) or adjective (comfortable)

Comfort is an Umbrella Term, a **Whole Person** Term

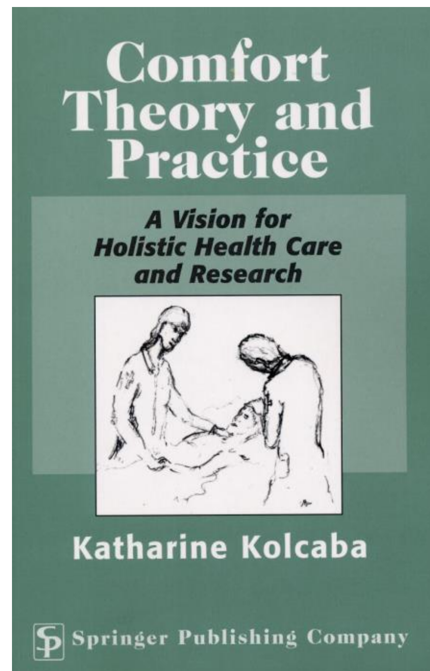
- "Relief" – unmet comfort needs
  - partial list of common discomforts in palliative care
- "Ease" – contentment
- "Transcendence" – we never give up: interventions to help patient/family cope when full relief is not possible
- Comfort is greater than relief of one or two discomforts
- Also, interventions for one "cell" affect other cells

	Relief	Ease	Trans-cendence
Physical	***Pain, Nausea, Fatigue***		
Psycho-spiritual	***Anxiety, Loss of Mean-ing***		
Socio-cultural-political	***Isolation Role change***		
Environ-mental	***Noise, odors, interrupt-ed sleep***		

Comfort Management

- Symptom management of patients and families, (relabeled)
  - Loss of appetite
  - Restlessness
  - Difficulty breathing
  - Others?
- Comfort Expectations? (always changing)
  - Desired level of alertness
  - What has worked in the past
- Ethical decision making based on comfort needs of patient (often different than family's needs)

Three easy parts to *a Framework of Comfort:*



- 1. Comfort interventions enhance comfort **
  - Immediate outcome
- 2. Enhanced comfort facilitates & predicts successful engagement in HSBs **
  - Subsequent outcome

***** = tested in real patients***

(Health Seeking Behaviors???)

[Scholtfledt R (1975 & 1981)]

- Internal: evidence of healing, decreased inflammation, increased T-cells or white blood cells
- External: improved mobility, increased functional status, increased appetite, and decreased pain

Health Seeking Behaviors (cont)

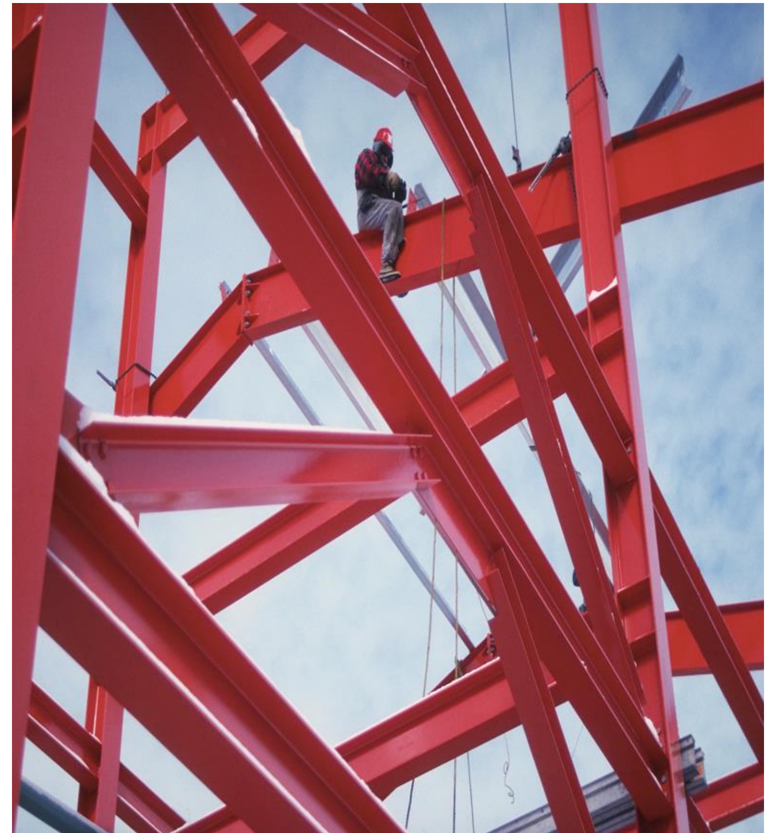
- Peaceful Death: a passing that ends well and is poignant for the patient, health care workers, and family; a time to say goodbye to each other and one's mortal life, to find meaning and sum up that life
  - "Patients should die like they're being rocked to sleep in their mother's arms" *[Dozor, R. & Addison, R. (1992)]*

