COMFORT THEORY AS SUPPORT FOR A SAFE CLINICAL NURSING CARE

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RESUMO

The study had the objective of reflecting on the Comfort Theory and its theoretical-philosophical backgrounds as support for clinical nursing care to individuals, families and communities. Kolcaba believes that state of comfort presupposes absence of concern, pain, suffering, among others, as a cause or effect of discomfort. The theorist considers that patients hope to receive skilled, individualized, culturally sensitive and comprehensive health care actions. Accordingly, nursing care should be directed not only to the physical and biological needs of individuals, but also to the actual needs expressed by the subject under treatment in each of its existential dimensions. We consider that the present study has allowed us to make a reflection on the Comfort Theory, which is grounded on the understanding of the needs of others, causing the care actions to be individually conducted. Through these care actions, the comfort and welfare of patients will be generated. To that end, there is a need for nurses to develop skills to relate concepts, practices and knowledge of a theory, so they may have a guidance that can be applied in professional practice, thereby producing a clinical care for patients in a safe manner.

Keywords: Comfort. Philosophy. Nursing.

INTRODUCTION

Patient safety is a critical component in improving the quality of health care throughout the world, since its absence is a serious global public health problem. According to the World Health Organization (WHO), patient safety is reducing, to a minimum acceptable, the risk of unnecessary damage associated with health care(1).

The focus on patient safety, characterized by concern for the magnitude of adverse events (AEs), unwanted complications of care provided to patients, not attributed to the natural evolution of the underlying disease, that is, injury or damage resulting from provided health care(2). In Brazil, recent research has shown that, as there are more patients to the nursing staff within 24 hours, the incidence of bed falls increases, considered an AE, among treated patients(3).

In this perspective, health professionals need to reflect on their health-care actions to achieve the improvement of care and contribute to the security of being careful.

Clinical care to human being must involve a secure environment, where the patient has no doubts about the treatment, limitations, risks and care needed in the recovery process. In this context, nursing, as a science and profession that cares for people and community in a unique and multidimensional manner, requires the theories, research and practice to relate to promoting a safe clinical care.

Clinical nursing care are specialized actions based on scientific knowledge, focused on recovering health aimed at the man’s autonomy. Nursing care, more specifically the clinical nursing care, needs to expand and go beyond what is visible, taking into account the own person and his/her experiences(4).

In this regard, the clinical nursing care should

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base on nursing theories, verified by researches\(^5\). In the 90s, the theorist Katharine Kolcaba presented the holistic theory of comfort, defining the satisfaction of basic human needs as relief, calm and transcendence.

According to the theorist, the state of comfort assumes the absence of worry, pain, suffering, among others, as a discomfort cause or effect. Comfort is the opposite of discomfort. The nurse often identifies and eliminates the discomfort through the comfort measures; they are, therefore, relevant to restore the patient's health, because, through those, nurses and their team promote interaction, effective link, trust, hope, comfort, support, encouragement and quality of care\(^6\).

In this perspective, in order to promote a safe clinical nursing care to the patient, the nurse needs to identify the patient comfort needs in order to plan a nursing care that meets the needs of being attended and, therefore, contributes to improve the comfort and safety.

Given the theme, the objective was to think over the comfort theory as a means for clinical nursing care to promote the patient’s safety. The reflexive analysis will be able to contribute to know the theory, and, therefore, the nurses will be able to keep updated, providing the patient a safe nursing care.

THE SEARCH FOR SAFE CLINICAL CARE

Currently, ensuring the safety of all those who use health services is one of the most important challenges experienced by health professionals to perform care actions in different care environments. Identifying patients, adverse events related to drugs and surgical procedures, pressure ulcer occurrence, security incidents, infections and communication in the health care environment are essential to develop safer care actions and compensate for the damage\(^7\).

For nursing care, for the other comprises meeting his/her needs with sensitivity, promptness and solidarity, through attitudes of care practiced to promote the comfort and well-being. The care relates to know-how based on science, art, ethics and aesthetics, which aims to meet the individual’s needs\(^4\). By taking care, nursing professionals promote patient safety by implementing actions that contribute to the improvement of comfort in different contexts, namely: physical, psycho-spiritual, environmental and sociocultural.

For performing a safe clinical nursing care, one should perceive the patient as a multidimensional being and protagonist of his care. Therefore, the prevention of risks and adverse events related to health care is the responsibility of the nursing team that must comply with the indicative risk signals expressed by the patient and plan effective measures to reduce the risk.

