

SCIENTIFIC CONTRIBUTION OF NATIONAL NURSING BASED ON THE KOLCABA'S THEORY OF COMFORT: INTEGRATIVE REVIEW

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Abstract: Objective: To identify national scientific productions about Katharine Kolcaba's theoretical model in nursing publications. **Method:** Integrative review, with searches in the MEDLINE, LILACS and BDNF databases. Eight articles published up to 2016 were selected. **Results:** The findings were compiled into three thematic categories: theory of comfort and oncology; promotion of comfort in heart disease; nursing process and comfort theory. **Conclusion:** The theory is relevant and adequate in the planning of comfort promotion considering the individual aspects of each person. This study helps to expand knowledge on the subject and its applicability, in the sense of disseminating its use in the various lines of nursing care, with a view to valuing and seeking the comfort of patients.

Keywords: Comfort; Nursing care; Nursing; Nursing Models; Nursing Theory.

INTRODUCTION

Nursing care, since ancient times, has been improving with a view to making it increasingly effective. This care, linked to the promotion of comfort, has also been the focus of scientific discussions in the academic and professional community. In this sense, the importance of basing the studies on a nursing theory is highlighted, as the foundations emerge from these studies for the promotion of care and comfort in the actions carried out by the nursing team.

The nursing theories were elaborated to explain the complexity and multiplicity of the phenomena present in the field of health and, also, to serve as a theoretical/methodological/practical reference for nurses who dedicate themselves to the construction of knowledge, to the development of investigations and to assistance in the scope of the profession ⁽¹⁾.

Among contemporary theories, the Theory of Comfort deserves to be highlighted for

the deepening of studies by conceptualizing "comfort", which is understood as the main purpose of nursing care, which results in the satisfaction of the basic human needs of the patient who receives this care. It consists of a condition experienced by the person who receives comfort measures, living the immediate and comprehensive experience, which is strengthened by achieving relief, tranquility and transcendence in physical, emotional, spiritual, social, cultural and environmental aspects ⁽²⁾.

Relief is described as the state of a patient who has satisfied a specific need. It is to satisfy the need by controlling global factors that cause discomfort, which can lead the patient to a state of calm or contentment; an immediate condition. Tranquility is considered a state of calm or contentment. Still, it is to satisfy specific needs that cause discomfort or interfere with comfort and are the result of an individual experience. Tranquility presupposes a more lasting and continuous condition, a state of contentment and well-being. Transcendence is the state in which you are above your own problems or pain. Transcendence, as the highest state of comfort, translates into the satisfaction of education and motivation needs, implies personal growth, that is, preparing the patient to develop their potential and carry out their activities with the maximum possible independence, adopting habits of healthy lives ⁽²⁻⁴⁾.

In addition, comfort can occur in four contexts: physical (understands body sensations such as pain relief), psycho-spiritual (relationship with one's own self, which includes self-esteem, self-concept, sexuality and the meaning of life and the relationship with a superior being), sociocultural (interpersonal, family and social relationships) and environmental (related to the environment and its external influences,

such as: light, noise, among others) ⁽⁴⁾.

Faced with the need for theoretical deepening on comfort and the interest in analyzing the theme more diligently by relating it to a nursing theory, we opted for an integrative literature review. It is known that access to scientific knowledge is fundamental for the construction of research. To this end, the PICO strategy was used in the elaboration of the research question, in order to locate the best scientific information available ⁽⁵⁾. Therefore, as a reference in this study, P (scientific productions in nursing), I (evidence), C (absence of evidence) and O (comfort theory) were obtained. Thus, the following guiding question was formulated: What evidence is available in the national scientific production of nursing guided by the Theory of Comfort? In this sense, the study aimed to identify national scientific productions about Katharine Kolcaba's theoretical model in nursing publications.

METHOD

To achieve the proposed objective, an integrative literature review was carried out, which refers to the Brazilian scientific production based on the Theory of Comfort. This type of review enables the synthesis and analysis of several studies that have already been investigated and published, allowing to obtain pertinent information, as well as the conception of new knowledge ^(6,7).

Thus, the study was conducted in accordance with specialists ^(6,7), covering the following phases: identification of the theme and selection of the research question; establishment of inclusion and exclusion criteria; Identification of pre-selected studies; categorization of selected articles; analysis and interpretation of results and presentation of knowledge review/synthesis.

