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Perceived Comfort of Post-Caesarean Section Patients Based on Kolcaba's Comfort Theory

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Abstract

Introduction: Comfort is an important aspect of recovery for post-cesarean section patients, but the experience of comfort is individual and influenced by physical, psychological, sociocultural, and spiritual conditions. Based on Kolcaba's Comfort Theory, comfort encompasses three contexts: relief, ease, and transcendence. This study aims to explore the comfort experiences of post-cesarean section patients based on these three contexts. Methods: This study used a qualitative descriptive design involving six participants. Data were collected through in-depth interviews and observation, then analyzed qualitatively using Open Code 4.02 software. Result: The results showed that (1) relief was experienced through reduced pain after analgesic administration, gradual mobilization, and support from nurses; (2) ease was experienced after receiving explanations about postoperative condition, family support, and spiritual activities, although anxiety related to the surgical wound or previous surgical experiences was still found; (3) in transcendence, participants demonstrated the ability to adapt through gratitude, self-acceptance, and a focus on the baby's safety. Discussion: The comfort of relief, ease, and transcendence is influenced by time and individual adaptation experiences; therefore, nursing interventions are tailored based on these three contexts. Conclusion: Patients' experiences of comfort following a cesarean section exhibited dynamic and contextual patterns, meaning that not all dimensions of comfort were fully experienced. Recommendation: Therefore, nursing interventions are tailored based on these three contexts.

Keywords: Comfort, Cesarean Section, Kolcaba's Comfort Theory

1. INTRODUCTION

Cesarean section (CS) is a common surgical procedure performed to assist in the delivery process under certain conditions. Post-cesarean section patients often experience relatively high levels of anxiety and pain, which can affect the recovery process and the patient's comfort. Acute postoperative pain remains one of the most common complications following cesarean section and affects approximately 58% of women worldwide. In addition to causing physical discomfort, postoperative pain is associated with increased anxiety, delayed recovery, prolonged hospitalization, and decreased maternal functioning, emphasizing the importance of comprehensive pain management during the postoperative period (Demilew et al., 2024). Excessive anxiety can exacerbate pain perception and slow healing. Additionally, pain that is not optimally managed can impact breastfeeding, early mobilization, and the patient's sleep quality (Abidin et al., 2022). Poorly controlled postoperative pain may also contribute to persistent postoperative pain, interfere with maternal-infant interaction, and reduce the quality of postoperative recovery, highlighting the need for effective multidisciplinary pain management strategies (White et al., 2025).

According to the World Health Organization (WHO) in 2021, the number of cesarean sections has increased worldwide, accounting for more than 1 in 5 births (21%), and is projected to continue rising over the next ten years. By 2030, nearly one-third (29%) of all births will be via cesarean section (World Health Organization, 2021). Based on data from the 2023 Indonesian Health Survey (SKI), the prevalence of cesarean section was 25.9% (Kementerian Kesehatan republik indonesia, 2023).The continuous increase in cesarean

section rates has become a global public health concern because unnecessary cesarean deliveries are associated with higher healthcare costs, greater postoperative morbidity, and increased demand for postoperative nursing care, thereby emphasizing the need to optimize postoperative recovery and patient comfort (Demilew et al., 2024).

Although numerous studies have demonstrated the effectiveness of this theory in various clinical situations, research on the comfort of patients following a cesarean section using Kolcaba's approach explicitly remains very limited in Indonesia. Most studies have focused primarily on pain or anxiety as single variables, without considering them holistically within the context of overall comfort. A systematic review and meta-analysis also reported that postpartum comfort is strongly associated with the mode of delivery, emphasizing the importance of nursing interventions that address mothers' physical, psychological, and social needs throughout the recovery period (Özkan et al., 2024). Furthermore, most recent studies have concentrated on postoperative pain management or analgesic interventions, whereas limited attention has been given to patients' holistic comfort experiences encompassing physical, psychospiritual, sociocultural, and environmental dimensions. Consequently, qualitative evidence exploring comfort from the perspective of women recovering from cesarean section remains insufficient.

