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APPLICATION OF KOLCABA'S COMFORT THEORY IN THE NURSING CARE OF A PATIENT WITH BREAST CANCER: A CLINICAL CASE STUDY

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Abstract

Background: *Breast cancer and its treatment can produce substantial physical and psychospiritual distress. Katharine Kolcaba's Comfort Theory provides a framework for identifying multidimensional comfort needs and guiding individualized nursing interventions.*

Methods: *This descriptive clinical case study applied Kolcaba's Comfort Theory to a 37-year-old woman with stage III breast cancer receiving her third cycle of chemotherapy following mastectomy. Patient needs were assessed across physical, psychospiritual, sociocultural, and environmental contexts and categorized according to relief, ease, and transcendence.*

Results: *The case demonstrated unmet comfort needs related to chemotherapy-induced nausea, fatigue, anorexia, insomnia, hair loss, altered body image, emotional distress, hopelessness, fear of death, and reluctance to continue treatment. Theory-based nursing interventions were identified to address symptom management, nutritional and sleep needs, emotional support, body-image concerns, coping, patient education, family involvement, and treatment-related decision-making.*

Conclusion: *Kolcaba's Comfort Theory provides a structured and holistic framework for identifying and addressing multidimensional comfort needs in oncology nursing. Theory-based interventions may support coping, quality of life, and engagement in health-seeking behaviors. Further clinical studies are required to evaluate measurable outcomes of comfort-focused nursing interventions.*

INTRODUCTION

Breast cancer is a major health concern that affects patients not only physically but also psychologically, socially, and emotionally. Diagnosis, surgical treatment, chemotherapy, changes in body image, treatment-related adverse effects, uncertainty about prognosis, and concerns regarding family responsibilities can substantially affect patients' quality of life. Nurses play an important role in identifying and addressing these multidimensional needs throughout the cancer-care trajectory.

Chemotherapy may produce a range of adverse effects, including nausea, fatigue, anorexia, sleep disturbance, and hair loss. These physical effects may occur alongside emotional distress, anxiety, hopelessness, altered body image, and concerns regarding treatment continuation. Consequently, oncology nursing requires an approach that

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extends beyond symptom management and considers the patient as a whole.

Katharine Kolcaba's Comfort Theory provides a middle-range nursing framework that conceptualizes comfort as a fundamental human need and an important goal of nursing care. According to the theory, comfort occurs when healthcare needs are addressed through appropriate nursing interventions, resulting in experiences of relief, ease, and transcendence across physical, psychospiritual, sociocultural, and environmental contexts (Kolcaba, 2003).

The theory provides a systematic approach for assessing patients' comfort needs and planning individualized interventions. Enhanced comfort may subsequently facilitate health-seeking behaviors and contribute to improved well-being and institutional outcomes.

The purpose of this clinical case study is to demonstrate the application of Kolcaba's Comfort Theory to a patient experiencing the complex physical and psychospiritual consequences of breast cancer and chemotherapy.

Methodology

Study Design

This descriptive clinical case study demonstrates the application of Katharine Kolcaba's Comfort Theory in oncology nursing care. The case was developed to illustrate the identification of multidimensional comfort needs and the planning of theory-based nursing interventions for a patient undergoing chemotherapy for breast cancer.

Case Setting

The case represents an oncology nursing context involving a patient receiving chemotherapy following mastectomy for stage III breast cancer.

Case Assessment

The assessment focused on physical, psychospiritual, sociocultural, and environmental comfort needs. Findings were organized according to Kolcaba's three forms of comfort: relief, ease, and transcendence.

Assessment Domains

Assessment domains included chemotherapy-related symptoms, nutritional intake, sleep, fatigue, emotional distress, body-image concerns, coping, family concerns, treatment-related fears, willingness to continue treatment, and psychological safety.

