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**RELATO DE EXPERIÊNCIA**

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**IMPLEMENTATION OF THE CARE-RESEARCH METHOD BASED ON THE COMFORT THEORY: EXPERIENCE REPORT**

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**ABSTRACT**

This is an experience report about the use of Care-Research method, based in Kolcaba's Comfort Theory to a group of women with acute myocardial infarction, seeking to identify the technologies of clinical nursing care for promoting comfort for these people. Therefore, there were seven steps proposed in the method, using the principles of the theory: rapprochement with the object of study; meeting between caregiver researcher and investigated being-care; evaluation and identification of the comfort needs; establishment of the connections of research, theory and practice of care; intensification of comfort measures and development of health-seeking behaviors; distance between caregiver researcher and investigated being-care; and seized analysis. For data collection and analysis we used individual semi-structured interviews, field diary, participant observation and categorical thematic content analysis. It was possible to integrate and approach the researcher and research subject, as well as to promote comfort for women as implementation of nursing clinical care.

**Keywords:** Nursing research. Nursing care. Nursing theory.

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**INTRODUCTION**

The care research is a research method of humanistic dimension, consistent in the essence of nursing, whose perspective is the occurrence of a peculiar relation of care, as genuine presence of those involved.

It is a strategy that integrates research and care as essential elements to the work of nurses, enabling to ensure the articulation between research, theory and practice through the establishment of an interpersonal relationship of care between the researcher (nurses) and patient care <sup>(1)</sup>. Thus, the method facilitates conducting research for understanding of nursing care, including comfort.

The Kolcaba's Theory of Comfort conceives comfort as the goal of nursing care. It is an immediate and holistic experience, enhanced by meeting the needs of relief, will and transcendence, present in four holistic contexts of human experience, namely: physical, psycho-

spiritual, sociocultural and environmental <sup>(2)</sup>.

For the physical comfort there are sensations, homeostatic mechanisms and immune functions. In relation to the psycho-spiritual, inner awareness of himself, including self-esteem, self-concept, sexuality, meaning in one's life, and relationship with the divine being. The environmental comfort is the focus on the environment, external conditions and influences. And sociocultural comfort regards to interpersonal, family, social relations <sup>(2)</sup>.

Therefore, there is an inter-relationship of Care-research method and Kolcaba's Theory of Comfort even for who idealize this research method because they believe that, through it, it is possible, between caregiver researcher and cared-researched patient, to discuss "alternative of actions that aim to minimize the discomfort and improve the level of comfort" <sup>(1)</sup>.

Based on this, we performed a study to examine the contribution of clinical nursing care, mediated by technologies of care, to provide comfort to women with acute myocardial

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infarction (AMI).

This paper reports the experience of using the Care Research Method based on Kolcaba's Theory of Comfort, reinforcing the importance of conducting research to enable the interaction between subject and researcher with positive outcomes for the researched person.

## METHODOLOGY

This is a research of experience report of a survey that happened at Hospital do Coração de Sobral-Ceará, as participants nine women with a diagnosis of AMI type, and as a methodological strategy the fundamentals of the Theory of Comfort and recommendations of the Care Research Method.

Data collection occurred from April to June 2011, through individual interviews, form, participant observation and field journal.

To make a search-care, there have been proposed five steps: (1) approach to the object of study; (2) Meeting with cared-researched being; (3) establishment of connections of research, theory and practice of care; (4) Distance between being caregiver researcher and researched person; and (5) Analysis of the sample <sup>(1)</sup>.

From these method steps they were added the following recommendations of the Theory of Comfort: assessment and identification of needs for comfort between the second and third stage. In the third step, in the method it was also associated the proposal the theory of implementing comfort measures and to evaluate each intervention. Between the third and fourth step of the method there was the intensification of comfort activities and development of health-seeking behaviors <sup>(2)</sup>.