The Comfort Theory developed by Katharine Kolcaba offers a conceptual approach to improving patients' overall comfort. This theory categorizes comfort into three main forms physical, psychospiritual, sociocultural, and environmental comfort as well as four contexts of human experience: relief, ease, transcendence, and the need for overall well-being (Kolcaba, 2003). By understanding comfort as both the outcome and the goal of nursing care, nurses are expected to be able to identify and meet patients' needs more comprehensively. A study titled "The Application of Katharine Kolcaba's Comfort Nursing Theory in the Provision of Perioperative Nursing Care." The study found that the comfort theory is highly beneficial in providing nursing care to perioperative patients; by fostering a sense of comfort, it facilitates synergistic, organismic, and multidimensional responses that can influence the healing process. The Comfort Theory is highly recommended for nursing interventions for perioperative patients. Nursing interventions within four holistic contexts lead to various ways to help patients achieve relief, ease, and transcendence (Pomalango, 2023). Recent evidence also indicates that comprehensive postoperative nursing interventions focusing on individualized comfort and multimodal pain management can improve recovery outcomes and reduce postoperative pain among women undergoing cesarean section. These findings support the implementation of holistic nursing approaches to optimize patient comfort throughout the recovery process (Siwicki et al., 2025). Variations in perceptions of comfort were also found in a qualitative study showing that hospitalized patients identified different comfort needs. Some patients place greater emphasis on the need for medical information and explanations, while others prioritize physical aspects, privacy, or social support. These findings indicate that the most dominant dimension of perceived comfort depends heavily on the individual needs of the patient (Oliveira et al., 2020). Differences in postoperative comfort may also be influenced by previous childbirth experiences. Women undergoing repeated cesarean sections have been reported to experience different postoperative pain patterns compared with women undergoing their first cesarean section, suggesting that previous surgical experience contributes to individual perceptions of comfort during recovery (Getahun et al., 2025).

Unlike previous studies that predominantly evaluated pain intensity or anxiety independently, this study explores postoperative comfort holistically using Kolcaba's Comfort Theory through a qualitative descriptive approach. The findings are expected to provide a deeper understanding of patients' comfort experiences across physical, psychospiritual, sociocultural, and environmental contexts and to support the development of more patient-centered nursing interventions.

2. RESEARCH METHODS

This study employed a qualitative descriptive approach with a case study design to describe the comfort experienced by patients after cesarean section surgery based on Kolcaba's Comfort Theory of post-cesarean section patients admitted to the Matahari Ward at Karsa Husada Batu Regional General Hospital.Participants selected based on the following inclusion criteria: fully conscious, able to communicate verbally, free from severe complications, and willing to participate by signing an informed consent form. The phenomenon explored was patients' comfort based on Kolcaba's Comfort Theory, including three forms of comfort (relief, ease, and transcendence) across four contexts (physical, psychospiritual, sociocultural, and environmental).

Data collection took place from October 16–30, 2025, with an exploratory focus on three forms of comfort relief, ease, and transcendence across four contexts: physical, psychospiritual, sociocultural, and environmental. Data collection was conducted through semi-structured in-depth interviews lasting 30–45 minutes and participatory observation to record behavior, nonverbal responses, and the care environment. The instruments used were a semi-structured interview guide and participatory observation sheets/field notes. Data credibility was assessed through triangulation of sources, techniques, and time. Qualitative data analysis was performed using Open Code software version 4.02, which included open coding, category grouping, data presentation in narrative and tabular forms, and drawing conclusions in accordance with the research objectives. This study received ethical approval from UNHM on October 09, 2025 under reference number 2886/KEPK/UNIV-NHM/EC/X/2025.

3. RESULTS AND DISCUSSION

Research Result

Figure 1 shows that, the results of the study indicate that the comfort of post-cesarean section patients, as defined by Kolcaba's Comfort Theory, manifests in three main forms: relief, ease, and transcendence, experienced within physical, psychospiritual, sociocultural, and environmental contexts.

a. Relief

1). Physical Relief

In the dimension of relief, participants experienced physical relief in the form of reduced pain following the administration of analgesics and nonpharmacological interventions, feeling more comfortable after showering, engaging in light mobilization, and receiving medical therapy.

