The Art of Comfort Care

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Nursing art is defined and a template is presented for practicing one type of nursing art called comfort care. Propositions for comfort care are derived from a theory of comfort. Benefits are listed for integrating comfort care into practice. Testimony from a student who learned and applied comfort care provides support for its effectiveness as a learning tool. Comfort care is a holistic, individualistic, creative, and efficient model.

[Keywords: comfort; holistic; comfort care]

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In today's health care settings, nursing must be practiced more artfully than ever before. Downsizing and restructuring in the workplace have precipitated nursing assignments that are so complex as to be frustrating or impossible to manage. A framework for more efficient, satisfying, and goal-directed practice can enable nurses to better meet present-day challenges.

The purpose of this article is to discuss nursing art and argue for its relevance. One template for nursing art, called *comfort care*, is presented in a manner that is easy to comprehend and implement. It is argued that comfort care is efficient, holistic, individualized, and gratifying to patients as well as to nurses. Comfort care can help organize and enrich practice, especially during times of rapid change.

Definition of Nursing Art

There are many definitions of nursing art. Chinn and Watson state, "The art of nursing is the capacity of a human being to receive another human being's expression of feelings and to experience those feelings for oneself ... it is lived, expressed, and co-created in the caring moment" (1994, p. xvi). This definition, however, does not account for abilities and practices specific to nursing. In a recent review of the literature, Johnson (1994) states that nursing art includes at least five separate nursing abilities. They are: the nurse's ability to (a) grasp meaning in patient encounters, (b) establish a meaningful connection with the patient, (c) skillfully perform nursing activities, (d) rationally determine an appropriate course of nursing action, and (e) morally conduct his or her nursing practice. These abilities are consistent with the goals of nursing practice and complement Chinn's and Watson's definition.

An additional consideration for art that is relevant to a definition of nursing art is the audience. Art is created for an audience; and the experience of people who perceive art determines whether the art is good or bad. Therefore, the nature of the observers' experience determines the quality of art. Chinn (1994) refers to audiences as critics. She states that art involves interaction between an artist and his or her critics.

In order for a thing or action to be called art, it must meet the following criteria for the audience: It must be something that satisfies in present experience; is a source of satisfaction to many people on repeated occasions; and is aesthetically satisfying in terms of its harmony, pattern, and design (Parker, 1926). Also, art is intentional because it is designed to bring about a specific product or outcome.

Regarding nursing art, patients perceive the adequacy of its process and product and give feedback as to how they experience each nurse's actions. The product of nursing art is achieved through processes that include engaging, interpreting, and envisioning—all of which are brought to bear on each care situation (Chinn & Kramer, 1991). The process is not complete until the product is brought into being (Dretske, 1988). Successful nursing art changes patients in desirable ways. Patients are critics of the process and product of nursing art and criticism is completed with a nurse's assessment of that criticism, providing for self-analysis of the art by the nurse. Nursing art is competent, individualized, and goal directed.

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Definition of Comfort Care

Comfort care is a nursing art that entails the process of comforting actions performed by a nurse for a patient (Morse, Bottorff, & Hutchinson, 1994) and the outcome of enhanced comfort that is brought into being (Kolcaba, 1992). According to comfort theory, patients experience needs for comfort in stressful health care situations. Some needs are met by patients and their support groups but other needs remain. The remaining needs are identified by a nurse who then implements comfort measures to meet their needs. Patients perceive and communicate to nurses the extent to which their needs are met, so that the nurse can ascertain if the immediate product of enhanced comfort is achieved. Enhanced comfort readies the patient for subsequent desirable outcomes, called health seeking behaviors, or a peaceful death (Kolcaba, 1994). Health seeking, a desirable goal for nursing, is a concept first developed by Schlotfeldt (1975).

The template for practicing comfort care is derived from the theory of comfort and is illustrated in **Table 1**. In the theory from which the propositions arise, comfort is defined for nursing as the satisfaction of basic human needs for relief, ease, or transcendence that arise from stressful health care situations (Kolcaba, 1994).

The following propositions are derived from the theory and ground the practice of comfort care. They are listed in order of a nurse's consideration.

1. Comfort needs are assessed in four contexts of patients' experience—the physical, psychospiritual, social, and environmental.

2. Comfort measures are designed and implemented to meet remaining needs.

3. Intervening variables, affecting the outcome of comfort measures are considered. These variables, usually outside nursing's influence, include poverty, aloneness, or a terminal illness.

4. Patients perceive their state of comfort after comfort measures are implemented and in the context of intervening variables.

5. Patients' comfort is assessed objectively and subjectively by the nurse to determine if comfort has been enhanced by the comfort measures. The nurse decides whether to continue the interventions, try something new, or whether to reassess comfort needs.

6. If comfort is enhanced, patients' health seeking can be engaged effectively. Thus, comfort care strengthens patients.

Table 1: Template for Comfort Care.

Patient: _____ **Medical problems:** _____

Comfort needs	Interventions	Intervening variables	Perception of comfort	Health seeking behavior
Physical (a)	*The nurse...*		*Objective*	*The patient will...*
Psychospiritual (b)			*Subjective*	
Environmental (c)				
Social (d)			*Supporting*	

(a) **Physical Comfort needs:** Pertaining to bodily sensations and the physiologic problems associated with the medical diagnosis.

(b) **Psychospiritual Comfort Needs:** Pertaining to the internal awareness of self, including esteem, concept, sexuality, and meaning in one's life. Can also encompass one's relationship to a higher order or being.

(c) **Environmental Comfort Needs:** Pertaining to the external background of human experience; encompasses light, noise, ambience, color, temperature, and natural versus synthetic elements.