Comfort Framework (cont)

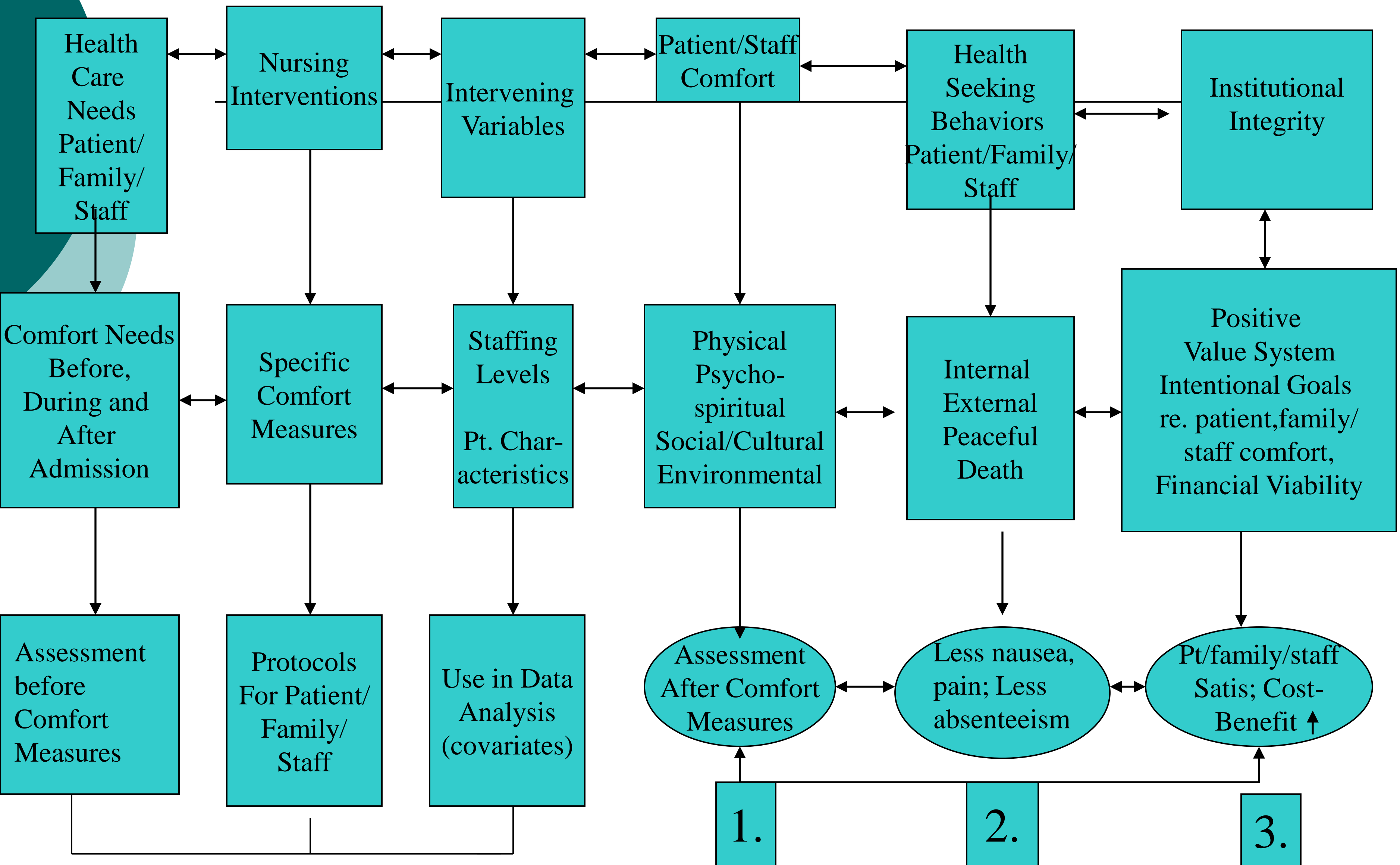
- 3. Successful engagement in HSBs is related to improved Institutional Outcomes
  - Wonderful patient/family satisfaction surveys and testimonials
  - Favorable cost-benefit results
  - Positive marketing claims