"After the surgery, I felt very weak and nauseous. But after receiving oxygen and medication, I felt better." (Participant C)

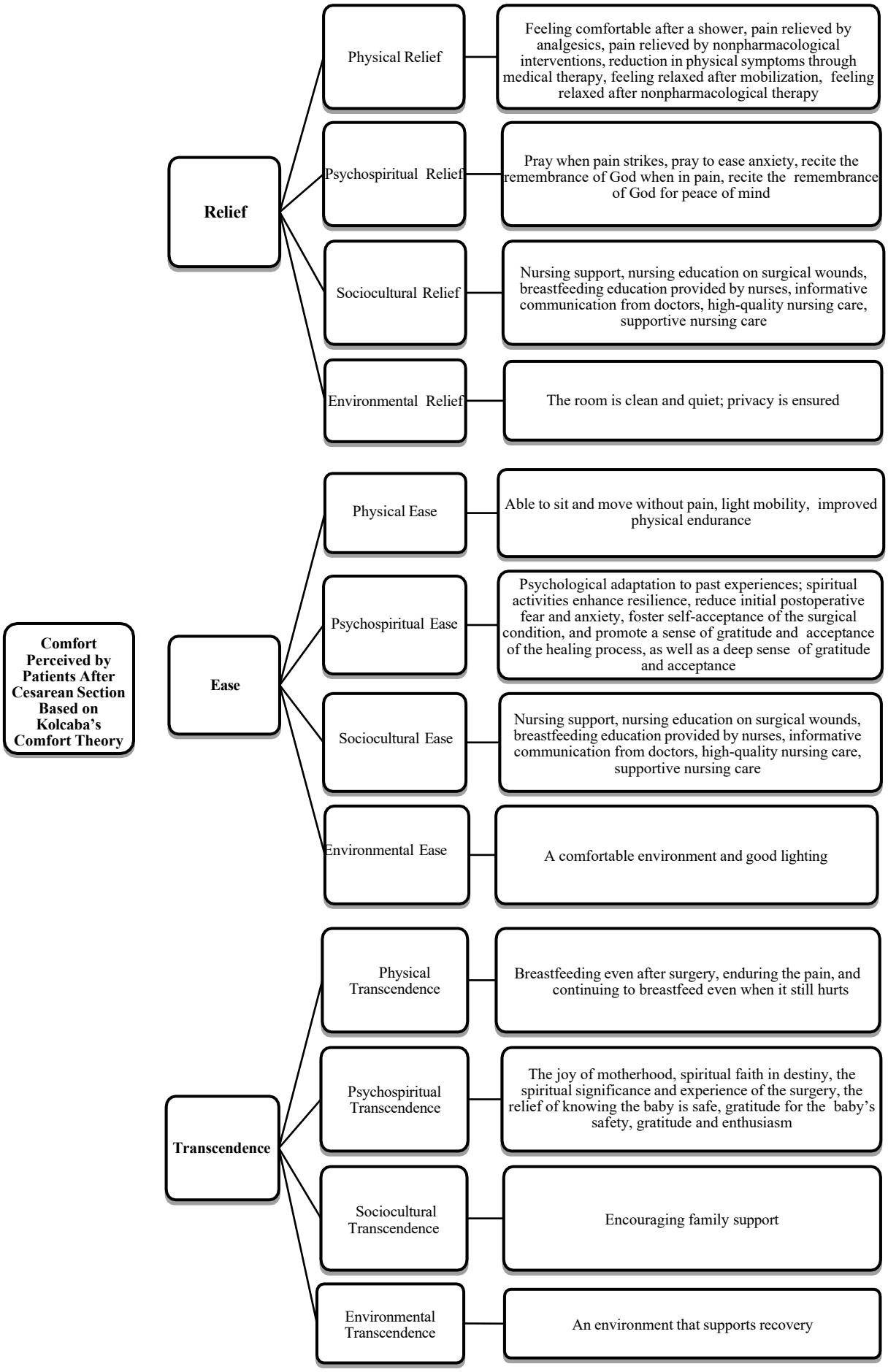
Comfort Perceived by Patients After Cesarean Section Based on Kolcaba's Comfort Theory
Relief
Physical Relief
Feeling comfortable after a shower, pain relieved by analgesics, pain relieved by nonpharmacological interventions, reduction in physical symptoms through medical therapy, feeling relaxed after mobilization, feeling relaxed after nonpharmacological therapy
Psychospiritual Relief
Pray when pain strikes, pray to ease anxiety, recite the remembrance of God when in pain, recite the remembrance of God for peace of mind
Sociocultural Relief
Nursing support, nursing education on surgical wounds, breastfeeding education provided by nurses, informative communication from doctors, high-quality nursing care, supportive nursing care
Environmental Relief
The room is clean and quiet; privacy is ensured
Ease
Physical Ease
Able to sit and move without pain, light mobility, improved physical endurance
Psychospiritual Ease
Psychological adaptation to past experiences; spiritual activities enhance resilience, reduce initial postoperative fear and anxiety, foster self-acceptance of the surgical condition, and promote a sense of gratitude and acceptance of the healing process, as well as a deep sense of gratitude and acceptance
Sociocultural Ease
Nursing support, nursing education on surgical wounds, breastfeeding education provided by nurses, informative communication from doctors, high-quality nursing care, supportive nursing care
Environmental Ease
A comfortable environment and good lighting
Transcendence
Physical Transcendence
Breastfeeding even after surgery, enduring the pain, and continuing to breastfeed even when it still hurts
Psychospiritual Transcendence
The joy of motherhood, spiritual faith in destiny, the spiritual significance and experience of the surgery, the relief of knowing the baby is safe, gratitude for the baby's safety, gratitude and enthusiasm
Sociocultural Transcendence
Encouraging family support
Environmental Transcendence
An environment that supports recovery

