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Analysis of the concept of comfort: Contributions to the diagnosis of Readiness for enhanced comfort

Análise do conceito de conforto: contribuições para o diagnóstico de Disposição para Conforto melhorado

Análisis del concepto de confort: contribuciones al diagnóstico de la Disposición para mejorar el confort

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ABSTRACT

Objectives: To analyze the concept of comfort in light of Rodgers' conceptual evolutionary analysis model and to incorporate elements of conceptual analysis into the framework of the nursing diagnosis "Readiness for enhanced comfort" (00183). **Methods:** Concept analysis with the application of the seven steps of Rodgers' evolutionary model, oriented to the conduction of phase 1 of the validation of the nursing diagnosis. The material for analysis was obtained through the strategy of integrative review of the literature. **Results and discussion:** A historical-developmental perspective of the concept with four temporal periods is presented. It reveals attributes, antecedents, consequences, substitute terms and conceptual definitions obtained from conceptual decomposition and we used them to update the components of the diagnosis "Readiness for enhanced comfort" (00183). **Conclusion and implications for practice:** The evolutionary approach to concept analysis proved to be appropriate to clarify the concept of comfort, and a well-being perspective and a discomfort perspective emerged from it. An analysis of the concept of comfort in accordance with the evolutionary method contributed to the update of the nursing diagnosis. The results provide elements for future diagnostic validation studies conducted by experts and clinical validation studies, which has a positive impact on the use of diagnostic language.

Keywords: Concept Formation; Patient Comfort; Nursing Diagnosis.

RESUMO

Objetivos: Analisar o conceito de conforto à luz do modelo de análise conceitual evolucionista de Rodgers e incorporar elementos da análise conceitual na estrutura do diagnóstico de enfermagem "Disposição para conforto melhorado" (00183). **Métodos:** Estudo de análise de conceito com aplicação das sete etapas do modelo evolucionário de Rodgers, sendo orientado para a condução da fase 1 de validação do diagnóstico de enfermagem. O material para análise foi obtido com a estratégia de revisão integrativa da literatura. **Resultados e discussão:** Apresenta-se perspectiva histórico-desenvolvimental do conceito de quatro períodos temporais. Evidencia atributos, antecedentes, consequentes, termos substitutos e definições conceituais obtidos da decomposição conceitual, utilizando-os para a atualização dos componentes da "Disposição para conforto melhorado" (00183). **Conclusão e implicações para a prática:** A abordagem evolucionária de análise do conceito mostrou ser apropriada para clarificar o conceito de conforto, dela emergindo tanto uma perspectiva orientada para o bem-estar quanto para as alterações do desconforto. A análise do conceito de conforto no método evolucionário contribuiu para a atualização do diagnóstico de enfermagem em tela. Os resultados obtidos fornecem elementos para a realização de futuros estudos de validação diagnóstica por experts e de validação clínica o que impacta positivamente no uso da linguagem diagnóstica.

Palavras-chave: Formação de Conceito; Conforto do Paciente, Diagnóstico de Enfermagem.

RESUMEN

Objetivos: Analizar el concepto de confort a la luz del modelo de análisis conceptual evolutivo de Rodgers e incorporar elementos de análisis conceptual en el marco del diagnóstico enfermero "Disposición para mejorar el confort" (00183). **Métodos:** Estudio de análisis conceptual con aplicación de los siete pasos del modelo evolutivo de Rodgers, orientado a realizar la fase 1 de validación del diagnóstico enfermero. El material para el análisis se obtuvo con la estrategia de revisión integradora de la literatura. **Resultados y discusión:** Se presenta una perspectiva histórica y de desarrollo del concepto de cuatro períodos temporales. Destaca los atributos, antecedentes, consecuencias, términos sustitutos y definiciones conceptuales obtenidas de la descomposición conceptual, usándolos para actualizar los componentes de la " Disposición para mejorar el confort" (00183). **Conclusión e implicaciones para la práctica:** se ha demostrado que el enfoque evolutivo del análisis de conceptos es apropiado para aclarar el concepto de confort desde una perspectiva orientada hacia el bienestar hasta los cambios de la incomodidad. El análisis del concepto de confort en el método evolutivo contribuyó a la actualización del diagnóstico enfermero. Estos resultados proporcionan elementos para futuros estudios de validación diagnóstica por expertos y validación clínica, lo que impacta positivamente el uso del lenguaje diagnóstico.

