



REVISIONES

Comfort care of the patient in intensive care – an integrative review

O conforto do doente em cuidados intensivos - revisão integrativa

La comodidad del paciente en cuidados intensivos – una revisión integradora

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RESUMEN:

Objetivo - Identificar las necesidades y las medidas de comodidad del paciente internado en cuidados intensivos.

Material y Método - Las preguntas de la investigación son: ¿cuáles son las necesidades de comodidad del paciente internado en cuidados intensivos? Y ¿cuáles las medidas que promueven comodidad al paciente internado en cuidados intensivos? Se procedió al análisis de las palabras clave del DeCS y MeSH en el ámbito de la comodidad del paciente mayor en cuidados intensivos. Búsqueda booleana en los motores de búsqueda de bases de datos: EBSCO, PubMed, B-ON, RCAAP, BVS, Cochrane Library, SciELO. Se obtuvo un total de 6488 artículos, constituyendo la muestra 10 artículos. Se procedió al análisis del contenido del corpus (corresponde a los cuidados de enfermería), del que se obtuvieron 2 categorías con un total de 55 unidades de registro.

Resultados - La distribución de los datos ha sido hecha de acuerdo con los presupuestos teóricos de la Teoría de Kolcaba: en la categoría de las Necesidades de Comodidad (28 unidades de registro) - 28% son de contexto físico, 14% ambiental, 56% psico-espiritual y 14% social; de las Medidas de Comodidad (27 unidades de registro) – 18% son tipo alivio, 56% tranquilidad y 26% transcendencia.

Conclusión - Las necesidades de comodidad derivan esencialmente del contexto físico y psico-espiritual y las medidas de comodidad más a menudo adoptadas son para el alivio y la tranquilidad. La disciplina de Enfermería es la que más preocupación demuestra por los cuidados de comodidad.

Palabras clave: Paciente; Cuidados Críticos; Comodidad

RESUMO:

Objetivo - Identificar as necessidades e as medidas de conforto do internado em cuidados intensivos.

Material e Método - As questões de investigação são: quais as necessidades de conforto do doente internado em cuidados intensivos? e quais as medidas que promovem o conforto do doente internado em cuidados intensivos? Procedeu-se à análise dos descritores no DeCS e MeSH no âmbito do

conforto do idoso nos cuidados intensivos. Pesquisa booleana nos motores de busca de bases de dados: EBSCO, PubMed, B-ON, RCAAP, BVS, Cochrane Library, SciELO. Obteve-se uma população de 6488 artigos, constituindo a amostra 10 artigos. Realizada análise de conteúdo ao corpus (corresponde aos cuidados enfermagem), do qual se obteve 2 categorias com um total de 55 unidades de registo.

Resultados - A distribuição dos dados foi de acordo com os pressupostos teóricos da Teoria de Kolcaba: na categoria das Necessidades de Conforto (28 unidades registo) - 28% são do contexto físico, 14% do ambiental, 56% psico-espiritual e 14% do social; das Medidas de Conforto (27 unidades de registo) - 18% são do tipo alívio, 56% de tranquilidade e 26% transcendência.

Conclusão - As necessidades de conforto decorrem essencialmente do contexto físico e psico-espiritual e as medidas de conforto mais frequentemente adotadas destinam-se ao alívio e à tranquilidade. A disciplina de Enfermagem é a que mais preocupação demonstra pelos cuidados de conforto.

Palavras Chave: Doente; Conforto; Cuidados Intensivos

ABSTRACT:

Aims – To identify comfort needs and measures of the patient admitted in intensive care units.

Material and Method – The investigation questions are: what are the comfort needs of the patient admitted in intensive care and which measures should be undertaken to promote comfort to the patient admitted in intensive care units? It was carried out an analysis of the descriptors (keywords) in DeCS and MeSH within the scope of comfort care to elderly patient in intensive care units. Boolean research through data base searching engines: EBSCO, PubMed, B-ON, RCAAP, BVS, Cochrane Library, SciELO. It was obtained a 6488 article population of which 10 articles composed the sample. It was analysed the content of the corpus (corresponding to nursing care) allowing to obtain 2 categories totalizing 55 registration unities.