Figure 1. Results of Interviews and Observations of Post-Cesarean Section Patients Based on Kolcaba's Comfort Theory

2). Psychospiritual Relief

Psychospiritual relief emerged when participants prayed and recited dhikr when pain or anxiety arose, thereby achieving inner peace.

"When I feel pain, I recite prayers and remembrance of God. After that, my heart becomes calm, as if the pain has subsided a little." (Participant A)

3). Sociocultural Relief

Sociocultural relief is felt through the support of nurses, education on surgical wound care, informative communication from doctors, and supportive nursing care.

"The nurses here are kind; if I have any complaints, they take action right away." (Participant E)

4). Environmental Relief

In terms of the environment, relief was demonstrated through clean, quiet rooms and the maintenance of patient privacy.

"The hospital room is clean, the lighting is just right, and the air isn't stuffy. I'm happy because my room isn't noisy. There's privacy…" (Participant A)

b. Ease

1). Physical Ease

Physical ease is characterized by the participant's ability to sit and move without significant pain, perform light mobility exercises, and experience increased physical endurance.

".... But I feel proud that I'm stronger than I was after my first surgery." (Participant B)

2). Psychospiritual Ease

Psychospiritual ease is evident in the ability to adapt to postoperative conditions, spiritual activities that foster resilience, self-acceptance of the surgical process, and a sense of gratitude during the recovery period.

"I'm calmer now because I've learned from my first experience." (Participant B)

3). Sociocultural Ease

Sociocultural ease stems from emotional support from family and a spouse, physical assistance with daily activities, close family relationships, understanding of wound care, and nurses' assistance with mobility.

"Alhamdulillah, my husband has been very supportive and really attentive." (Participant D)

4). Environmental Ease

Environmental ease is experienced through a comfortable care room atmosphere with good lighting, which fosters a sense of calm.

"The tidy environment makes me feel comfortable resting." (Participant A)

c. Transcendence

1). Physical Transcendence

In physical transcendence, participants were able to overcome post-operative discomfort by continuing to breastfeed their babies despite still feeling pain, demonstrating strength in coping with pain.

"It was the first time I was able to breastfeed my baby on my own; I felt amazing.

Even though I was still in pain, that moment made me feel strong and happy." (Participant F)

2). Psychospiritual Transcendence

Psychospiritual transcendence is reflected in the joy of motherhood, trust in destiny, a spiritual interpretation of the surgical experience, as well as a sense of relief and gratitude for the baby's safety, accompanied by a renewed sense of hope.

"From this experience, I learned a lot about patience and accepting circumstances. I feel stronger and closer to God." (Participant A)

3). Sociocultural Transcendence

Socioculturally, transcendence emerged through family support that was able to inspire the patients' motivation and hope.

"I also always remember my husband's words: that what matters is that my baby and I are safe. That support makes me feel strong." (Participant F)

4). Environmental Transcendence

Regarding the environmental aspect, participants felt that a supportive atmosphere in the treatment room provided a positive experience during the post-operative recovery process.

