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INTEGRATIVE REVIEW OF THE LITERATURE

Conforto como resultado do cuidado de enfermagem: revisão integrativa

Comfort as a result of nursing care: an integrative review

Comfort como resultado de la atención de enfermería: una revisión integradora

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ABSTRACT

Objective: Identify measures of comfort as a result of nursing care in the articles published by Brazilian nurses, taking into account the foundations of the theory of comfort Katharine Kolcaba. **Method:** Integrative review about comfort care published in the Virtual Health Library Using this descriptor were 4,973 texts. With the inclusion criteria: full in Portuguese online last ten years and have nurses among authors thus totaling 41 items. The corpus corresponded to the contents mentioned in articles like nursing for comfort, totaling 191 units of thematic analysis. **Results:** The distribution of these units was according to the contexts of comfort theory: 90 (47%) in the Physical Context, 53 (28%) in Sociocultural Context, 33 (17%) in the Context psychospiritual, and 15 (8%) the Environmental Context. **Conclusion:** There are differing practice nursing in meeting the comfort needs of their clientele. **Descriptors:** Comfort care, Nursing, Nursing care.

RESUMO

Objetivo: Identificar as medidas de conforto como resultado do cuidado de enfermagem nos artigos publicados por enfermeiros brasileiros, levando-se em consideração os fundamentos da Teoria do Conforto de Katharine Kolcaba. **Método:** Revisão integrativa acerca de cuidados de conforto publicada na Biblioteca Virtual em Saúde. Ao usar este descritor foram 4.973 textos. Com os critérios de inclusão: íntegra em português online, últimos dez anos e ter enfermeiros entre os autores totalizaram-se 41 artigos. O *corpus* correspondeu ao conteúdo referido nos artigos como cuidados de enfermagem para proporcionar conforto, totalizando 191 unidades de análise temáticas. **Resultados:** A distribuição destas unidades foi de acordo com os contextos de conforto da teoria: 90 (47%) no Contexto Físico; 53 (28%) no Contexto Sociocultural; 33 (17%) no Contexto Psicoespiritual; e 15 (8%) no Contexto Ambiental. **Conclusão:** Existem diversidade de práticas de enfermagem no atendimento às necessidades de conforto da sua clientela. **Descritores:** Cuidados de conforto, Enfermagem, Cuidados de enfermagem.

RESUMEN

Objetivo: Identificar las medidas de confort como resultado de la atención de enfermería en los artículos publicados por las enfermeras brasileñas, teniendo en cuenta las bases de la teoría de la comodidad Katharine Kolcaba. **Método:** Revisión Integral sobre el cuidado de la comodidad publicado en la Biblioteca Virtual en Salud El uso de este descriptor eran 4.973 textos. Con los criterios de inclusión: por completo en portugués en línea últimos diez años y que tienen las enfermeras de los autores por un total de 41 artículos de este modo. El corpus corresponde a los contenidos mencionados en los artículos como de enfermería para la comodidad, por un total de 191 unidades de análisis temático. **Resultados:** La distribución de estas unidades fue de acuerdo a los contextos de la teoría de la comodidad : 90 (47%) en el contexto físico, 53 (28%) en el contexto sociocultural, 33 (17%) en el Psicoespiritual Contexto, y 15 (8%) el contexto ambiental. **Conclusión:** Existen diferentes prácticas de enfermería para satisfacer las necesidades de confort de sus clientes. **Descriptor:** Cuidados comfort, Enfermería, Atención de enfermería.

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INTRODUCTION

In spite of transcending the *cuidativa* dimension of nursing, the comfort is a phenomenon of the expected results of the daily practices of nursing professionals. This concept binds to the very origin of nursing, shall be assigned different meanings, namely: to give breath of grand way, satisfaction of basic human needs, essence of nursing care, a component of care.¹

Comfort is so result nursing care, and has different meanings from person to person, as the realities experienced, comfort is a State of balance and environmental personnel.²⁻³ In this sense, presents itself as a basic need of the human being, whether he is or not experiencing a process of illness.

