

Theory to Practice

Using Comfort Theory to Inform Advance Care Planning

Rebecca MacLure April 8/22

Outline

The purpose of this presentation is to use Comfort Theory to guide research in Advanced Care Planning (ACP). Current research will be presented in the area of (ACP) for populations of patients making end-of-life decisions. A research method will be discussed that aims to increase the level of education and comfort level for nurses, patients, and family members in the ACP process. A pretest-posttest education session will aim to increase the level of knowledge and comfort level for nurses in ACP. The Comfort Theory Model by Kolcaba will be used to guide research that improves comfort level and education for nurses, families, and patients in ACP.

OBJECTIVES



- Discuss the Population and Advanced Care Plan
- Identify the clinical practice issue and context
- Define key concepts of ACP
- Literature review
- Outline Chosen Theory
- Making connections to nursing practice
- Research question
- Theoretical model and framework
- Research Methods
- Conclusion

Provincial Action Plan for Seniors

The province of PEI created a Provincial Action Plan for Seniors, Near Seniors, and Caregivers to improve overall health. This plan provides a framework to help the province in the promotion of health and wellness for seniors on PEI. It was determined there was an overall need for improved education and communication for seniors, and their caregivers, in our health-care system. (Government of PEI, 2018 & 2022)



Advance Care Planning Workbook

- Making an Advance Care Plan
- Why plan for future care
- What is a Health Care Directive
- Five steps to ACP
- Health Care Directive Form

Advance Care Planning Workbook
Prince Edward Island Edition

It's about conversations.
It's about decisions.
It's how we care for each other.
It's about having a say in your health care.

Health PEI
One Island Health System

Speak Up
Start the conversation about end-of-life care

www.healthpei.ca/advancecareplanning
www.advancecareplanningpei.ca

https://www.princeedwardisland.ca/sites/default/files/publications/advance_care_planning_workbook.pdf

Advanced Care Planning - Process and Reflect

- Choosing a substitute decision-maker
- Understanding the wishes, values, and beliefs of the patient
- Reflection and communication of patient, family, health care providers
- Clarify patients personal goals
- Documentation of patient and family wishes
- Cater to specific client needs for their chronic illness or disease process
- Early and frequent discussions
- Complete care plan
- Implementation
- Evaluation

Literature Review, Gap, Barriers

Research outcomes

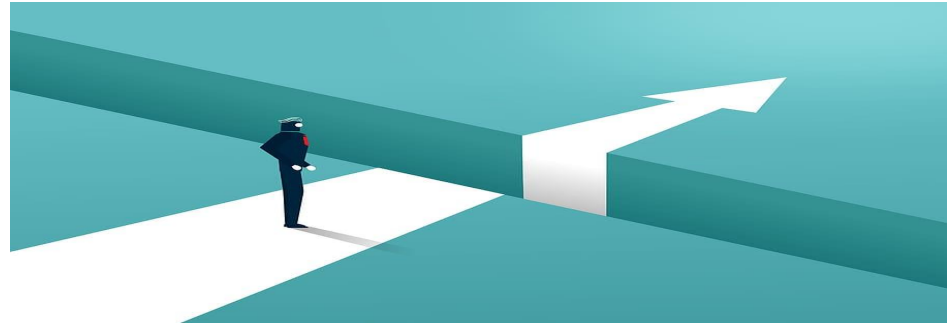
- Involved family members contribute to decision making
- Educated staff inform end-of-life care
- Communication with family and patients reduces anxiety
- Early care planning reduces costly hospital admissions

Barriers found

- Education for ACP
- Time for implementation
- Cost for staffing

Research Gap

- Knowledge Translation of ACP for family, patient, and nursing



Chosen Theory to Guide Practice Issue

Advanced Care Planning

- ❖ Used in Palliative Care settings on a regular basis but knowledge is often not transferred to other practice settings with patients who have chronic conditions and may soon face end-of-life decisions.

