

Stories of the elderly in relation to Katharine Kolcaba's Theory (Chillanes-Ecuador)

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ABSTRACT

Comfort is a construct that has been described as a fundamental element in inpatient care, Kolcaba performs a conceptualization of comfort, distinguishing three types in four contexts. The objective was to describe the comfort provided in the elderly through an in-depth interview at the ATALAYA Senior Center. It is a qualitative study, with a phenomenological approach, non-probabilistic sampling, an interview focused on 4 contexts of Katharine Kolcaba's theory was applied, identifying the type of comfort, with the participation of 8 older adults belonging to the Center for Older Adults ATALAYA, after signing the informed consent; the ATLAS TI software was used, a hermeneutical unit was built, the information was categorized into a hierarchy of codes, memos, appointments, families, and networks, in the analysis 6 core categories were created, with their respective subcategories. For the elderly, what the center can offer you is comfort, well-being or comfort, with quality-warmth care, good treatment, respect between colleagues and staff, tranquility, and the atmosphere of the center is cozy, with physical and recreational activities also suggest changes. Finishing this work, the elderly perceive comfort through the care provided and the comforts to live, however, it will not reach a full degree of well-being. Thus, demonstrating in our case study that the participating adults experience satisfactory comfort, but their factors that can alter it.

Keywords: Comfort, Elderly, Contexts, Care, Categories

Introduction

Quality of life includes the mental, physical, emotional and social feeling of well-being [1, 2], and reflects patients' mental evaluation of their status of health and their response to it [3]. The present case study arises from the need to understand the comfort provided to older adults with the care that is applied at the ATALAYA Senior Center, since the interventions must be aimed at increasing patient comfort, providing more humanistic care and warm, where the patient feels at home and the situation of abandonment and illness is not so noticeable. It is necessary to discover for the adult care if the professionals of the center integrate their human part in the care provided, whose interventions are about what provides comfort and general well-

being for the patient. This can be achieved by involving the entire team of professionals in inpatient care. Older adults are one of the most vulnerable groups, susceptible to feeling abandoned, alone, sad, helpless, suffering physical, psychological, and emotional injuries, it is here that center professionals should be more aware of the environment surrounding the older adult, the professional focuses more on improving comfort or comfort through their interventions.

According to Katharine Kolcaba defines comfort, as the immediate state experienced by the recipients of comfort interventions. It is the immediate and integral experience of strengthening when the needs of the person are addressed. Katharine Kolcaba analyzed the concept of comfort, which I draw from the Oxford English Dictionary (ORD), from there she learned that the original definition of comfort was to comfort greatly, thus giving nurses a great tool to comfort their patients and at the same time, they can feel satisfied themselves [4].

Kolcaba used ideas from three of the first nursing theorists to synthesize or derive comfort types in the conceptual analysis:

- The relief was synthesized from the work of Orlando (1961), who postulates that nursing professionals relieved the needs expressed by patients.

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- The tranquility was synthesized from the work of Henderson (1966), which described 14 basic functions of human beings that should be maintained during care.
- The transcendence derived from Paterson and Zderad (1975), who proposed that patients overcome their difficulties with the help of nursing professionals.

Kolcaba, obtained from all this literature review, four comfort contexts that are: physical, psychospiritual, sociocultural, and environmental.

Type of comfort

- Relief: status of a patient who has met a specific need.
- Peace of mind: state of calm or satisfaction
- Transcendence: state in which one has overcome problems or pain

The context in which comfort occurs

- Physical: belonging to the sensations of the body.
- Psychospiritual: belonging to one's inner consciousness, including esteem, concept, sexuality, and the meaning of one's life; the relationship of oneself with an order or be superior.
- From the environment: belonging to the environment, conditions, and external influences.
- Social: belonging to interpersonal, family and social relationships

The taxonomic structure provides a map of the domain of comfort content. Future researchers are expected to design, modify, or translate comfort questionnaires for their specific population using the taxonomic structure as a guide [4].

It is important because through the "comfort provided by the professionals of the center", it is provided homogeneously, with respect, quality, safety and humanized, there must also be a communication between health professional-patient in which the discomfort that the older adult has.

It is convenient and beneficial because professionals will enrich their knowledge and develop skills through the application of planned care; older adults will receive care in a humanistic manner and the institution will achieve quality care and warmth. Currently, no research or studies on this theory have been found in the country, even more in seeking comfort in this age group, which because it is one of the most vulnerable is susceptible to feeling abandoned, alone, sad, helpless, suffering physical injuries, psychological, and emotional, it is here that the professionals of the center should be more aware of the environment surrounding the elderly, the professional focuses more on improving comfort or comfort through their interventions.

Purpose

Describe the comfort provided in the elderly, through the

application of an in-depth interview, based on Katharine Kolcaba's theory at the ATALAYA Senior Center.