A Framework of Comfort is:

- An interdisciplinary guide for:
  - the practice of palliative care
  - enhancing your working environment
  - team communication and care planning
- An "architectural structure" upon which you can hang all the other information in your orientation



Framework of Comfort (Palliative Care)



Kathy Kolcaba

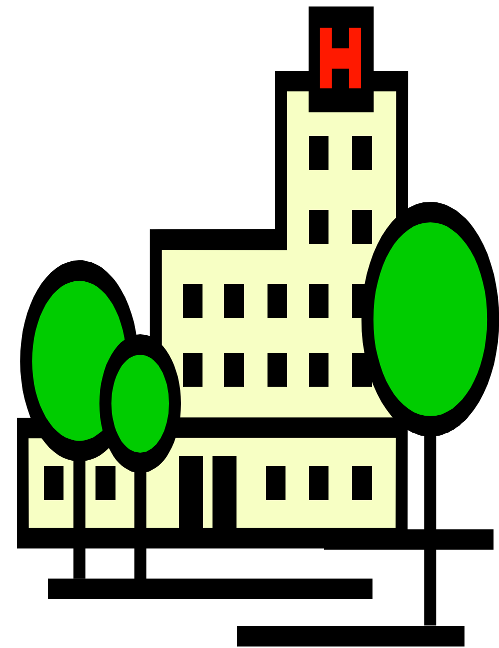
Whose comfort? (2 prongs)

- Your patients & their families

And Also:

- The staff, including managers, clerks, administrators, & interdisciplinary team