Comfort Theory

- ❖ Will be adopted here for the purpose of addressing the comfort level for staff, family members, and patients in making decisions required to complete the ACP process

Katharine Kolcaba

Kolcaba is an American nursing theorist and retired nursing professor. Her broad scope mid-range Theory of Comfort is commonly implemented throughout the nursing field up to the institutional level.

In 1987 Kolcaba graduated from the first RN to MSN class at Case Western Reserve University in Cleveland OH after working for years in med-surg, long-term care, and home care.

Graduated from her Ph.D. in Nursing in 1997 receiving many awards including the excellence in aging studies from CWRU.

Comfort Theory - Katharine Kolcaba

While teaching and pursuing her doctorate at CWRU she published a **concept analysis** of comfort.

Developed Middle Range Theory

Borrowed comfort concepts:

Relief by Orlando

Ease by Henderson

Transcendence by Paterson & Aderad

Caring by Watson

Environmental by Nightingale



Theory to Practice - Comfort Theory Key Concepts

- Healthcare Needs
- Comfort Measures
- Intervening Variables
- Health-Seeking Behaviors
- Institutional Integrity
- Comfort

Theory to Practice - Comfort Theory Key Concepts

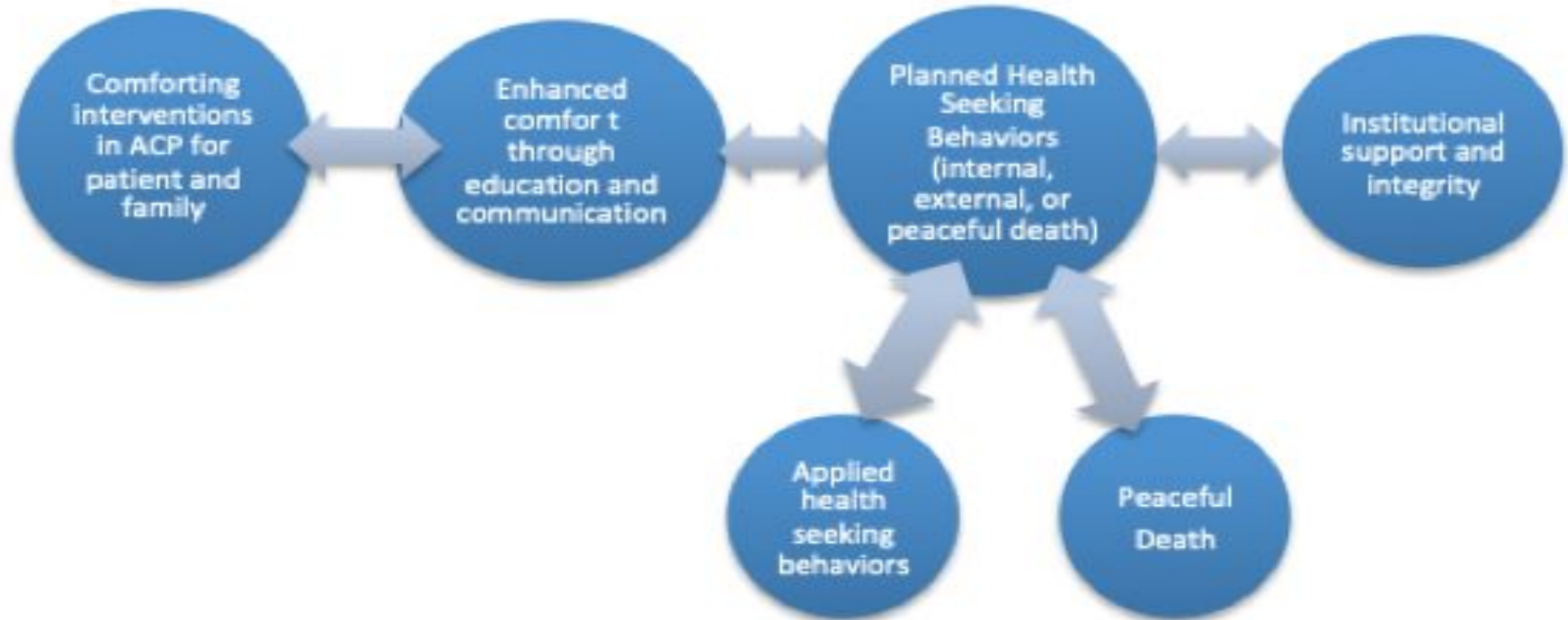
Types of Comfort

- Relief
- Ease
- Transcendence

Contexts in which comfort is experienced

- Transcendence
- Physical
- Psychospiritual
- Environmental
- Social

Comfort Theory Model - Tomey (2002)

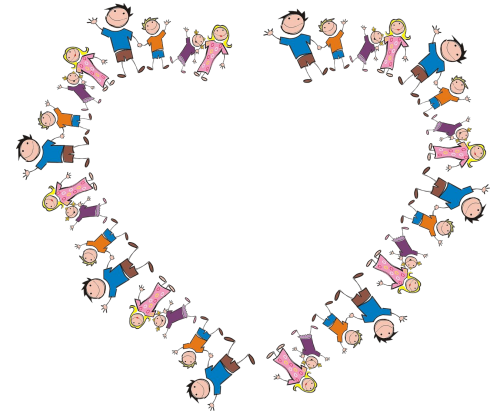


Classification and Structure of Comfort

(Concept Map for end-of-life care plan)	Relief - specific comfort needs met (pain)	Ease - state of contentment	Transcendence - rise above the challenge
Physical	Chronic disease issues being managed by HCP	Therapies continue with pharmacological and non-pharmacological strategies	Symptom management using methods chosen
Psychospiritual	Anxiety related to decline in health provide resources and guidance	Encourage discussion and education for decision making	Anxieties decrease and patient and family are supported in ACP
Environmental	Removed from noisy, cold, busy area of home, LTC, or hospital	Support chosen space and reassess comfort measures to promote peaceful environment	Patient supported in chosen , peaceful environment with comfort needs met for end-of-life
Sociocultural	What cultural or traditionally sensitive care	What family is available to support cultural, language or financial barriers	Nursing supports family with planning and information

Theory to Practice - Reflection