Materials and Methods

The case study was carried out through a descriptive and explanatory qualitative study, with a phenomenological approach, where an interview was applied, which is aimed at generating a reflection on the subject studied.

Interview (reflection questions)

The reflection questions are the main sources for conducting this in-depth interview with the participating older adults where they were ordered to form coherent and logical, focusing on the 4 contexts of Katharine Kolcaba's Theory: physical, psychospiritual, environmental and social, identifying the types of comfort to reach the purpose established at the beginning of this case study.

Contexts	Type of Comfort		
	Relief	Tranquility	Transcendence
Physical			
Psychospiritual of the environment			
Social			

Social context questions

1. How do you feel when living with other older adults' day by day, within the ATALAYA Senior Center?
2. Do your family or friends come to visit you on weekends?
3. How do you feel or feel with the visit to your family or friends?
4. Have you ever felt upset at the ATALAYA Senior Center?

Physical context questions

1. When do they perform a physical activity; Do you feel comfortable doing it?
2. Do you like the comfort provided by the caregivers that accompany you at the ATALAYA Senior Center?
3. Is the food you receive at the ATAYALA Senior Adult Center pleasant for your taste?

Questions of pisco-spiritual context

1. How do you feel about not being with your family?
2. How is your life right now with the care provided at the ATALAYA Senior Center?
3. Is your religion, habits, customs respected at the ATALAYA Senior Center?

Environmental context questions

1. Is the room you rest in comfortable for you?

2. What is your mood, with the surrounding environment?
3. Do you think the senior center is a comfortable place to live?

A non-probabilistic sampling of convenience and the theoretical type was used, which was assisted by 8 older adults, where an interview with a total of 13 questions was applied, where data were obtained such as name, surname, age and address, all met the inclusion criteria, which were aware, oriented in time and space, with an average age between 65 and 97 years, the same who was informed of the subject and prior signature of the informed consent.

The information obtained was processed through the ATLAS TI analysis software, which constitutes a very useful hermeneutical tool for the storage, systematization, and analysis of information in qualitative research, which allowed us to order in a hierarchical manner and software I build:

8 DPS: they constitute the 8 interviews that were entered into the program for analysis.

6 Codes: This constitutes the muscle categories that arose from the analysis of the interviews as a point of analysis organization for the researcher.

18 Memos: which constitute the subcategories or ideas of which you want to investigate.

104 Appointments: This is the most important part that is highlighted in the interview questions and that are related to the categories.

1 Family: are the grouping of primary documents, which is classified by gender (male and female).

2 Networks of analysis: it allows us to establish relationships between the core categories with citations and memos with citations through links that are displayed giving a general report of the hermeneutical unit.

Results and Discussion

We can state that comfort is fundamental in-patient care, seeking satisfaction, with interventions that can "comfort greatly", in the physical, psychospiritual, environmental, and social dimensions, where there is patient-caregiver confidence getting to know the concerns concerning your care, providing comfort measures.

Category 1: Sharing with other adults

Older adults indicate that they feel good and calm when being in the center, there is a comfort to sleep and rest, good bed, good mattress, a good blanket, good room, in quality of care to improve with a good treatment by professionals who They work in the center, but there is also a bit of annoyance because when adult things are brought and changed, and they are not used to being mixed between men - women.

Category 2: Be at ease when attended

Most adults say they are satisfied with the care provided at the ATALAYA center, they are counting on what they have not had in their home, they feel happy because they encourage them, the

staff is good people and of goodwill, On the other hand, they don't like to change clothes with other adults and adapt to change.

Category 3: Respecting my religion

Adults mostly express that their beliefs, customs, and habits if they are respected, we are Catholics and do not make us a problem in that sense, instead, other adults indicate that some do not respect them, their custom is to respect the elder if I Respect and are surprised because in the center they have not been very religious.

Category 4: Feeling comfortable

Some older adults report that there all the comforts such as food, bedroom, a snack if you can live rationally and comfortably, the food is good, they like what they feed and everyone is served with pleasure are not superb the staff has education and willingness to attend, physical and recreational activities make the capacity they can, they are calm at the time they do it, they like doing the activities, it is nice to go out to the patio at least to dissipate so as not to be sad, on the other hand, other adults are not satisfied with the food, the fresh or tender grain hurts me because of the disease they suffer, the center is very cold to live peacefully to lack no more, you have to adhere to everything, and because of the games because They are not old enough to be like this and they are sick.

Category 5: Feeling at peace with me

The adults declare that they have not felt upset about the treatment they are comfortable with the staff of the ATALAYA Senior Center, they are calm with the environment, they like to go for a walk in the park to get distracted, they are grateful for everything that they give, on the other hand, they feel bad for the age and for the diseases that they have since an adult is like a child, also for the uproar that exists at the time of having coffee, lunch, and snack, they also do not like Let the doors lock.