- Your families



So a framework of comfort is also…

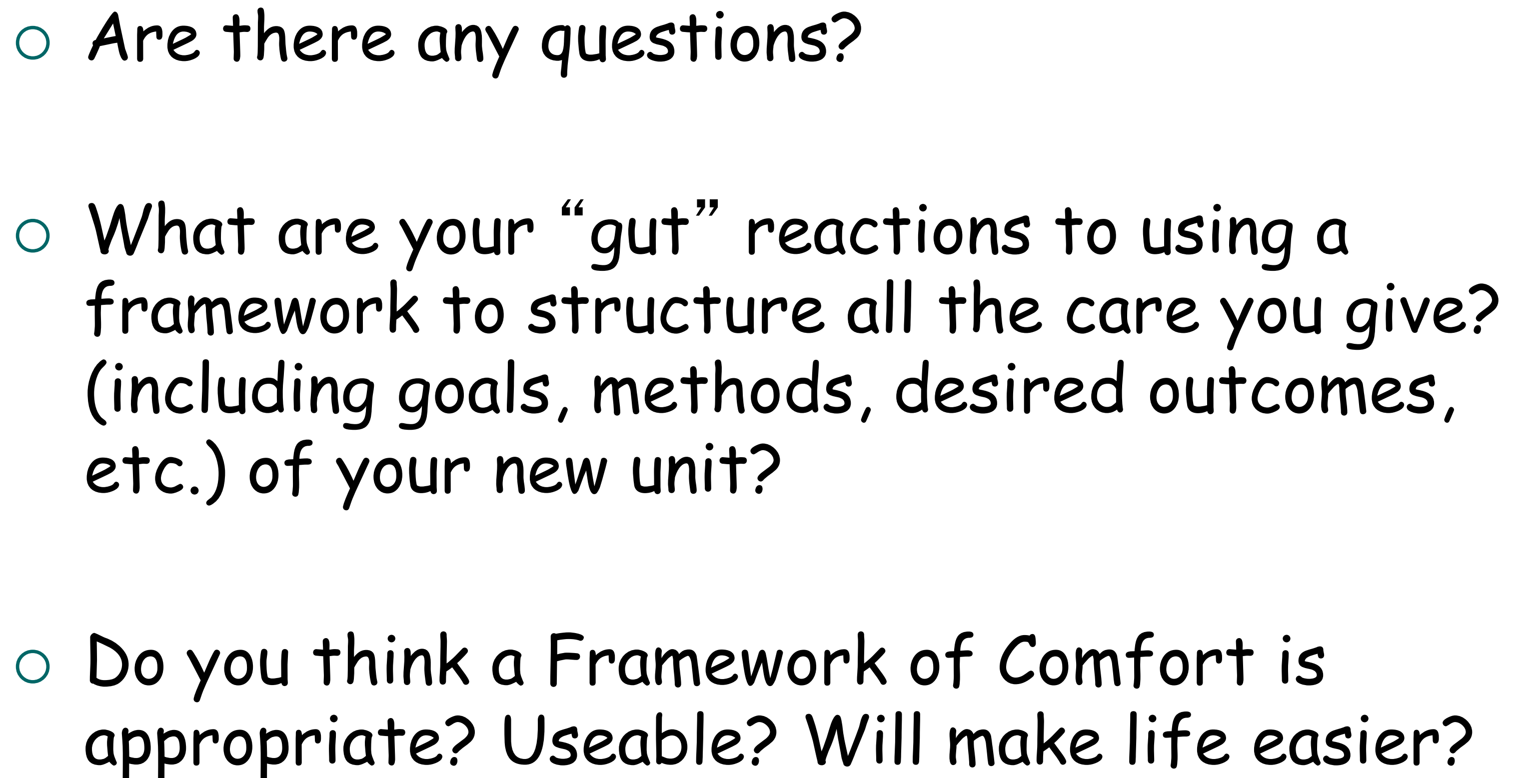
- a "blueprint" for:
  - your own job satisfaction, an institutional outcome
    - Other institutional outcomes?
  - Southwest Airlines business philosophy

Application of Framework:

- Daily Patient/Family Rounds
  - Comfort needs of patient & family?
  - Interdisciplinary care planning, evaluation
  - Pattern for bedside care (same as the definition)
    - ***Physical***
    - ***Psychospiritual***
    - ***Sociocultural***
    - ***Environmental***

Application of Framework (cont):

- Environmental design
  - Details to make your work easier
  - Comfort needs of staff?
- Workplace culture
  - Mission statement
  - How to utilize and enhance team work
  - Governance, support, scheduling, assignments (based on comfort needs of patients/families?)
  - Meals, breaks, continuing education


Are there any questions?
What are your "gut" reactions to using a framework to structure all the care you give? (including goals, methods, desired outcomes, etc.) of your new unit?
Do you think a Framework of Comfort is appropriate? Useable? Will make life easier?