Palabras clave: Formación de Concepto; Comodidad del Paciente; Diagnóstico de Enfermería.

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INTRODUCTION

Comfort is a concept that has been historically associated with nursing care. It has had different meanings connected with political, technical-scientific, social and religious changes in humankind, and is related to the health sciences, particularly to nursing.[1,2]

Although empirical observations of the nursing practice and findings in the literature show comfort as an integral part of nursing care, many questions remain about its configuration as a phenomenon and about what concepts are related to it. The relevance of the concept and of its theorization in the area of nursing has stimulated the conduction of further studies, especially after Janice Morse and Katherine Kolcaba[3-7] contributed to the investigation of the theme.

However, the interest in comfort does not occur only in the theoretical-conceptual level. It has been directing the attention of researchers and clinicians to classification systems for nursing diagnostic phenomena. In the International Classification for Nursing Practice (ICNP), there are three terms related to comfort classified in the focus axis (Comfort, Discomfort and Sign of Discomfort) and one term classified as diagnosis/outcome (Discomfort).[8] In the diagnostic classification of NANDA International, Inc. (NANDA-I), there are two diagnoses, "Impaired comfort" (00214) and "Readiness for enhanced comfort" (00183), included in Domain 12: Comfort and in classes 1, 2, 3: physical, environmental and social comfort.[9]

In nursing diagnosis research, the investigation has focused on situations of alteration in comfort and discomfort. We have not found articles in indexed journals approaching the health promotion nursing diagnosis (ND) "Readiness for enhanced comfort" (00183). In fact, the references indicated by NANDA International, Inc. for "Readiness for enhanced comfort" (00183) do not present diagnostic validation studies; rather, they focus on concept analyses and theoretical studies of comfort, which may indicate the need of a better conceptual refinement before the beginning of clinical studies.[9]

The diagnosis "Readiness for enhanced comfort" (00183) refers to a health promotion diagnosis introduced in Taxonomy II of NANDA-I in 2006 and reviewed in 2013. It is located in level of evidence (LOE) 2.1, that is, it contains title, definition and defining characteristics, and a cited literature supports the definition and each of the defining characteristics.[9] For it to rise to level of evidence 2.2, it is necessary that the first phase of validation studies - concept analysis - is performed to "show the existence of substantial knowledge supporting the diagnosis".[9]

The authors of this study recognize the advances achieved with the concept analyses of comfort and highlight a concept analysis study published in 2002 that used Rodgers' evolutionary method to develop the concept.[10] However, the need to develop the concept of comfort and nursing diagnoses continuously is a central aspect to the advance of the discipline's body of knowledge. The inclusion of the nursing diagnosis "Readiness for enhanced comfort" (00183) after the year of publication of the above-mentioned study motivated a new investigation in which the evolutionary method was adopted. In addition, we consider that the validation processes of nursing diagnoses require concept analyses before the validation by experts and clinical validation are carried out.[11]

In view of this, the objectives of this study are: to analyze the concept of comfort in light of Rodgers' model of evolutionary concept analysis and to incorporate concept analysis elements into the framework of the nursing diagnosis "Readiness for enhanced comfort" (00183).

LITERATURE REVIEW

The origin of the development of concepts in nursing literature coincides with a greater development of nursing theories.[12] Concepts are the basis of science. They are considered the smallest elements with which scientific theories are constructed, defining the phenomena to be investigated and differing from one science to the other. Due to this, each science has its own set of concepts, which determine fields of action, methods, themes, objectives and research objects.[13]

Concepts can also be considered abstract cognitive representations of the perceivable reality, formed by direct or indirect experiences. The concept analysis method is used to define existing concepts and originates from the writings of Aristotle (4th century BC), who was the first to establish the definition process through grounded scientific activity. Thus, he legitimated efforts to analyze and define concepts aiming to demonstrate that they are abstractions constituted of essential and unaltered characteristics of elements or objects in the world.[14]

The theoretical foundation of nursing science is structured in a dynamic process whose movement is its emergence in practice and which is reproduced in research, particularly from the analysis of concepts and development of theories.[15] Thus, concept analysis is the central point for the advance of the body of knowledge in nursing referring to the elements of practice - for example, nursing diagnoses.[11]