Results – Data distribution was according to theoretical assumptions of Kolcaba Theory: in the category of Comfort Needs (28 registration unities) - 28% are of physical order, 14% environmental, 56% psycho-spiritual and 14% of social order; as far as Comfort Measures are concerned (27 registration unities) – 18% concern suffering relieve, 56% peaceful atmosphere and 26% transcendence.

Conclusion – Comfort needs concern essentially physical and psycho-spiritual context and the comfort measures more frequently adopted are aim to relieve suffering and promote a peaceful atmosphere. Nursing disciplin is the one that shows more concern towards comfort care.

Keywords: Patient; Comfort; Critical Care

INTRODUCTION

Caring for the patient hospitalized in an intensive care unit is based on a complex diagnosis and treatment plan. The multiplicity of problems that the patient faces, due to the physiological changes of the pathological process, challenges health professionals to an holistic approach. Not always a traditional and / or conventional approach to the problems of the one who is the target of intensive care, is able to respond to their needs.

In the perspective of better caring for the patient, meeting their basic human needs, nurses are asked to adopt a strategy that responds to the demands of society and the state of the art. The use of a theoretical framework in the design of the nursing care plan is a key element. The experience of a process of critical illness, in which the surrounding environment is characterized by a multiplicity of technological equipment, can put human caring in the risk.

Hospitalization of the critical patient is a process fraught with fragile experiences, given the exposure to stress and threats (bodily integrity, shame, pain, fatigue, separation, dependency and other deprivation). The health priorities of hospitalized patients focus on the treatment of the disease, exposing it to functional decline.¹

In the process of assistance of the critical patient, the presence of the elderly beneficiary of the intensive care is more and more frequent. That population needs a more systematic evaluation, given their loss of capacity to adapt to stress and illness. Inability to adapt causes a significant risk of functional decline after discharge.²

The impact of co-morbidities in the elderly critically ill patients, and their reduced physiological readaptation implies the recurrent use of health institutions, whose costs are often significantly higher compared to other age groups.³

The context of intensive care is characterized by the differentiation of multidisciplinary teams, aiming to the prevention, diagnosis and treatment of potentially reversible situations of critical illness in patients who present failure of one or more vital functions.⁴ They demand more intensive and vigilant nursing care.²

The Nurse's role is of extreme importance in meeting the needs, in the empowerment and readaptation of the capacities and in the guarantee of the dignity of the patient. Comfort is an area of relevant attention for nursing, characterized by the sensation of physical tranquility and physical well-being.⁵ Comfort can be of the type of relief, tranquility, and transcendence. It is a holistic experience of the person after receiving comfort measures.^{1, 6-8}

The process of comfort of the patient is made from the interaction between the professional, the context and the desire of it to happen. This process is characterized by the holistic view of the person and health planning in partnership with the patient / family and other actors, based on commitment, intentionality and mutuality. The patient's dependence, fragility and vulnerability, that characterizes the elderly, compromise the nurse in comforting actions.¹

In this perspective, we have proposed to investigate: What are the comfort needs of the adult and elderly patient in intensive care? What measures promote the comfort of the adult and elderly patient in intensive care?

MATERIAL AND METHOD

Evidence-based practice allows for informed decision-making, contributing to improving the quality of care.^{9, 10} The integrative review aims at the analysis of intellectual production, synthesizing the state of knowledge of a given theme, pointing out solutions and knowledge gaps. According to the experts consulted, the construction of the integrative review involves six stages, by which we will guide the construction of this review.¹¹⁻¹⁴

The objective of this integrative review is to identify the needs and comfort measures of the adult and elderly patient admitted to intensive care.

In the first step, we construct the research question, using the PI [C] OD method: participants, intervention, (comparison), outcomes and design.^{11, 15}

To use a unique terminology in the literature search, the Portuguese descriptors were consulted in DeCS¹⁶ and after their translation into English they were searched in MeSH¹⁷. The descriptors used for this study are: *patient, comfort, well-being, critical care, intensive care, nursing, nursing care, critical care nursing, intensive care nursing*.

The sampling process was elaborated in step 2, with the establishment of the inclusion and exclusion criteria for this review, presented in the table 1.

