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# Application of comfort theory in the care of palliative cancer patients.

*Application of the theory of comfort in the care of palliative cancer patients*

Application of comfort theory in the care of patients with palliative cancer

**Gabriela Gregório Teixeira,**
Faculdade Integrada das Américas, gabrielagregorioteixeira@outlook.com
**Isabella dos Santos Guerra Leal,**
Faculdade Integrada das Américas, isabellaguerraleal17@outlook.com
**Pablo Igor Ribeiro Franco,**
Federal University of Goiás, pablo_franco@ufg.br

**Summary**

The growing demand for palliative care highlights the relevance of nursing in promoting the comfort and dignity of terminally ill patients. **Objective:** To analyze
The applicability of Katharine Kolcaba's Comfort Theory in the context of palliative oncology. **Method:** This is an integrative literature review, with a qualitative approach, developed through the critical analysis of national and international scientific productions indexed in databases of recognized academic relevance. **Results:** The findings show that comfort is a multidimensional phenomenon, encompassing physical, psycho-spiritual, sociocultural, and environmental dimensions, constituting an essential element for promoting quality of life. It was observed that the adoption of this theoretical framework favors the humanization of healthcare, contributing significantly to the relief of suffering and the strengthening of the relational bond between the patient, family members, and the multidisciplinary team, understood as an inseparable unit in the care process. **Conclusion:** It is concluded that the Comfort Theory constitutes a solid theoretical foundation for the qualification of nursing practice in palliative oncology care, enabling the consolidation of comprehensive, humanized care centered on the singularities and holistic needs of the individual.

**Keywords:** Cancer; Palliative Care; Patient Comfort.

**Abstract:** The rising global incidence of cancer has intensified the demand for palliative care, making nursing essential in promoting comfort and dignity for terminally ill patients. **Objective:** This study aims to analyze the application of Katharine Kolcaba's Comfort Theory within the context of palliative oncology. **Method:** This is a qualitative integrative literature review conducted through analysis of national and international scientific publications in relevant databases. **Results:** The findings indicate that comfort is a multidimensional phenomenon involving physical, psychospiritual, sociocultural, and environmental aspects, which is fundamental to improving quality of life. It was found that the use of this theoretical framework fosters the humanization of assistance, contributing to the relief of suffering and strengthening the relational construct among patient, family, and the healthcare team, who must be understood as an inseparable unit of care. **Conclusion:** The Comfort Theory provides important theoretical support for the qualification of nursing practice in oncological palliative care, promoting comprehensive care centered on the individual's needs.
**Keywords:** Cancer; Palliative Care; Patient Comfort.

## 1. Introduction

In recent decades, there has been a significant increase in the incidence of cancer.

Globally. Estimates from the *International Agency for Research on Cancer* (IARC).

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Studies indicate that between 2022 and 2045, there could be an increase of up to 56% in the number of cases of disease (IARC, 2022). This scenario significantly increases the need for strategies care programs aimed at promoting quality of life and alleviating suffering, especially in patients suffering from life-threatening illnesses (WHO, 2020). The care Palliative care is a fundamental approach in this context, as it aims to... The goal is to improve the quality of life for patients and their families facing illnesses. life-threatening illnesses, through the prevention and relief of suffering in its multiple dimensions (WORLD HEALTH ORGANIZATION, 2018). Data from *Worldwide Hospice Palliative Care Alliance* data shows that approximately 28.2% of conditions that Patients requiring palliative care are related to cancer (WHO; WHPCA, 2020).

In this scenario, nursing plays an essential role in promoting comfort, dignity, and support for cancer patients in palliative care. Among other things... Among the theoretical frameworks used in nursing care, the Theory of stands out. Comfort, developed by Katharine Kolcaba, which understands comfort as a multidimensional experience related to physical, psycho-spiritual, and sociocultural dimensions and environmental factors (KOLCABA, 2003). The theory proposes that comfort is achieved through There are three main states: relief, tranquility, and transcendence. Relief refers to fulfillment. specific needs; tranquility relates to a feeling of calm and contentment; And transcendence corresponds to the ability to overcome limitations and suffering, even in the face of challenges. of terminality (KOLCABA, 1994).

Given the complexity of the suffering experienced by cancer patients in In palliative care, comprehensive, humanized, and patient-centered assistance becomes necessary. The unique characteristics of each individual. Thus, this study aims to analyze the contributions of Application of Comfort Theory in the care of cancer patients in palliative care. as well as discussing its relevance to improving the quality of nursing care.

## 2. Theoretical Framework / Results

### 2.1 Theoretical Framework

According to Franco et al. (2019), cancer is caused by a wide range of alterations. genetic and epigenetic factors that give cancer cells unique characteristics, allowing them to exhibit autonomous proliferation, resistance to cell death, invasiveness, and evasion. of the immune system, replicative immortality, and metastatic potential. In addition to the alterations

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characteristic of tumor cells, the interactions between these cells and the stromal components of The tumor microenvironment significantly influences cancer progression. These interactions contribute to the manifestation of various malignant characteristics, creating conditions that They promote the growth, survival, and spread of cancer cells.
(FRANCO et al., 2019).

The term palliative derives from the Latin *pallium,* meaning cloak or protection, and refers to to the assistance provided to patients without the possibility of curative treatment (HERMES; (LAMARCA, 2013). This concept observes that care goes beyond the need to combat the disease, revealing the importance of welcoming the patient, of understanding their needs. basic and pain relief, considering the patient as a whole, in which all the Basic human needs must be acknowledged and met in a multidisciplinary manner. to the extent possible. In this sense, palliative care should be focused on improving the The quality of life of patients, their families, and caregivers who have a life-threatening illness, and alleviating the suffering perceived by the team, is of utmost importance. to realize that, in all the concepts evaluated, there is a constant need to promote relief. From suffering and comfort, so that human dignity may be achieved.