The concept analysis process has been based mainly on the approach proposed by Lorraine O. Walker and Kay C. Avant, originally published in 1983, in which the authors adapted Wilson's method, brought from sociology.[16] In 1989, Beth L. Rodgers proposed an approach for concept analysis that values dynamism and interrelations, arguing that concept analysis is not immutable; rather, it is dynamic, varies over time and according to the context, which clearly supports the idea of concept development.[14] Development occurs in an evolutional cycle that has three relevant aspects: significance, use and application of the concept. A concept has significance when it acquires meaning because it serves a relevant human purpose in current practical cases. Use refers to definition and its contextual bases, like the concept's attributes. The application of the concept, in turn, refers to the characteristics of concepts in various contexts, over time and in specific contexts.[14,17]

Conceptual application to a specific context may be related to the construct nursing diagnosis. The diagnoses of NANDA International Inc. are concepts constructed in a multi-axis system and constituted by diagnostic foci.[9] In this perspective, a comprehensive concept like comfort acquires practical clinical relevance because it is a focus of the nurse's attention, being connected with the phenomenon experienced by the individual, group or community. The nursing diagnosis as a key concept can provide elements for an adequate characterization of the phenomenon and bases for the resolution of problems, allowing to estimate vulnerabilities and directing the characterization of health promotion, which makes the set concept analysis-nursing diagnostic research be a promising field of knowledge development.

Attributes and conceptual expression are essential to the definition of the concept, and are used for the construction of the definition of the nursing diagnosis. With the application of the concept, its amplitude or scope become clear, revealing not only the concept's strengths, but also its limitations.[14] In the development of the concept, diagnostic validation studies in nursing enable the continuous refinement of the conceptual nucleus of the diagnosis, in the interest of clinical practice.

METHOD

Concept analysis study based on Rodgers' evolutionary model. Considering the method employed, the study was developed in seven stages: identification of the concept of interest and associated expressions; selection of configuration and sample; data collection and management; analysis of data referring to the characteristics of the concept; identification of one example of the concept; interpretation of results; and identification of implications for further developments of the concept.[14] The goal of concept analysis is the production of the necessary knowledge for the conduction of phase 1 of the validation of nursing diagnoses.[11]

The first stage, identification of the concept of interest and associated expressions, took into account the concept's relevance in theoretical-conceptual studies and classificatory investigations of diagnostic representations associated with nursing taxonomies.

The second stage, selection of the configuration and sample appropriate for data collection, involved decisions regarding the method and decisions that guided the literature review, namely: the period of time to be examined, the disciplines that produce the sources, and the types of materials to be used.[14] We selected articles that responded to the significant elements of the research question, published in English, Spanish or Portuguese, without an initial time frame and the limit encompassing the search period. The discipline configuration incorporated Nursing because of the goal directed at the nursing diagnosis. As for type, conceptual, theoretical and clinical articles with qualitative and quantitative designs were captured, as well as literature reviews. Letters to the editor were excluded.

The titles and abstracts of the articles captured by the search were read and analyzed by one of the reviewers to identify the ones that were potentially eligible to the study. In situations of uncertainties, the articles remained for the next stage, which involved two independent reviewers reading each selected article in full, aiming to: a) confirm their pertinence to the research question and, if pertinent, b) to extract the data of interest, which are specific procedures of the next stage.

Data collection and management, the third stage of the method of analysis, involved conceptual decomposition procedures for the extraction of the elements that composed the concept of comfort, namely: attributes of the concept, contextual basis (antecedents and consequences) of the concept and correlated terms. The bibliographic organizer Endnote(R) was used to systematize the information of the analyzed sources and the elements of the concept of comfort. The bibliographic search was performed in November and December 2018. For the organization of the findings, an Office Excel(R) spreadsheet was designed, containing the country where the study was carried out, the year in which it was published, the journal, the method that was used, the central theme, the main findings of the study, and the conceptual elements mentioned above.

In the integrative review, the search question was initially targeted at the field of cardiology nursing, specifically at people with heart failure. The question was: "What elements of the concept of comfort can be incorporated into the nursing diagnosis "Readiness for enhanced comfort" (00183) in patients with heart failure?" The question was created from an adaptation of the acronym PCC (Population, Concept and Context).[18] Therefore, the study incorporated: **P**opulation with heart failure, the **C**oncept of comfort and the **C**ontext of all areas of care in which they were applied to the nursing diagnosis.