Staff Comfort:

Definition: totality of embeddedness in an organization based on physical, psychospiritual, sociocultural, and environmental attributes of an institution or agency

Physical Comfort of Nurses:

Clean, safe environment; attractive, convenient, and clean lounge; restful breaks; good coffee, tea, etc; flexible scheduling; off duty on time; no rotating shifts; continuity of patient care; adequate staffing; resources allocated consistently and fairly; control over resources; equipment that works, is available, is complete, is ergonomic; good salary, benefits, profit sharing, retirement; increased routinization; day care available; noise controlled; pleasant and efficient physical layout; enough room to work; self-scheduling;

Psychospiritual Comfort of Nurses:

Job fits with one's own values; managerial support; decrease in non-nursing work; opportunities for advancement; timely feedback on job performance (positive also!); control over practice; freedom to make important patient-care decisions; inter-departmental cooperation; trust in management; sharing of feelings; empowerment; agreement with organization goals & culture; creativity encouraged; support for learning, growth, & development; role clarity; appropriate authority, responsibility, respect, & recognition; skills and talents utilized optimally; positive change models;

Sociocultural Comfort of Nurses:

Supportive social environment; opportunities to be part of major decisions; information shared by administration; strong commuinication; cultural & ethnic diversity of patients, families, and staff; mentorship; nurse-physician collaboration; PhD in nursing research on staff; enough time to discuss patient-care problems with other nurses; education provided; teamwork valued; nurse managers strong leaders and advocates for staff;

Organizational (Environmental) Comfort of Nurses:

Distinct and strong nursing department; flat organizational structure; professional milieu for practice; working together for high JCAHO ratings; none or minimal agency staffing; decreased paperwork and administrative duties; specialty units; work-load adjusted for precepting new nurses & students; visionary leaders; good organizational fit; respect for professional goals

Wouldn't YOU like to work in a place with these qualities?

What's in it for the Institution?

- Local (public) recognition (word of mouth, media)
- Third party payer recognition
- National recognition

And….

- It is recommended that <u>one guiding conceptual framework</u> be utilized to coordinate such a work place.

- This really makes theory come to life!
  - applied to change in the values of health care units
  - applied to transformational changes in nurses' environment
  - consistent with desired and <u>positive</u> patient outcomes

Permit me to digress….on positive patient outcomes!

- Hospital outcomes have focused on negative outcomes:
  - Nosocomial infections, UTIs, bedsores, falls, complications, errors
  - Failure to rescue!
  - Mortality

Don't our patients hope for care that is good?

How can we measure quality of care positively?

