ORIGINAL ARTICLE

Comfort Theory in Practice—Nurse Anesthetists' Comfort Measures and Interventions in a Preoperative Context

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Purpose: *The Comfort Theory proposes a systematic work approach to respond to patients' holistic needs. The usefulness of the Comfort Theory in the perioperative setting should be investigated. The aim of this study was to describe and analyze the nurse anesthetist's comfort measures in the preoperative context on the basis of the Comfort Theory*
Design: *Qualitative observational study*
Methods: *Semi-structured, clinical observation data collection in the preoperative context and deductive thematic analysis*
Findings: *The nurse anesthetist's comfort measures in the preoperative phase in the operating room department aim to ensure the patient's needs of relief, ease and transcendence in the physical, psycho-spiritual, environmental and socio-cultural contexts*
Conclusion: *The application of the Comfort Theory to daily work in the preoperative phase is of value for the nurse anesthetist in becoming more aware of the individual holistic needs of the patient and in this way adapting and initiating comfort measures and interventions.*

Keywords: *Comfort Theory, nurse anesthetist, observational studies, thematic analysis.*

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Conflict of interest: All authors declare that they had no competing interest or economical gain in performing and publishing this study, and that they were free to interpret the results in a scientific manner.

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THE PERIOPERATIVE ENVIRONMENT is a stressful, frightening, and unreal experience for patients owing to its very technical features and the patient's loss of control during surgery.[1-4] Communication, information, and the possibility to be an assessorial/ participating part of the care during surgery, as well as the encounter and relation with the nurse, are of great importance to the experience during the perioperative period that can be lived through, and even be felt as positive.[1-8] If patients' needs are not met, they may experience strong feelings such as helplessness, alienation, and vulnerability during the period in the operating room (OR), resulting in both personal and organizational obstacles in the postoperative phase.[4]

With regard to the patient's desire for support during surgery, nurse anesthetists have been found to

perceive their care as an interaction with the patient that aims to give encouragement and comfort.[9] In Swedish health care, the nurse anesthetist, together with the theater nurse, is responsible for nursing care in the OR.[10,11] It is essential that these two specialist nurses have the ability to assess, and can accept and understand the patient's experience and needs in all the perioperative phases. According to the national description of competence for nurse anesthetists in Sweden, "The overall working area of the nurse anesthetist is anesthesiological care, which requires the nurse anesthetist to possess good knowledge within the fields of both nursing science and medicine."[10] It is emphasized that the nurse anesthetist must possess the competences to create a sense of reliance, trust, and security toward both the patient and the patient's relatives, directed by the responsibility to consult with the patient and relatives to identify perioperative nursing requirements, set up a nursing plan, and lead and evaluate nursing measures. It is further stated that, on the basis of the patient's needs, the nurse anesthetist shall systematically lead, set priorities in, distribute, and coordinate the patient's nursing care in the perioperative setting.

In summary, Sundqvist and Carlsson[12] describe the nurse anesthetist as advocating for the patient by providing dignified care, safe care, and a moral commitment. Standards for nurse anesthesia practice also include that medical, technical, and caring updates are continuously identified and maintained.[13,14]

Comfort Theory

The Comfort Theory was developed by Professor Katharine Kolcaba. A synthesis and structure emerged in investigating the meaning of the concept of "comfort" in different disciplines, and in nursing theories, as did Orlando, Henderson, Paterson, and Zderad.[15] This resulted in a definition with a holistic perspective and three states of comfort, ie, ease, relief, and transcendence (initially referred to as renewal): "the state of being strengthened by having needs for relief, ease, and transcendence met in 4 contexts of experience (physical, psychospiritual, sociocultural, and environmental)."[16]

Ease is a state of calm, contentment, and satisfaction.[16] In a caring context, ease is the absence of discomfort. The aim in nursing care is to prevent events that have a known risk of provoking discomfort. Hence, to be in ease, the patient may never experience any discomfort. Relief is a state where all needs are met.[17] In a caring context, relief is the removal of all symptoms. The aim in nursing care is to assess a symptom (eg, feeling cold or having nausea) and then provide interventions to eradicate it (eg, warming and antiemetic). Transcendence is a state of elevating oneself over the current situation despite the presence of discomfort.[16] In the caring context, transcendence is to rise above signs and symptoms that can be eradicated and to endure the symptoms and find strength without suffering. The aim in nursing care is to support and guide the patient to endure, find hope, and manage signs and symptoms that cannot be eliminated.

The four contexts of comfort are perceived as the holistic dimensions that are essential in the assessment and interventions in the provision of care, especially in nursing.[18] The physical context incorporates bodily experiences and sensations. In a care setting, these are manifested as signs and symptoms that are closely connected to a person's body, eg, disturbed homeostasis, pain, dyspnea, or nausea.[17] The psychospiritual context incorporates the inner world of thoughts, such as self-esteem, sexuality, or concepts of life.[18] These are expressed in a care setting as anxiety, panic, fear, and fright. The sociocultural context incorporates the connection to the world around a person, eg, relations, traditions, and religiousness. These are manifested in a care setting as language difficulties, an absence of relatives, ritual behavior, connection-reaction-construction of relations to other humans, the issue of life after death, and the issue of the reason for having had to experience illness and disease. The environmental context incorporates the impression of the environment as an active stimulus of the bodily senses, eg, light, sound, smells, and touch. These can be manifested in a care setting as uncomfortable beds, disturbing bodily odors, lack of being able to view nature, or distorted sensations caused by medication.

For the nurse to gain a full awareness of the patient's need of ease, relief, and transcendence, these three states are combined in a comfort matrix with the four contexts (Table 1). This provides the nurse with a template for working