Table 1 - Inclusion and exclusion criteria

Selection Criteria	Inclusion Criteria	Exclusion Criteria
1st phase of research (application of criteria in the search engine)	<ul style="list-style-type: none"> ✓ Online articles fully available ✓ Articles in English, Portuguese, Spanish or French 	<ul style="list-style-type: none"> ✓ Documents prior to the year 2010
2nd stage of research (adequacy of title and summary)	<ul style="list-style-type: none"> ✓ Inclusion in the study of adult / elderly patients in the context of intensive care ✓ Approach to comfort 	<ul style="list-style-type: none"> ✓ Documents written in a language other than the inclusion criteria ✓ Inclusion in the study of patients with less than 18 years of age ✓ Context other than intensive care ✓ Repeated articles
3rd phase of research (integral reading)	<ul style="list-style-type: none"> ✓ Study responds partially to research questions 	<ul style="list-style-type: none"> ✓ Study does not answer research questions

Given the nature of the integrative review, the largest number of databases were consulted. For the accomplishment of the research was outlined a Boolean research strategy: [*patient*] and [*Comfort (or) well-being*] and [*critical care (or) intensive care*] and [*nursing (or) nursing care (or) critical care nursing (or) intensive care nursing*]. In the [*Comfort (or) well-being*] search the subject field of the search engine was selected, while for the other terms a free search was maintained throughout the document.

The database search was conducted from the 15th to the 25th of May 2016, in the following database search engines: EBSCO (CINAHL Complete, MEDLINE Complete, Nursing & Allied Health Collection: Comprehensive, Database of Abstracts of Reviews of Effects , Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, Library, Information Science & Technology Abstracts, Medication, Health Technology Assessments, NHS Economic Evaluation Database): 278 articles; PubMed: 4894 articles; B-ON: 656 articles; Scientific Repository of Open Access in Portugal: 421 articles; Virtual Health Library: 38 articles; Cochrane Library: 147 articles; and SciELO: 54 articles. After applying the inclusion and exclusion criteria, 10 articles were selected, representing the sample.

The third step allows the organization and summarization of the information in the articles. The items in table 2, previously prepared, after reading the articles, were used to obtain the relevant data, which includes: source, title of the article, authors, periodical (Vol, nº, year page) and purpose of the study.

In step 4, a critical analysis of the selected articles was carried out, and a support instrument (table 3) was elaborated with the following information: name of the study, sample, type of research, method of analysis, main results and level of evidence. To have a hierarchical image of knowledge, the studies were classified according to the level of evidence, by the pyramid proposed by Polit.¹⁰