After these elements were determined, the standardized terms and their synonyms in Portuguese, Spanish and English were searched as descriptors in MeSH (Medical Subject Headings), CINAHL (Cumulative Index to Nursing and Allied Health Literature) and DeCS (Health Sciences Descriptors), according to the database, using the Boolean operator "OR", as shown in Table 1.

The bibliographic search was performed in the regional portal of BVS (Virtual Health Library) and encompassed the scientific databases LILACS (Latin American & Caribbean Health Sciences Literature) and IBECS (Spanish Bibliographic Index of the Health Sciences). The search was also performed in the Pubmed portal of the National Library of Medicine (NLM), which includes the database Medline (Medical Literature Analysis and Retrieval System Online), in the portal of journals of Capes (Coordination for the Improvement of Higher Education Personnel), and in the multidisciplinary databases Web of Science and CINAHL, via EBSCOhost and Scopus (Elsevier). The portal of electronic journals Scielo (Scientific Electronic Library Online) was also used.

In a pre-analysis of the search results, we found that the inclusion of **P**opulation with heart failure (acronym P) would excessively limit the material available for concept analysis. In view of this, the researchers decided to incorporate the other articles captured in the search that could meet the criteria of eligible studies (time limits, type of article, discipline configuration and

Table 1. Logic Grid of the strategies used to search for studies in the selected databases.

POPULATION	CONCEPT	CONTEXT
Descriptors in Portuguese: "Insuficiência Cardíaca" OR "Falência Cardíaca" OR "Descompensação Cardíaca". Descriptors in English: "Heart Failure" OR "Cardiac Failure" OR "Heart Decompensation" OR "Decompensation Heart" OR "Myocardial Failure" OR "Heart Diseases" OR "Disease Heart" OR "Diseases Heart" OR "Heart Disease" OR "Cardiac Diseases" OR "Cardiac Disease" OR "Disease Cardiac" OR "Diseases Cardiac".	Descriptors in Portuguese: "Conforto do Paciente" OR "Comodidade do Paciente" OR "Assistência em Conforto" OR "Conforto" OR "Confortador" OR "Confortadora" OR "Aconchego" OR "Comodidade" OR "Alivio" OR "Consolo" OR "Bem-estar" OR "Ambiente" OR "Ambiência" OR "Contentamento" OR "Relaxamento". Descriptors in English: "Patient Comfort" OR "Comfort Patient" OR "Comfort Care" OR "Care Comfort" OR "Comfort" OR "Comforting" OR "Relief" OR "Welfare" OR "Well-being" OR "Environment" OR "Ambience" OR "Contentment" OR "Relaxation".	Descriptors in Portuguese: "Diagnóstico de Enfermagem" OR "Diagnósticos de Enfermagem". Descriptors in English: "Nursing Diagnosis" OR "Diagnosis Nursing" OR "Diagnoses Nursing" OR "Nursing Diagnoses".

language of publication), therefore including the article even if the condition of comfort that was approached was not related to heart failure.

The results of the studies selected in the literature review are presented in Figure 1.

The fourth stage, in which the data referring to the characteristics of the concept were analyzed, was developed using evidences extracted from the integrative review. This stage was supported by the evolutionary perspective of the concept and was based on taxonomic structural considerations of the nursing diagnosis. Based on the method of evolutionary analysis, special attention was given to the following indicators: concept, temporal evolution, attributes, antecedents, consequences and substitute terms, correlating them with the nursing diagnosis.

The fifth stage, identification of one example of the concept, was developed in the construction of a case expressive of "Readiness for enhanced comfort" (00183) in a person with heart failure. The following aspects were incorporated: results of the concept analysis, the current content of the nursing diagnosis[9] and typical diagnosis patterns found by the researchers in their clinical experience. The case was written following a common structure in clinical documentation of historical and evaluation data in Brazil, containing: identification data, previous data about the disease and medical treatment, and current status with SOAP note (#Subjective, #Objective, #Assessment and #Plan).[19,20]

The sixth stage, interpretation of results, and the last stage, identification of implications for further developments of the concept, involved an interpretation of the findings and extrapolation to the context of health promotion nursing diagnosis. In writing terms, they were approached especially in the discussion.

CONCEPT ANALYSIS OF COMFORT

The basis of evidence for the concept analysis uses the results of the studies found in the literature review.