(d) **Social Comfort Needs:** Pertaining to interpersonal, family and societal relationships.

Comfort care meets Parker's criteria for art in the following ways. First, a patient perceives the adequacy of comfort care in the present moment because comfort is an immediate state. Second, comfort care is a source of satisfaction to many different people and on repeated occasions because the template is used as a pattern for creating and recreating holistic, individualized care and for meeting unique comfort needs that arise in each patient. And third, comfort care has an aesthetically satisfying form because it provides harmony between components of comfort, pattern for efficient and integrated care, and design that facilitates balanced and unified activities.

Nurses who practice the art of comfort care do so fully aware of what they want to achieve and how they must proceed. Like artists, nurses who practice comfort care are creative and original in producing the desired product, enhanced comfort. In this model, nurses are artists, comforting actions are the medium through which the product is brought into being, and the product of enhanced comfort is the work of art.

Comfort care also is holistic because enhanced comfort is different than the sum of its parts, those parts being separate comfort needs that have been met. Therefore, meeting some needs will have a positive effect on other needs that have not been targeted. And, because comfort needs are interrelated, meeting some needs creates a whole-person experience of comfort that is greater than what could be expected by meeting single needs and tallying their separate effects.

Benefits of Learning Comfort Care

First, comfort care is *satisfying* for nurses, students of nursing, and patients because enhanced comfort in one context of experience interacts with other contexts to produce total comfort that is greater than one would expect from targeting each context separately. Second, comfort care is *natural* because comfort is a familiar idea to practitioners who understand the components and whole-person experience of their own comfort. Third, comfort care is *scientific* because it entails nursing knowledge and skills specific to a patient's medical and nursing problems. Fourth, comfort care is *efficient* because many interventions designed for holistic comfort can be done during one patient encounter, such as adjusting the light and straightening the room, teaching or reassuring, and attending to the patient's physical needs. Fifth, comfort care is *easy to design* and implement because several nursing actions are targeted to a whole-person response. Sixth, the outcome of enhanced comfort is *realistic* for nurses to obtain because it does not denote an all or nothing

state. Rather, the effectiveness of comfort care is based on an increase in comfort from a previous baseline assessment. Seventh, comfort care is *patient-centered*; the outcome is measured by patient's perception of his or her own comfort. Eighth, the outcome is *nurse-sensitive*. Because nursing actions are targeted explicitly to the patient's total comfort, successful nurses are credited with "making the patient comfortable." And ninth, comfort is a *transcultural* construct in which qualitative work has been done in other cultures (Arruda, Larson, & Meleis, 1992; Hamilton, 1989). Numerous requests from nurses internationally have been made for the General Comfort Questionnaire (Kolcaba, 1992).

Comfort Care in Nursing Education

Comfort care is presently taught through discussion, role modeling, and care plans in a baccalaureate nursing course in northeast Ohio. Sophomore students are taught how to assess holistic comfort, along with other outcomes such as safety, activity, and nutrition. Later, in a theory-based gerontology course, Junior students learn the theory of comfort and how to apply it to elderly patients. Students write one comfort care plan a week for 4 weeks; the first is ungraded because the students are learning a new method and they require instructor feedback about interactions between the contexts of comfort, what interventions count as comfort measures, how to identify intervening variables, and how to think about and plan for health seeking behaviors with their patients. After their practice care plan, and with appropriate feedback, students are "off and running" with their own versions of this nursing art.

At the end of the course, students are told that, although the theory of comfort is not explicit in other courses, comfort care is applicable to any nursing situation. Because patients give considerable positive feedback about comfort care, students find it very satisfying and often continue to use it intuitively through the remainder of their education and into professional practice.

The extent to which students identify with principles of comfort care are exemplified in the following poem written by a student after becoming accustomed to the care plan.

Comfort

Comfort may be a blanket or breeze,
Some ointment here to soothe my knees,
A listening ear to hear my woes;
A pair of footies to warm my toes,
A PRN medication to ease my pain,
Someone to reassure me once again,
A call from my doctor, or even a friend,
A rabbi or priest as my life nears the end.
Comfort is whatever I perceive it to be
A necessary thing defined "only" by me.

S.D.Lawrence (student nurse)
Dec. 4, 1993 (used with permission)

Comfort Care in Nursing Practice

For nurses who want to incorporate aesthetic elements into their practice, the template for comfort care offers clear direction. Nurses can make mental checklists as they inquire about each patient's comfort and quickly implement interventions to meet comfort needs in four contexts of experience. Nurses then can assess their patient's perception of comfort before and after interventions.

Intuitively, nurses know that comfort increases performance. The positive relationship to health-seeking behaviors, as proposed in the theory of comfort and entailed in the template, is logical and consistent. Enhanced comfort is an outcome with immediate and subsequent rewards for patients. If desirable health-seeking behaviors have been agreed upon by the nurse and patient, the patient will be more likely to engage in the behaviors if he or she is comfortable.

Comfort care offers an uncomplicated guide for acquiring and integrating one type of nursing art. Users gain mastery of important ideas such as holistic and artful nursing. They also gain an appreciation for their unique style of nursing and unique needs of patients. Patients respond enthusiastically to comfort care and nurses feel rewarded and capable. Once nurses incorporate comfort care into their practice, awareness of their patients' physical, psychospiritual, environmental, and social comfort needs is keen. Practitioners can continue to develop this form of nursing art in their careers. The template is unnecessary once the art is acquired.

Now, more than ever, nurses need an efficient organizing framework to facilitate satisfying practice. Patients need and want to be comforted. The art of comfort care is an aid for coping with the stress in modern nursing even as practitioners rediscover the proud tradition of professional nursing: providing comfort to patients. ΣΘΤ

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