Ethical Considerations

This case was developed as a theoretical clinical application for academic and educational purposes and did not involve prospective patient follow-up or presentation of measured treatment outcomes. No personally identifying patient information is included. If adapted from an actual patient encounter for publication, appropriate institutional permission, ethical review requirements, and written informed consent should be obtained before submission.

Case Presentation

A 37-year-old woman was receiving her third cycle of chemotherapy in an oncology department. She had been diagnosed with stage III breast cancer approximately three months earlier and had undergone mastectomy approximately six weeks after diagnosis.

During chemotherapy, the patient experienced persistent nausea, severe fatigue, anorexia, insomnia, and significant hair loss. These symptoms interfered with her daily activities and contributed to a decline in her physical well-being.

The patient also demonstrated considerable psychological and emotional distress. She cried frequently during nursing care and avoided looking in mirrors because of changes in her physical appearance and hair loss. She reported that she no longer enjoyed activities that she had previously found pleasurable and expressed feelings of being a burden to her husband and children.

The patient occasionally refused food and expressed reluctance to attend subsequent chemotherapy sessions. During interactions with healthcare providers, she stated, "My life has ended. I can never be the same person again. I

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don't think this treatment is worth continuing." She also expressed fear that she would not live long enough to see her children grow up.

The combination of physical symptoms, altered body image, emotional distress, hopelessness, and concerns about treatment continuation indicated significant unmet comfort needs requiring comprehensive nursing assessment and intervention.

Table 1. Demographic and Clinical Characteristics of the Patient

Variable	Finding
Age	37 years
Gender	Female
Diagnosis	Stage III breast cancer
Treatment	Mastectomy and chemotherapy
Current chemotherapy cycle	Third cycle
Time since diagnosis	Approximately 3 months
Time since mastectomy	Approximately 6 weeks
Family responsibilities	Husband and children
Physical symptoms	Nausea, fatigue, anorexia, insomnia, hair loss
Psychological concerns	Hopelessness, crying, emotional distress
Body-image concern	Avoids looking in mirror
Treatment concern	Reluctance to continue chemotherapy

Application of Kolcaba's Comfort Theory

Kolcaba's Comfort Theory identifies three forms of comfort: relief, ease, and transcendence. These forms occur across four contexts: physical, psychospiritual, sociocultural, and environmental (Kolcaba, 2003).

Relief

Relief refers to the state experienced when a specific comfort need has been addressed. In the present case, persistent nausea, severe fatigue, anorexia, and insomnia represent unmet physical comfort needs.

Nursing measures should include systematic assessment and management of chemotherapy-related symptoms, administration of prescribed antiemetic therapy, appropriate nutritional and hydration support, fatigue management, sleep promotion, and coordination with the oncology team.

Ease

Ease refers to a state of calmness and contentment. Frequent crying, hopelessness, loss of interest, altered body image, and emotional distress demonstrate unmet needs for ease within the psychospiritual context.

Nursing measures should include therapeutic communication, active listening, emotional support, reassurance without false hope, and opportunities to express fears and concerns. Support related to mastectomy and chemotherapy-related hair loss should also be provided. Referral to an oncology psychologist, counselor, social worker, or other appropriate mental-health professional should be considered when significant distress is identified.

Transcendence

Transcendence refers to the experience in which a person is able to rise above difficulties and cope with challenges despite the circumstances. The patient's fear of death, concern about her children, and questioning of treatment suggest difficulty finding hope, meaning, and a sense of control.

Nursing care should support realistic hope, coping, personal meaning, and participation in decision-making. Nurses can encourage meaningful goals, involve supportive family

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members with the patient's consent, provide understandable information, and facilitate communication with the oncology team regarding treatment concerns.

Expressions such as "My life has ended" and questioning whether treatment should continue should be taken seriously. The nurse should assess for psychological crisis and suicidal ideation when clinically indicated and refer promptly to the appropriate healthcare professional.