Thus, the phenomenon comfort comes, throughout the ages, being studied by nurses. Florence Nightingale, understood as first nursing theorist, already addressed the goal of comfort nursing care.⁴ In Brazil, the first studies on the topic have seized the meaning of comfort for a group of men with acute myocardial infarction, as financial and material conditions, personal interactions with significant people, the physical, psychological and spiritual, and have restored their physiological functions in normal parameters.⁵ Among the contemporary theorists, we highlight Katharine Kolcaba's contributions to the development of the theory of Comfort, which will serve as a reference for this investigation.

In this theory the comfort is contemplated as an immediate experience, strengthened by sense of relief, tranquility and transcendence, considering the contexts: physical, cultural, and environmental psicoespiritual. It is, therefore, the satisfaction of basic human needs, resulting nursing care, provided through interventions called comfort measures.²

In this sense, it is an important phenomenon in the *cuidativas* practices in the various contexts of nursing care and it lacks deepening understanding. Thus, this study sought to provide the answer to the following question: what is characterized, in the productions of nurses scientific Brazilians, as comfort care resulting from nursing care? The intention was to identify what is perceived by comfort as a result of the practice of nursing, contributing to knowledge about the relevant constructs for the consolidation of Nursing Science.

Is a relevant study by present objectively the clinical nursing care as makers of comfort, which will serve as a basis for the development of other in-depth studies on this theme.

From the foregoing, sought in the present investigation, identify the measures of comfort as a result of nursing care in articles published by Brazilian nurses, taking into consideration the fundamentals of Katharine Kolcaba's Comfort Theory.²

METHOD

It is integrative review about nursing scientific production on the phenomenon comfort, considered as a result of nursing practices. This search method allows you to synthesize multiple published surveys, allowing seizure of general conclusions about a particular area of study.⁶

In this way, followed the steps in this type of research, which began with the definition of the object of study and the descriptor to be used to search for material that was the term Comfort care, only one descriptor in health that alludes to the word comfort, being synonymous with palliative care descriptor. As a source of data collection, chosen by the database of Virtual Health Library, held September 2013 to January 2014. In the initial search were viewed 4.973 texts.

In the second stage of this research, the inclusion criteria were established to acquire items for exploration in the database were: be article and be available in full in Portuguese (177) in the past ten years 2004-2013 (150) and nurses among the authors (126). With the exclusion criteria, repeated articles adopted and those who do not respond to guiding issue, thus composed the sample 41 articles.

Highlight the use of this descriptor by make sense of he sought study, enabling access to information of interest in the investigation and, still, reading the full articles was indispensable for the collection of data required for the study. The inclusion of texts in Portuguese and written by nurses occurred for research investigating the issue at hand by nurses in Brazil and, when not informed the titration of the authors in the article was conducted a search of the curriculum in Lattes platform.

In the third step of the study were set the information to be extracted from the studies, the analysis of the information was possible from reading full articles online, which was stored in a frame containing the study title, magazine published, research location, year of publication, methodological, theoretical features used, subject/objects of research, care and comfort as a results of the nursing practice are referred to. For this study were selected only the last four items.

After completing this table, took place following the steps proposed, and in the fourth phase of the evaluation was held included studies and analysis of the material. The data was tabulated and arranged in figures and tables. The information about the comfort care collected were organized through the categorial analysis, which recommends the consideration of all text, realization of classification according to the frequency of their occurrence, considering the presence or absence of the items to sense.

Was formed the corpus of comfort care, corresponding to the content referred to in articles like nursing care to provide comfort. As logging unit used the phrase, totaling 191 thematic analysis units, being carried out the inventory and categorization. For ratings in

categories of these units, was used as advocated by Kolcaba, the four contexts of comfort: physical, environmental, and socio-cultural psicoespiritual.²

The fifth stage corresponded to the presentation and discussion of the findings which will be presented below, as well as the sixth phase, which includes the presentation of the review and synthesis of the knowledge obtained. For this last phase was prepared a figure contemplating the comfort care presented in articles examined by nurses, whose categories have been as recommended in the contexts of the theory of Comfort.