- Example from hospital - ACP not completed
- Example from home care - ACP completed but family in disagreement



Methods - Study Design - Mixed Method

Quantitative (education session for nursing staff on ACP)

- Pretest-Posttest design is an experimental design in which data are collected from participants both before and after introducing an intervention (also called before and after design). The intervention being an educational session on ACP.
- A post educational survey to measure Participant Perceptions of Effects of Learning Activity

Qualitative

Open-ended question - What is your biggest challenge with Advanced Care Planning with patients and family members?

Pretest Posttest Education & Debriefing

1. I recognize when it is time to initiate the discussion of Advanced Care Planning with patient and family members.
2. I feel comfortable discussing the content of the advanced care plan with patient and their family
3. I am informed as to what documents are required for the ACP process
4. I am familiar with where to access documents and educational materials on the subject of ACP
5. I know where to find these completed documents in the patient's file
6. I am confident in the knowledge to answer family and patient questions regarding ACP and goals of care
7. I feel qualified to provide information necessary to aid patient and families in ACP decisions
8. I am familiar with the frequently asked questions of patients and families regarding the ACP
9. I would be comfortable to spend time today with patient or family member to complete the ACP and goals of care
10. I have been informed who I can consult at my workplace when I have ACP questions

End-of-Life Professional Caregiver Survey

Used in Pretest-Posttest research

1. I have personal resources to help meet my needs when working with dying patients and families.
2. I feel that my workplace provides resources to support staff who care for dying patients.
3. I can recognize when patients are appropriate for referral to hospice.
4. I am comfortable talking with other health care professionals about the care of dying patients.
5. I encourage patients and families to complete advance care planning
6. I am comfortable dealing with ethical issues related to end-of-life/hospice/ palliative care.
7. I am able to deal with my feelings related to working with dying patients.
8. I am able to set goals for care with patients and families.
9. I am comfortable starting and participating in discussions about code status.
10. I am comfortable helping to resolve difficult family conflicts about end-of-life care.

