



THE COMFORT IN ONCOLOGIC NURSING: LITERATURE REVIEW O CONFORTO NA ENFERMAGEM ONCOLÓGICA: REVISÃO DE LITERATURA EL CONFORT EN ENFERMERÍA ONCOLÓGICA: REVISIÓN DE LITERATURA

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ABSTRACT

Objective: to describe the approach to the comfort in Oncology Nursing publications. **Method:** this is an integrative review to answer the following guiding question << What is the scientific evidence about comfort in oncologic nursing care? >> The search of the scientific literature was performed from 2000 to 2013 in LILACS and BDNF databases, using the keywords in Portuguese: Nursing; Oncology; Comfort. For the analysis of articles, it was sought to the units of the meaning of the corpus of analysis of 20 scientific publications. **Results:** it was noted a significant increase in the last five years, with a peak in publications of 2013. As for the areas of knowledge, the high number of child health in publications and the existence of research on spirituality were highlighted. **Conclusion:** there is the absence of a specific journal of nursing for the dissemination of research in oncology nursing. Research relating oncology nursing and comfort are suffering significant increase over the years, especially in the last five years. **Descriptors:** Nursing; Oncology; Comfort.

RESUMO

Objetivo: descrever a abordagem do conforto nas publicações de Enfermagem Oncológica. **Método:** revisão integrativa com vistas a responder à seguinte questão norteadora << Quais as evidências científicas sobre o conforto na assistência de enfermagem oncológica? >> Foi realizada a busca da produção científica, entre 2000 e 2013, nas bases de dados LILACS e BDNF, empregando os descritores em português: Enfermagem; Oncologia; Conforto. Para a análise dos artigos, buscaram-se os núcleos de sentido que compõem o corpus de análise das 20 produções científicas. **Resultados:** evidenciamos aumento significativo nos últimos 5 anos, tendo seu pico de publicação no ano de 2013. Quanto às áreas de conhecimento, merece destaque o número elevado de publicações em saúde da criança e a existência de uma pesquisa sobre a espiritualidade. **Conclusão:** destaca-se a ausência de um periódico específico de enfermagem para a divulgação de pesquisas em enfermagem oncológica. As pesquisas que relacionam enfermagem oncológica e conforto vêm sofrendo aumento significativo com o passar dos anos, sobretudo nos últimos 5 anos. **Descritores:** Enfermagem; Oncologia; Conforto.

RESUMEN

Objetivo: describir el enfoque del confort en las publicaciones de Enfermería Oncológica. **Método:** revisión integradora para responder la siguiente pregunta guiadora << ¿Cuáles son las evidencias científicas sobre el confort en la asistencia de enfermería oncológica? >> Fue realizada la búsqueda de la producción científica, entre 2000 a 2013, en las bases de datos LILACS y BDNF, empleando las palabras clave en portugués: Enfermería; Oncología; Confort. Para el análisis de los artículos se buscaron los núcleos de sentido que componen el corpus de análisis de las 20 producciones científicas. **Resultados:** evidenciamos aumento significativo en los últimos 5 años, teniendo su pico de publicación en el año 2013. En las áreas de conocimiento, merece destaque el número elevado de publicaciones en salud del niño y la existencia de una investigación sobre la espiritualidad. **Conclusión:** se destaca la ausencia de un periódico específico de enfermería para la divulgación de investigaciones en enfermería oncológica. Las investigaciones que relacionan enfermería oncológica y confort viene sufriendo aumento significativo con el pasar de los años, sobre todo en los últimos 5 años. **Descritores:** Enfermería; Oncología; Cuidados Paliativos al Final de la Vida.

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INTRODUCTION

The word comfort is present in the vocabulary of nursing professionals, using routinely expressions such as, “provided comfort”; “the patient is comfortable, he was comforted” or “he is comfortably installed” during the employment process.

The patient in the course of care nursing practice can experience many discomforting situations. However, it is important to observe the nursing care priority considering its scientific basis since it leads us to promote effective comfort.¹

The literature reveals that comfort significantly is the nursing care, and it is linked to its origin and development assuming, throughout history, different meanings that relate to historical evolution, political, social and religious humanity and the technical-scientific evolution.²

Detected many centuries ago, cancer was widely classified as a disease of developed countries and large financial resources. Approximately four decades ago, the scenario has changed, and most of the global cancer burden can be observed in developing countries, especially those with few resources and average.

Thus, in recent decades, cancer has become larger, being an obvious problem of global public health. The World Health Organization (WHO) estimated that in 2030, 27 million cases of cancer, 17 million deaths from cancer and 75 million people alive each year with cancer could be expected. The greatest effect of this increase will focus on low and middle-income.³

Cancer disease is one of the greatest scourges of our time. Even before all scientific and technological developments, forms of prevention and treatment, it continues to have a negative social representation associated with pain, suffering, and death.

