

Comfort Theory and Framework

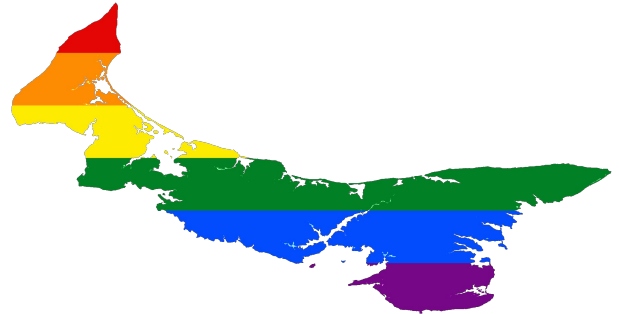


What could the framework of Comfort Theory offer to enhance the relationships of palliative care and MAiD providers in coordinating end-of-life care plans for their shared patient population?



Land Acknowledgement

I would like to begin by acknowledging that the land, on which we gather, is the traditional and unceded territory of the Abegweit Mi'kmaq First Nation.





Outline

- Background
- Purpose and Research Questions
- Theory Introduction
- History and Philosophy of Theory
- Research Study and Question
- Conceptual Framework
- Example of Framework for End-of-Life Care Comforting Measures
- Questions for Classmates



My Background

- Long-term Care
- Dialysis
- Home Care
- Palliative Care



Background Palliative Care and MAiD

- Medical Assistance in Dying (MAiD) was passed June 17, 2016, allowing patients with a life limiting illness to request lethal injection or medication as an end-of-life option
- Palliative care programs offer patients a natural death with specialized interventions to manage their care plan
- Palliative care and MAiD providers have different philosophies, as palliative care intends for patients to have a natural unhastened death



End-of-Life Care Providers

- Palliative Care - The comprehensive material provided by the World Health Organization (WHO) can be summarized to describe palliative care as a program that aims to provide the best, holistic quality of life and a natural death for individuals when a cure is no longer possible (Vanderveken et al., 2019).
- MAiD - is when either lethal injection or medication is given by a licensed nurse practitioner or physician when a client is diagnosed with a life-ending illness (Antonacci et al., 2021).



Relationship Between Palliative Care and MAiD

- Remains complicated and divided in practice
- Palliative care involvement in MAiD
- Knowledge level of care providers and public
- Gaps in literature



Katharine Kolcaba's Comfort Theory

- This theory aims to determine comfort needs and establish the interventions required to meet the level of comfort desired by the patient, family members, and health care providers.
- Using comfort interventions, supported by the health care institution, the goal is to have the client realize a state of relief, ease, and transcendence.
- Using Comfort Theory may offer opportunities for the palliative care team and the MAiD team to enhance their relationship by collaborative to achieve client comfort for end-of-life care.

Kolcaba's Comfort Theory - The Early Phases



- Nursing experience
- MSN concept assignment
- Publishing concept analysis
- Development of taxonomic structure or Concept Map

Kolcaba's Types and Concepts of Comfort



Types

Relief

Ease

Transcendence

Concepts

Physical

Psychospiritual

Environmental

Sociocultural

	RELIEF	EASE	TRANSCENDENCE
PHYSICAL			
PSYCHOSPIRITUAL			
ENVIRONMENTAL			
SOCIOCULTURAL			

Taxonomic Structure or Concept Map Kolcaba (1994)



Using Knowledge to Address Comfort

- Empirical
- Ethical
- Cultural
- Practice and Experience



Philosophical Perspective of Comfort Theory

- Holism
- Human Needs
- Human Press - Henry Murray
- Nursing Theorists - Orlando, Henderson, and Paterson

Metaparadigm Concept - Fawcett 1984

- Nursing - the intentional assessment of comfort needs of patients, families, or communities; design of comfort measures to address comfort needs, including re-assessment of comfort level after implementation of comfort measures, compared to previous baseline
- Patient: an individual, family, or community in need of health care, including primary, tertiary, or preventative care
- Environment: aspects of patient/family/community surroundings that affect comfort and can be manipulated to enhance comfort
- Health: optimum function of a patient/family/community facilitated by enhanced comfort (Kolcaba, 2003, p. 68)



Comfort Theory Research and Theory Development

- Research
 - Empirical Research Study and Results
- Theory Development
 - Induction
 - Deduction
 - Reduction