Thus, there are seven stages: (1) approach to the object of study; (2) meeting between the caregiver researcher and cared-researched being; (3) assessment and identification of needs for comfort; (4) establishment of connections research, theory and practice of care; (5) intensification of comfort measures and development of health-seeking behaviors; (6) distance between the caregiver researcher and cared-researched being; and (7) analysis of samples. These steps are presented in the experience report.

## EXPERIENCE REPORT

During the first step the approach to the object of study happened, which was chosen as the object of research <sup>(1)</sup>. Given this recommendation, we sought to give clarity to the research problem, describing the state of the art of subjects and justification of the choice of this object. Therefore, it was essential to further study the main themes, including the method and theory as a means of identifying what would've been researching about it, checking what's new and providing security to the researcher on the need to implement measures of comfort.

The encounter between caregiver researcher and cared searched being had corresponded to the second phase of the study, at which the interaction between caregiver researcher and cared searched being <sup>(1)</sup>. This stage began with contact between caregiver researcher and health professionals to clarify the objectives of the research and how the care research process would happen. This contact occurred both individually and group, as the availability of health professionals for this occasion. This relationship was significant because they were involved and interested in this study, and they did everything possible to contribute. After contact with the hospital staff, the encounter with the research subjects and, then, with their family and/or companion, for whom it was also explained the objectives of the study, how it would happen, and how the participation is expected.

The first meeting with the cared/searched patient lasted on average six hours and culminated with the admission of the person in the hospital. A cell phone was left in place with the nurse responsible for the duty, so that the immediate notice of the researcher on the admission of a woman in the hospital with AMI occurred. Three more meetings subsequent the admission were held, being a daily therapeutic permanency of the caregiver researcher and the cared-researched patient, at least four consecutive hours.

In the third phase the assessment and identification of needs for comfort were held. To collect information according to the assumptions of the standard of Theory of Comfort, the cared-researched being was assessed holistically in order to identify their needs for comfort

according to the four contexts (physical, psycho-spiritual, sociocultural and environmental) and three types of comfort (relief, tranquility and transcendence) recommended by the theory<sup>(2)</sup>.

It is worth mentioning the importance of identifying the situations of dis(comfort) of the family members, they also go through situations of discomfort during hospitalization<sup>(3)</sup> and felt more comfortable with the support and good service given by health professionals.

To achieve the goal, the participants' needs were apprehended in their discourse participants, through a semi-structured interview, from the following question: What could it be done to give you some comfort during your stay in this sector? The question was formulated according to the perceived better time for questioning.

The interview was recorded, and with the conclusion of the reasoning of the subjects the researcher initiated care. There were also records of experience in a field diary and filling out a form for collecting personal information.

Based on the guiding question, it is worth noting that it is essential that ill people know that the nursing care can intervene and provide comfort<sup>(4)</sup>.

By the third stage, there was the person's personal and medical history survey and the holistic and periodic assessments that ensure the clinical trial and, subsequently, the establishment of priorities in the implementation of care. The comfort needs were identified in each situation, and then they were started the execution of nursing care technologies that would enable comfort.

After individual assessment, to the fourth stage occurred the establishment of the connections of research, theory and practice of care, which is the time when the caregiver researcher captures and reveals what he wants to search, and observes, judges and decides with the cared-researched being, from the identified needs, what can be accomplished<sup>(1)</sup>.

Therefore, appropriate care technologies were implemented in each situation, always considering the partnership between the caregiver researcher and cared-researched being, as well as checking out what it could promote comfort to cared searched person.

With the implementation of care technologies in physical context, there is the control and relief

of precordial discomfort and clinical symptomatology. They have included general care in nursing and they are used to improve comfort in bed, to meet basic needs and providing special care at the puncture site and for the removal of the intra-arterial device. In psycho-spiritual, it was aimed to strengthen spirituality and help in coping with the new health condition and in situations of confusion and disorientation. In the environmental context, the objective is promoting adaptation to the coronary care unit, providing a suitable environment for comfort, and to encourage a relaxed atmosphere. And for the sociocultural context, to be available, establish trust, bonding, affection, and support for families, to encourage interaction and good relationships with the hospital staff, and to know the culture of the person, in order to favor their adaptation in the coronary unit.