The survey of studies took place in January 2017, through an online search for

articles in the PubMed and Virtual Health Library (VHL) portals, allowing access to the databases Online System for Search and Analysis of Medical Literature MEDLINE), Latin American and Caribbean Health Sciences Literature (LILACS) and Nursing Database (BDENF).

The controlled descriptors used for the selection of articles were "nursing theory" and "nursing". In order to aggregate a greater number of studies, the uncontrolled descriptor "comfort" was introduced to the search, since there was no specific descriptor that would meet the theme. Also included were: "Nursing theory", "Nursing of theory", "Comfort theory", "Theory of comfort", "Kolcaba comfort theory", "Kolcaba comfort", "Nursing" and "Comfort", alternated and combined by the Boolean operators OR and AND.

Two major searches were carried out, which included publications that addressed the Theory of Comfort as a theoretical foundation, originating from Brazilian research up to the year 2016, selected by title, abstract and subject, available electronically and in its entirety, in English, Spanish and Portuguese.

After applying the inclusion criteria, a careful reading was carried out, excluding monographs, theses, dissertations, literature reviews and articles that did not adhere to the theme or were duplicated in the databases, as shown in the flowchart (Figure 1).

To perform the categorization of findings, a validated instrument model was chosen ⁽⁸⁾, which allowed the individual analysis of each study and its synthesis.

RESULTS

The two searches carried out, considering the time frame that comprised associating articles published nationally until 2016 with the study of this review, with a theoretical