"I'm grateful, ma'am, because the atmosphere is so calming." (Participant C)

Discussion

The results of the study show that experiences of comfort among patients after a cesarean section are diverse and vary among participants. All six participants in this study reported different forms of comfort, whether in physical, psychospiritual, sociocultural, or environmental aspects. Some participants experienced physical relief after receiving analgesics or changing positions, while others did not feel physical relief because they had previously undergone a cesarean section and thus had a different pain perception threshold. Some participants also reported psychospiritual comfort, such as a sense of calm through prayer or dhikr, while others did not emphasize this aspect during their recovery process. The same was true for the sociocultural and environmental aspects, where each participant had a distinct experience of comfort. Qualitative evidence from women undergoing cesarean section using the Enhanced Recovery After Caesarean Surgery protocol also demonstrated that patients perceived comfort differently depending on their physical recovery, emotional adaptation, expectations, and the quality of nursing care received during hospitalization (Sukmawati et al., 2025).

The diversity of comfort experiences observed in this study is also consistent with findings demonstrating that comfort care integrated with family participatory care enhances postoperative recovery among women undergoing cesarean section. Family involvement, emotional support, and individualized nursing care contribute not only to physical recovery but also to psychological well-being, indicating that comfort is influenced by multiple interrelated dimensions rather than by pain management alone (Wan et al., 2025). Family involvement during postoperative recovery also strengthens patients' confidence and emotional security, enabling mothers to adapt more effectively to postoperative challenges while improving overall recovery experiences (Derya & Pasinlioglu, 2017).

These findings are supported by a recent systematic review that identified that the effectiveness of interventions based on the Comfort Theory is significantly influenced by individual variables such as prior experience, anxiety, and physiological condition. The review states that physical relief is often successfully achieved in patients, but not in everyone, due to the "state of having a specific comfort need met," which is related to the patient's initial condition (Lin, 2023). These findings are further supported by evidence showing that comfort-

based nursing interventions, including deep breathing relaxation and guided imagery, effectively reduce postoperative pain intensity following cesarean section. However, the level of physical comfort achieved remains dependent on each patient's individual characteristics and coping abilities (Cahyani et al., 2022). Individualized multimodal postoperative care has also been shown to facilitate earlier mobilization and accelerate postoperative recovery, thereby improving patients' comfort during hospitalization (Andrifan et al., 2024).

Not all participants experience all three forms of comfort simultaneously. Some patients experience only two forms of comfort, or even just one, yet can still be said to experience comfort according to Kolcaba's theoretical principles. This aligns with Kolcaba's assertion that comfort arises according to the patient's needs and condition at a given time. If a patient experiences comfort across all aspects of comfort, it can be said that the patient feels comfortable. However, this condition rarely occurs due to circumstances that are sometimes highly stressful (Kolcaba, 2003). The holistic concept of comfort emphasizes that patients may experience improvements in one dimension without necessarily experiencing improvements in all dimensions simultaneously, highlighting the individualized nature of comfort perception (Kolcaba, 1994). Psychological readiness also influences the forms of comfort experienced by patients. Anxiety-reduction interventions before cesarean section have been shown to improve emotional calmness and psychological preparedness, suggesting that psychospiritual comfort is closely related to patients' emotional adaptation during the perioperative period (Pujiati et al., 2025). Emotional adaptation during postoperative recovery is closely associated with effective communication, reassurance from healthcare professionals, and supportive interactions with family members, all of which contribute to psychospiritual comfort (Gonzalez-Baz et al., 2024).

These variations in perception are reflected in qualitative studies using Kolcaba's framework. The research findings revealed that hospitalized older adults identified diverse comfort needs. Some participants emphasized the need for medical information and explanations (psychospiritual), while others placed greater emphasis on physical needs or privacy. These results indicate that not all dimensions will be present for every patient; an individual's dominant needs will determine which dimensions of comfort are most strongly felt (Oliveira et al., 2020). Qualitative research has further demonstrated that women perceive psychological reassurance, environmental support, and effective communication as essential contributors to comfort during childbirth and the postpartum period, reinforcing the multidimensional concept of comfort proposed by Kolcaba (Oliveira et al., 2020). Similar qualitative findings indicate that patients prioritize different aspects of comfort according to their individual conditions, with communication, pain control, and environmental support emerging as dominant factors influencing comfort perceptions (Gonzalez-Baz et al., 2024). Similar findings have also been reported among women recovering from cesarean section who received nursing care based on Kolcaba's Comfort Theory. The study demonstrated that individualized nursing care addressing physical, psychospiritual, sociocultural, and environmental needs significantly improved postpartum comfort compared with routine nursing care (Derya & Pasinlioglu, 2017).