Nursing plays a key role in this recognition, both for its contingent as its constant and uninterrupted proximity in patient care, being able to identify those risks and to offer valuable improvement suggestions\(^8\).

Currently, one considers an improperly done care, which increases the hospitalization period and the risk of acquiring nosocomial infections and temporary or permanent injuries, and, in worst cases, lead to death\(^9\). Improved health care security can contribute to the reduction of diseases and injuries. The nurse needs to develop cognitive mechanisms to keep the focus of attention on clinical reasoning, necessary to provide patient care\(^10\).

According to Kolcaba, the team providing care is ethically prepared to seek improved quality of services, including patient satisfaction, cost reduction, reduction of morbidity and hospitalizations, as well as better health policies and practices\(^11\).

According to the Code of Ethics, the Nursing professionals, along with patients, should defend the health care, free from risks such as clumsiness, imprudence and negligence, considering the person, the family and the community\(^12\).

Patients expect and believe that health professionals provide an appropriate and safe care according to their needs. When the patient seeks a health service, the professional is supposed to be able, trained and qualified to attend the patient with safety procedures that are part of the nursing care\(^13\).

In this direction, the nursing staff live with the constant challenge of ensuring quality care in meeting the needs and demands of customers efficiently and effectively\(^6\).
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The care is inherent to the human being and involves all relationships between man and everyone around him. Care is to keep life ensuring the satisfaction of a set of indispensable necessities of life, but diverse in their manifestation, such as the need for comfort\(^{(14)}\).

Performing activities to promote comfort measures is intrinsic to the practice of clinical nursing care, being necessary to the implementation of a humanized and quality care to the patient. Those measures are important for the recovery of the individual's health, since, through those measures, nursing professionals promote hope, comfort and support, which contributes to the quality of care. Moreover, it favors the nurse-patient relationship, when supporting the development of the effective link between professional and patient\(^{(5)}\).

In this perspective, nursing stands out as the profession that has, in the care, its essence\(^{(15)}\). Thus, nursing care is an intentional phenomenon, which takes place from the encounter and interaction of human beings.

It shows a "know-how" grounded in science, art, ethics and aesthetics, which aims to meet the needs of the individual, family and community\(^{(7)}\).

In a survey conducted at the Heart Hospital of Sobral, Ceará, the authors highlighted the importance of family, as they felt more comfortable with the support and good service given by health professionals\(^{(16)}\).

Kolcaba (1991, 1994), by presenting the comfort theory, establishes two dimensions: the first refers to the states of comfort, which includes: relief - the state in which there is a need for an attended specific comfort; calm - the state of contentment; and transcendence - the state in which one can overcome problems or pain. The second dimension refers to the contexts in which the comfort is. They are: physical context - referring to bodily sensations; psycho-spiritual context - refers to the self-awareness, including esteem, identity, sexuality and meaning of life; the third is the sociocultural context - concerning interpersonal relationships, family, society (finance, education, health care personnel), as well as family traditions, rituals and religious practices; the fourth context in which comfort is experienced is the environmental - concerning the external plane of human experience (temperature, light, sound, odor, color, furniture)\(^{(5)}\).

The author also states that the presentation of comfort based on those contexts aims at facilitating the identification of appropriate strategies to promote the relief of discomforts, and, when that is not possible, the nurse shall carry out interventions to highlight the transcendence. For the theorist, nursing is the intentional evaluation process of the patient's comfort needs, to design measures to meet the comfort needs and make their reassessment after implementation of those forms of action to a comparison with the previous baseline.

A research at the teaching hospital of the Midwest in 2012, aiming to assess the patient’s satisfaction related to the provided nursing care, revealed that none of nursing care reached the desired level of security, only two were safe, namely: hygiene and physical comfort; nutrition and hydration. Another worrying result was the poor classification of physical security item, since it is an important dimension of quality of care defined as the patient's right to have a care free of damage\(^{(17)}\).

Unsafe health care results in significant morbidity, mortality, and additional spending on the maintenance of health systems that could be avoided, and represents a current major concern\(^{(18)}\).

Nursing, when performing its care to people with health problems should have its actions directed to the biological, social, spiritual and psychic human demands\(^{(18)}\).