However, there was unfeasible to implement care before the limitation imposed by the dynamics of routines and/or established protocols of the inpatient unit. For example, conducting a cared-researched person to the bathroom; to feed her in non-preconized time, and allowing access to the family for their patients at times not reserved to visit in the unit. Furthermore, it's not possible to control the lighting and temperature due to the need for other hospitalized patients.

It could also be considered as limitations the researcher cannot stay constantly with the cared-researched patient, leading us to believe there may have been some loss of contact between them. Certainly, in those periods, there were situations that require implementations of comfort care on the part of the caregiver researcher.

One of the advantages of using the Care-Research Method is the possibility of implementing care immediately after the identification of the need for improving, in this case, the comfort.

The comfort measures are relevant to the restoration of patient's health because them, the nurse and her team can promote interaction, effective link, trust, hope, consolation, support, encouragement and care quality<sup>(5)</sup>.

In the next day, it was realized the first visit, so we identified the needs for comfort through the guiding question of this research. The cared-

searched patients told us what would provide comfort, and there were reports that they don't need anything, at least for that moment.

This second visit lasted about four hours. On that day, the cared searched patients were already waiting by the caregiver researcher, and they seemed to like the presence of the researcher. The researcher companion was referred as enough to promote the comfort of the women in this study, because of the valorization of these times when the contact of the health professional with the ill person happens. This interaction promotes comfort and allows the establishment of empathy, trust, respect, affection and attention.

The demonstration of satisfaction with respect to the contact, the presence and the fellowship was also present on the last day of the meeting, two days after admission. Guidelines were given as to the necessary care after discharge, as well as a review of their comfort needs at that moment.

The fifth phase presented of research was the intensification of comfort measures and development of health-seeking behavior that is proposed by the Theory of Comfort<sup>(2)</sup>. At this stage, interventions that provided comfort have been enhanced and cared-researched person and caregiver researcher intensified this attention for becoming behaviors that promote comfort. In the study, all care already presented in the previous phase was intensified.

In the sixth stage of the implementation of the Care Research Method with Theory of Comfort, the distancing between the caregiver researcher and the cared searched patient, indicating the end of the meeting, which requires sensitivity in both<sup>(1)</sup>. During this phase, expressions of gratitude from both people might occur, so that the researched patient thanked for care received, while the caregiver researcher appreciated the agreement in joining the study<sup>(6)</sup>.

In this research, the distance was prepared from the first contact with the cared-researched patient, however, even with these recommendations, both of them had desires to continue the survey. We also observed expression of sadness at the separation.

It was evident also that they verbalized what was implicit, so the attended patient stressed the special care to everyone who come into the unit,

and the researcher showed her desire to stay longer with them. We also did a retrospective of what had been done to confirm that the attendance technologies adopted have achieved the expected effect.

It is important to inform the participants about the steps in this method from the beginning because it may create a link between the involved people and the distancing can be detrimental to the cared-researched person, who may be waiting for the caregiver researcher or she may not trust in other professionals because of the differentiated care gave by the researcher.

The seventh and last phase is the analysis of what was apprehended<sup>(1)</sup>. In this study, we initially held the transcription of the speeches from all recordings and what was registered in the field diary, and then, there was categorical thematic content analysis for utterance<sup>(7)</sup>.

In the analysis, it was presented a category with the characterization of each cared-researched patient, and other four categories with emphasis on clinical nursing care implemented in each context of Kolcaba's Theory of Comfort. The data of comfort perception, from the attending technologies used to solve the needs of comfort identified, were organized manually, in order to facilitate analysis and interpretation through the current literature and the teachings of the Theory of Comfort.

It is notable that comfortable living is not living in comfort in all dimensions of life simultaneously. However, it is the power to maintain or restore the subjective well-being, considering the balance between the present limitations and potentialities<sup>(8)</sup>.