RESULTS AND DISCUSSION

Most studies on comfort care was searched by orderlies (126), others seventeen were researchers, medical professionals and others were nutritionist, psychologist, social worker, physiotherapist, odontologists and graduated in law. Thus, it was observed that other health professionals also are researching and publishing on this subject, this becomes relevant to facilitate the integration between the professionals in the pursuit of comfort, as was observed in several studies multidisciplinary participation of researchers.

In table 1 we can see the magazines analyzed.

Tabela 1. Distribuição dos artigos de acordo com a revista/periódico. Fortaleza-CE, 2014

Periódico	n	%
Online Brazilian Journal Nursing	05	12
Revista de Enfermagem da UERJ	05	12
Revista de Pesquisa Cuidado é Fundamental	04	10
Acta Paulista de Enfermagem	04	10
Revista Brasileira de Terapia Intensiva	03	07
Escola de Enfermagem Anna Nery	03	07
Arquivo de Ciência da Saúde	02	05
Outras	15	37
TOTAL	41	100

Of these other magazines that are presented in tables 1, more than half are nursing specific magazines and the other are multidisciplinary.

Another question investigated methodological characteristics of articles were found, and in table 1 they are exposed as evidenced and reported in surveys analyzed.

Quadro 1. Distribuição dos artigos de acordo com as características metodológicas utilizadas. Fortaleza-CE, 2014.

Características metodológicas das pesquisas	n
Descritiva	22
Qualitativa	15
Exploratória	10
Revisão bibliográfica	09
Fenomenológica	03
Quantitativa	03
Quantitativa	03
Estudo de Caso	03
Reflexivo	02
Análise Textual	01
Ensaio clínico	01
Multicêntrica	01
Pesquisa-ação	01

As for the subjects and objects of research studies which composed the sample, the majority 15 (39%) were healthcare professionals, this way, it is important to note that of these, eleven were nurses, two nursing technicians and two with all the pros of an intensive care unit. Featured, so for research nurses, for they are caregivers and exercise their profession transcending the Act of taking care of themselves and each other.

Another group that was prevalent as subjects/objects of studies about the comfort, were patients in terminal stage in 8 (20 percent) studies, and these often are dependent on other people to perform the activities of daily life by being restricted to the bed, in this perspective, it is essential to meet the needs of comfort of these people. It was possible then, understand the relationship between the comfort care and palliative care, by means of which, sought alternatives for treating these people with interventions that provide comfort as a means to alleviate the suffering.

On the basis of the above, it is essential to search for the relief of suffering of patients, being possible by means of care by health professionals and more still by family caregivers. Thus, it should be noted that family members were also subjects/objects of study in 4 (10%), and points out the importance of looking after them and support them, because in the daily care is observed only with the problems of the patient's illness, not worrying about the family-related needs.

The other groups of people investigated were users of the family health program, academics of nursing, care, elderly dependent persons, child hospitalized, people undergoing cardiac catheterization, people of high in a hospital unit, people undergoing treatment for Burns and puerperal women.

While investigating the application of theories to justify the research related to the care of comfort, for the most part, 37 (90%) did not use theoretical articles. Only four articles, 10% were influenced by theorists such as Michel Foucault and Even Ruud, in another article we used the training program on therapeutic intervention: relaxation, mental images and spirituality, which was used for re-meaning of spiritual pain in terminal cancer patients. The other theoretical reference used was the components of nursing care

vital power/life of Carraro. No studies were identified that they used as a guiding theory the theory of comfort of Kolcaba being used as guiding for this study.

As Comfort theory proposed by Katharine Kolcaba, there are four contexts that occur comfort: physical, environmental, and socio-cultural psicoespiritual. In the studies surveyed were registered the care carried out to promote the comfort and categorial analysis was carried out on the basis of these four contexts of comfort, the results can be viewed in Figure 1.