A study in the intensive care unit (ICU) at a public hospital of Mato Grosso do Sul in 2013 showed that the comfort and safety items directly reflect the commitment that nursing takes when a client is admitted to the ICU, for its patients often completely depend on the team care. Therefore, the nursing professional is responsible to ensure the health and comfort of the patient\(^{(16)}\).

The comfort theory is able to subsidize a practice centered on the individual and explain how comfort measures are important for the maintenance and promotion of health. In this perspective, the theory gives nursing a practice focused on the needs of patients within and
outside the institutions, strengthening the practice of a safe clinical nursing care to the served being.

There must be clinical nursing care aimed at promoting the best possible comfort to people in such circumstances, because they are exposed to the performance of technical procedures, and remain segregated from the family context, apart from the loved ones and interact with unknown professionals. This can lead to the perception of discomfort of the patient in the hospital environment\(^{(19)}\).

Therefore, through the theory, nurses are able to identify the causes of discomfort and develop plans of care focused on the individual needs in order to obtain the necessary and possible comfort\(^{(15)}\).

In order to promote their development, it is necessary that the tripod research, theory and practice go hand in hand. The association between the Comfort Theory and patient safety focuses on strengthening nursing as a profession in the health field and as a scientific discipline of human care.

**FINAL CONSIDERATIONS**

The Comfort Theory analysis allows understanding other's needs and allows the an individual care, through nursing actions that create comfort and well-being for the patient, requiring ability to provide a complete nursing care to relate concepts, practices and knowledge of the theory. Based on this reflective analysis, the applicability of the comfort theory may be directed to clinical practice, designing a safe clinical care to the patient.

For nursing care to achieve the desired efficiency, the actions need to base on knowledge, and their application, on skillfull attitudes. It is important that health institutions, whether public or private, include spaces for discussion of clinical cases for the exercise of care that will cooperate to strengthen the knowledge, because there is no healing without the care of nursing staff, contributing thus to an approach between theory and practice of safe care.

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**ABSTRACT**

O estudo objetivou refletir sobre a teoria do conforto e seus fundamentos teórico-filosóficos como subsídio para o cuidado clínico de enfermagem ao indivíduo, família e comunidades. Kolcaba acredita que estado de conforto pressupõe ausência de preocupação, dor, sofrimento, entre outros, como causa ou efeito de desconforto. A teórica considera que os pacientes esperam receber cuidados de saúde competentes, individualizados, culturalmente sensíveis e integrais. Neste sentido, os cuidados de enfermagem devem ser direcionados não apenas para as necessidades físicas e biológicas dos indivíduos, tampouco para as necessidades expressas pelo ser cuidado em todas as suas dimensões existenciais. Consideramos que o presente estudo nos permitiu realizar uma reflexão sobre a Teoria do Conforto, que está embasada na compreensão das necessidades do outro, fazendo com que o cuidado seja realizado de forma individualizada. Por meio dessas ações de cuidado, serão gerados o conforto e o bem-estar do paciente. Para isso, faz-se necessário que os enfermeiros tenham habilidades para relacionar conceitos, práticas e o conhecimento de uma teoria, assim poderão ter um direcionamento para que se possa aplicar na prática profissional, concebendo um cuidado clínico de forma segura ao paciente.

**Palavras-chave:** Conforto. Filosofia. Enfermagem.

**TEORÍA DEL CONFORT COMO SOPORTE PARA EL CUIDADO CLÍNICO DE ENFERMERÍA SEGURO**

**RESUMEN**

El estudio tuvo como objetivo reflexionar sobre la teoría del confort y sus fundamentos teórico-filosóficos como soporte para el cuidado clínico de enfermería al individuo, familia y comunidades. Kolcaba cree que el estado de conforto presupone ausencia de preocupación, dolor, sufrimiento, entre otros, como causa o efecto de desaliento. La teórica considera que los pacientes esperan recibir cuidados de salud competentes, individualizados, culturalmente sensibles e integrales. Así, los cuidados de enfermería deben ser dirigidos no solo para las necesidades físicas y biológicas de los individuos, sino también para las reales necesidades expresadas por el ser cuidado en todas sus dimensiones existenciales. Consideramos que el presente estudio nos permitió realizar una reflexión sobre la Teoría del Conforto, que está basada en la comprensión de las necesidades del otro, haciendo con que el cuidado sea realizado de manera individualizada. Por medio de estas acciones de cuidado,
REFERENCES


Palabras clave: Equipo Confort. Filosofía. Enfermería.
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