Temporal evolution and definition of the concept

The first stage of the analysis is related to the choice of the concept and, as it was explained above, the concept of comfort is important and directly connected with the nursing practice. The second methodological stage of concept analysis, which deals with the selection of configuration and of the appropriate sample for collection of data and documents, indicated the inclusion of nineteen studies of the following types: concept analysis studies, theoretical research and empirical studies.

The third stage of the analysis, which involved data collection and management, explored the elements extracted from the process of concept analysis that are developed in the historical-developmental perspective of comfort. From the historical point of view, we found that comfort, as a concept, evolved while suffering the interference of the historical period experienced in the society of the time. Its meaning ranged from a goal nursing should attain to an outcome for the patient. Florence Nightingale was the first to approach comfort as a goal of care.[21]

From 1900 to 1929, comfort was considered the central goal and a moral imperative of nursing, being offered to patients by nurses, usually at home. Comfort actions were essentially physical and aimed to maintain the patient in a good and comfortable position. These actions were also of a mental nature, related to the provision of physical comfort and modification of the environment.[22]

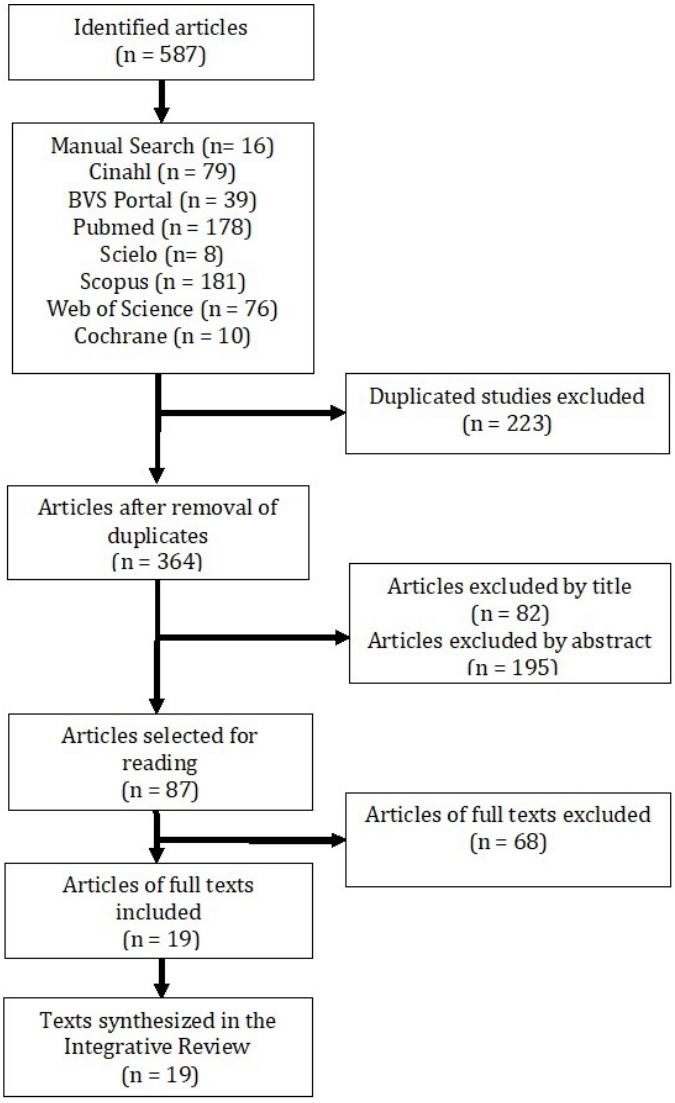

Figure 1. Flowchart of studies identified and selected for inclusion in the review

Between 1930 and 1959, a period marked by economic depression, the lack of professionals during the war and the consequent unemployment made nurses leave the patients' homes to work in hospitals. This institutionalization of health practices caused an increase in medical control, subordinating the patient's comfort to medical goals. Consequently, comfort ceased to be the primordial goal of nursing.[22]

From 1960 to 1980, due to technological expansion, the nurse's time of direct contact with the patient was reduced. In this period, her work consisted of monitoring equipment and developing technical and management activities, and comfort measures began to be performed by other members of the nursing team. However, employment of interpersonal and communication skills began to be included in the comfort process, with patient's participation in the guarantee of their own comfort.[22,23]