When the cancer is diagnosed, it is usually permeated with physical symptoms such as pain, discomfort, changes in body image and psychological fear as the limitations imposed by the disease, leading to loss of autonomy, and generating dependence on someone.

The true sense of caring is to promote life. The quality of our lives depends on the care we give to it. The way we live life, how we relate to the world, with people, with family, with friends, and with work, interfere in the way we practice care. Care is part of professional practice; it is an act mediated by scientific knowledge, a code of ethics and an

The comfort in oncologic nursing: literature... inserted process of working on a political, cultural, economic and social context.

The care process involves growth and occurs regardless of healing. It is intentional, and its goals are different depending on the moment, the situation and experience. To be a process, there is concern about an end.

These discussions show us the various care faces, or are the various concepts of comfort? Thus, we believe that study the various comfort approaches in oncology nursing can allow nursing professionals to rethink about their behavior, to be compatible with the reason/ideal and a holistic view of patient care.

The way of thinking of the “comfort” in caring actions is still not clearly objectified/implemented in most of the health services, and they have not been part of the objectives - written - prescribed and performed in nursing diagnosis, as one of the steps of the nursing process. On the other hand, if such actions are carried out, as recognize and say by the nurses, there is still no consensus of what is considered “comfort” for Nursing.

Through its researchers, the oncology nursing has been interested in finding answers to qualify its professional practice better, especially in the care the administration of chemotherapy treatment, and its side effects. This shows that professionals realized how scientific research contributes to solving problems in the practice of care.⁴

OBJECTIVE

- To describe the approach of comfort in Oncology Nursing publications.

METHOD

This is an integrative review held in six stages: defining the research question; delimitation of inclusion and exclusion criteria; election of databases and carry out the search of the research; data analysis; discussion of the data; and the synthesis of the review.

The study was conducted to answer the following question: What is the scientific evidence about comfort in oncologic nursing care?

Articles should include the following criteria to compose the result of this research: original articles, available in full for free, national productions, published in Portuguese; and having the at least one (01) professional nursing staff as the author. The research was time cutting between 2000 and 2013 using as keywords: nursing, oncology,

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comfort. At the time of prospecting with the above keywords, Boolean logic of operators and, or and not were used. Theses, dissertations, monographs and articles that after reading the summary and did not converge with the proposed subject of the study were excluded, in addition to publications that are repeated in the databases.

Data were collected by two reviewers ensuring rigor in the selection of articles process, in October 2013, in the following databases: Latin American and Caribbean Health Sciences (LILACS) and Nursing Database (BDENF). The choice of these databases was because of the high degree of impact of journals indexed there. The search in these databases respects the particularity regarding the way of conducting the search history while maintaining the same search pattern between the bases.

After reading the titles and abstracts, the studies selected were analyzed using a validated instrument, evaluating data related to the identification of the original article, methodological characteristics of the study, assessment of the methodological rigor of measured interventions and the results found in articles for the journal, the study area and the level of evidence:⁵ 1 - systematic reviews or meta-analysis of relevant clinical trials; 2 -

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evidence of at least one clinical trial randomized controlled well defined; 3 - well-designed clinical trials without randomization; 4 - cohort studies and well-designed case-control; 5 - systematic review of descriptive and qualitative studies; 6 - evidence derived from a single descriptive or qualitative study; 7 - authorities of opinion or expert committees including information interpretations not based on research.⁶

A thematic analysis was used that it is a set of methodological tools that apply to diverse discourses. Thematic analysis is to seek meaning cores that are inserted in a communication whose presence or appearance frequency can mean something for the chosen analytical objective.

Thematic analysis⁷ is to discover the core meanings that compose communication whose presence means something to the targeted analytical objective.

RESULTS

In the end, there were 20 articles that led to the creation of the database. They were organized into an analytical table (Figure 1) containing the following variables: journal, year, subject area, methodology, the level of evidence and results.

