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Evaluation of defining characteristics of nursing diagnosis Impaired Comfort



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ABSTRACT

The nursing diagnosis Impaired Comfort (00214) is one of the new diagnoses in NANDA International 2009–2011 (North American Nursing Diagnosis Association International). Its holistic focus containing physical, psycho-spiritual and social dimensions correlates with the problems in menopausal women. The objective of the study was to validate the nursing diagnosis Impaired Comfort (00214) with the focus on menopause. We identified the diagnosis in a selected group of menopausal women ($n = 80$); their responds were used for evaluation of the defining characteristics of the diagnosis. The patient-focused clinical diagnostic validity model by Fehring was used. A questionnaire-type evaluation tool containing 23 items and identification data was designed to evaluate the defining characteristics. Women evaluated the defining characteristics on the Likert-type scale. After collecting the data, weighted scores (WS) were calculated for each defining characteristic. The research results on major defining characteristics were consistent with the results of other studies. The major defining characteristics selected by women were: Disturbed sleep pattern ($WS = 0.76$), Reports being hot ($WS = 0.76$), and Reports being uncomfortable ($WS = 0.75$). Women described ten defining characteristics as minor, and discarded ten defining characteristics as irrelevant for the nursing diagnosis Impaired Comfort (00214). The research results show the diversity of symptomatology in menopause. The roles of nursing include support for and education of menopausal women focused on positive attitude towards menopause and improvement of bio-psycho-social and spiritual experiencing in women.

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Introduction

The classification system of nursing diagnoses NANDA International allows the use of standard terminology worldwide, including European countries. The precondition for its use is the validation process. The nursing diagnosis Impaired Comfort is placed in Domain 12: Comfort; Class 1: Physical comfort; Class 2: Environmental comfort; Class 3: Social comfort in the classification system NANDA International 2009–2011. The diagnostic domain contains information on diagnosis of individual needs related to physical, mental and social well-being and comfort [1]. The nursing diagnosis Impaired Comfort (00214) was included in this domain as a new diagnosis in NANDA International 2009–2011. It is defined as a “perceived lack of ease, relief and transcendence in physical, psycho-spiritual, environmental and social dimensions” [2, p. 352]. There are 23 defining characteristics assigned to this diagnosis, but no related factors were suggested. The nursing diagnosis was revised in NANDA International 2012–2014. The definition was extended by “cultural dimension” and seven related factors were supplemented [3].

Large Psychology Dictionary defines comfort as ease, peace [4, p. 255]. In psychology, it refers to the term well-being. Well-being is a long-term emotional status reflected by the satisfaction of the individual. It is characterized by a consistency of different situations and stability over time. Besides the psychological nature, it is closely related to the holistic understanding of health, and it is often associated with the concept of “quality of life”. The two-dimensional model of comfort is used in the definitions of quality of life (QoL) [5]. “Comfort means meeting basic human needs, relief, comfort, and transcendences resulting from the specific health situation” [6, p. 106: translated by the author]. Kolcaba introduced this concept in nursing as a positive criterion of nursing care. The first dimension of her comfort theory describes three forms of comfort – relief, ease and transcendence. The second dimension of comfort focuses on four contexts: physical, psycho-spiritual, sociocultural and environmental [7, p. 1179].

The holistic concept of the nursing diagnosis Impaired Comfort (00214) corresponds to changes in needs in a woman's life when there is transition from the reproductive and fertile phase into the resting phase which has been extended as a result of changes in female life expectancy. The menopausal period has an extensive symptomatology. In the present, the term “climacteric syndrome” only refers to acute vasomotor and mental symptoms. These symptoms do not endanger women but may result in a reduced quality of life. They include hot flushes, night sweating, heart pounding, headaches, dizziness, paraesthesia, mental problems, and reduced overall performance [8,9]. The climacteric syndrome occurs in about 25% of women as a serious handicap which may interfere with their everyday activities [10, p. 293]. The organic oestrogen deficiency syndrome includes urogenital changes, and damage of the skin, mucous membranes, nails and hair [8]. Metabolic symptoms (metabolic oestrogen deficiency syndrome) occur many years after menopause as a result of a long-term oestrogen deficiency. Women are at higher risk of atherosclerosis, metabolic changes and partially some disorders of the

central nervous system [11]. Hormonal changes in this period result also in mental fluctuations, especially depressive conditions. Women may have difficulties in concentrating and remembering. Experiencing in menopausal women is also affected by new life roles, career changes and dealing with the ageing process [12].

Material and methods

The patient-focused clinical diagnostic validity model by Fehring, which uses the information obtained directly from patients, was selected for validation of the nursing diagnosis Impaired Comfort (00214). We designed a questionnaire-type evaluation tool containing 23 items and identification data to evaluate the significance of the defining characteristics. It consisted of selected 18 defining characteristics of the nursing diagnosis Impaired Comfort (00214) (NANDA International 2009–2011). We used two items from the Greene Climacteric Scale (GCS) and three items from the MENQOL (Menopause Specific Quality of Life) questionnaire [13]. Women evaluated the defining characteristics on the Likert-type scale (from 1 – not at all characteristic to 5 – very characteristic) [14]. After collecting the data, we calculated the weighted scores (WS) for each defining characteristic. Weighted scores were obtained by summing the individual scores and dividing by the total number of responses. The major defining characteristics were those with WS greater than 0.75 and the minor defining characteristics were with WS between 0.5 and 0.75 [15]. Characteristics that had values of 0.5 and below are, according to Fehring, discarded [16, p. 188].

The sample $n = 80$ included women with the nursing diagnosis Impaired Comfort (00214). The sample consisted of $n = 72$ (90%) women after menopause and $n = 8$ (10%) women in perimenopause. The average age of women was 56.83 ± 5.73 years. The average age of the onset of menopause was 49.62 ± 3.15 years with the median 50 years. Respondents agreed to participate, and were intellectually and emotionally able to respond to the list of defining characteristics. Respondents with cardiovascular, musculoskeletal and mental diseases that occurred before menopause and women before hormone replacement therapy were excluded from the research.

Four nurses were selected for research purposes, personal contact and diagnosing women in the sample ($n = 80$); the nurses were not involved in validation of the nursing diagnosis but met the modified criteria for inclusion in the group of experts to maintain the quality of the research [17]. When determining nursing diagnosis, the nurses followed the steps of the diagnostic algorithm. In the first step, determining at least one defining characteristic, they followed the evaluation tool which consisted of the defining characteristics along with identification information (Tables 1–3). In the second step, defining related factors, the nurses used the information on the changes related to hormonal changes (oestrogen deficiency syndrome) in the female organism during menopause, as NANDA International 2009–2011 does not introduce any related factors [2]. In the third step, the nurses were trying to find out whether the woman was really in a situation or condition that is described in the definition of the nursing diagnosis [2, p. 352].

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