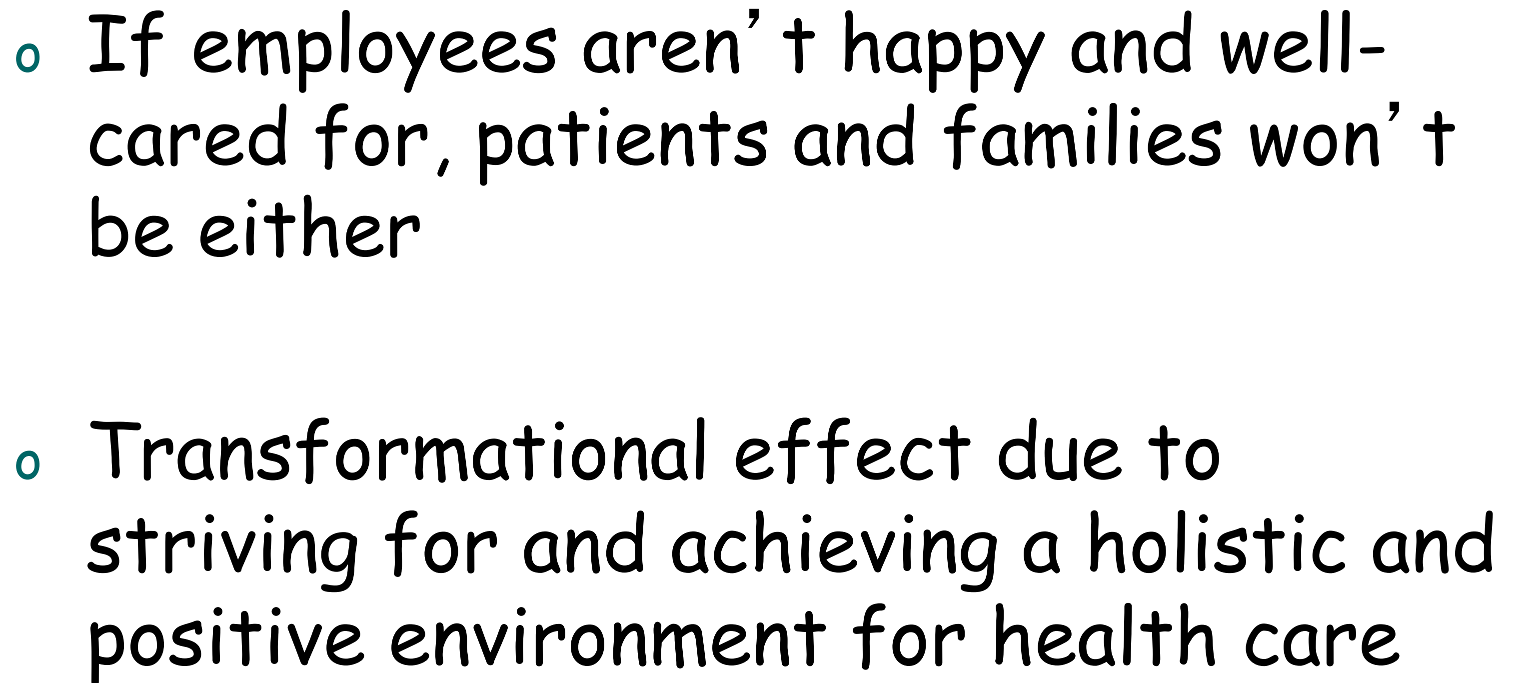
Examples of positive outcomes are: comfort (holistic), early and successful discharge, healing, sustained functional status, etc.

Positive outcomes are consistent with a *transformed* environment of care

International Hospital Outcomes Study

U of Pennsylvania College of Nursing

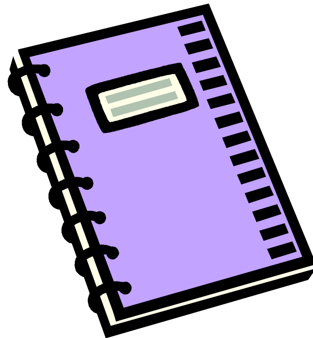
- Data show that *poor work environments* for nurses were associated with *poor quality of care* and adverse patient outcomes
  - 8 developed countries with differently organized and financed health systems
  - different levels of resources

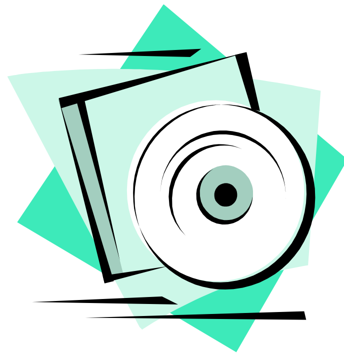

If employees aren't happy and well-cared for, patients and families won't be either
Transformational effect due to striving for and achieving a holistic and positive environment for health care

Suggestions for Co-Creating a Comfort Place…..

- Rethinking of symptom management (of patients/families) as comfort management
- Comfort Competencies, Pre & Post-tests
- Documentation of comfort management
- Creative standards of care
- Environmental factors
- Organizational structure
- Transformation of nursing practice
- Embeddedness vs. retention
- Comfort as an interdisciplinary concept
  - unifies patient care
  - everyone can contribute
  - communication enhanced

Deliverables guided by the Comfort Framework





- Sections about:
  - positive patient outcomes
  - documentation
  - nurses comfort and "productivity"
  - changing one's practice from the bottom up
    - Perianesthesia nursing
    - Clinical practice guidelines
  - performance review
  - patient care assignments
  - scheduling

Thank you for listening!

- Are there any questions?
- What are your "gut" reactions?
- This framework is evolving constantly
- Suggestions important!
- Follow up sessions planned