Table 2 - Summary of general information

Source	Article title	Authors	Newspaper (Vol, nº, page year)	Purpose
MEDLINE	Sedation in adults receiving mechanical ventilation: physiological and comfort outcomes	Mary Jo Grap, Cindy L Munro, Paul A Wetzel, Al M Best, Jessica M Ketchum, V Anne Hamilton, Nyimas Y Arief, Rita Pickler, Curtis N Sessler	American Journal Of Critical Care (Vol. 21, nº3, pág. 53, 2013)	To describe the relationships between sedation, physiological stability and comfort over a 24-hour period in patients on mechanical ventilation
MEDLINE	Pressure ulcer incidence in patients wearing nasal-oral versus full-face noninvasive ventilation masks	Marilyn Schallom, Lisa Cracchiolo, Antoinette Falke, Jennifer Foster, JoAnn Hager, Tamara Morehouse, Peggy Watts, Linda Weems, Marin Kollef	American Journal of Critical Care (Vol. 24, nº 4, pág. 349-357, 2015)	To assess the incidence, location, and category of pressure ulcers and patient comfort with nasal-oral masks compared to face masks.
MEDLINE	Physiological Responses to Passive Exercise in Adults Receiving Mechanical Ventilation.	Christina Amidei, Mary Lou Sole	American Journal of Critical Care (Vol. 22, nº 4, pág. 337-349, 2013)	To evaluate the physiological responses of adults to the standard protocol of passive exercise in the prevention of decreased strength in patients undergoing mechanical ventilation
CINAHL Complete	Nurses' perceptions of unpleasant symptoms and signs in ventilated and sedated patients	Irene Randen, Anners Lerdal, Ida T Bjørk	Nursing In Critical Care (Vol. 18, nº 4, pág. 176-186, 2013)	To describe the perceptions and evaluations of intensive care nurses on the unpleasant symptoms of mechanical ventilation and sedation in adult intensive care patients
CINAHL Complete	Needs of adult patients in intensive care units of Estonian hospitals: a questionnaire survey	Ilme Aro, Anna-Maija Pietilä, Katri Vehviläinen-Julkunen	Journal of Clinical Nursing (Vol. 21, nº 13/14, pág. 1847-1858, 2012)	Describe the perception of the importance of patients' needs in intensive care and determine the correlations between their demographic characteristics.
CINAHL Complete	Lived experience of patients being cared for in ICUs in Southern Thailand.	Rozzano C Locsin, Warapom Kongsuwan,	Nursing in Critical Care (Vol. 18, nº 4, pág. 200-211, 2013)	Describe the significance of inpatient experiences in intensive care that are technology dependent
MEDLINE	Does an additional structured information program during the intensive care unit stay reduce anxiety in ICU patients?: a multicenter randomized controlled trial.	Steffen Fleischer, Almuth Berg, Johann Behrens, Oliver Kuss, Ralf Becker, Annegret Horbach, Thomas R Neubert	BMC anesthesiology (Vol. 14, pág. 48, 2014)	Assessing whether a structured information program that enhances the information provided in the treatment process reduces anxiety in critically ill patients.
CINAHL Complete	Discovery of unexpected pain in intubated and sedated patients.	Lory Clukey, Ruth A Weyant, Melanie Roberts, Ann Henderson	American Journal Of Critical Care (Vol. 23, nº3, pág. 216-220, 2014)	Explore the perceptions of patients who were intubated and given medication for pain while sedated and admitted to the intensive care unit, in particular their experience and their memories of the experience.
CINAHL Complete	Anxiety and agitation in mechanically ventilated patients.	Judith Ann Tate, Annette Devito Dabbs, Leslie A Hoffman, Eric Milbrandt, Mary Beth Happ	Qualitative health research (Vol.22, nº2, pág. 157-173, 2012)	To describe the characteristics of anxiety and restlessness experienced by patients undergoing mechanical ventilation. Exploring how health care professionals recognize and interpret anxiety and agitation patients undergoing mechanical ventilation. To describe strategies and interventions used in the management of anxiety and restlessness in patients undergoing mechanical ventilation.
CINAHL Complete	A threat to the understanding of oneself: intensive care patients' experiences of dependency.	Kristina Lykkegaard, Charlotte Delmar	International journal of qualitative studies on health and well-being (Vol.8, pág. 1-12, 2013)	Exploring the perception of the meaning of being dependent on intensive care patient care

Table 3 – Evaluation of the sample

Research	Sample	Type of research,	Method of analysis	Concepts	Level of Evidence ¹⁵
Sedation in adults receiving mechanical ventilation: physiological and comfort outcomes	169 patients admitted to intensive care (19-83 years)	Prospective observational study	Descriptive statistics	Mechanical ventilation Comfort	IV
Pressure ulcer incidence in patients wearing nasal-oral versus full-face noninvasive ventilation masks	(200) patients admitted to intensive care (18-90)	Non-randomized controlled study	Statistical analysis with SPSS software support ¹⁸	Non-invasive ventilation Masks Comfort Pressure Ulcers	Ib
Physiological Responses to Passive Exercise in Adults Receiving Mechanical Ventilation.	30 patients admitted to intensive care (21-90 years)	Quasi-experimental	Statistical analysis	Mechanical ventilation Muscle Exercises	IV
Nurses' perceptions of unpleasant symptoms and signs in ventilated and sedated patients	183 intensive care nurses	Cross-sectional observational study	Descriptive statistics with SPSS software support	Mechanical ventilation Sedation Symptoms	IV
Needs of adult patients in intensive care units of Estonian hospitals: a questionnaire survey	166 patients hospitalized in the Intensive Care Unit (22-87 years old)	Descriptive study	Statistical methods. Using the SPSS Inc. software	Intensive care Needs of care	VI
Lived experience of patients being cared for in ICUs in Southern Thailand.	10 patients hospitalized in the Intensive Care Unit (18-80 years old)	Phenomenological hermeneutic	Categorization	Care Technological skills	VI
Does an additional structured information program during the intensive care unit stay reduce anxiety in ICU patients?: a multicenter randomized controlled trial.	211 patients admitted to the Intensive Care Unit (55-74 years)	Randomized controlled trial	Statistical analysis with software support R	Intensive care Critical care Information Anxiety	Ila
Discovery of unexpected pain in intubated and sedated patients.	14 patients admitted to intensive care (adults)	Phenomenological study	Inductive method supported by NVivo 9 software	Mechanical ventilation Ache Sedation Experiences	VI
Anxiety and agitation in mechanically ventilated patients.	30 patients admitted to intensive care (25-87 years)	Ethnographic study	Data encoding with ATLAS software.ti	Comfort Nursing interventions Management of symptoms Anxiety Shaking	VI
A threat to the understanding of oneself: intensive care patients' experiences of dependency.	3 patients hospitalized in intensive care (27-78 years)	Phenomenological hermeneutic	Structural analysis	Dependency Autonomy Shame	VI

