Development of a multidimensional instrument for measuring patient comfort in acute care settings

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FMHS Nursing

Research Ideas Worth Funding

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Why present here?

The ability to measure patient comfort aligns with research interests related to:

- ➢ Governance
- > Improving the quality, safety and experience of care
- > Instrument development
- ➤ Health metrics

Why comfort?

- •Central to person-centred care (*Pickers Institute, NICE Patient Experience Guideline*)
- •Associated with a caring and humane society (dignity, empathy, kindness, compassion)
- •More than the relief of pain
- •Multidimensional indication of the overall quality and safety of care (Mid-Staffordshire, UK)
- BUT the concept of comfort has been poorly defined for practice and quality improvement

Our research

Two stage process for exploring comfort and influencing factors

	Stage 1	Stage 2	
Methods	Integrative Review	Semi-structured Interviews	
Sample	62 studies* (14 theoretical, 48 qualitative)	25 purposively selected Māori, Pacific and NZ European patients in hospital after heart surgery, POD 4-5	
		Phase 1	Phase 2
Outcomes	Definition of comfort Multidimensional framework [#]	Definition of comfort	Influencing factors - CALM framework for practice, quality improvement in specific populations
* English language restriction [#] Wensley, C., Botti, M., McKillop, A., & Merry, A. F. (2017). Int J Qual Health Care, 29(2)			



International Journal for Quality in Health Care, 2017, 29(2), 151–162. doi: 10.1093/intqhc/mzw158 Advan ce Access Publication Date: 17 Janua fy 2017 Article

Article

A framework of comfort for practice: An integrative review identifying the multiple influences on patients' experience of comfort in healthcare settings

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Maximising comfort: how do patients
describe the care that matters? A two- stage qualitative descriptive study to develop a quality improvement framework for comfort-related care in inpatient settings
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Comfort

Comfort is a transient and dynamic state characterised by ease from pain, emotional and physical distress and an emerging sense of positivity, safety, strength and acceptance of one's situation that is underpinned and sustained by feeling valued, cared for, confident and accepting treatment by choice.

Total comfort is elusive; patients seek to be as comfortable as they can be under the circumstances of their healthcare interaction.

Influences on comfort

- Self-comforting strategies; positive thinking, seeking (and finding) signs of safety and normality, self-care routines, developing acceptance (getting informed, planning, learning to trust).
- Culturally connected; finding cultural familiarity, sensing that one's cultural norms and values are understood and respected.
- ✓ **Spiritually connected**; sustaining personally significant spiritual or religious practices.
- Family; family have a unique ability to comfort arising from a shared culture and understanding.
- Symptom Management; all symptoms (not just pain).
- **Holistic Care and Assistance**; non-pharmacological interventions to ease discomfort, help provided willingly.
- Engaged and Committed staff; staff presence, therapeutic comforting strategies tailored to individual need.
- Information and Participation; accurate information that is sensitively provided so that patients can prepare for what lies ahead. Opportunities to participate in, and personalise, care.
- ✓ **Competent staff;** perceived and actual
- Physical Facilities and Ambience; clean, well-equipped and family-friendly.
 Patients can control their personal space (lights, noise). Staff project an ambience of positivity and caring, are seen to be working as a cohesive team and have time for ALL patients' needs.

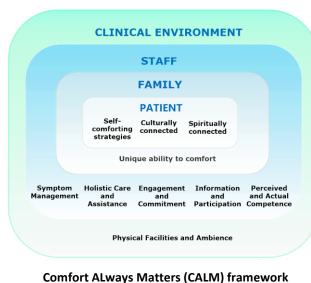
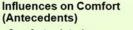


Figure 1 Patients' perspectives on comfort and influencing factors; the Comfort ALways Matters (CALM) framework Wensley et al., BMJ Open (2020)

Why is it important to measure comfort?