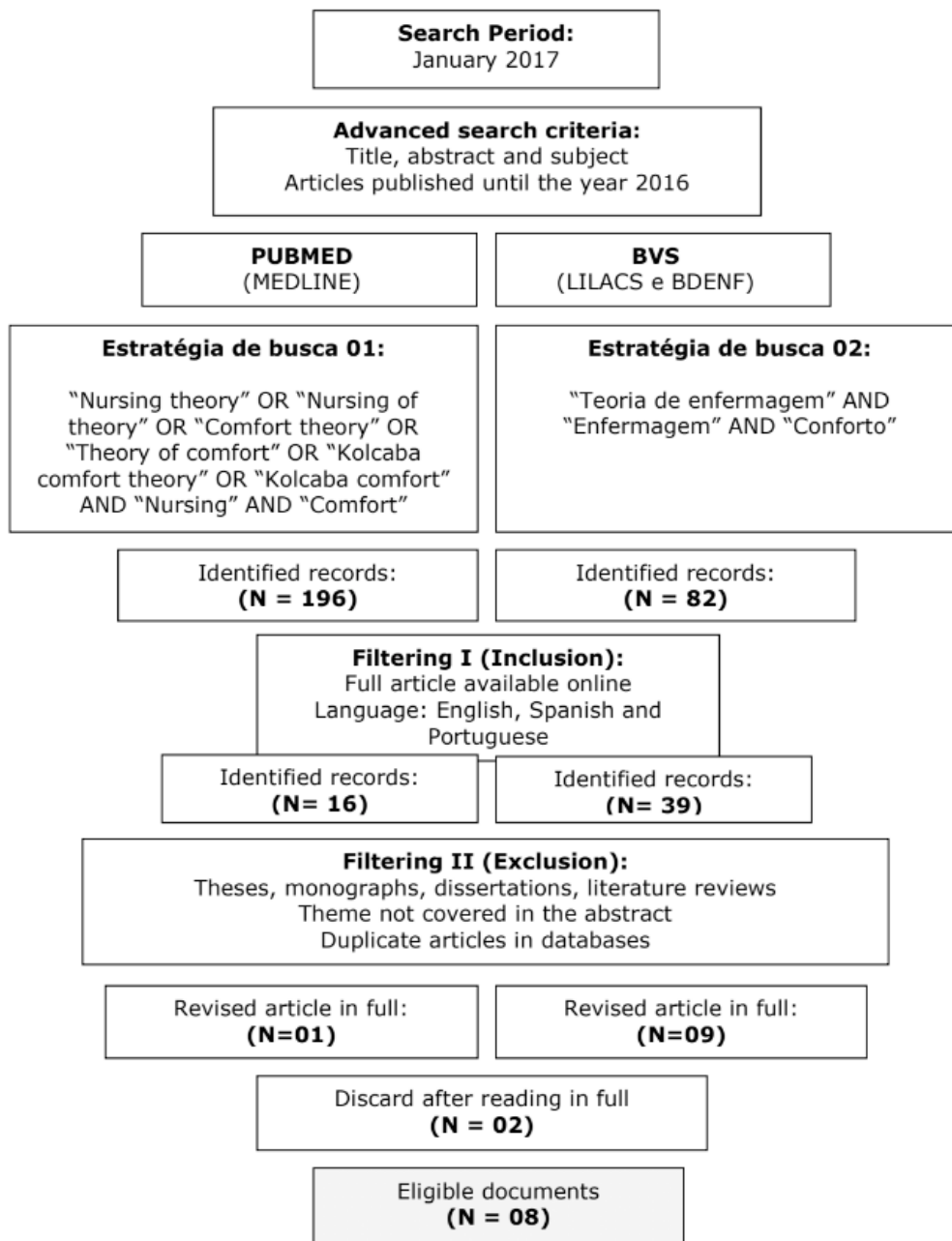


Figure 1 - ARTICLE SELECTION PROCESS FLOWCHART

SOURCE: Prepared by the authors (2017)

approach based on the Theory of Comfort, selected by title, abstract and subject in the MEDLINE, LILACS and BDNF databases, allowed obtaining 278 articles.

The application of the inclusion criteria included complete publications available online in English, Spanish and Portuguese, making it possible to identify 55 studies. A careful reading of each abstract was carried out, excluding those that did not contemplate the theme or those that were duplicated in the databases. Therefore, ten articles remained for detailed analysis in their entirety. Of these, two were later discarded for not meeting the proposed objectives, leaving eight scientific articles for analysis in this integrative review. The synthesis of organized findings is presented in alphanumeric sequence, from A1 to A8, arranged by the databases where they were found, journal and year of publication, title and authors (Table 1).

After this stage, categorization was performed, which allowed the individual analysis of each study and its synthesis⁽⁸⁾. Among the analyzed databases, seven publications were found in LILACS. Of the articles explored, five publications, using the Theory of Comfort in studies carried out in Brazil, were in the year 2014.

As for the number of productions involving the theme, the Escola Anna Nery Revista de Enfermagem published two articles and the others accounted for one publication each, namely: Revista da Escola de Enfermagem da Universidade de São Paulo; Aquichan Magazine; Text & Context Nursing Magazine; Journal of the Northeast Nursing Network; Revista Mineira de Enfermagem and the Revista de Enfermagem of " Universidade Estadual do Rio de Janeiro".

As for the geographic origin, studies from the northeast region of Brazil prevailed, totaling seven findings. It was found that all eight studies focused on adults. By classifying

the publications according to the method and design used (Table 2), we obtained: (n=3) research-care with a qualitative approach; (n=2) case study with a qualitative approach; (n=1) descriptive and exploratory with a qualitative approach; (n=1) descriptive and exploratory with a quantitative approach and (n=1) quantitative cross-sectional.

In order to facilitate data analysis and provide adequate presentation of the listed articles, Chart 1 was prepared, representing the synthesis⁽⁸⁾ of this review according to the intervention studied, the results obtained and the recommendations and/or conclusions of the studies.

DISCUSSION

After the readings were carried out, three thematic categories were designated in order to compile the findings by similarity, namely: "Theory of comfort and oncology"; "Promotion of comfort in heart disease"; "Nursing process and the theory of comfort".

THEORY OF COMFORT AND ONCOLOGY

This category comprises studies A1 and A3, where the research carried out was related to the contexts of the theory of comfort and coping with the oncological disease.

A1⁽⁹⁾ resulted from a study carried out with eight women undergoing radiotherapy treatment, which allowed describing the experiences of comfort and discomfort of these women in the different phases of brachytherapy. The experiences reported by the participants allowed associating the results with the contexts recommended by the Theory of Comfort and analyzing the most significant moments during the therapy.