In the 1990s, concept analysis studies and the consequent theorization allowed its inclusion in the field of discipline knowledge and production of specialized language.[3,4,7] Thus, in 2006, the diagnosis "Readiness for enhanced comfort" (00183) was included in Taxonomy II of NANDA-I, and, in 2008, "Impaired comfort" (00214) was included.[9]

With the institutionalization of care in a hospital-centric context and in a biological perspective, the focus of nursing assessment shifted to undesirable phenomena that represent problems, like nursing diagnoses of the comfort domain: pain, "nausea" (00134), "chronic pain" (00133) and "impaired comfort" (00214). Furthermore, it is necessary to consider the social perspective of the concept of comfort brought by the literature. Comfort consumers from different social classes are submitted to distinct conditions in terms of fulfilment of their comfort needs. Especially in poor countries, the social class with the lowest purchasing power and the most limited access to high-quality health services enjoy a limited level of comfort.[23]

After we understood the historical changes and decomposed the content, we identified conceptual nuclei of definitions. Generically speaking, the definitions of comfort were distributed among three categories of conceptual nucleus: connected with the problem/disease; connected with well-being/health promotion; and connected with profession goals. They are synthesized in Box 1.

The definitions that incorporated elements connected with the problem/disease revealed that discomfort, an antagonistic condition to comfort, must be relieved, and this is one of the objectives of nursing, through the provision of care in response to the person's needs, and with the adoption of strategies aligned with the professional competencies of nursing. This perspective of problem or disharmony represents a contribution to the definition of comfort in opposition to what comfort truly is.

The definitions that incorporated nuclei connected with well-being/health promotion delimited, in a conceptual way, what comfort truly represents. Terms like harmony, transcendence, well-being, strengthening, encouragement, among others, express a positive dimension of comfort and are subordinated to the epistemological stance of the authors of the studies that produced the definitions. In a synthetic way, comfort can be understood as a state in which basic needs related to the states of relief, ease and transcendence have been satisfied.

In spite of the universalistic attempt to define comfort, one must bear in mind that the idea of level of comfort can vary according to culture, sex, the circumstances that trigger the need of comfort, health status, experience of disease, environment, among others.[24]

Attributes of the Concept of Comfort

The identification of the attributes of a concept represents the main achievement of concept analysis. In other words, they are clues to the defining characteristics and real definitions of the concept of interest.[14] Box 2 displays the attributes of the concept inferred from the studies analyzed here.

The studies converge to attributes of satisfaction, well-being and improvement in quality of life. Well-being is materialized in physical, psychological, spiritual and environmental feelings, which outlines the more objective dimensions of comfort as a phenomenon.

In terms of state, comfort can be described as relief, ease and transcendence, being developed in four contexts: physical context, which refers to bodily sensations; sociocultural context, which refers to interpersonal, family and social relationships; psychospiritual context, which refers to one's conscience of oneself, including self-esteem, self-concept, sexuality and meaning of life; and environmental context, which involves aspects like light, noise, equipment and natural or artificial elements of the environment.[3,4,23,24]

Antecedents, consequences and substitute terms for comfort

Box 3 presents the synthesis of the antecedents, consequences and substitute terms for the phenomenon of comfort mentioned in the analyzed studies.

The antecedents encompass the events that precede the concept of interest and, from them, it is possible to identify the different contexts in which a definition is being used. The consequences, in turn, direct the results to the events that emerged after the application of the concept under analysis.[37] The antecedents synthesized in the present study were those that could be related to a perspective of readiness for enhanced comfort, thus having a negative nature.

The consequences carry in themselves the dimension of results or goals to be fulfilled with the resolution of problems

Box 1. Synthesis of the definitions extracted from the literature about the comfort phenomenon.

Definitions
Conceptual nuclei connected with the problem/disease: Care to make the patient free from pain and discomfort.[10,24,25,26,27,28] Relief of discomfort.[1,3,4,24,25,26,28,29,30] Pain-free state.[31] Relief of pain, mental anguish or other discomfort[3,4,29]
Conceptual nuclei connected with well-being/health promotion: State in which the basic human needs of relief, ease and transcendence have been satisfied.[3,4,10,25,27,29,30,31,32,33] State of well-being.[3,4,10,26,28,29,31,34] State of relief, encouragement or consolation.[25,30,31] State of harmony resulting from body-mind-spirit integration.[3,24,25,31] Mental and physical well-being.[3,25,30,31,34] State of physical comfort.[22,23] State of mental comfort.[22,23] Strengthening, encouragement, support.[10,25,26,29] State of ease.[3,4,29,30]
Conceptual nuclei connected with profession goals: Final state of therapeutic nursing actions for a patient.[22,23,24,28]

Box 2. Synthesis of the attributes extracted from the literature about the phenomenon of comfort.