- •Comfort-related care as described in the CALM framework
- Uncertainty, fear of treatment and procedures; pain, emotional and physical distress; feeling vulnerable, dependent and weak from functional loss and the accumulative effect of symptoms; being in an unfamiliar environment; missing home and family

Comfort (Attributes)

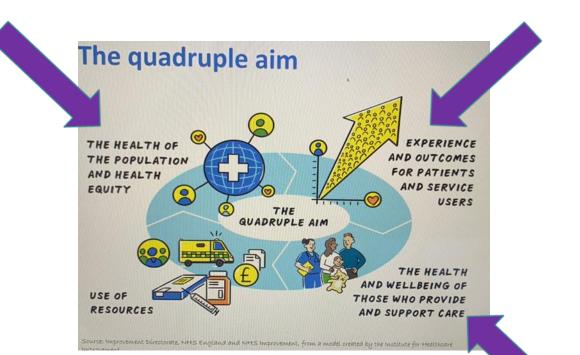
 Relief (ease) from pain, emotional and physical distress
 Feeling positive, safe and stronger

 Feeling confident, in control, accepting treatment and care by choice
 Feeling cared for, valued;

connecting positively to people and place

Outcomes of Comfort (Consequences)

Positive patient experience
 Theoretically: Positive
 patient-staff relationships; a
 willingness to disclose
 concerns, to seek help and
 to participate in care and
 treatment, rather than
 disengage or withdraw; a
 sense of goodwill towards
 staff and service; improved
 health outcomes, safety



Research Programme

Auckland and Waitemata DHB

- Maximising comfort: what are healthcare staff's perspectives on the Comfort ALways Matters (CALM) framework for guiding practice and quality improvement? A multisite qualitative study
 - AIM: To understand healthcare staff's perspectives on the CALM framework as a tool for guiding practice and quality improvement in a range of healthcare settings.
 - Data collection soon

Counties Manukau DHB

- Maximising patient comfort in acute care settings a qualitative descriptive study exploring nurses' perspectives on enablers and barriers to comfort-related care
 - AIM To explore nurses' perspectives on the CALM framework in order to understand how it could be used as a tool for implementing knowledge of important comfort-related care into their practice.
 - Data analysis underway

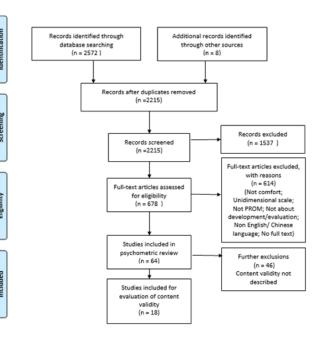
Research Programme

Systematic review evaluating how comfort is measured in contemporary healthcare (in draft)

- AIM: To evaluate the validity of instruments currently available for measuring comfort.
- METHOD: COSMIN (COnsensus-based Standards for the selection of health Measurement Instruments)
- SEARCH: COSMIN filters. Inclusion criteria (1) Measuring comfort from patients' perspectives (2) Data on content validity (most important measurement property of a valid PROM
- RESULTS:
 - o Multiple instruments, 18 evaluated
 - No instrument is currently available to measure comfort as defined from patients' perspectives

2022 – 2025

- 1. Implementing the CALM framework into clinical settings
- 2. Develop an instrument for measuring comfort (has implementation been successful, for whom, and what is the impact of a service designed with comfort in mind).



Ngā mihi

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References

Wensley, C., Botti, M., McKillop, A., & Merry, A. F. (2020). Maximising comfort: how do patients describe the care that matters? A two-stage qualitative descriptive study to develop a quality improvement framework for comfort-related care in inpatient settings. BMJ Open, 10(5), e033336. 10.1136/bmjopen-2019-033336

Wensley, C., Botti, M., McKillop, A., & Merry, A. F. (2017). A framework of comfort for practice: An integrative review identifying the multiple influences on patients' experience of comfort in healthcare settings. International Journal for Quality in Health Care, 29(2), 151-162. doi: 10.1093/intqhc/mzw158

Wensley C, Ren S, Nielsen LM. How do we measure comfort-centred care? A COSMIN systematic review assessing the measurement properties of instruments measuring comfort defined from patient's perspectives. *[in draft]*

Ngā mihi

Thank you for watching

Research Projects CALM4Nurses CALM4Practice CALM4Measurement

Principal Investigator

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Publications

Wensley, C., Botti, M., McKillop, A., & Merry, A. F. (2020). Maximising comfort: how do patients describe the care that matters? A two-stage qualitative descriptive study to develop a quality improvement framework for comfort-related care in inpatient settings. *BMJ Open*, *10*(5), e033336. <u>https://doi.org/10.1136/bmjopen-2019-033336</u>

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