The fragility and suffering of the patients' clinical condition were evident in the testimonies, demonstrating the existing gap from when these patients are informed of

No.	Basis	Journal Year	Title	Authors
A1 ⁽⁹⁾	LILACS	Rev Esc Anna Nery 2016	The healing cost: comfort and discomfort experiences of women undergoing brachytherapy	Soares, MLCA; Trezza, MCSF; Oliveira, SMB; Melo, GC; Lima, KRS; Leite, JL
A2 ⁽¹⁸⁾	LILACS	Rev Aquichan 2015	Nursing process in the comfort of patients with heart failure at home	Silva, FVF; Silva, LF; Rabelo, ACS
A3 ⁽¹²⁾	MEDLINE	Rev Esc Enferm USP 2014	Cancer patients caregivers comfort	Lamino, DA; Turrini, RNT; Kolcaba, K
A4 ⁽¹⁴⁾	LILACS	Text Sick Context 2014	Clinical nursing care for comfort and women with acute myocardial infarction	Bridge, KMA; Silva, LF; Aragon, AEA; Guedes, MVC; Zagonel, IPS
A5 ⁽¹⁹⁾	LILACS BDENF	Rev Rene 2014	Perception of nurses about discomforts that affect the elderly in the postoperative period	Medeiros, RA; Enders, BC; Dantas, DNA; Lira, ALBC; Coura, AS; Galvao, ACAA
A6 ⁽²¹⁾	LILACS BDENF	Rev Min Nurse 2014	Nursing care for a postpartum woman based on the theory of comfort	Barbosa, EMG; Oliveira, FDM; Guedes, MVC; Monteiro, Arm; Rodrigues, DP; Silva, LF; Fialho, AVM
A7 ⁽¹⁵⁾	LILACS BDENF	Rev Nurse UERJ 2014	Nursing care for women with acute myocardial infarction: promotion of sociocultural comfort through care research	Bridge, KMA; Silva, LF
A8 ⁽¹⁷⁾	LILACS BDENF	Rev Esc Anna Nery 2012	Contribution of clinical nursing care to the psycho-spiritual comfort of women with acute myocardial infarction	Bridge, KMA; Silva, LF; Aragon, AEA; Guedes, MVC; Zagonel, IPS

Table 1 – Distribution of integrative review publications. Santa Maria, 2017.

SOURCE: Prepared by the authors (2017)

Number	Method and Design of the Study	Level
A1 ⁽⁹⁾	Descriptive and exploratory with a qualitative approach	SAW
A2 ⁽¹⁸⁾	Case study with a qualitative approach	SAW
A3 ⁽¹²⁾	Quantitative transversal	V
A4 ⁽¹⁴⁾	Care research with a qualitative approach	SAW
A5 ⁽¹⁹⁾	Descriptive and exploratory with a quantitative approach	V
A6 ⁽²¹⁾	Case study with a qualitative approach	SAW
A7 ⁽¹⁵⁾	Care research with a qualitative approach	SAW
A8 ⁽¹⁷⁾	Care research with a qualitative approach	SAW

Table 2 – Classification ⁽⁸⁾ of the integrative review publications. Santa Maria, 2017.

SOURCE: Prepared by the authors (2017)

