Update Article
Artigo de Atualidades
Artículo de Actualidades

DOI: http://dx.doi.org/10.12957/reuerj.2019.38330

Theories of nursing in promotion of comfort in dermatology

Teorias de enfermagem na promoção do conforto em dermatologia

Teorías de enfermería en la promoción del confort en dermatología

Euzeli da Silva Brandão[I]; Iraci dos Santos[II]

ABSTRACT
Objective: to think about application of the concepts of Henderson and Kolcaba during care for people with cutaneous conditions, with a view to affording comfort, besides autonomy for the nurses involved. **Content**: this reflective study was based on the concepts of Henderson and Kolcaba and on attributes for the evaluation of comfort in dermatology. Restoration of balance in the physical, mental and spiritual dimensions requires a philosophical, theoretical and technological foundation. This is supported by Henderson's philosophy, which viewed the nurse's role as specific, autonomous, and independent. The existence of unmet need for comfort presupposes the need for intervention. Accordingly, the term comfort proposed by Kolcaba, including three technical senses and four contexts, was analyzed conceptually, as were attributes considered essential in assessing comfort in dermatology, such as pain, mobility, sleep pattern, and others. **Conclusion**: this reflection may contribute to the use of the theories cited in practical care in dermatology.
Keywords: Nursing; dermatology; nursing theory; patient comfort.

RESUMO
Objetivo: refletir sobre a aplicação dos conceitos de Henderson e Kolcaba durante o cuidado a pessoa com afecção cutânea, visando à promoção do conforto, além da autonomia do enfermeiro. **Conteúdo**: estudo de reflexão pautado nos conceitos de Henderson, Kolcaba e nos atributos para avaliação do conforto em dermatologia. A restauração do equilíbrio das dimensões física, mental e espiritual exige uma fundamentação filosófica, teórica e tecnológica. Esta encontra respaldo na filosofia de Henderson, que visualizava a função da enfermeira como específica, autônoma e independente. A existência de necessidades de conforto não atendidas pressupõe a necessidade de intervenção. Assim, utilizou-se a análise conceptual do termo conforto, proposto por Kolcaba, incluindo três sentidos técnicos e quatro contextos, além dos atributos como: dor, mobilidade, padrão de sono, entre outros, considerados essenciais na avaliação do conforto em dermatologia. **Conclusão:** esta reflexão poderá contribuir para utilização das teorias citadas na prática de cuidar em dermatologia.
Descritores: Enfermagem; dermatologia; teoria de enfermagem; conforto do paciente.

RESUMEN
Objetivo: reflexionar sobre la aplicación de los conceptos de Henderson y Kolcaba durante el cuidado a la persona con afección cutánea, buscando la promoción del confort, además de la autonomía del enfermero. **Contenido:** estudio de reflexión basado en los conceptos de Henderson, Kolcaba y en los atributos para evaluación del confort en dermatología. La restauración del equilibrio de las dimensiones física, mental y espiritual exige una fundamentación filosófica, teórica y tecnológica. Esta encuentra respaldo en la filosofía de Henderson, que visualizaba la función de la enfermera como específica, autónoma e independiente. La existencia de necesidades de confort no atendidas presupone la necesidad de intervención. Siendo así, se utilizó el análisis conceptual del término confort, propuesto por Kolcaba, incluyendo tres sentidos técnicos y cuatro contextos, además de los atributos como: dolor, movilidad, patrón de sueño, entre otros, considerados esenciales en la evaluación del confort en dermatología. **Conclusión:** esa reflexión podrá contribuir a la utilización de las teorías mencionadas en la práctica de cuidar en dermatología.
Descriptores: Enfermería; dermatología; teoría de enfermería; confort del paciente.

INTRODUCTION

Nursing is a profession that has its own specific functions for the development of practices of caring, educating, managing and researching, aiming at the quality of health care for the hospitalized person, in outpatient care, in homes and communities. It is understood that such practices go beyond compliance with medical prescriptions, including the assessment of the person and implementation of care aimed at the whole approach, and consequently the promotion of their comfort.