CONFORTO FÍSICO

- Alívio da dor (17); Cuidados paliativos (9); Toque, contato direto (6); Posicionamento do paciente (6); Alimentação (4); Higiene (4); Curativo (3); Cuidados com a pele (3); Aliviar áreas de pressão (3); Massagem (3); Banhos terapêuticos para dor(2); Evitar manuseio desnecessário e invasivos (2); Vias aéreas pérvias (suporte com O₂ e Aspiração) (2); Cuidados com ostomias (2); Aplicação de frio/calor (2); Dar carinho, atenção (2); Compressas com álcool (1); Travesseiro de tamanho apropriado (1); Não ter ferimento (1); Boa comida (1); Controlar náuseas e vômitos (1); Ter medicação no posto (1); Redução do tempo de repouso após retirada do introdutor de 6h para 3h (1); Ventilação mecânica não invasiva (1); Ter saúde, carinho, afeto, atenção (1); Sedação no paciente com Insuficiência respiratória grave (1); Controle dos sinais vitais (1); Aparelhos para auxílio no parto (1); Métodos de respiração (1); Satisfazer necessidades básicas (1); Alívio dos sintomas (1); Presença e afago (1); Cafuné (1); Manter Medicação (1); Respeito a provacidade e pudor (1); Proteger (1).

CONFORTO SOCIOCULTURAL

- Presença e apoio da família (8); Musicoterapia (4); Oferecer suporte aos familiares (4); Bom atendimento (3); Educação em Saúde (3); Dar orientação sobre doença (3); Está disponível para o paciente (3); Acolher bem o paciente (3); Cuidado pelo familiar (3); Interação da família (2); Está ao lado do paciente (2); Ter/dar qualidade de vida (2); Interação com familiares e amigos (2); Divertir o paciente (2); O familiar cuidar das atividades de instrumentais de vida diária (1); Ver outros pacientes doentes (mesma situação) (1); Integrar aspectos sociais, psicológicos e espirituais (1); Leitura mediada (1); Atividades lúdicas (1); Apoio e atenção da equipe (1); Apoio social (1); Respeitar aspectos socioculturais (1); Interação entre a equipe (1).

CONFORTO PSICOESPIRITUAL

- Apoio espiritual (8); Escuta e diálogo (5); Comunicação terapêutica (6); Apoio emocional (3); Dar esperança e confiança (1); Reflexão sobre o sentido da vida (1); Atentar para comunicação não verbal (1); Integrar aspectos sociais, psicológicos e espirituais (1); Equilíbrio físico, mental e emocional (1); Linguagem e tom de voz adequados (1); Chamar pelo nome (1); Sensação de apoio, confiança, simpatia e perspectiva de saúde(1); Ajudar a vivenciar o processo morte (1); Reduzir ansiedade (1); Relaxamento (1).

CONFORTO AMBIENTAL

- Ambiente limpo e iluminado (5); Está em casa (idoso dependente) (2); Evitar sons e ruídos desagradáveis(2); Ambiente caloroso, atencioso, amoroso (1); Ter toalete, telefone e mobília na sala de espera para familiares (1); Sala de espera próxima ao paciente (1); Ter um local para familiar ficar sozinho (1); Aromoterapia (1); Ter controle do ambiente (1).

Figura 1. Cuidados de conforto conforme os quatro contextos da Teoria do Conforto de Kolcaba. Fortaleza-CE, 2014.

When performing the distribution of 191 registration units highlighted according to the contexts of comfort of theory, were distributed as follows: 90 (47%) in the physical

context; 53 (28%) in sociocultural context; 33 (17%) in the psicoespiritual context; and 15 (8%) in the environmental context.

The interest in understanding the phenomena care and comfort is more present in nursing publications thus becomes relevant show other professions discussing, enhancing, seizing and publishing this theme. With this it is possible to revise the model of care offered and disseminate the results of studies in research database.

Before this, identified greater comfort publication in magazines and periodicals of nursing-specific and the other is a general approach or any specialty health care.

