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Nursing care of a patient with osteogenesis imperfecta in accordance with Kolcaba's comfort model: Case study

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Aim: Comfort Theory, which defines comfort as state of absence of pain, anxiety, distress, uneasiness, was presented by Katharine Kolcaba in 1994. Kolcaba presented taxonomy for comfort comprised of 3 types (relief, ease and transcendence) and 4 dimensions (physical, psychospiritual, environmental and sociocultural). Osteogenesis Imperfecta (OI), known as fragile bone disease, is the most common genetic bone disease that deteriorates life comfort of patients from the early years of life. The aim of this case study was to test the applicability of Kolcaba's Comfort Model in nursing care of a patient with OI.

Methods: Nursing care of a patient with OI was planned and executed in accordance with Kolcaba's Comfort Model and the outcomes were assessed in this case study.

Case: Female, 13 years old patient with OI, who had heart shaped face, short stature and scoliosis, was hospitalized for right femur fracture. OI was diagnosed one month after the birth and she was able to walk at 18th month. Mobility was limited by time as she often experienced multiple fractures. The patient had experienced 3-6 fractures per year and was not able to walk when she had femur fracture at age 11. The child who was well informed about her disease and had developed self-protection behaviors, was easy to communicate and displayed proper reaction and affect. She was educated at home by visiting teachers, she did not get out of the house when she was not hospitalized and she spent most of her time with her family and friends at home. She was fed with mashed food instead of solid food because she lost her teeth at early ages. Patient was living with her mother and sister, and had no psychological support. Within the context of physical comfort; pain, frequent fractures and bone deformity due to decreased bone strength, difficulty in feeding due to loss of teeth was observed. Within the context of physical comfort; it was assessed that the family was inadequately informed about environmental setting reorganization. It was observed that the patient was not using wheelchair, spending most of her time at home and was shown around in a stroller. It was determined that this condition deteriorated the sociocultural comfort of the patient and led to social isolation. It was determined that the patient had no support for psychospiritual support but her mother had support for psychospiritual needs. The problems determined within the 4 dimensions of Comfort Model were solved with nursing activities planned according to 3 types of comfort. It was appreciated that physical, psychospiritual, environmental and sociocultural comfort of the patient and the family were promoted.

Conclusion: We suggest that nursing care of patients with OI, planned in accordance with Comfort Model may reduce negative experiences of patients and their families. This study may give guidance to nurses who care for orthopedics and traumatology patients.

Biography

Betül Tosun has completed her PhD in Nursing from Gülhane Military Medical Academy, School of Nursing, Department of Fundamentals of Nursing. She is working as a Lecturer at Gülhane Military Medical Academy, School of Nursing, Department of Fundamentals of Nursing. She has published 7 papers in reputed journals.

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