[I]Nurse. PhD. Specialist in nursing in dermatology. Adjunct professor. Universidade Federal Fluminense.Brasil. e-mail:euzelibrandao@gmail.com.com.br
[II]Nurse. PhD. Full Professor at the State University of Rio de Janeiro. Brazil. e-mail: iraci.s@terra.com.br

Received: Nov 19th 2018 – Accepted: Feb 25th 2018

DOI: http://dx.doi.org/10.12957/reuerj.2019.38330

The performance of the practices, with a view to restoring the balance of the physical, mental and spiritual dimensions of people, especially those affected by cutaneous affections, requires a philosophical, theoretical and technological foundation that provides autonomy and independence to the nurse, to the innovations characteristic of a confrontation for postmodern and future nursing as recommended by Jean Watson.[1]

This reasoning is supported by the philosophy of Virginia Henderson, author who visualizing the nurse's role as specific, autonomous and independent. Among his assumptions it is emphasized that a definition of nursing should embrace the principle of physiological balance. Drawing on psychosomatic medicine and its implications for nursing, Henderson considers that emotional balance is inseparable from physiological balance.[2]

Regarding autonomy and independence, it is necessary to understand the nurse as a central element in the life of the person in need of care. It is a professional who, in addition to have their own functions, ensures compliance with the prescriptions of the health team. Thus, the actions of nurses and other health professionals overlap.[2]

In this sense, this study aimed to reflect on the application of the concepts of Virginia Henderson and Katharine Kolcaba during the care of the person with cutaneous affection, aiming at the promotion of comfort, besides the autonomy of the nurse in the performance of their activities.

CONTENT

On the concepts of person, society/environment, health and nursing conceived by Henderson, it is emphasized that they reveal the need to acquire competence to understand people's cultural diversity and specific skills to develop the practice of individualized care,[3] including the person with cutaneous affection.

Thus the person should be an integral being, with inseparable physiological, psychological, sociological, and spiritual components, considering the person and his family a unity. Society/environment is characterized by a set of all external conditions and influences that affect life and development. The health reflects the independence of the individual to fulfill their basic needs.

Regarding nursing, it is emphasized that the nurse has as an auxiliary function the individual, in performing activities that he would perform if he had the necessary strength, will or knowledge, in such a way as to promote his independence.[3]

In this sense, it is worth remembering that Hildegard Peplau questioned: what nurses know and how they use this knowledge to help people?[4]

The concept of comfort in Katharine Kolcaba's Theory

In nursing, the use of the concept of comfort was found in the book by Florence Nightingale *Nursing Notes* (1859), evidencing that this author already recognized comfort as essential.[5]

In 1908, Aikens pointed out that nothing related to comfort is small enough to be ignored. A good nurse is one who makes people comfortable, and promoting comfort is the main factor in determining their ability. It was noticed that, at that time, comfort was already highly valued, since it expanded the possibility of healing, resulting from physical, emotional and environmental interventions.[5]

However, the significance and importance of comfort have undergone considerable changes in view of the evolution of health care. From its general meaning, comfort had a significant value for nursing at the beginning of the century, moving to a less important value and with a more specific connotation to the physical sense. To exemplify, in 1950, with the greater popularity of analgesics for pain control, few actions to promote comfort were described.[5]

In the 1970s, nurses acquired greater autonomy and were able to implement comfort measures without medical orders. However, with the intensification of hard technology, many traditional comfort measures have been considered simple and relegated to lesser importance. Comfort was no longer considered a specialized nursing focus. The term was still undefined in the discipline and semantically diversified, with restricted interpretation, written rarely, and of course, not measured.[5]

In the 80's, there have been many advances in medicine and healing has become more likely through surgery, antibiotics, radiation and chemotherapy. Narcotics became used for severe pain. Thus, confort has become a secondary strategy in relation to the purpose of healing. It should be noted that in this decade, comfort promotion was considered a minor goal, when there was no longer the possibility of cure.[5]