Table 2. Assessment of Comfort Needs According to Kolcaba's Comfort Theory

Context	Comfort type	Assessment finding	Identified need
Physical	Relief	Persistent nausea	Symptom control
Physical	Relief	Severe fatigue	Fatigue management
Physical	Relief	Anorexia	Nutritional support
Physical	Relief	Insomnia	Sleep promotion
Psychospiritual	Ease	Crying, hopelessness, emotional distress	Emotional and psychological support
Psychospiritual	Ease	Altered body image and hair loss	Body-image support
Psychospiritual	Transcendence	Fear of death; questioning treatment	Coping, realistic hope, decision support
Sociocultural	Transcendence	Concern about children and family	Family/social support
Environmental	Ease	Treatment-related distress	Supportive environment and privacy

Nursing Assessment and Diagnoses

Based on the presented assessment, the following nursing problems may be prioritized: nausea related to chemotherapy; inadequate nutritional intake associated with anorexia and treatment-related symptoms; cancer- and chemotherapy-related fatigue; disturbed sleep; disturbed body image associated with mastectomy and hair loss; anxiety or fear related to cancer and treatment uncertainty; hopelessness; and ineffective coping. The patient's reluctance to continue chemotherapy also warrants assessment of underlying concerns, understanding of treatment, symptom burden, psychological distress, and informed decision-making.

Nursing diagnoses should be finalized using the terminology and diagnostic criteria required by the nursing classification system adopted by the authors or institution.

Theory-Based Nursing Interventions

Interventions should be individualized according to the patient's preferences, clinical condition, cultural context, treatment plan, and identified comfort needs.

Intervention	Description	Kolcaba concept
Symptom management	Assess nausea and administer prescribed antiemetic therapy; monitor response.	Relief
Nutritional support	Encourage appropriate nutritional intake and hydration according to clinical plan.	Relief
Fatigue management	Balance activity with rest and	Relief

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	prioritize essential activities.	
Sleep promotion	Address contributing symptoms and promote a comfortable sleep environment.	Relief/Ease
Emotional support	Use therapeutic communication, active listening, and supportive counseling.	Ease
Body-image support	Discuss post-mastectomy and hair-loss concerns and provide coping resources.	Ease
Psychological referral	Facilitate referral when significant psychological distress is identified.	Ease
Treatment education	Provide understandable information about treatment, adverse effects, and supportive measures.	Transcendence
Family involvement	Involve supportive family members with the patient's consent.	Transcendence
Shared decision-making	Facilitate communication with the oncology team regarding treatment concerns.	Transcendence

Expected Outcomes and Evaluation

Because this case is presented as a theoretical clinical application without prospective follow-up, the following are expected outcomes rather than measured clinical results. Evaluation in an actual clinical case should use patient-reported and clinically observable indicators before and after implementation of the nursing interventions.

Comfort domain	Expected outcome	Possible indicator for evaluation
Physical	Reduced nausea and improved symptom control	Patient-reported symptom severity; intake and treatment tolerance
Physical	Improved nutritional intake	Meal/fluid intake and weight or nutritional indicators as clinically appropriate
Physical	Improved sleep	Patient-reported sleep quality and duration
Psychospiritual	Reduced emotional distress	Patient-reported distress and observed emotional state
Psychospiritual	Improved body-image coping	Patient's expressed acceptance and coping behaviors
Psychospiritual	Improved hope and coping	Patient's ability to identify goals and coping strategies
Sociocultural	Improved use of family/social support	Patient-reported support and participation
Health-seeking behavior	Greater engagement with	Attendance, communication of

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	treatment decisions and follow-up	concerns, and participation in care decisions

Health-Seeking Behaviors

Kolcaba's Comfort Theory proposes that enhanced comfort can facilitate health-seeking behaviors. In this case, improved comfort may increase willingness to participate in chemotherapy, attend follow-up appointments, communicate treatment concerns, maintain nutritional intake, use psychosocial support, and participate in decisions regarding care.