Effects of ACP Learning Activity

TABLE 3 Participant Perceptions of Effects of Learning Activity

Question	RN-BSN Students, n (%) (n = 27)	Prelicensure Students, n (%) (n = 35)	Total, n (%) (n = 62)
How has your own completion of an advance directive affected your willingness to recommend advance directives to others?			
A. No effect on my willingness to recommend advance directives to others.	2 (7)	1 (3)	3 (5)
B. I am less likely to recommend advance directives to others.	0	1 (3)	1 (2)
C. I am a little more likely to recommend advance directives to others.	4 (15)	6 (17)	10 (16)
D. I am much more likely to recommend advance directives to others.	21 (78)	27 (77)	48 (77)
How has your completion of an advance directive affected your ability to assist others in completing one?			
A. There is no difference in my ability to assist others in completion of an advance directive.	2 (7)	2 (6)	4 (6)
B. I feel less able to assist others in completion of an advance directive.	1 (4)	0	1 (2)
C. I feel a little more able to assist others in completion of an advance directive.	12 (44)	14 (40)	26 (42)
D. I feel much more able to assist others in completion of an advance directive.	12 (44)	19 (54)	31 (50)

Research Questions

Will home care nurses feel more confident and knowledgeable assisting patients and family members with Advanced Care Planning after completing an educational session?

What personal challenges have you experienced related to ACP?

Conclusion

We have discussed the population that requires ACP and highlighted the topics and concepts of completing an ACP.

The literature review outlines the clinical practice issues related to challenges faced by HCP in introducing and completing ACP for patients and families.