With the information provided in the articles on comfort care, which constitutes the documentary corpus, contents were analyzed with the support of the NVivo 11 software.¹⁸⁻²⁰ The needs and comfort measures were outlined for categorization, recommended by Kolcaba.⁶ The recording units will correspond to the needs of the elderly in a critical situation, and to the measures adopted to obtain comfort.

In the penultimate stage, the results will be discussed, where the data will be compared with the theoretical assumptions. We may be able to identify possible gaps in knowledge and suggest future studies. Biases that may compromise reported results will be identified.

Finally, we will proceed to the synthesis of knowledge about the needs and comfort measures of the adult and elderly patient in the context of intensive care, in the form of a schematic figure (Figure 1 and 2).

RESULTS AND DISCUSSION

The analysis and discussion of data allows the identification of the relevant content of the primary studies. We begin the discussion with the presentation of the synthesis of the data collected, in table 3 which summarizes each article and its impact to the practice based on evidence.,

From the hierarchical pyramid of evidence, we found that 50% of the studies presented have low strength of evidence, they are at level VI, while 20% are near the top, at level II. Given the fact presented, the recommendations that may arise, should always be submitted to a process of reflection and critical discussion.

In the studies presented, the researchers are mostly Nurses. There is participation of Physicians in 3 studies and in one study the presence of 1 Respiratory Kinesiotherapy Therapist. The inclusion of other professionals in the researches enriches the study of the object, due to the multidisciplinary character introduced. Not all studies are clear as to the authors' affiliation. However, it is possible to verify the participation of researchers with affiliation in the clinical domain of intensive care and academic domain. These facts are an asset in the critical evaluation of the scientific articles, as to the authors' credibility in the research, either through clinical knowledge or through the knowledge of the methodological research presuppositions. These results are in line with the findings of Ramos et al²¹, who report that comfort is an important factor in patient well-being and is a shared responsibility of the hospital's multidisciplinary team. Of the 10 articles under analysis, 80% were published in journals that address critical care (3 in the nursing journals, 1 in medical and the others in multidisciplinary ones). Two articles were published in health care quality journals.

The methodological options of the articles under analysis (described in table 3) are balanced, given that 40% followed the qualitative paradigm and 60% the quantitative one. In the evaluation of needs and measures of comfort of the elderly, naturalistic thinking deepens, on one hand the knowledge of the nature of the object, but on the other implies the loss of strength in the recommendations for practice based on evidence.

In the sum of the studies, we observed that 780 patients in intensive care, aged 18-90 years, and 183 nurses who provide care, in an intensive care unit were studied. It is verified that the studies were carried out in Europe, Asia and America.

During the identification of biases that may interfere with the results, we must refer to the themes addressed by them. In 50% of the studies, comfort was addressed in the scope of mechanical ventilation. We understand that the synthesis of knowledge performed in this integrative review, is influenced by the problems associated with mechanical ventilation, does not detract this study, it only reduces its amplitude.

According to the Kolcaba Comfort Theory, there are four contexts in which comfort occurs: physical, psycho-spiritual, environmental and sociocultural.⁶ In the studies analyzed, comfort needs were identified and the measures that promote it, through the technique of content analysis (results can be seen in figure 1 and 2).