Types and Concepts for End-of-Life

Concept Map	Relief – specific comfort needs met	Ease – state of contentment	Transcendence – rise above the challenge
Physical	Chronic disease issues and symptoms being managed by PCPs.	Therapies continue with pharmacological and non-pharmacological strategies. When clients and family members receive education on MAiD and palliative care options it aids in overall contentment.	Symptom control using methods provided may relieve physical challenges. When clients choose Goals of Care for end-of-life they rise above this difficult decision-making challenge.
Psychospiritual	Anxiety related to decline in health is relieved by providing resources and guidance for clients and family members.	Encourage discussion and education for decision making for difficult end-of-life decisions (funeral home/burial/cremation)	Anxieties decrease when patient and family are supported in ACP with mental health and spiritual supports.

Types and Concepts for End-of-Life

Environmental	Being removed from noisy, cold, busy area of home, LTC, or hospital to quiet place of home or palliative care center for final moments provides relief.	Support chosen space and reassessed comfort measures to promote peaceful environment.	Patient supported in chosen , peaceful environment with comfort needs. Choosing perhaps to die at home with family at their side.
Sociocultural	Addressing cultural or traditionally sensitive care required to surround client and family with their chosen people and customs to provide relief.	Find out how family is available to support cultural, language or financial barriers. A natural death may be more accepted in some cultures.	Challenges are reduced when nursing supports are in place and spiritual needs are met for the end-of-life care plan.

Conceptual Framework for Comfort Theory





Purpose and Research Questions

The purpose of this research is to explore the experiences of the palliative care nurse with Medical Assistance in Dying (MAiD) in Prince Edward Island (PEI).

1. What stories do registered nurses who work in palliative care share about their experiences with MAiD?
2. How do the narratives of registered nurses who work in palliative care illuminate the challenges and opportunities of palliative care and MAiD co-existing as options for end-of-life care?



Research Methodology

This study aims to listen to and understand the experiences of palliative care nurses and see how this information may reveal ways to improve support for palliative nurses, clients, and families as they face end-of-life decisions.

Sally Thornes' Interpretive Description (ID) is methodology chosen for this qualitative study.



Interpretive Description

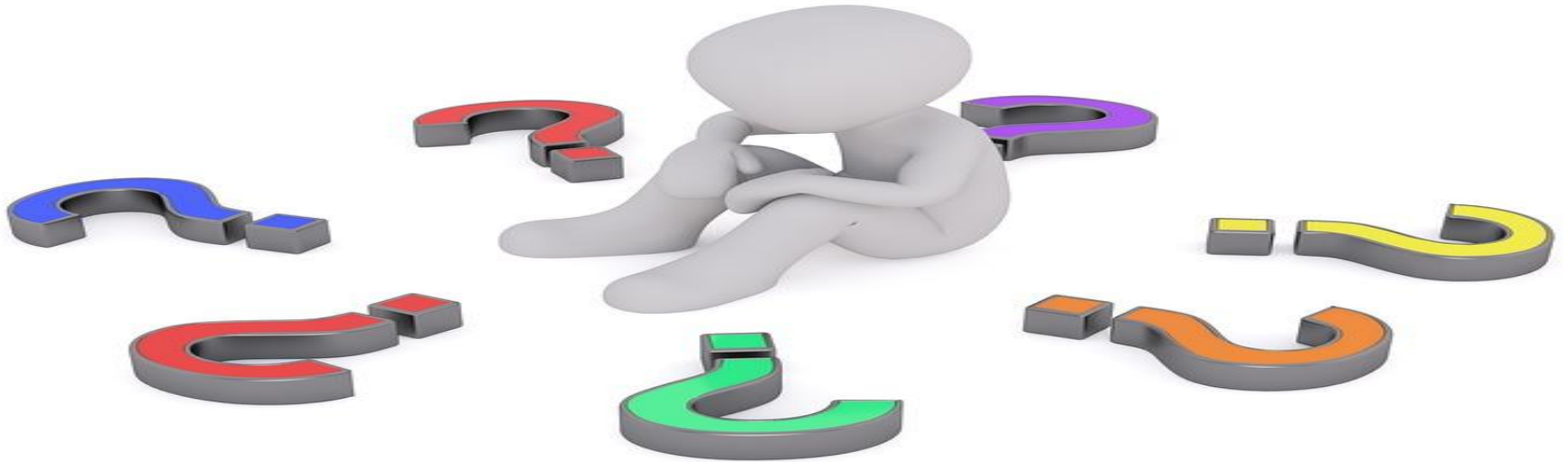
- Using Interpretive Description
- Data Collection - Interviews
- What influences this Methodology