Category 6: Visit to my relatives

A large part of the elderly indicate that with the visit of their relatives they feel happy, happy, happy, it is full confidence in them, however, others express that they feel bad, sad it seems that they are abandoned they have no one to talk to, to talk, they are making believe and it does not fulfill what they are saying, also, other adults emphasize that they no longer have family and they are calm in the center.

Sharing with other adults: Based on the taxonomy of Katharine Kolcaba's theory in this category it has the "social and environmental" contexts, with a predominance of comfort types "tranquility and transcendence". The findings found for this category indicate that older adults feel good and calm when being in the center sharing with other adults; "Having a nucleus of friendships with which to be able to exchange information, carry

out leisure and free-time activities can be very important when it comes to combating the feeling of loneliness” [5]; “Environmental gerontology is an area that aims to know, analyze, modify and optimize the relationship between the aging person and their physical-social environment” [6]; “The importance of the participation of older adults in the design of policies aimed at satisfying their special needs” [7].

Being at ease when being attended: Based on the taxonomy of Katharine Kolcaba's theory in this category, the "physical and psychospiritual" contexts were found, with a greater predominance of the "relief" type of comfort. In this code it was found that most adults are satisfied, in addition to feeling good with the care provided in the center for the elderly; older adults have family relationships, friendships, institutional relationships, which give them a livelihood to be able to undertake new challenges [8]; “The gerontological centers will be spaces with environments conducive to the activities of care, recreation, revitalization, integration, and socialization of the elderly” [9]; Decent treatment includes the kind greeting to the patient, the presentation of the health personnel, speaking to the patient by name, the explanation of activities or procedures that are going to be performed, safeguarding the patient's privacy, being treated with respect, provide information about post-procedure care, not only to the patient but also to the responsible family member and, finally, the patient's satisfaction regarding the personal treatment he received [10].

Respecting my religion: Based on the taxonomy of Katharine Kolcaba's theory in this category, the “psychospiritual” context predominates, with a greater mastery of the comfort type “transcendence”. For this category, as findings were found that older adults are Catholics, believers in God implying that their religion or customs are respected; Religion correlates with an improvement of physical and mental health and religious people can propose that God's intervention facilitates these benefits, it is important to emphasize that health professionals should not discourage the patient's religious commitment [11].

Feeling comfortable: Based on the taxonomy of Katharine Kolcaba's theory in this category it has the "physical and environmental" contexts, with a predominance of "comfort and tranquility" comfort types. As findings for this category it was found that older adults at the time of doing activities do as they can, also indicate that they do not like the activities since they consider them to be things for children, but they adapt to everything; older people are still able to adapt, with the difference that this process will be longer and will need a series of supports and aids [12]; "the art. 13 establishes that people and communities have the right to safe and permanent access to healthy, sufficient and nutritious food” [7]; “The important role that nursing plays in the intervention and nutritional advice, which allows improving their well-being” [13]; “Adapting and maintaining the environment of the elderly can facilitate their tranquility and comfort” [14].

Feeling at peace with me: Based on the taxonomy of Katharine Kolcaba's theory in this category it has the "social and environmental" contexts, with a predominance of comfort types "tranquility and transcendence." The findings found in this category indicate that some older adults consider that the senior center is good for living and if they like the environment; Institutionalization beyond promoting decent life promotes a better life but does not promote living well, which implies, feeling comfortable with who you are, being in harmony with the other, not feeling humiliated, by age, by appearance, by losses [15]; “Older adults say they feel the concern of the nursing profession since they express that they care about them, about their well-being, about their comfort, about their health” [16]; “The positive and negative emotions represent the affective component, the first ones reflect how a person feels excited” [17].

Visit of my relatives: Based on the taxonomy of Katharine Kolcaba's theory in this category it has the "social and psychospiritual" contexts, with a predominant comfort type "transcendence", and less influence "tranquility". The findings for this category were found that more can be done because family members are not at home, so I am comfortable here; the state will protect the abandoned or unprotected elders in a special way. Likewise, it will promote and guarantee the functioning of private sector institutions that fulfill activities of care for the elderly population [18]; “They propose interventions as alternatives to soften the totalizing effect of the institution, including explaining that it would be beneficial and facilitating for the elderly to go through a pre-admission stage” [19]; “A high proportion of older adults who were taken by family members and/or who did not voluntarily institutionalize had depressive symptoms” [20]; “Entering a residence means a radical change in the life of a person, with not only taking away from the usual environment and the home but also breaking in some way with family and social ties” [21, 22].

Conclusion

Finally, comfort, convenience or well-being, will not reach complete satisfaction, thus demonstrating in our analysis that there factors that can alter it, on the other hand, each category created in our case study is related to contexts and the types of comfort postulated in the theory of Katharine Kolcaba, maintaining the essence of the subject in the investigation.

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