Comfort needs, must be read as health care needs. They result from tensions experienced by the person in the health / illness process, causing him problems that require comfort.⁶⁻⁸

Figure 1- Comfort Needs



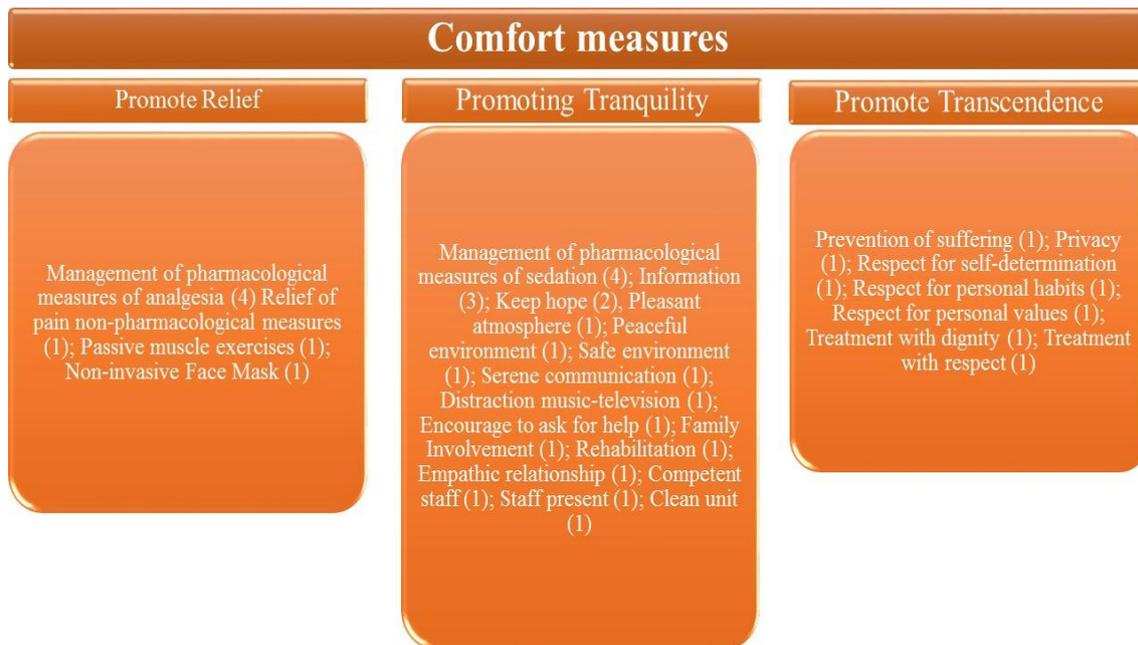
According to the Kolcaba Comfort Theory, nursing care addresses the needs for comfort, and is not met by traditional support systems. Needs can be physical, psycho-spiritual, social and environmental.⁶⁻⁸

From the content analysis, 28 recording units were identified within the scope of comfort needs. Registration units translate into specific care needs. Each subcategory of content analysis represents the context from which needs emerge. Thus, 28% of the needs emerge from the physical context, 14% from the environmental and 14% from the social, while 56% from the identified needs, arise from the psycho-spiritual context. In the context of intensive care, the most mentioned needs within primary studies are: pain, anxiety, fear, frustration, loss of autonomy, mechanical ventilation and visits of family and friends. These results are corroborated by Blanca et al²² (2008) and Cidália et al²³ (2011), with similar studies on the experiences of the patients hospitalized in intensive care, which identified the traumatic sensations experienced by patients and families, the scarcity of information, the need for personalized attention, the presence of invasive devices and an unnatural environment.

Nurses are asked to identify comfort needs, plan and implement measures, and reassess them after implementation. The evaluation may be subjective or objective, of the patient.⁶⁻⁸ Therefore, comfort measures should be nursing actions, to address the patient's comfort needs, in a holistic and dynamic perspective.

The measures of comfort for the adult and elderly patient are aimed at the relief of discomfort, elimination of stressors, spiritual and family support, and to guarantee hope in hospital life.²⁴

Figure 2- Comfort measures



Of the articles under study, comfort measures promoting tranquility were the most implemented. In the category of comfort measures, 27 registry units were identified, representing the nursing interventions. Of all the measures of comfort, 18% promote relief, 56% tranquility and 26% transcendence.

The management of measures for pain relief were the most used in the studies analyzed. Gélinas²⁵ identifies non-pharmacological measures as effective, safe and low-cost measures for pain relief, with full autonomy of intensive care nurses, in complementarity with pharmacological treatment.