Attributes
Transcendence (overcoming of problems or pain).[1,3,4,10,24,25,29,30,31,32,33,35] Feeling of ease or satisfaction.[3,24,30,31,33] Capacity to have and perform one's own activities.[1,24,31,32] Feeling of integrality, functionality and normality.[10,24,31] Enjoying personal interactions and feeling of physical, psychological and spiritual well-being.[1,24,25,31,33,35] Comfort that incorporates physical, psychospiritual, social and environmental needs.[3,4,27,29,30] Having material or financial resources.[24] Central aspect to satisfy human needs.[1,26,27] Holistic care.[3,4,26,27,29,30,33] Quality of life.[10,33] Feeling of mental and physical well-being.[3,25,27,28,31] Being at ease with oneself and other people.[1,10,31] Satisfaction of basic human needs.[3,25,27,29,30,32,33,34] Feeling well.[34] Relief, ease and calmness.[25,28,32,34,35] State of ease or contentment.[30] Hope and confidence.[26,28]

Box 3. Synthesis of the antecedents, consequences and substitute terms extracted from the literature about comfort.

Antecedents
Undesirable effects.[3,4,10,24,26] Discomfort.[1,3,4,10,24,25,26,28,29,30,31,32,33,35] Unsatisfied physiological needs.[3,4,27,29,30,31] Pain.[1,24,26,36] Psychological, physical and spiritual discomfort.[1,3,24,25,31] Stress.[36] Anxiety.[36] Unsatisfied comfort needs (relief, ease and transcendence).[3,4,30] Anguish.[33] Suffering.[33]
Consequences
Satisfied basic human needs (relief, ease and transcendence).[1,3,4,10,27,29,30,31,32,33,36] Specific discomfort relieved.[3,4,24,25,29,30,31,33,35] Not feeling pain.[24,31] Feeling at ease with oneself.[3,24,33] Psychological, physical and social comfort.[1,3,10,23,25] Maintenance of activities.[1,4,24,29,32] Doing what one wants.[24,31] Feeling satisfied with the treatment.[24,27,33] Relief of pain.[1,24,28,34,36] Absence of undesirable effects.[3,31,34] Relief of anxiety.[33,36] Relief of stress.[36] Increase in the level of comfort.[3,4,26,27,29,36] Absence of discomfort conditions.[4,10,26,29] Feeling strong, refreshed.[30] Improvement in quality of life.[10,33] Better patient-health professional interaction.[26,27,33]
Substitute Terms
Well-being.[1,4,24,26,28,29,31,32,34] Ease.[32,34] Relief of discomfort.[3,4,10,24,26,27,28,29,30,36] Calmness.[24,31,34] Self-esteem.[24] Absence of perturbations.[24] Pleasant experience.[3,10] Relief of pain.[10,26,33] Feeling of inner peace.[10] Supportive measures.[33]

connected with lack of assistance, unbalance of comfort, or with the purpose achieved by the person who displays "Readiness for enhanced comfort" (00183).

As for the substitute terms, they are related to words that suggest relief of the manifested symptoms or to an aspect of comfort, like patient's satisfaction related to relief of discomfort and well-being, the latter directly connected with the term comfort, as the analysis showed.

The characterization of a term as antecedent or consequence was based on the consensual decision of the authors, who took into account the evidences provided by the analyzed studies. However, decisions of a conceptual nature are always conditioned to aspects of semantics and conceptualization of the analysts, which grants them an unavoidable subjectivity of interpretation.