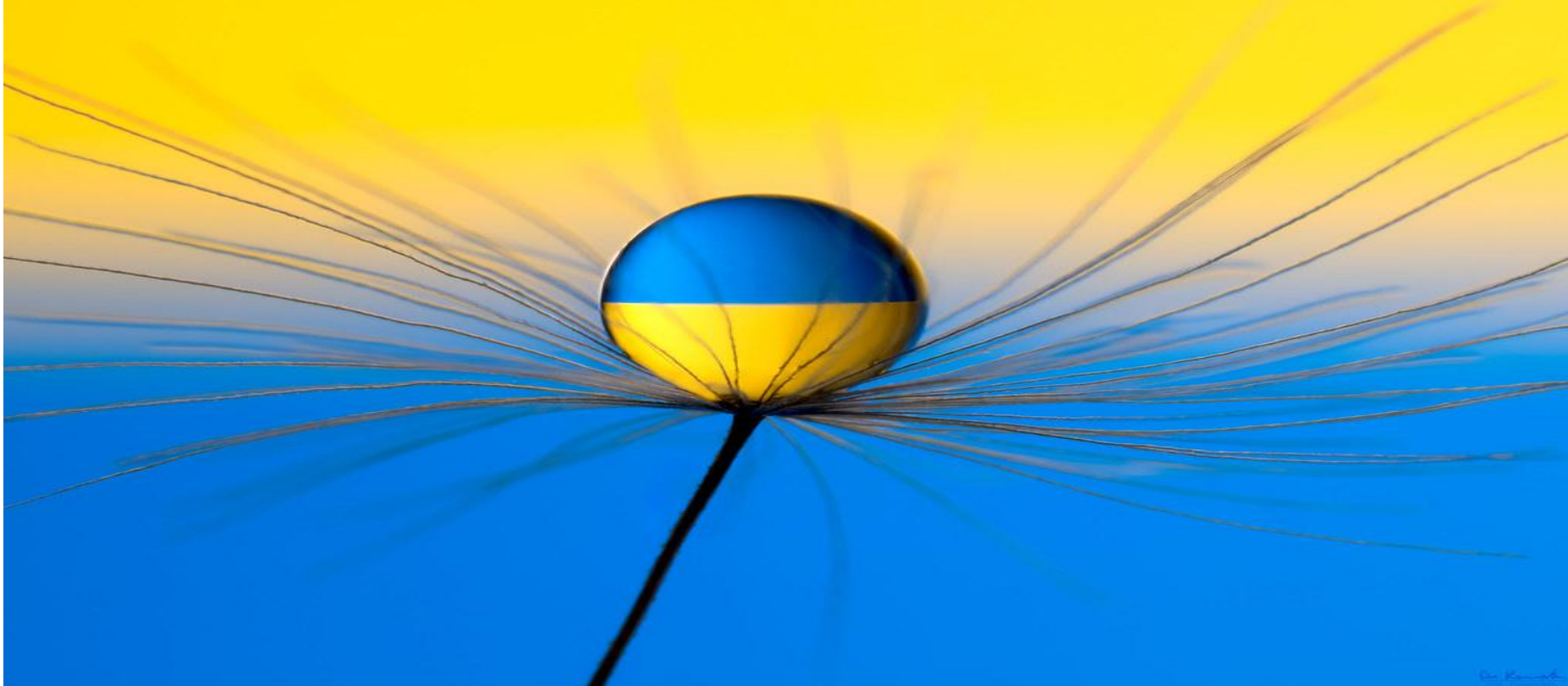
The Comfort Theory by Kolcaba is a middle range theory that embraces a holistic approach to nursing care and aims to improve all concept areas of patient comfort. A model has been shown as an example of how comfort can be achieved for patients facing end-of-life decisions.

A multi-method research design offers a pretest/posttest questionnaire for an educational session for nurses and adds an open-ended question for the nurses to discuss their personal challenges and experiences with ACP in their practice.

Questions



Thank you



References

Ellis, B. , Winn, S. , MacMillan, D. , Bouthillet, K. & Purcell, C. (2021). Simulated Learning Experience in Advance Care Planning Conversations. *Journal of Hospice & Palliative Nursing*, 23 (4), 339-345. doi: 10.1097/NJH.0000000000000760.

Government of Prince Edward Island. (2022) Healthy Islanders Healthy Communities 2021-2024 Strategic Plan. Department of Health and Wellness. Retrieved from https://www.princeedwardisland.ca/sites/default/files/publications/health_pei_strategic_plan_2021-24.pdf

Government of Prince Edward Island. Health PEI One Island One System Speak Up Start the conversation about end-of-life https://www.princeedwardisland.ca/sites/default/files/publications/advance_care_planning_workbook.pdf

Sullivan, S. S., Casucci, S., & Li, C. (2020). Eliminating the surprise question leaves home care providers with few options for identifying mortality risk. *American Journal of Hospice & Palliative Medicine*, 37(7), 542-548. doi:10.1177/1049909119892830

Hall, N. A. & Grant, M. (2014). Completing Advance Directives as a Learning Activity. *Journal of Hospice & Palliative Nursing*, 16 (3), 150-157. doi: 10.1097/NJH.0000000000000031.