In the context of comfort measures promoting tranquility, it was evidenced that the management of sedative pharmacological measures, information provided to patients and help to maintain hope, are the most enunciated by the studies. The transmission of information was identified by Pott et al²⁶) as a strategy of comfort, fundamental in the provision of humanized care. The strategies facilitating the different self-care were mentioned by Silva & Valente Ribeiro (2015) 27 and Carvajal Carrascal et al²⁸ as promoters of the patient's comfort.

In transcendent comfort, there is no solid scientific production, but the measures listed, are focused on respect for the individuality and dignity of the patient.

Pain, fear, insecurity, loss of autonomy and loneliness are problems that are often present in the patient admitted to intensive care. The measures implemented agree with the findings in the bibliography²⁴ and they are the relief of pain, the prevention of suffering, the maintenance of hope, respect for the person, the guarantee of dignity and family involvement, among others.

Another analysis taken out of this integrative review, is related to the theme addressed by the primary studies: the comfort of patients undergoing mechanical ventilation. The comfort needs arising from the use of artificial ventilation, anxiety, restlessness and respiratory stress and the use of comfort measures, such as the management of pharmacological measures of sedation, information to the patient, among others, are in consonance.

CONCLUSION

After completing the integrative review, we could answer the research questions based on the assumptions of Kolcaba Comfort Theory and the Nature Theory of the Comfort Process of the Elderly from Sousa.¹ The collection of data did not suppress all our expectations for this study, however, revealed opportunities for research and reflection on the comfort of the elderly in intensive care.

We could define, through the critical analysis of the articles, the disciplines that care about the phenomenon of comfort, of which Nursing is highlighted, with a preponderant role, both in the creation of a theoretical framework and in the practical approach to comfort.

The patient's comfort needs essentially derive from the experienced physical and psycho-spiritual context. For the patient, the intensive care environment involves the unknown, away from its natural context, surrounded by complex technological systems and with a high probability of iatrogenic corporal and psychiatric injuries resulting from the therapeutic plan.

Internment in intensive care involves a mist of feelings of insecurity, pain, suffering and anxiety, which induce the critical patient the discomfort.

Scientific evidence shows that the most implemented comfort measures are aimed to promote relief and tranquility. From the comfort promotion strategies analyzed, the ones that possess consensus in the primary studies analyzed are: analgesia / sedation management, passive exercise and the implementation of structured information programs.

This study, enriches the knowledge regarding the process of comfort provided to the patient in the context of intensive care. However, the scientific production so far, is sparse. It is plausible to recommend to Nurses, reflection on the theoretical assumptions of Katherine Kolcaba and Sousa, and research on patient care in specific contexts. In this way, it will be possible to build a sustained core of comfort measures that respond effectively to health care needs.