DOI: http://dx.doi.org/10.12957/reuerj.2019.38330

The connection in the nursing literature between the person's comfort for rehabilitation was subtle, but constant throughout the history of nursing. The seeds of Comfort Theory emerged in the early 1980s,ten years later,such concept in the area of nursing was expanded and promoted in new ways.[5]

Katharine Kolcaba began to elaborate the concept of comfort in 1982, counting on the contributions of Janet Morse, Patricia Benner; Eloita Neves-Arruda (Brazilian nurse), Larson and Afaf Meleis, among others; and, in 1992, operationalized the concept.[5]

The existence of unmet need for comfort presupposes the need for intervention, ratifying the relationship between comfort and care, and the concern to establish comfort measures as synonymous with nursing intervention.[6]

In this sense, it should be emphasized the conceptual analysis of the term comfort, made by Kolcaba.[5-7] For her, comfort and comfort are complex concepts, individual and holistic, a desirable state, representing an individual, relaxed, healthy and peaceful.[5]

For Kolcaba comfort is an immediate experience of having met the basic human needs, possessing three technical senses: *relief*, *easy* and *transcendence*. For her, comfort needs can be experienced in four contexts: physical, psycho-spiritual, environmental and sociocultural.[5-7]

The four Kolcaba contexts and the attributes for comfort assessment in dermatology

During a research that had as one of the objectives to analyze the evidences of the nursing care through a Technology of Nursing Care to be applied in people with cutaneous affections it was necessary to determine attributes considered relevant for the recognition of the pattern of (dis)comfort.[8] In this sense, it was considered not only the experience of the researcher, but also, the fact of being a specialist in the area of dermatology. Based on the above and the representation of expandability in determining the (dis)comfort of the person with cutaneous affection, the researcher established the pain attributes; mobility; sleep pattern; exposure of the body and lesions; knowledge about the disease and self-care.

Physical comfort: attributes pain, mobility and sleep pattern

Related to the sensations of the body, Kolcaba knew that the physiological dimension inherent in factors that affect physical fitness was the most obvious and consensual context of comfort.[5]

The first theme related to comfort needs with regard the disease, being the most prevalent treatment the pain relief.[5] Because it is a subjective and personal experience associated with actual or potential tissue damage, such as, for example, in the skin, pain is characterized by multidimensional experience, which can vary in sensory intensity, and suffer affective-motivational interference. Described as the fifth vital sign, acute or chronic pain should be assessed and recorded from admission.[9]

The evaluation of pain favors the knowledge of its origin, considering emotional, motivational, cognitive and even personality factors. However, due to its subjectivity, there is no standard instrument for its objective measurement. Among the available methods, there are those that evaluate it only to its intensity, considered as one-dimensional, such as numerical/verbal and analog-visual scales and those that evaluate beyond the sensory factors, affective-emotional factors, being considered multidimensional.[9]

Because it is one of the most relevant causes of suffering, pain impairs people's quality of life, causes disability, as well as serious psychosocial and economic repercussions.[10] Considering the characteristics of cutaneous affections, it is considered essential to establish pain as an attribute in the evaluation of the (dis)comfort of the person affected before and after nursing interventions.

An additional view on physical comfort addresses the positioning, highlighting the need to sit correctly, have the freedom to move, independently and be able to go back to bed. Specifically in relation to people with cutaneous affections, this fact reminds us of the importance of valuing the mobility attribute.

Mobility is one aspect of life that contributes to self-worth and comfort, being used for different and multiple purposes such as meeting needs, performing basic, recreational, social and other activities.[11]

On the other hand, immobility may be responsible for various behavioral changes, such as hostility, fear, anxiety, as well as affect coping ability, which may lead to depression.[11]

Skin lesions can significantly affect mobility to varying degrees. In addition, the need to move the person safely, avoiding the increase of the injured areas, including the increased risk for the development of pressure injuries,

DOI: http://dx.doi.org/10.12957/reuerj.2019.38330

attributed not only to the difficulty of changing the decubitus, but also the existence of other factors of pre-existing risks.