No.	Intervention studied	Results	Recommendations and/or conclusions
A1 ⁽⁷⁾	To write the experiences of comfort and discomfort of eight women who underwent brachytherapy for the treatment of cervical cancer.	Experiences of comfort and discomfort were observed in all phases of the brachytherapy process, under the contexts of the Kolcaba Theory. The following stand out: pain from the procedure and post-treatment effects, in the physical context; fear of the unknown and suffering, lack of a companion, stress due to feeling embarrassed during treatment, low self-esteem and post-therapy psychological trauma, in the psycho-spiritual context.	Moments of discomfort stood out when compared to those in which the woman reached relief, transcendence or tranquility. It is recommended to assist the clientele in a holistic way, contemplating the emphasized discomforts, so that in all stages of the process they are heard and their discomforts are assisted, especially by the nursing team that witnesses most of the moments experienced, whether in preparation for the procedure or in the post-treatment follow-up.
A2 ⁽¹⁸⁾	To describe a nursing practice with the implementation of the Nursing Process, designed according to the comfort needs of patients with heart failure at home.	For each context where comfort is produced (physical, environmental, sociocultural and psycho-spiritual), nursing diagnoses related to comfort needs, expected results (relief, tranquility and/or transcendence) and interventions/actions relevant to their range.	The application of the Nursing Process, based on the Kolcaba Theory, provided comfort and improved the patient's quality of life at home.
A3 ⁽¹²⁾	To assess the comfort of caregivers of cancer patients in outpatient care at a hospital specializing in oncology using the General Comfort Questionnaire (GCQ).	Better results were related to the caregiver's age and occupation; the positive aspects of comfort involved feeling loved, the patient's environmental and physical comfort, and the caregiver's spirituality. Caregivers who did not engage in paid activity or leisure had worse scores.	It was concluded that the GCQ scale can help identify factors that interfere with the comfort of caregivers of cancer patients, as well as needs that allow the intervention of health professionals. The small number of caregivers of patients with functional capacity was considered one of the limitations of the study.
A4 ⁽¹⁴⁾	To describe the contribution of clinical nursing care to the environmental comfort of women with Acute Myocardial Infarction (AMI) based on the Theory of Comfort.	Clinical care in the environmental context sought to promote adaptation to the coronary care unit, provide a conducive environment for comfort and favor a relaxed environment.	Clinical care to implement environmental comfort contributes to the well-being of women with AMI. They allow greater comfort in adapting to the coronary unit, providing a comfortable and relaxing environment. It is essential to establish bond, dialogue and trust, identifying individual comfort needs for the implementation of comfort care.
A5 ⁽¹⁹⁾	I identify the perception of hospital nurses about the concept of comfort and the discomforts that affect elderly people in the postoperative period (PO) using the General Comfort Questionnaire (GCQ).	The term "comfort" was described as synonymous with well-being. In the identification of discomforts that affect the elderly in the PO period, pain in the physical context, excessive noise in the environmental context; feeling of displacement from the residential environment in the sociocultural context and anxiety in the psycho-spiritual context.	Physical discomfort (pain) received greater emphasis. It signals the main discomforts in the context of the PO, supporting the planning of care in an individualized and humanized way, with a greater focus on identifying discomfort and promoting comfort. Contribute to the improvement of the concept of comfort from the perspective of the Theory of Comfort.
A6 ⁽²¹⁾	Apply and describe the systematized process of nursing care, aimed at a puerperal woman based on the Theory of Comfort.	The nursing diagnoses, interventions and established results aimed to meet the needs of tranquility, relief and transcendence. The combination of all negative tensions allowed the identification of the impaired comfort diagnosis, demonstrating the need for interventions that favored the relief of pain and discomfort in general, in addition to overcoming their concerns.	The use of systematization directed assistance, individualized and based on scientific knowledge. It contributed to expanding knowledge in the use of the theory of comfort, proving to be adequate for the care of puerperal women, programming targeted and effective comfort measures. Comfort was achieved when the puerperal woman was more confident about her situation and adopted comfort measures that allowed pain relief and a more peaceful sleep.
A7 ⁽¹⁵⁾	To describe nursing care for women with acute myocardial infarction (AMI) to promote sociocultural comfort, based on the Theory of Comfort.	Sociocultural comfort is characterized when the caregiver is available to care, promotes affection, establishes bond and trust; instigates moments of meeting with families; it favors interaction and a good relationship with hospital professionals and adapts care to the culture of women with AMI.	Nursing care promoted sociocultural comfort, providing well-being and better adaptation to hospitalization.
A8 ⁽¹⁷⁾	To analyze the contribution of clinical nursing care to the psycho-spiritual comfort of women with Acute Myocardial Infarction mediated by research-care based on the Theory of Comfort.	The care implemented in the psycho-spiritual context was: strengthening spirituality; clarify about illness and hospitalization; help in coping with the new health condition and help in situations of mental confusion and disorientation.	Comfort needs were identified in the psycho-spiritual context, as well as the implementation of clinical nursing care based on the Theory of Comfort, based on the needs that each woman experienced during illness and hospitalization.

Chart 1 – Distribution of selected articles arranged by the studied intervention, results and recommendations/conclusions of the analyzed studies. Santa Maria, RS, Brazil, 2017

SOURCE: Prepared by the authors (2017)

the need to undergo radiotherapy treatment until its completion, that is, until the moment after the radiation. The study demonstrated how important it is to prioritize an involved, sensitized and attentive multidisciplinary team to meet the physical, psycho-spiritual, socio-cultural and environmental needs of these patients, since the discomforts in all the mentioned contexts stood out when compared to the moments of comfort.

It is relevant to prioritize nursing care, as it leads to the promotion of comfort, even if, on certain occasions, the patient experiences feelings of discomfort ⁽¹⁰⁾. Therefore, in order to promote safe clinical nursing care for the patient, it is necessary to identify comfort needs, which will allow planning adequate assistance, aiming to meet the individual needs of the person being cared for and contributing to the improvement of their comfort and safety ⁽¹¹⁾.