Promoting comfort measures is inherent to nursing and essential to the humanized care. However, it is often minimized on the technologies present in the critical care environments<sup>(5)</sup>. Thus, nurses are able to identify the causes of (dis) comfort and develop a plan of care focused on the individual needs, with a view to obtaining the necessary and possible comfort<sup>(6)</sup>.

Based on this, particularly cardiac patients, because they often have chronic diseases of fatal outcomes, can be benefited by a spiritual and religious history that gives comfort for them<sup>(9)</sup>.

Thus, it is noteworthy that the qualitative research approach and Care Research Method are suitable for investigations of nurses, since the object of work in the profession is human being<sup>(10)</sup>.

## CONCLUSION

Thus, the research, which involved the Care Research Method and Kolcaba's Theory of Comfort, made the integration and proximity between researcher and cared-researched patient possible, and provided immediate results that brought comfort through the implementation of care, according to the individual needs presented.

As limitations, it is noteworthy to consider the constant non-permanence with the subjects, because the contact may be lost during the meeting, also not having witnessed the admission of all women and limitations to implement some care, as the family permanence near the patient and coffee intake during the night because the unit protocol.

It is important to conduct research involving the growing importance of clinical nursing care, seeking innovations that strengthen the profession as a means to its recognition as a human science focused on the welfare of beings care.

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## IMPLEMENTAÇÃO DO MÉTODO PESQUISA-CUIDADO COM BASE NA TEORIA DO CONFORTO: RELATO DE EXPERIÊNCIA

### RESUMO

Trata-se de um relato de experiência da utilização do método de Pesquisa-Cuidado, com base na Teoria do Conforto de Kolcaba a um grupo de mulheres com infarto agudo do miocárdio, buscando identificar as tecnologias do cuidado clínico de enfermagem para promover conforto a estas pessoas. Para tanto, realizaram-se sete etapas propostas pelo método, utilizando os preceitos da teoria: aproximação com o objeto de estudo; encontro entre pesquisador cuidador e ser pesquisado-cuidado; avaliação e identificação das necessidades de conforto; estabelecimento das conexões da pesquisa, teoria e prática do cuidado; intensificação das medidas de conforto e desenvolvimento de comportamentos de busca em saúde; afastamento entre pesquisador-cuidador e ser pesquisado-cuidado; e análise do apreendido. Na coleta e análise das informações usou-se entrevista individual, formulário, diário de campo, observação do participante e análise temática categorial de conteúdo. Foi possível integrar e aproximar o pesquisador e o sujeito pesquisado, além de proporcionar conforto às mulheres, como implementação do cuidado clínico de enfermagem.

**Palavras-chave:** Pesquisa em enfermagem. Cuidados de enfermagem. Teoria de enfermagem.

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## APLICACIÓN DEL MÉTODO DE INVESTIGACIÓN-ATENCIÓN BASADO EN LA TEORÍA DEL CONFORT: RELATO DE EXPERIENCIA

### RESUMEN

Se trata de un relato de experiencia de la utilización del método de Investigación-Atención, basada en la Teoría del Confort de Kolcaba a un grupo de mujeres con infarto agudo de miocardio, buscando identificar las tecnologías de la atención clínica de enfermería para promover el confort a estas personas. Para ello, se realizaron siete etapas propuestas por el método que utiliza los principios de la teoría: aproximación al objeto de estudio, encuentro entre el investigador cuidador y el ser investigado-cuidado; evaluación e identificación de las necesidades de confort; establecimiento de las conexiones de la investigación, teoría y práctica de la atención; intensificación de las medidas de confort y desarrollo de comportamientos de búsqueda en salud; alejamiento entre investigador-cuidador y ser investigado-cuidado; y análisis de lo apreendido. En la recolección y análisis de las informaciones se utilizó entrevista individual, formulario, diario de campo, observación del participante y análisis temático categorial de contenido. Fue posible integrar y aproximar al investigador y al sujeto de la investigación, además de proporcionar confort a las mujeres, como implementación de la atención clínica de enfermería.

**Palabras clave:** Investigación en enfermería. Cuidados de enfermería. Teoría de enfermería.

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