The presence of extensive and disseminated skin lesions may contribute to the reduction of mobility, since the lesions dry out, causing pain during movement of the limbs, as well as being adhered to the contact surfaces, such as personal and bedding clothes, causing during movement. This fact may cause the person to remain in the same position for long periods, and may cause changes in the sleep wake cycle, characterizing another factor to be discussed in the next established attribute: sleep pattern.

Rest is related to sitting or lying down comfortably in a bed, at which time people feel mentally relaxed, anxiety-free and physically calm. When resting, they present a state of mental, physical and spiritual activity that promotes the renewal.[12]

Any disease that causes pain, physical discomfort or anxiety and depression often results in sleep disorders.[12] Thus, when people unexpectedly encounter skin disease, which brings serious physical, emotional and social repercussions, they are strongly affected in their sleep and rest pattern, a fact that can inevitably aggravate the disease. In addition to the physical pain caused by skin lesions, people have real concerns, such as physical limitations, disfiguring character of the lesions, fear of the unknown, fear of not being able to return to their usual lifestyle, among others that prevent their relaxation.

Psycho-spiritual comfort and the attribute of body and injury exposure

A dilemma that Kolcaba found in his literature review on holism was to differenciate the experiences of the mind of those of the spirit and of the emotions. Thus, the psycho-spiritual context was created, adding the mental, emotional and spiritual components. The definition of psychospiritual comfort refers to the inner self-awareness, including self-esteem, self-concept, sexuality, and meaning in the individual's life and to his relationship with a higher order of being.[5-7] In this sense, it is highlighted the impossibility of people with skin diseases to omit from society a health problem, because it is imprinted on the skin, causing the inevitable exposure of the lesions.

The significance of the change in appearance for the individual is influenced by the perception of change and importance attributed to body image. The exposure of the lesions can promote curiosity, repugnance, fear, among other normally perceived feelings in the way of acting and looking.[13] In this respect it is mentioned that the problem of the stigmatized person can be perceived simply by the act of attention to him, since the fact of being present between the “normals” cruelly exposes it to invasions of privacy.[14]

In this sense, it is emphasized that the way human beings feel about themselves is something that affects crucially all aspects of their life experience, reflecting their ability to understand and master problems, defend their rights and needs.[15]

This situation can cause feelings of sadness, anxiety, shame in the person with cutaneous affection, a fact that directly interferes with their self-esteem and consequently their comfort, consequently affecting social relations, work, family and even with health professionals, when unprepared to serve this clientele.

Aware of the inevitable influences of self-image impairment and consequent exposure of the body and of the lesions, such exposure is considered an extremely important attribute in the assessment of the comfort of people with cutaneous affections.

Environmental comfort

An adequate environment was considered important for health promotion and healing by nurses interested in caring for the person holistically. The definition of environmental comfort relates to external conditions and influences, i.e., they relate to factors such as noise, color, light, temperature, window views, access to nature and natural versus synthetic elements.[5-7]

In this regard, the shortage of specific wards for clients with dermatological conditions, and, consequently, with structural resources to serve this clientele, stands out. This further exposes them to stigmatization and the risks of infection and infestation.

Socio-cultural comfort and the attribute of knowledge about illness and self-care

The concept of socio-cultural comfort refers to interpersonal, family, and social relationships, including financial, educational, and supportive relationships. The idea of culture was added to include family histories, traditions, language, use of clothes and customs, aspects considered important and facilitators for the health team during hospitalization to increase social comfort.[5-7]

DOI: http://dx.doi.org/10.12957/reuerj.2019.38330

Faced with the generally insidious onset and disfiguring picture of skin conditions, people need to obtain basic knowledge that clarifies the process of illness and facilitates the promotion of self-care. In this respect, it is important to consider the client's level of knowledge about the illness/self-care, that is, his perception of his/her knowledge.