Lazenby, M., Ercolano, E., Schulman-Green, D., & McCorkle, R. (2012). Validity of the end-of-life professional caregiver survey to assess for multidisciplinary educational needs. *Journal of Palliative Medicine*, 15(4), 427-431. doi:10.1089/jpm.2011.0246

Olsson, M. M., Windsor, C., Chambers, S., & Green, T. L. (2021). A scoping review of end-of-life communication in international palliative care guidelines for acute care settings. *Journal of Pain and Symptom Management*, 62(2), 425-437.e2. doi:<https://doi-org.proxy.library.upei.ca/10.1016/j.jpainsymman.2020.11.032>

References

Shepherd, J., Waller, A., Sanson-Fisher, R., Clark, K., & Ball, J. (2018). Knowledge of, and participation in, advance care planning: A cross-sectional study of acute and critical care nurses' perceptions. *International Journal of Nursing Studies*, 86, 74-81. doi:10.1016/j.ijnurstu.2018.06.005

Shu Hua, N. G. (2017). Application of kolcaba's comfort theory to the management of a patient with hepatocellular carcinoma. *Singapore Nursing Journal*, 44(1), 16-23. Retrieved from <https://proxy.library.upei.ca/login?qurl=https%3a%2f%2fsearch.ebscohost.com%2flogin.aspx%3fdirect%3dtrue%26AuthType%3dip%2cuid%26db%3dc8h%26AN%3d124789969%26site%3dehost-live%26scope%3dsite%26profile%3Dehost>

Tomey, A. M., & Alligood, M. R. (2002). *Nursing Theorists and Their Work*. Mosby Inc.

Vicdan, A. K. (2020). The effect of training given to hemodialysis patients according to the comfort theory. *Clinical Nurse Specialist: The Journal for Advanced Nursing Practice*, 34(1), 30-37. doi:10.1097/NUR.0000000000000495

Waird, A. (2016). The role of advance care planning in end-of-life care for residents of aged care facilities. *Australian Journal of Advanced Nursing*, 33(4), 26-34. Retrieved from <https://proxy.library.upei.ca/login?qurl=https%3a%2f%2fsearch.ebscohost.com%2flogin.aspx%3fdirect%3dtrue%26AuthType%3dip%2cuid%26db%3dc8h%26AN%3d115983289%26site%3dehost-live%26scope%3dsite%26profile%3Dehost>

Item	M (SD)
Patients frequently change their mind about life-sustaining treatment after becoming terminally ill. ^b	3.32 (1.05)
I favor the use of advance directives.	1.45 (0.50)
Patients worry less about unwanted treatment after completing an advance directive.	2.40 (0.93)
I worry less about the legal consequences of limiting treatment if I am following an advance directive.	2.26 (0.91)
Widespread use of advance directives could help contain unnecessary medical expenditures.	2.28 (0.84)
It is important for patients to be able to influence their medical treatment should they lose competence.	1.70 (0.63)
Advance directives represent an unwarranted extension of the law into the practice of medicine. ^b	2.36 (0.90)
Advance directives reduce family discord over decisions to withhold treatment.	2.51 (0.97)
Prolonging life is more important than honoring a patient's request to forgo life-sustaining treatment. ^b	4.37 (0.63)

^aFive-point Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*).

^bReverse coded for analyses.

Table 1. Attitude scores^a

From: Putman Casdorff: J Nurs Care Qual, Volume 24(3).July/September 2009.250-256

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Table 3 • Selected Attitudes Toward Advance Directives and End-of-Life Issues

Selected Attitude Item

It is appropriate to give medication to relieve pain even if it may hasten a patient's death.

Nurses should uphold the patient's wishes even if they conflict with the nurse's own view.

Nurses should help inform patients about their condition and treatment alternatives.

Patients with decision-making capacity who are not terminally ill should have a right to refuse life support even if that decision may lead to death.

Nurses should be actively involved in helping patients complete advance directives.

Actively assisting some terminally ill patients to die (i.e., physician-assisted suicide) should be made legal. Ethically, there is no difference between starting a life support treatment and stopping it once it has been started.

It is acceptable for healthcare providers not to offer certain treatments to terminally ill patients because of the cost. Advance directives will lead to acceptance of euthanasia.

N = 794

a Rated on a four-point Likert scale (1 = strongly disagree to 4 = strongly agree)b Percentage of respondents answering agree or