Journal	Year	Area	Method/Level of Evidence		Results
Revista Brasileira de Cancerologia	2013	Child health	Documentary, descriptive, quantitative.	Level of Evidence: V	There was 13.1% incidence of complications related to the use of the Port-a-Cath, and 6.6% for early complications, and the same percentage for late complications associated with infections. Three of the four catheters were removed by infection (75%), they had been implanted in patients diagnosed with leukemia. The average length of the catheter was 506.3 days (23-1335 days).
Revista Brasileira de Enfermagem	2012	Outpatient oncology	Qualitative.	Level of Evidence: VI	The family needs for children in treatment are stimulus for rotation among the members of the family as the child's caregiver; guidance and training for different family members accompanying the children; comfort for family staying beside the child; autonomy for the family; host to healthy sibling; environment that provides rapprochement between the separated parents to support the child in treatment.
Escola de Enfermagem Anna Nery	2012	Child health	Phenomenological.	Level of Evidence: VI	Two categories emerged in the comprehensive analysis: comfort and minimizing pain. From these actions, the care for this family is directed to support it, providing caring attitudes, affection, and respect.
ACTA	2009	Child health	Descriptive, qualitative.	Level of Evidence: VI	They allowed to understand that the intrusive procedures generate anxiety, worry, fear and pain to children, as they recognize the importance of the procedures, drugs, the achievement of physical and laboratory tests for the treatment; recognize the benefits of using the Port-a-Cath, but its use is a source of anxiety, limitations and concerns, especially those related to the risk of infection, and they felt happy, comforted and strengthened to play.
Revista de Enfermagem UERJ	2008	Clinical oncology	Qualitative exploratory.	Level of Evidence: VI	The results showed the following meanings of comfort: living at home, interaction with family and friends and be pain-free for young people; health and care for adults; and physical, mental, emotional balance and well-being for nurses. The comfort has taken different meanings depending on the experienced moments, both for the person with cancer, as for nurses.
RevRene	2012	Clinical oncology	Qualitative.	Level of Evidence: VI	It was observed that the play activities help patients cope with the disease, facilitating interaction with the multidisciplinary team, and providing a warm and cheerful atmosphere. It is also noted that the most accepted activities were music and games performed by clowns. Therefore, it is suggested to implement the humanization of care using the recreational resources.
Einstein	2010	Spirituality	Exploratory descriptive.	Level of Evidence: VI	On the scale of spiritual well-being, 76.6% of nurses had positive scores. Subscale of existential well-being, 80% had positive scores and religious well-being 76.6% had positive scores. In the Spiritual well-being scale, the overall average was 107.26, and the existential and religious well-being subscales averages were 54.4 and 53.2, respectively. Most of them responded positively about the importance of offering patients spiritual assistance, and 40% of nurses offered as a justification "to provide well-being and comfort to the patient." Most nurses reported not having received vocational training to provide spiritual care to patients in any of the nursing courses completed.
Einstein	2010	Clinical oncology	Descriptive exploratory. quantitative.	Level of Evidence: VI	The factors that contributed to the humanization were caring, sympathy and smile, and those hindering were moodiness, noise and not be promptly answered.
Revista Latino Americana de Enfermagem	2001	Clinical oncology	Qualitative.	Level of Evidence: VI	The results show that nurses have difficulties in developing patient care due to lack of specific knowledge about cancer, chronic pain, and its treatment, but also the expressive skills to promote adequate psychological support.
Revista Latino Americana de Enfermagem	2002	Outpatient oncology	Qualitative.	Level of Evidence: VI	The results indicate the following difficulties: changes in family life; inefficient communication; change in self-image and adverse reaction to chemotherapy.
Revista Escola de Enfermagem USP	2013	Child health	Qualitative.	Level of Evidence: VI	Data analysis allowed the identification of five categories: feel without autonomy for decision-making; take care of the family; offer physical comfort; value humanized care and learn to deal with death and to die.