Case exemplifying "Readiness for enhanced comfort" (00183)

Mr. J.M.R. 60 years old, male. **#S**: Reported comorbidities: arterial hypertension and heart failure. Patient reports shortness of breath, difficulty in performing the activities of daily living, lower limb edema and fatigue at medium levels of exertion, due to heart failure. He expresses the desire to improve his quality of life, as we can see in the following fragment of his discourse: "I have the desire to improve the fatigue and the shortness of breath that I feel, even if, to achieve this, I have to practice some activity or become more active. I'd like to fulfill my daily needs without help. I think that, if I resume the habit of attending church, I'll feel at ease with myself and with the other people who used to be close to me. I want this for me. I think that, in fact, I want to help myself, in some way, to feel more relieved and peaceful with everything I've been going through". **#O**: Alert level of consciousness, oriented to time and place, responsive to verbal requests. Pale skin (+2/+4), hydrated, acyanotic and anicteric. Mildly dyspneic, ventilated with the support of a nasal catheter (oxygen at 2L/min), with normal lung sounds in auscultation. Cardiac auscultation with normal first and second heart sounds. Hemodynamics: normotensive, with a tendency to bradycardia. Oxygen saturation = 95%. Afebrile. Oral diet with moderate acceptance. Distended abdomen presenting peristaltic activity, painless to palpation. Upper limbs with no edema. Edema in the lower limbs (+2/+4); lower limb perfusion and heating. Bladder and bowel functions spontaneously present. **#A**: ND: Readiness for enhanced comfort, characterized by his expressed desire of enhancing comfort and improving the resolution of complaints, motivation and desire to improve the satisfaction of basic human needs, desire to improve the feeling of spiritual well-being, motivation and condition to transcend the problem or pain, motivation, desire and condition to perform his own activities. **#P**: He was motivated to continue striving to fulfill his comfort needs in the physical dimension and was encouraged to perform self-care and to set goals for the performance of activities of daily living.

Incorporation of concept analysis elements into the framework of the nursing diagnosis "Readiness for enhanced comfort" (00183).

The concept analysis provided elements of evidence for a proposal of modifications in the framework of the diagnosis "Readiness for enhanced comfort" (00183) of the Taxonomy of NANDA-I (2018). Thus, we propose the replacement of the current definition of "A pattern of ease, relief, and transcendence in physical, psychospiritual, environmental, and/or social dimensions, which can be strengthened" by "Motivation, desire or condition of enhancement of comfort in its physical, psychospiritual, environmental and/or social dimensions", with the incorporation of some defining characteristics, presented in Table 2.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The analysis of the concept of comfort according to the evolutionary method showed that conceptual changes and modifications in the diagnostic framework allowed to update the diagnosis of "Readiness for enhanced comfort" (00183). The elements found in the literature approach a perspective

Table 2. Synthesis of the elements derived from the concept analysis of the nursing diagnosis "Readiness for enhanced comfort" (00183).

Domain	Domain 12 – Comfort
Title	Readiness for enhanced comfort.
Definition	Motivation, desire or condition of enhancement of comfort in its physical, psychospiritual, environmental and/or social dimensions.
Defining Characteristics	Expresses desire to enhance feeling of contentment; Expresses desire to enhance comfort; Expresses desire to enhance relaxation; Expresses desire to enhance resolution of complaints; Expresses motivation, desire or condition to improve satisfaction of human needs; Expresses motivation, desire or condition to improve feeling of physical, psychological and spiritual well-being; Expresses motivation, desire or condition to transcend problem or pain; Expresses motivation, desire or condition to perform their own activities.
This diagnosis is classified under Class 1 (Physical Comfort), Class 2 (Environmental Comfort), and Class 3 (Social Comfort).	

oriented to well-being and also to alterations characterized as discomfort, which enabled the extraction of definitions, attributes, antecedents, consequences and correlated terms that contributed to clarify the nursing diagnosis. In view of the temporal evolution of comfort in the sphere of the nursing profession, the evolutionary approach to concept analysis proved to be appropriate.

The development and evolution of diagnostic analyses in nursing is a central aspect to the discipline, necessary to the advance of the level of evidence of nursing diagnoses. Therefore, the authors believe that, in the evolutionary perspective, the results of this research provide elements for the conduction of diagnostic validation studies by experts and for the clinical validation of "Readiness for enhanced comfort" (00183).

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AUTHORS' CONTRIBUTIONS

Design of the study. Data acquisition and analysis and interpretation of results. Writing and critical review of the manuscript. Approval of the article's final version. Responsibility for all aspects of the content and for the integrity of the published article. Cristiane Soares Carius Nogueira Pereira, Marcos Antônio Gomes Brandão. Interpretation of results and critical review of the manuscript. Approval of the article's final version. Responsibility for all aspects of the content and for the integrity of the published article. Claudia Angélica Mainenti Ferreira Mercês, Rafael Oliveira Pitta Lopes, Jackeline Felix de Souza, Jaqueline da Silva Soares Souto.

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