REFERENCES

1. Sousa P. O conforto da pessoa idosa. Lisboa: Universdade Católica Editora; 2014. 168 p.

2. Urden L, Stacy K, Lough M. Enfermagem de Cuidados Intensivos: diagnósticos e intervenção. 5ª ed. Loures: Lusodidacta; 2008. 1292 p. 3. OMS. Relatório Mundial de Envelhecimento e Saúde [Internet]. Genebra: Organização Mundial de Saúde; 2015 [cited 2016 Jun 10]. Available from: http://apps.who.int/iris/bitstream/10665/186468/6/WHO_FWC_ALC_15.01_por.pdf?ua=1
4. Ministério da Saúde. Avaliação da Situação Nacional das Unidade de Cuidados Intensivos [Internet]. Lisboa: Ministério da Saúde; 2015. [cited 2016 Jun 1]. 459 p. Available from: <http://www2.portaldasaude.pt/portal/conteudos/a+saude+em+portugal/publicacoes/estudos/avaliacao+uci.htm>
5. ICN. Classificação internacional para a prática de Enfermagem: CIPE Versão 1. Tradução P. Genebra: Ordem dos Enfermeiros; 2005. 210 p.
6. Tomey AM, Alligood MR. Teóricas de Enfermagem e a sua obra: modelos e teorias de enfermagem. 5ª ed. Loures: Lusociência; 2004.750 p.
7. Kolcaba K. Evolution of the mid range theory of comfort for outcomes research. Nurs Outlook [Internet]. 2001 Mar [cited 2016 Jun 10];49(2):86–92. Available from: <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=107034755&lang=pt-br&site=ehost-live>
8. Kolcaba K. A theory of holistic comfort for nursing. J Adv Nurs [Internet]. 1994 Jun [cited 2016 Jun 10]; 19(6):1178–84. Available from: <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=107453730&lang=pt-br&site=ehost-live>
9. Fortin MF. O processo de investigação: da concepção à realização. 3ª Ed. Loures: Lusociência; 2003. 388 p.
10. Polit DF, Beck CT. Fundamentos de pesquisa de Enfermagem : avaliação de evidências para a prática de enfermagem. 7ª Ed. Porto Alegre: Artmed; 2011. 667.
11. CRD. Systematic reviews: CRD's guidance for undertaking reviews in health care [Internet]. 3ª ed. York: University of York; 2009 [cited 2016 Jun 10]. Available from: http://www.york.ac.uk/media/crd/Systematic_Reviews.pdf
12. Whitemore R, Knafl K. The integrative review : updated methodology. J Adv Nurs. 2005;52(5):546–53.
13. Souza MT, Silva MD, Carvalho R. Integrative review: what is it? How to do it?. Einstein [Internet]. 2010 [cited 2016 Jun 10];8(1):102–6. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1679-45082010000100102&lng=en&nrm=iso&tlng=en
14. Mendes KDS, Silveira RCD, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto Context - Enferm. 2008;17(4):758–64.
15. Ramalho A. Manual de estudos e projetos de revisão sistemática com e sem metanálise. Coimbra: Formasau; 2005. 112 p.
16. BVS. Descritores em Ciências da Saúde [Internet]. São Paulo: Biblioteca Virtual em Saúde; 2016 Mar [cited 2016 May 14]. Available from: <http://decs.bvs.br/>
17. NCBI. MeSH [Internet]. Bethesda: National Center for Biotechnology Information; 1999 Set 1 [updated 2016 Abr 1; cited 2016 Mai 14]. Available from: <http://www.ncbi.nlm.nih.gov/mesh>
18. Bardin L. Análise de Conteúdo. Lisboa: Edições 70; 1977. 229 p.
19. QRS International. NVivo 11 for Windows. 2016.
20. Amado JS. A Técnica de Análise de Conteúdo. Rev Ref. 2000 Nov; 5: 53-63 p.
21. Ramos Frausto VM, Rico Venegas RM, Martínez PC. Percepción del familiar

- acompañante com respecto al cuidado de enfermería en hospitalización. *Enferm Global*. 2012 Ene; 25: 219-32
22. Blanca Gutiérrez JJ, Blanco Alvariño AM, Luque Pérez, et al. Experiencias, percepciones y necesidades en la UCI: revisión sistemática de estudios cualitativos. *Enferm Global*. 2008 Feb; 12: 1-14
 23. Castro C, Vilelas J, Botelho MAR. A experiência vivida da pessoa doente internada numa UCI: revisão sistemática da literatura. *Pens Enferm*. 2011 2º semestre; 15 (2): 41-59
 24. Sousa PP, Mendes CMA. O conforto do doente idoso crónico em contexto hospitalar: contributos para uma revisão sistemática da literatura. *Rev Enferm Ref [Internet]*. 2012; III Série (7):149–58. Available from: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0874-02832012000200016&nrm=isso
 25. Gélinas C, Arbour C, Michaud C, et al. Patients and ICU nurses' perspectives of non-pharmacological interventions for pain management. *Nurs Crit Care*. 2012; 18 (6): 307-18
 26. Pott FS, Stahlhoefer T, Felix JVC, et al. Medidas de conforto e comunicação nas ações de cuidado de enfermagem ao paciente crítico. *Rev Bras Enferm*. 2013 Mar-Abr; 66 (2): 174-9
 27. Silva JMC, Valente Ribeiro PPS. Estratégias de autocuidado das pessoas com doença oncológica submetidas a quimioterapia/radioterapia e a sua relação com o conforto. *Enferm Global*. 2015 Ene; 37: 384-99
 28. Carvajal Carrascal G, Montenegro Ramírez JD. Higiene: cuidado básico que promueve la comodidad en pacientes críticos. *Enferm Global*. 2005 Oct; 40: 340-50

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