In A3 ⁽¹²⁾ a validated instrument (questionnaire) was used to measure the comfort of 88 caregivers of cancer patients, identifying positive and negative aspects scored by participants in providing care. The instrument used showed good consistency and allowed a quantitative analysis of comfort. Young caregivers had more difficulties in coping with situations that generate discomfort, revealing that caregivers, throughout the activity, develop coping mechanisms in the face of the routine and illness of cancer patients.

Compensation compatible with the function performed was a positive factor, increasing self-esteem and well-being and contributing to a good quality of life for caregivers. Religious belief also favors support and coping with difficult situations, especially when the disease progresses and as dependence increases. Among the negative influences on the caregivers' comfort, family and financial issues, communication

difficulties and patient discomfort stood out, demonstrating the hidden suffering that the caregiver experiences in caring for a cancer patient.

Promoting life is the true meaning of care and the quality of life depends on the care we give it. Our way of living and how we maintain interpersonal relationships, whether with people, family, friends, or work, of relating to each other, interferes with the way we practice care ⁽¹³⁾.

Supporting the multidisciplinary team is essential, as the symptoms of pain and discomfort normally permeate the diagnosis of cancer. Psychic and bodily changes imposed by the disease affect the patient and consequently their caregivers ⁽¹³⁾.

The Comfort theory allows the understanding of the other's needs and enables care to be carried out in an individualized way, through actions that generate comfort and well-being. Thus, one can direct the applicability of the theory in clinical practice, producing safer and more direct care for the patient ⁽¹¹⁾.

PROMOTING COMFORT IN HEART DISEASE

Articles A4, A7 and A8 are included in this category, obtained in a study with women with acute myocardial infarction (AMI), highlighting the contribution of nursing care in the environmental, sociocultural and psycho-spiritual contexts referenced in the Theory of Comfort. Process characterized as research-care with nine women diagnosed with AMI, followed by the researcher since their admission to the hospital unit. Data collected through interviews, observation and field diary allowed describing how clinical nursing care could provide comfort to the participants.

A4 ⁽¹⁴⁾ highlighted aspects related to the environmental context. The most evident

ones were related to controlling the brightness and temperature of the environment, unpleasant odors and noise from monitors or conversations. The importance of identifying the unique need was observed, as what is comfortable for one may not be for the other. In an attempt to favor a relaxed environment, readings, music therapy, informal dialogues and physical presence were provided, establishing a bonding relationship with the patients. Thus, the management of these aspects favors a comforting environment, both for patients and for the team that assists them.

The promotion of the bond contributes to the humanization of care, allowing the professional to transcend aspects related to the disease⁽¹³⁾. In this sense, it is essential for clinical care to promote a safe environment, where the patient is informed about the treatment, limitations, risks and necessary care in the recovery process⁽¹¹⁾.

In A7⁽¹⁵⁾, the sociocultural context was evidenced through the promotion of comfort in the availability to care, in the promotion of affection and in establishing bonds and trust. In addition, comfort was observed when providing moments of meeting with family members, favoring interaction and good relationships between professionals and paying attention to care according to the patients' culture. Sociocultural comfort is offered when the caregiver provides moments of dialogue and affection, providing information, allowing contact with family members, moments of empathy and demonstrating availability. This fact is consolidated by respecting the cultural particularities of the patient, using accessible language, avoiding technical terms and eating habits, for example.

The nurse must favor the clarity of information and encourage the patient to express their feelings, doubts and difficulties in coping with the disease. The proximity of the

patient's family promotes strengthening and increases self-esteem, improving the ability to deal with the demands of the disease⁽¹⁶⁾.

The psycho-spiritual context was emphasized in A8⁽¹⁷⁾ when nursing interventions were implemented. Among the precautions, the following stood out: strengthening spirituality by sharing moments of prayer and belief in a superior Being in order to strengthen hope and faith regardless of religious creed; Clarify about the illness and hospitalization with information and guidance, stimulating dialogue, clarifying doubts and reinforcing guidance and reducing possible anxieties that generate discomfort; Assist in coping with the new health condition, in order to clarify about exams and procedures, pay attention to the exposure of the body using screens and the use of nightgowns; Help in situations of mental confusion and disorientation regarding time and space. Thus, nursing care was established in the study through interventions and actions aimed at the individual needs referred to by the participants under the contexts of the Theory of Comfort.