Comfort-focused nursing care may therefore extend beyond immediate symptom relief. By addressing physical and psychospiritual distress, nurses may help patients develop greater capacity to engage with treatment and the healthcare team.

Discussion

This case demonstrates the multidimensional nature of comfort among patients undergoing cancer treatment. Physical symptoms may coexist with psychological distress, altered body image, reduced motivation, and uncertainty about treatment.

Kolcaba's framework is relevant because comfort is not conceptualized solely as the absence of physical symptoms. Relief, ease, and transcendence provide complementary perspectives for understanding the patient's experience across multiple contexts.

The physical manifestations in this case primarily require relief through symptom management. At the same time, emotional distress and altered body image indicate unmet needs for ease. Fear of death, concerns regarding children, and questioning of treatment reflect challenges related to transcendence.

The case illustrates the importance of holistic nursing assessment. Focusing exclusively on nausea, fatigue, or anorexia would not adequately address the patient's overall experience.

The theory also emphasizes individualized care. Patients with the same diagnosis and treatment regimen may have different comfort needs. Nurses should therefore consider subjective experience, preferences, values, coping mechanisms, family relationships, and environmental factors when planning care.

The patient's hopeless statements and questioning of treatment should not be interpreted simply as non-adherence. They may indicate substantial psychological distress, fear, inadequate symptom control, or uncertainty about treatment. Nurses should explore underlying concerns and facilitate appropriate psychosocial and multidisciplinary support.

Further empirical studies are needed to determine whether Kolcaba-based interventions produce measurable improvements in comfort, quality of life, psychological well-being, or treatment engagement among oncology patients.

Clinical Implications for Oncology Nursing

Conduct ongoing, comprehensive comfort assessments rather than focusing exclusively on physical symptoms.

Individualize comfort measures according to patient preferences, clinical status, and treatment goals.

Integrate symptom management with psychological and psychosocial support.

Assess body-image concerns following mastectomy and treatment-related hair loss.

Facilitate communication among patients, families, and multidisciplinary healthcare professionals.

Take expressions of hopelessness or treatment withdrawal seriously and assess psychological safety when clinically indicated.

Use comfort-focused care to support patient participation in appropriate health-seeking behaviors.

Limitations

This case study has limitations. It presents a theoretical clinical application rather than a prospective clinical intervention with measured outcomes. No validated comfort scale, quality-of-life measure, or longitudinal follow-up data were

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available for analysis. Therefore, the expected outcomes described in this manuscript cannot be interpreted as demonstrated treatment effects. Future clinical case reports and empirical studies should incorporate validated assessment instruments and documented follow-up.

Conclusion

Kolcaba's Comfort Theory provides a useful holistic framework for understanding and addressing the complex comfort needs of patients undergoing cancer treatment. In the presented case, unmet needs for relief, ease, and transcendence were identified across physical, psychospiritual, sociocultural, and environmental dimensions.

Application of the theory enables nurses to systematically identify healthcare needs and select individualized comfort measures addressing both physical symptoms and emotional distress. Although the present case does not provide measured post-intervention outcomes, theory-based comfort interventions may potentially improve coping, quality of life, treatment engagement, and health-seeking behaviors.

Further clinical research is needed to evaluate the effectiveness of Kolcaba-based nursing interventions using measurable patient outcomes.

Recommendations

Use comprehensive comfort assessments throughout the cancer treatment trajectory.

Implement individualized measures for chemotherapy-related symptoms.

Integrate psychological and emotional support into routine oncology nursing care.

Assess and address altered body image following mastectomy and hair loss.

Encourage family involvement according to patient preference and consent.

Provide psychological assessment and referral when significant hopelessness or distress is identified.

Promote multidisciplinary collaboration for physical, psychological, social, and informational needs.

Conduct research evaluating Kolcaba-based interventions using validated comfort, quality-of-life, and psychological measures.

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