Conclusion

- Further Research on MAiD and Palliative Care Coordination
- Considering Kolcaba's Comfort Theory to Increase Communication in End-of-Life care
- Research Methodology
- Reflections

Questions for Classmates



THANK


YOU

References



- Antonacci, R., Baxter, S., Henderson, J. D., Mirza, R. M., & Klinger, C. A. (2021). Hospice palliative care (HPC) and medical assistance in dying (MAiD): Results from a Canada-wide survey. *Journal of Palliative Care*, 36(3), 151-156. <https://doi.org/10.1177/0825859719865548>
- Bloomberg, L. D. (2023) *Completing your qualitative dissertation: A road map from beginning to end*. (5th Ed.). Sage.
- Gerson, S. M., Koksvik, G. H., Richards, N., Materstvedt, L. J., & Clark, D. (2020). The relationship of palliative care with assisted dying where assisted dying is lawful: A systematic scoping review of the literature. *Journal of Pain and Symptom Management*, 59(6), 1287-1303. <https://doi.org/10.1016/j.jpainsymman.2019.12.361>
- Government of Canada. (2018). *Framework of Palliative Care in Canada*. <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/palliative-care/framework-palliative-care-canada.html#p2.3.2>

References



Government of Canada. (2021). *Health Systems and Services*.

<https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>

Ho, A., Norman, J. S., Joolae, S., Serota, K., Twells, L., & William, L. (2021). How does medical assistance in dying affect end-of-life care planning discussions? Experiences of Canadian multidisciplinary palliative care providers. *Palliative Care & Social Practice*, 1-14. <https://doi.org/10.1177/26323524211045996>

Kolcaba, K. Y. (1994). A theory of holistic comfort for nursing. *Journal of Advanced Nursing*, 19(6), 1178-1184.

<https://doi:10.1111/j.1365-2648.1994.tb01202.x>

Kolcaba, K. Y. (2003). *Comfort theory and practice: A vision for holistic health care and research*. Springer Publishing Company.

References



Kolcaba, K., & DiMarco, M. A. (2005). Comfort Theory and its application to pediatric nursing. *Pediatric nursing*, 31(3), 187–194.

<https://pubmed.ncbi.nlm.nih.gov/16060582/>

Kolcaba, K., Tilton, C. & Drouin, C. (2006). Comfort Theory. *JONA: The Journal of Nursing Administration*, 36 (11), 538-544.

<https://oce-ovid.com.ezproxy.lib.ucalgary.ca/article/00005110-200611000-00010/HTML>


Lin, Y., Zhou, Y. & Chen, C. (2023) Interventions and practices using Comfort Theory of Kolcaba to promote adults' comfort: an evidence and gap map protocol of international effectiveness studies. *Syst Rev* **12**, 33.

<https://doi.org/10.1186/s13643-023-02202-8>

Pesut, B., Thorne, S., Wright, D. K., Schiller, C., Huggins, M., Puurveen, G., & Chambaere, K. (2021). Navigating medical assistance in dying from bill C-14 to bill C-7: A qualitative study. *BMC Health Services Research*, 21(1), 1-16.

<https://doi.org/10.1186/s12913-021-07222-5>

References



Risjord, M. (2010). *Nursing Knowledge: Science, practice, and philosophy*. Wiley-Blackwell

Thorne, S. (2013). Interpretive description. In C.T. Beck (Ed.) *Routledge international handbook of qualitative nursing research* (pp. 295-306).

<http://ebookcentral.proquest.com>

Thorne, S., Stephens, J., & Truant, T. (2016). Building qualitative study design using nursing's disciplinary epistemology. *Journal of Advanced Nursing* (John Wiley & Sons, Inc.), 72(2), 451-460. <https://doi:10.1111/jan.12822>

Thorne, S. (2016). *Interpretive description: Qualitative research for applied practice* (2nd ed). Routledge.

Vanderveken, L., Schoenmakers, B., & De Lepeleire, J. (2019). A better understanding of the concept "A good death": How do healthcare providers define a good death? *American Journal of Geriatric Psychiatry*, 27(5), 463-471. <https://doi.org/10.1016/j.jagp.2018.12.017>