On the basis of the above, it is important to approach the descriptors, care and comfort, nursing-specific publications, being these terminologies configured as essence of the profession. Then, highlight that in nursing, care is genuine and peculiar, being the existential reason of profession and the comfort is identified as one of the elements nursing care.^{7,2}

Furthermore, in this way, the importance of dissemination of porenfermeiros comfort care in several areas of health in which other professionals may have access to this information and understand the significance of research seeking comfort.

Presented in table 1, several methods and types of research used in the realization of these studies and thus denotes the complexity in the investigation of the phenomenon and can be performed with comfort different types and study approaches. However, predominated the descriptive research, exploratory qualitative approach and bibliographic reviews.

To comfort research, descriptive and exploratory studies are chosen when they want to describe and present the times of occurrence of the phenomenon. With the qualitative approach, is facilitated and deepening perception that term, so that the greatest strength of this approach is the ability to study the phenomena, describing how it is constituted, using naturally occurring event information to locate and guide the interactional sequences where the meanings of the words of the participants develop.⁸

I literature review studies, sought in literature nursing care performed aiming to promote comfort.

On this, there are two well defined approaches the comfort in the practice of nursing, the first and oldest is when nurses worked for the religious influence, however acted independently of prescription, they were the ones who promoted the comfort especially on charities. The other focus nurses maintain autonomy in the provision of comfort, however, being subject to scientific rationality and political and economic institutional requirements.⁹

Therefore, to understand the comfort from the sight of nurses becomes essential, as these remain in full time with the patient, and must seek to provide the welfare of people cared for. The nursing staff's mission is to help deal with the difficulties surrounding the disease and take care of your needs.¹⁰

Despite the comfort be discussed and deepened by researchers and nurses have in literature theories that can guide and support on this issue, in the texts surveyed in this study, it was observed that only one of the theories used is of nurses. Stresses, therefore, that through the use of theories in nursing research, is where the profession has been

gaining space, being presented as an important discipline, by acting on promotion, prevention and rehabilitation of health, however, the lack of deepening theory cause discomfort among the nurses and can compromise on quality of care.¹¹

So when it seeks understanding of the phenomenon in Nursing teórica da comfort, evidence-if researchers who have contributed and/or are contributing to the development of the profession and theoretical understanding of the application of this construct. Can be cited: Florence Nightingale, Lidia Hall, Callista Roy, Hildegard Peplau, Jean Watson, Madeleine Leininger, Josephine Paterson, Loretta Zderad, Janice Morse and Katharine Kolcaba. The latter differentiates itself by deepening into the subject and dedication the operationalization and conceptualization of the term, considering the comfort as a result of the nursing interventions.²

By analyzing the context of physical comfort, see obtaining greater predominance of registration drives, in which are included the satisfaction of basic human needs, skin care skin integrity, physical contact and technical procedures. Pain relief was the most quoted in the texts as provider of comfort.

Comparing the findings with the recommended by the theory in this context include, but are not limited to physical sensations, homeostatic mechanisms, immune functions. The pain is the biggest factor that interferes in obtaining physical comfort, as well as some of the best positioning in bed, and the Organization of the environment so that the person can have freedom of movement.²

Therefore, emphasizes the comfort as paramount when physical contact occurs between the professional and the client by transcending the existing barriers and establish a relationship of trust and emotional support.¹² Through physical contact is possible establish trust and promote comfort regardless of the person's State of health is. It is observed in everyday life within this physical contact on the part of health professionals to the patient, because the overhead of everyday chores, being disregarded or held only when it carries out some technical activity.

In sociocultural context were the actions directed to the families, the relationship between patient, family and leisure activities as a way to promote comfort. These aspects must present for provide feelings of joy or distraction can smile even during the process of illness. And also, the pros have the concern for the comfort of the family.