Faced with such considerations, from the understanding of comfort as a result of nursing care we have the propositions of the theory that can be divided into three moments[5]:

in the first moment, the nurse assesses the person in a holistic, integral way, identifying the needs of comfort, from the four contexts. At the same time, it implements interventions, evaluating the comfort provided by them;

in the second moment, activities that promote comfort are intensified and the person is encouraged to develop behaviors to promote their comfort, which may be internal (healing, immune function...), external (health activities), or quiet death;

the third moment corresponds to institutional integrity, when institution and care team are prepared to improve the quality of services, which results in the satisfaction of the person, in reducing costs and morbidity and readmissions, as well as better health policies and practices.

CONCLUSION

The idea of studying nursing theories appropriate to the promotion of comfort led the authors to begin with Henderson's Philosophy, which considers the emotional equilibrium inseparable from physiological balance.

It is concluded that this reflection represents a contribution for the nurses, who work in the area of dermatology, to use as reference the Henderson and Kolcaba Theories. The concepts proposed by these theorists reveal the need to acquire competence to understand the cultural diversity of people and specific abilities to individualized development.

REFERENCES

1. Watson J. Enfermagem pós-moderna e futura. Lisboa(Pt): Lidel; 2002.
2. Pokomy ME. Nursing theorists of historical significance. In: Alligood MR, Marriner-Tomey A. Nursig theorists and their work. 7ª ed. USA: Mosby Elsevier; 2010. p.54-68.
3. Ferin CF, Rodrigo MTL. El modelo de Virginia Henderson. In: Ferrín CF, Gómez MVN. De La teoria a la práctica: el pensamiento de Virginia Henderson em el siglo XXI. Barcelona(Es): Masson; 1998. p.33-8.
4. Brandão ES. Santos I dos, Lanzillotti RS. Nursing care to comfort people with immunobullous dermatoses: evaluation by fuzzy logic. Rev. enferm UERJ [Internet]. 2018 [cited 2018 Nov 5]; 26 e32877. DOI: https://doi.org/10.12957/reuerj.2018.32877
5. Kolcaba K. Comfort theory and practice: a vision for holistic health care and research. New York: Springer; 2008.
6. Down T. Katharine K: theory of confort. In: Tomey AM, Alligood MR. Nursing theorists and their work. 6ª ed. New York: Mosby Elsevier; 2006. p. 726-42.
7. Kolcaba K. Holistic comfort: operationalizing the construct as a nurse-sensitive outcome. Adv Nurs. Sci. 1992; 15(1):1-10.
8. Sousa FAEF. Pain, the fifth vital sign. Rev. latino-am enferm. [Internet]. 2002 [cited 2018 Nov 5]; 10(3):446-7. DOI: http://dx.doi.org/10.1590/S0104-11692002000300020
9. Bottega FH, Fontana RT. Pain as the fifth vital sign: use of the assessment scale by nurses in general hospital. Texto & contexto enferm. [Internet]. 2010 [cited 2018 Nov 5]; 19(2). DOI: http://dx.doi.org/10.1590/S0104-07072010000200009
10. Potter PA, Perry AG. Mobilidade e imobilidade. 7ª ed. Rio de Janeiro: Elsevier; 2009. p.1219-78.
11. Potter PA, Perry AG. O sono. 7ª ed. Rio de Janeiro: Elsevier; 2009. p.1028-49.
12. Santos I dos, Jesus PBR, Brandão ES. Oliveira EB, Silva AV. Repercussions of skin conditions in people's lives: sócio-poetizing self-image and self-esteem. Rev. enferm UERJ [Internet]. 2014 [cited 2018 Nov 5]; 22(2):157-62. Available from: https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/13545/18826
13. Goffman E. Estigma. 4ª ed. Rio de Janeiro: Guanabara Koogan; 1988.
14. Braden N. Autoestima: como aprender a gostar de si mesmo. 38ª ed. São Paulo: Saraiva; 2001.
15. Santos I, Brandão ES, Clos AC. Dermatology nursing: sensitive listening skills and technology for acting skincare. Rev. enferm. UERJ [Internet]. 2009 [cited 2018 Nov 5]; 17(1):124-30. Avaiable from: http://www.facenf.uerj.br/v17n1/v17n1a23.pdf