

A Study to Assess the Level of Comfort among Post Operative Children (Age 5-10 Years) by using Katharine Kolcaba Comfort Observation a Checklist and Comfort Daises at Selected Hospital of Punjab (India)

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Abstract: *Objective of case study: To assess the level of comfort among post operative children (age 5-10 years). Research approach: Descriptive approach was used in assessing comfort level in post operative child. The tools used for data collection were Base line information of children. Comfort Behavior check list, and Comfort Daises. Result showed that post operative children were having moderate discomfort (45.88±9.91) as assessed by comfort observation check list. This finding goes with comfort assessed with comfort daises which involves a child's rating his or her comfort from one to four (very bad to very good) that post operative children averagely rated their comfort feeling between very bad and sort of bad.*

Keywords: Discomfort, Post operative children (age 5-10 year) child.

1. Introduction

Children can perceive hospitalization as one of the most stressful event. Anxiety, fear, withdrawal, depression, regression and defiance are few reactions shown by children as well as adult, and it can be more severe than their reaction to illness. ¹The hospital situation is frequently unfamiliar, similar to the state in infancy where the unknown is perceived as threatening. Ellerton & Merriam²evaluated that medical procedure are exceptionally upsetting for youngsters and they have less effective coping behaviors. Schmidt³ described the anxiety and emotional disturbances experienced due to hospitalization. Doctors nurses, health routines and health workers creates white uniform phobia in children. Moreover, medical procedures such as injection or I.V. insertion are sources of fear and anxiety in children. As mentioned by Kain zn et. al ⁴revealed that much as 50-60% of children undergoing surgery shown postoperatively behavioral changes included separation anxiety, sleep disturbance, aggression toward authority, temper tantrum, and eating problems. Nurses document patient's states prior and then afterward the utilization of comfort measures to check if the measures are enhancing or declining the patient's condition. Nurses knowing a patient's condition can provide comfort measures prophylactically to prevent negative outcomes. Correct assessment of level of comfort will guide the nurse to utilize comfort care interventions in decreasing the discomfort. Being able to determine when comfort measures are necessary or useful is vital to improving the quality of patient care. With increased patient comfort; they are more likely to engage in health seeking behaviors.

2. Aim

An aim of study was to assess the level of comfort in post operative children age 5-10 years by using Katharine Kolcaba Comfort Observationa Check list and Comfort daises

3. Material and method

Research design

Descriptive study selected for describing the level of comfort experiencing by children. Further feasibility of tools checked by their effectiveness in collecting data, usability, and practicability in application of tool.

Research setting

The study was conducted at Gian Sagar Medical College and Hospital, Deep hospital Ludhiana, Rajindra Hospital of District Patiala, Punjab.

Target population

In this study target population were post operative children age 5-10 years.

Sample & Sampling Technique

Total 100 samples were selected by using purposive sampling technique. Firstly the researcher located the sample then checked for the inclusion criteria and sample that were fulfilling desire criteria were selected in study.

Inclusive criteria-

- Post operative children had surgery under GA
- Children age 5-10 years
- Children who are conscious.

Exclusive criteria

- Unconscious children
- Not able to hear, listen and talk.

Data collection method

Observation method and self report method were used to measure the children post operative comfort .In which Comfort Behaviors Checklist used to observe the patient behavior and comfort daises used as self report way of expressing patient comfort feeling.

Description of tool

Tool

- Tool I-Base line information of children.
- Tool II-General comfort questionnaire
- Tool III- Comfort Observation check list
- Tool IV -Comfort daises

General comfort questionnaire, comfort observation checklist and comfort daises are tool to assess comfort proposed by Katharine Kolcaba⁵ .General Comfort Questionnaire (GCQ) is designed to measure holistic changes in comfort levels. Multiple adaptations of the GCQ have been developed for specific purposes. It composed of 48 items questions (Half positive and half negative items) .It covered the content domain of comfort .Comfort behavior checklist –data collectors are used to rate a patient apparent comfort. Comfort daisies, this instrument was designed for use with young children .Children's Comfort Daisies is a more sensitive instrument than the simple question asked above because it involves a child's rating his or her comfort from one to four .

Population

Post operative Children age 5-10 years

Ethical considerations/Clearance

Permission was taken from concerned authorities for conducting study.

Data collection procedure

Data collected in the year 2015-2016.Data were collected after ethical clearance and getting permission from relevant authority. Samples selected by using purposive sampling technique. Post operative discomforts of children assessed by using comfort observation check list and comfort daises. General comfort questionnaire were used to ask children level of comfort, but it was very difficult to get answer from children .Though questionnaire very modified in Hindi, still it was very difficult for them to respond it.Both comfort observation check list and comfort daises were suitable in taking response from children.

4. Result

Data were analyzed by using descriptive statistics. In descriptive statistics frequency, percentage, mean and standard deviation were used.

Section A: Sample characteristics

This section deals with the description of sample characteristics of the subjects.

Table 1: Description of sample characteristics

	Variable	Frequency	Percentage
1.	Age of child? a)-5-7 year b)->7-9 year c)->9-10 years	37 33 30	37% 33% 30%
2.	Sex of the child? a) Male b) Female	56 44	56% 44%
3.	Education of Child a) No formal education b) Under first class c) >1 st to 3 rd d) >3 rd to above	5 15 61 19	5% 15% 61% 19%
4.	Who is Primary care giver? a) Father b) Mother c) Grand mother d) Grand father e) Aunt f) Uncle g) Maid h) Any other ...than specify	1 79 15 ----- 5 -- -- -	1% 79% 15% ----- 5% -- -- -
5.	Number of previous hospitalization a) Nil (Admitted for the first time) b) one time c) two times d) more than two times	30 45 20 5	30% 45% 20% 5%

Table number-1 depict that 37% children belong to 5-7 years, 33% children were from >7years to 9 years, while, remaining 30 percent were >9 year to 10 years age category. Majority 56% children were male .Larger 61% children were under 1-3rd class category ,whereas ,5%children were not enroll in formal education .Majority 75%children primary care giver was mother.45%children were admitted first time in hospital whereas 30% were never admitted in hospital for any reason .

Section B: Assessment of post operative comfort in children admitted in post operative ward

Table 2: Level of comfort in post operative children
N=100

Comfort Assessment Tools	Comfort score		Level of Comfort
	Mean	SD	
Comfort observation check list	45.88	9.91	Moderate discomfort
Comfort daises (Right Now I feel:)	1.3	0.50	Feeling between very bad and sort of bad

Table 2-depict that post operative children were having moderate discomfort (45.88±9.91) as assessed by comfort observation check list .This finding goes with comfort assessed with comfort daises which involves a child's rating his or her comfort from one to four (very bad to very good) that post operative children averagely rated their comfort feeling between very bad and sort of bad. Both Comfort observation checklist and comfort daises were feasible in assessing level of comfort in children

5. Conclusion

Comfort is important aspect of nursing care .Assessment of correct level of comfort will help in delivering effective nursing care to children. Instead of using long questionnaires it will be better to use observation check list and comfort daises for assessment of level of comfort in children. Asking long questions creates discomfort in children.

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