In this perspective, the theory subsidizes the practice centered on the individual and reveals the importance of comfort measures in maintaining and promoting health. This aspect corroborates the nursing action centered on the needs of patients, which strengthens and denotes greater security in clinical nursing care⁽¹¹⁾.

NURSING PROCESS AND COMFORT THEORY

Studies A2, A5 and A6, contained in this category, cite the systematization of nursing care (SAE) guiding interventions and actions to the Theory of Comfort.

Developed from a clinical case study, A2⁽¹⁸⁾ describes the implementation of SAE for a patient with heart failure at home, based on

the assumptions of the Theory of Comfort. Home visits allowed the grouping of data for the elaboration of the SAE. Impaired comfort (edema and skin lesions) and acute pain were noticed among the nursing diagnoses, in addition to related factors. Among the results obtained with the implementation of the SAE, the following stand out: improvement in edema and the appearance of the skin with healing of lesions that allowed the patient to improve his locomotion and self-care, promoting his autonomy. Self-esteem was also affected and with the implemented care, comfort and improvement in quality of life were observed.

A5⁽¹⁹⁾ reveals the perception of 30 nurses who provide care to post-surgical patients, about the concept of comfort and discomfort that affect elderly people in the postoperative period (PO), collected through a validated instrument (questionnaire). The state of well-being was defined as synonymous with comfort by most nurses. Regarding the discomforts that affect the elderly in the PO, the nurses mentioned observing: pain (physical context), excessive noise (environmental context), feeling of displacement from the residential environment - distancing from the family (sociocultural context) and anxiety (psycho-spiritual context). The results contribute to the elaboration of nursing care with the aim of mitigating situations that generate discomfort.

The state of comfort presupposes absence of worry, pain and suffering as a cause or effect of discomfort. And it is up to the nurse to identify and discard possible situations that cause discomfort through comfort measures, through interaction, effective bonding, trust, hope, consolation, support, encouragement and quality care, among others⁽²⁰⁾.

The A6⁽²¹⁾ refers to a case study carried out with a puerperal woman after cesarean delivery, aiming to apply and describe the SAE from the Theory of Comfort. The most

prevalent diagnoses established were: activity intolerance (pain-related discomfort on exertion); sleep deprivation (anxiety, tiredness and drowsiness during the day due to maternal practices); acute pain and impaired comfort (operative wound), which allowed for the implementation of comfort measures. It was possible to provide guidance on postpartum care, provide a favorable environment for rest and relief, administration of analgesics and relaxation therapy. The comfort achieved allowed the puerperal woman to feel more secure in relation to her situation, which contributed to pain relief and a more peaceful sleep. Thus, the chosen theory proved adequate for the SAE, contributing to the enrichment of knowledge and care for puerperal women.

Nurses identify comfort needs and create means and measures of comfort, while evaluating the satisfaction of comfort provided and programming the conceived measures⁽²²⁾. Corroborating this, the author refers to the need that nurses need to treat each observed aspect in order to adapt to the patient's individual needs and taking into account their particularities⁽²³⁾.

The various dimensions of comfort require nurses to also know the philosophical references of care and comfort and self-care so that they can perceive the needs of others and themselves⁽¹³⁾.

FINAL CONSIDERATIONS

This review identified the production of knowledge in Brazilian nursing, supported by the theoretical model of Katharine Kolcaba until December 2016, through a search in the MEDLINE, LILACS and BDNF databases, resulting in eight publications that reveal the relatively scarce use of this theory. Of the articles analyzed, two were classified at evidence levels V and the others at evidence level VI, which may indicate the difficulty

experienced by researchers in developing studies with greater methodological rigor.

The applicability of the Kolcaba Theory model was recognized in all identified studies, exploring one of the contexts that produces comfort advocated by the theory or in its entirety. It must be noted that the theoretical framework in question has a unique value in the practice of nursing care, as it allows planning the promotion of comfort considering the individual aspects of the person.

Because it is a very young theory, created in

the 1990s, gaps are still perceived in Brazilian scientific studies using the new theoretical approach. It was observed that all articles in this review were carried out with adults, therefore, the application of this theoretical model in other specialties such as pediatrics and neonates is suggested.

Thus, the present study proved to be relevant to expanding knowledge on the subject and its applicability, aiming to disseminate its use in the various lines of nursing care, with a view to valuing and seeking the comfort of patients.

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