Escola de Enfermagem Anna Nery	2005	Outpatient oncology	Descriptive qualitative. Level of Evidence: VI	The results showed the well-being factors: the caring attitude of the staff and comfort of chemotherapy application room; as malaise factor: the discomfort of the waiting room.
Revista Brasileira de Enfermagem	2011	Clinical oncology	Descriptive. Level of Evidence: VI	There were 25 critical incidents cited by the subjects, nine negative feelings, three positive and 13 with both. It was concluded that nurses who reported human character interventions had shown positive feelings, recognizing the importance of their nursing actions to provide human assistance.
Revista Brasileira de Enfermagem	2003	Clinical oncology	Phenomenological. Level of Evidence: VI	It was an opportunity to reflect on the work team, about the assistance to customers based on the proposals of the Unified Health System (SUS) and from the perspective of humanistic approach and its methodological proposals.
Escola de Enfermagem Anna Nery	2009	Child health	Descriptive and exploratory qualitative. Level of Evidence: VI	We realized that the care of children with cancer in palliative care is a process of suffering and mixed emotions for the professional and that care turns to the promotion of comfort, for the relief of pain and symptoms, in addition to meeting the biopsychosocial and spiritual needs, and family support.
ACTA	2008	Outpatient oncology	Qualitative, exploratory and descriptive. Level of Evidence: VI	The speech of the subjects revealed that nursing care is sustained in very principles of human relationship as friendship, affection, attention, tolerance and solidarity. They pointed out that the nurse's actions combine technical and human attributes, considering life as a fundamental ethical value of respect for human dignity as the foundation of interaction in care.
Revista Latino Americana de Enfermagem	2004	Outpatient oncology	Qualitative. Level of Evidence: VI	The results converged on the following issues: intrathecal routine; fear, pain and relief fantasies and strategies. The implications for nursing found that the information is vital for children/adolescents with cancer, as it can minimize uncertainties and negative feelings, causing them to collaborate and participate in treatment.
Texto e Contexto Enfermagem	2013	Outpatient oncology	Qualitative. Level of Evidence: VI	The results are presented through the themes: Palliative Care Center features, team and the initial interaction with the patient and family; and modes of care, the importance of pain management and communication.
Texto e Contexto Enfermagem	2013	Child health	Exploratory, descriptive and qualitative. Level of Evidence: VI	The results pointed to the phenomenon "Unveiling the humanized care given to the family and the child with cancer." The theoretical elements emerged from clinical descriptions of events or situations presented by nurses.
Journal Health Science Inst.	2011	Child health	Exploratory, descriptive and qualitative. Level of Evidence: VI	The establishment and enhancement of the bond of trust and friendship between work, child, and family were the means used by nursing in human care to the child. Factors were found that hinder the pursuit of humanized care as non-cooperation of some parents face the care provided and the unwelcoming environment offered to the child and family. However, there are factors that facilitate assistance as professional empathy nursing with the oncology sector and the child's view that this plays a very important care during hospitalization.

Figure 1. Journal, year of publication, area, method, level of evidence and results.

Meanwhile, we begin the presentation of results by journal variables, as can be seen in Figure 1, as it allows us to see which of scientific publishing media conveys more often, surveys which articulate the theme of comfort with the problems of the investigation.

It can be observed the diversity of journals (11 in total) that published in our scientific research in the investigated theme, where 45% (5 journals) journals published only 1 article, saying that there is a magazine to publish substantially research on oncology nursing and comfort in oncology nursing.

Regarding the year of publication, we can consider that these are recent studies, since 65% (15 articles) were written in the last five years, which demonstrates how nursing is recent awakening, on this subject, the same way, agree to emphasize that 20% (4 articles) were published in 2013.

Concerning the area of knowledge, we base on the concept of knowledge that says that knowledge articulates concepts, theories and procedures in this regard the areas of knowledge, include a set of concepts and theories about a particular area of knowledge.⁸

It is noteworthy that only 4 articles were found to structure the grouping of areas, those who respectively addressed specific themes: spirituality, referring to matters of religion/spiritual guidance of professional and/or patients; outpatient oncology, addressing issues specific to adult care outpatient chemotherapy; Clinical Oncology, which addressed questions about the treatment of individuals in adult nosocomial hospital and their families, as well as factors relating to professionals and their care practices; and child health, issues arising from treatment to this specific population.

After the analysis, the predominance of studies on the health of the child is evident, often 50%, which demonstrates a concern of professionals/researchers for this population, and the factors involved in their care.

Significant data shown in figure 1 was the predominance of qualitative studies, often 80%, which goes against most of the studies in nursing, still very concerned to characterize subjective aspects of their research problems, which need research with a qualitative approach to solving them.

DISCUSSION

Some studies have shown the absence of a specific journal of nursing facing oncology,

which can be difficult in some way the creation and dissemination of this knowledge.⁹

It should be noted that just as in the above research, the Latin American Journal Nursing and Brazilian Journal of Nursing, responsible for 15% of the publications, represented 2/3 of the journals that published in the area of interest of the present study along with the magazine Escola de Enfermagem Ana Nery.

Concerning the areas of knowledge, suffering from the situation of imminent death of the child with cancer has touched the researchers, showing this high number of research in this area.¹⁰

The process of care without the possibility of healing, also as a subject of investigation of another study, which the authors expounded the results of that research nurses to perform care for children with oncological disease and with no chance of cure, emphasized that action to take care of the need to comfort this child before his illness state, promoting the realization of actions that involve the family in the care process.¹¹

The care for children without possibility of healing should normally occur, just when the therapeutic goal is still healing, having the promotion of comfort to the child as its objective.¹⁰

Another authors¹² highlight how it is necessary to create units for the proper care of patients without the possibility of healing, where care is guided by a logic that is displaced from the cure for the purpose of comfort and quality of the relations established between staff and patient-family.