Comparing with Kolcaba's theory, in sociocultural context are inserted interpersonal relationships, family, social, including financial, education, personal health care, as well as the family traditions, rituals and religious practices. In addition to know the culture of the person to facilitate in hospice care and home care. A relevant point seconded by the theoretical in this context is that in the absence of support from family, the nurses become the most important people to promote social comfort and self-care of patients.²

In relation to finance, in this study found no association of comfort to this, however, in a survey about the conception of the term comfort was presented as having financial or material conditions, take advantage of relations with significant people, have sense of physical well-being, psychological and spiritual and have normal physiological functions.⁵

Registration units that composed the psicoespiritual context, cover nursing interventions related to spiritual support, through reliable and non-verbal communication

verbale, interacting with the patient in the search for meaning for life and strategies for physical, mental and emotional balance.

In the theory of Comfort, the psicoespiritual context belongs to the internal consciousness of himself, including self-esteem, self-concept, sexuality, meaning in one's life, faith in God, being a combination of mental, emotional and spiritual state. Are included also interventions dedicated to relaxation, the keep well informed and feel useful.²

In the promotion of comfort must be also bombing for the care of the environment, this has been discussed in nursing since the conceptions of Florence Nightingale murders which drafted the environmental theory.

As shown in Figure 1, interventions that promoted the comfort in relation to this context reinforces the importance of an environment that promotes wellbeing both for the patient and family members. Highlights also include the studies mentioned the comfort as being in the natural habitat, linking people cared for because they feel more satisfied and comfortable to be at home.

In the context of environmental comfort, the focus is on the environment, under the conditions and outside influences, including the color, lighting, sounds and noises, lighting, temperature, odor, window views, natural and artificial elements. The focus of the nurse must be in interaction with the environment, which can promote healing and health promotion.²

Another highlight approached in the texts surveyed was about the integration of social, psychological and spiritual aspects as a way of getting comfort, thus integrating the four contexts also advocated by the theorist.

From this perspective, conceptualizes the comfort as being a State of relaxation tried at body followed by physical well-being, social and psicoespiritual, to the detriment of nursing care and the satisfaction of each need presented by the client that can culminate in quality of life.¹³ However, noting that not all care provides comfort, but the comfort is the result of a careful nursing or self-care.¹⁴

It is therefore considered the present relationship between the comfort and the work of nursing, whose actions must meet the expectations and needs of patients with nursing care to provide comfort.¹⁵ Include lightweight technologies that provide comfort and well-being to people in hospitals, and as an example musical visits that modify positively the location and strengthens the relationship between professional and patient.¹⁶

On the basis of the above, it is worth noting that the process of caring is not recognized only by curing or treating certain disease, but also by the comfort, support and attempt to reduce the suffering of patients and their families.¹⁷

Presents itself as limitations of this study, that in few studies there was mention of theory of Comfort, i.e. articles cited the comfort, but not related to existing theoretical precepts. Also some studies pointed the comfort as a descriptor, but over the course of the text did not mention. In this way, seizes the comfort as a broad concept, with several ways to intervene to address this need, and should be considered the individuality and the perception of caregiver. For this becomes relevant to strengthen the importance of the

integral assistance to meet the individual needs and promoting the Resolutive activities, through the use of clinical nursing care technologies.

CONCLUSION

It was possible, therefore, to provide the care that promote comfort based on contexts pursuant Kolcaba comfort theory, as well as meet the subjects of study investigating the comfort as a result of nursing care.

The care shown as comfort in publications of nurses in Brazil were more present in the physical context, being the satisfaction of pain relief care more referred to between the articles. However, care also were present in the sociocultural context, and environmental psicoespiritual.

It becomes increasingly important that studies focusing on this topic to be researched and discussed in order to optimize the comfort of people who are being cared for. This research served to meet some of the clinical care technologies that can be performed and the contexts in which they must be instigated during the evaluation of the patient by the health professional.

However, further research should be carried out, in order to deepen the understanding of phenomenon comfort, both in the perspective of the health service user in several dimensions, such as by professional carers, to investigate the perception and interests of care providing comfort and well being of the patient and their families. Noting, however, the theoretical precepts of Katherine Kolcaba Comfort theory.

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