Overall, an interpretation of these findings suggests that post-cesarean section patients' experience of comfort is the result of a dynamic interaction between physical, psychological, social, and environmental needs. Studies evaluating postpartum nursing care have shown that theory-guided interventions improve mothers' adaptation to their new roles, enhance emotional well-being, and facilitate recovery by addressing comfort needs holistically (Ceylan et al., 2024). Recent evidence has demonstrated that comfort-oriented interventions during the postpartum period significantly improve maternal comfort and facilitate psychological adaptation, supporting the integration of comfort-focused nursing care into routine maternity services (Karaca et al., 2026). Comfort does not stem from a single source but is shaped by a

combination of patients' subjective experiences, nursing interventions, family support, and the conditions of the care environment. The results of this study confirm that comfort is contextual, meaning that each participant may experience different types of comfort such as relief, ease, and transcendence without necessarily going through specific stages. This is consistent with the concept described by Kolcaba, who states that comfort is a holistic condition influenced by an individual's needs at a given moment (Kolcaba, 2003).

These findings are also consistent with previous studies applying Kolcaba's Comfort Theory to post-cesarean patients, demonstrating that nursing care addressing physical, psychological, sociocultural, and environmental needs promotes adaptation and improves patients' overall comfort throughout recovery (Kusnaningsih, 2020). Similar findings were reported in Indonesia, where the implementation of Kolcaba's Comfort Theory in nursing care improved comfort and reduced discomfort among post-cesarean patients, indicating that holistic nursing interventions facilitate better physical and psychosocial adaptation during recovery (Morita, 2018). Recent evidence has further confirmed the effectiveness of nursing care based on Kolcaba's Comfort Theory in improving patient comfort, satisfaction, and sleep quality across various clinical settings. These findings reinforce the applicability of Comfort Theory as a comprehensive framework for delivering holistic nursing care (Kaplan & Ozakgul, 2025). Recent reviews have also highlighted that Comfort Theory provides a practical framework for identifying patients' multidimensional needs and translating them into individualized nursing interventions across diverse healthcare settings (Nada & Nursanti, 2024). Findings from a recent narrative review further demonstrate that nursing theories, including Kolcaba's Comfort Theory, consistently improve postpartum outcomes when systematically integrated into nursing interventions, supporting the implementation of theory-based maternal nursing practice (Keles & Eroglu, 2024).

The results of this study also reinforce the relevance of Kolcaba's Comfort Theory as a conceptual framework for understanding the comfort experiences of patients following a cesarean section. By mapping participants' experiences into four contexts (physical, psychospiritual, sociocultural, and environmental) and three types of comfort (relief, ease, and transcendence), this study confirms that this theory is capable of explaining how patients experience recovery holistically. The effectiveness of comfort interventions is also influenced by continuous nursing assessment because patients' comfort needs may change throughout the postoperative recovery process and require individualized nursing responses (Nada & Nursanti, 2024). Furthermore, this theory supports a holistic care approach, in which nurses focus not only on pain relief but also on emotional, spiritual, and social support, as well as on providing a safe and soothing environment. Thus, Kolcaba's Comfort Theory has proven to be a comprehensive framework for designing more targeted interventions to enhance the comfort of patients following a cesarean section.

4. CONCLUSION

These findings confirm that the experience of comfort is individual in nature, and not every participant necessarily experiences all aspects of relief, ease, and transcendence. These variations in experience are influenced by each patient's background, personal experiences, social support, psychological readiness, and spiritual beliefs. Consequently, nursing interventions must be tailored to the unique needs of each patient. A personalized and holistic approach is essential to support optimal recovery in post-cesarean section patients, taking into account physical, psychospiritual, sociocultural, and environmental aspects as an integrated whole in the provision of nursing care.

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