About humanized assistance to cancer patients in the health of the child, a study pointed out that care involves strengthening the link between the professional, family and the child, requiring commitment to establish a relationship with empathy and creativity, nurses should invest communication and have meetings with the team to think of the care provided, to ensure the best family needs.¹³

The means used by nursing translate into the enhancement of trust and friendship between the nursing professional relationship, the child undergoing cancer treatment and their families, especially the mother.¹⁴ This link helps to humanize the assistance because it allows the professional transcends the physical aspect of cancer, providing care to understand the patient as a human being.

Also, they pointed out that although there are means used by nurses in an attempt to carry out a more humanized care to children with cancer, there are factors that hinder this walk. There are a misunderstanding and non-

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cooperation of parents facing the care provided. This is explained by the fact that the disease also causes anxiety and stress in parents who experience problems during hospitalization of their children.

Regarding the theme referring to Port-cath catheter, a research¹⁵ revealed that the incidence of complications associated with the implantation and use of totally implantable catheters for long-stay type Port-cath in children and adolescents in the oncological treatment and hematologic disease was 13.1%. For early complications, the incidence was 6.6%, a percentage equal to the late, all associated with infectious processes.

The implementation of the Port-a-Cath provides many benefits to the child, such as the decrease in the frequency of peripheral puncture, the subsequent pain and adverse effects of medications, their use does not mean that it experience worries, fears, and anxiety related to the use of the catheter.¹⁶

About the need for family, one study¹⁷ identified, gaps in the daily lives of the family members who accompany them during outpatient chemotherapy through the reporting of children, which are essential to support nursing care centered on the child and family, such as stimulus for rotation among members of the family as the child's caregiver; guidance and training for different family members accompanying children in outpatient treatment; comfort for family staying beside the child during the hours of treatment; autonomy for the family during infusions of medications; host to healthy brother; environment that provides rapprochement between the separated parents to support the child in treatment.

Another study¹⁸ addressed the problems of parents with children in after the completion of outpatient chemotherapy, jealousy among healthy siblings and children/adolescents with cancer; high cost of treatment; long journeys from the home and the clinic; overprotection of the sick child; inefficient communication between parents and the health team; amendment of the sick child self-image; the interruption of the educational process of the sick child and the physical manifestations arising from the administration of antineoplastic drugs (fatigue, depression, nausea, vomiting, mucositis, anorexia and weight loss).

In clinical oncology, the highlighted theme was reflecting about humanized care to oncological customer, where the study¹⁹ addressed the facilitating and inhibiting factors in humanizing care in patients with long-term hospitalization, found that the

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factors that most contributed to the humanization were caring, sympathy and smile, and those difficult were moodiness, noise and not be promptly answered.

The study²⁰ revealed the difficulty of humanizing assistance since the health professionals who work in oncology exposed the situations that cause conflicts that often are transferred to interpersonal relationships in the daily work.

CONCLUSION

Initially, it should be emphasized that this research is an initial study, requiring other experiments with to develop knowledge about the theme further.

After this research, it is concluded that our goal has been fully achieved, because, through it, we can describe the approach to comfort in Oncology Nursing publications.

It is worth noting the absence of a specific journal of nursing for the dissemination of research in oncology nursing, which can be considered an obstacle in the dissemination of knowledge produced by researchers, which was portrayed in too many found journals, some of them not specific in nursing.

It can be concluded at the end of this research that while very early, the research relating oncology nursing and comfort is suffering significant increase over the years, especially in the last five years, with a peak in 2013, emphasizing that the data were collected in October 2013 which leads us to believe that this number will increase further.

As for the areas of knowledge, the high number of child health is highlighted in publications and the existence of research on spirituality, because it is a point that is always highlighted by the subjects of the studies in nursing. However, there are still many rare nursing researches that addresses spirituality as knowledge area.

We can see that the comfort participates substantially in the discussions about oncology nursing, as can be seen in the statements of the respondents of the research, whether healthcare professionals, clients or their relatives, although still participate in a very small way as a central topic of discussion. This fact shows us how much comfort is present in nursing and permeates many areas of knowledge and research topics.

The comfort concept has different meanings depending on the moments experienced by both the young and the adults with cancer, as nurses.

The multidimensionality of comfort requires that the nurse also knows the

philosophical references of care and comfort and self-care, realizing the needs of others and themselves.

It is emphasized that living in comfort does not mean to be comfortable in all aspects of life at the same time, but the ability to maintain or restore the subjective well-being, within their means, the balance between limitations and capabilities.

These issues are important for the research in the Brazilian oncology nursing fulfills its purpose of providing the knowledge base, which may increase the effectiveness of care.

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