In order to understand the concept of comfort presented by the Theory of Comfort, as Dr. Katharine Y. Kolcaba describes it:

> Comfort is a holistic outcome because it designates a dynamic state and The multifaceted nature of people. The extension of holistic comfort is based on... perception of all aspects considered together, since the effects of one of them has repercussions on the others (KOLCABA, 1994).

According to Mendes *et al. (2016), the Comfort Theory allows us to identify the Needs and to provide care in an individualized way.* In the context of care In palliative care, it is extremely important that the patient and their family feel that there is comfort. in the proposed actions and interventions, therefore:

> The Comfort Theory proposes that when patients and their families are When they feel more comfortable, they engage more fully in behaviors of The pursuit of health, which includes internal behaviors, behaviors external or peaceful death (KOLCABA, 2006).

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According to Kolcaba (1994), comfort is viewed in two dimensions; the first It refers to three states: relief, tranquility, and transcendence. Defining relief as... The experience of having a specific need met; tranquility, as a state. of calm or contentment; and, according to Paterson and Zderad (1976), transcendence is a A state in which everyday abilities are enhanced.

The second dimension refers to the four spheres. The first is more physical and refers to... to bodily sensations and pain relief. The second, as psycho-spiritual, refers to the way how the patient sees themselves, their self-esteem, and their understanding of the role they play in their life. one's own life. The third is social, which refers to interpersonal, family, and personal relationships. relationships and financial life. The bedroom is the environment, considering aspects such as light, noise and temperature, compared to natural elements (Kolcaba, 1994).

Kolcaba (1995) observes that the patient is the most interested party in care. focused on comfort and, if possible, should actively participate in decisions that improve This comfort. The patient can perceive whether there is comfort or not and, based on that, the team... Nursing, the family, and the patient themselves can decide on the next steps to promote your comfort (Kolcaba, 1995). One of the ways to promote and standardize comfort is by through nursing interventions. Kolcaba (1995) defines: "Interventions are designed for comfort needs that cannot be met by the patient or their system. natural support" (Kolcaba, 1995).

According to the *Nursing Interventions Classification* (NIC) taxonomy, the intervention Nursing care is defined as "any treatment, based on judgment and clinical knowledge, carried out by a nurse with the aim of improving "patient outcomes," highlighting the active role of the nurse in individualized care. and based on evidence (Bulechek, 2010). NANDA-I defines nursing diagnosis as "a clinical judgment about a human response to health conditions/processes of life, or a vulnerability to such a response, of an individual, a family, a group or a community", serving to identify factors that compromise patient comfort and to guide nursing interventions (HERDMAN, TH; KAMITSURU, 2021). According to According to Vendlinski and Kolcaba (1997), nursing diagnosis constitutes an element essential in identifying the patient's comfort needs, acting as a tool which allows for a comprehensive assessment of how an individual deals with various contexts. related to comfort.

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As Antunes (2018) observes:

> Systematic nursing care fosters autonomy in management.
> of pain, and their interventions can overcome existing shortcomings through
> from pain assessment and nursing prescription to proper documentation,
> resulting in comfort, better understanding of the patient and organization of the
> work process (ANTUNES, 2018).

Quality of life can be defined as an individual's perception of their position.
in life, considering the cultural context, values, goals, expectations and concerns
that permeate their existence (BRAZIL, 2013).

According to Miranda, Barros and Nicolussi (2025), "cancer directly affects quality of life."
of life [...]" (Miranda, Barros and Nicolussi, 2025). Quality of life should be considered in
palliative care, as described by Pereira, Teixeira and Santos (2012), often the
Medical care is geared towards interventions aimed at healing and survival; however, when
If one observes the significant side effects of these interventions, the need becomes clear.
quality of life for these patients. And to ensure that these practices are in accordance with the
The principle according to which the benefits of treatment outweigh the suffering it may cause.
(Pereira, Teixeira and Santos, 2012). In this way, quality of life is in complete agreement.
with palliative care, because, as Kolcaba (1994) describes, "when practiced, the
Health-seeking behaviors can provide greater comfort" (Kolcaba, 1994).

## 2.2 METHODOLOGY

This is an integrative literature review, using a qualitative approach.
developed with the aim of analyzing the contributions of Comfort Theory in patient care
A cancer patient in palliative care. The guiding question was developed based on...
The PICO strategy was used, as proposed by Santos, Pimenta and Nobre (2007), organized
as follows:

- P (Patient): palliative cancer patients;
- I (Intervention): application of Katharine Kolcaba's Comfort Theory;
- C (Comparison): impacts of applying the theory to healthcare;
- Outcomes: benefits provided to the patient.

Thus, the following guiding question was defined: "What is the impact of the Theory?"
The importance of comfort in nursing care for cancer patients in palliative care.

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A literature search was conducted in the PubMed, SciELO, and Virtual Library databases.
Health (BVS) and Scopus were used for the period from August to September 2025.
Health Sciences Descriptors (DeCS) and *Medical Subject Headings* (MeSH): "Care
"Palliative Care," "Patient Comfort," and "Cancer."
combined by the Boolean operator AND.

As inclusion criteria, primary studies published in [reference to publications in the original text] were considered.
Portuguese, English, and Spanish, available in full and related to the proposed theme. They were
Duplicate articles, literature reviews, and studies not directly related to the subject were excluded.
study, materials unavailable in digital format, and publications lacking the descriptors.
selected.

In the article screening process, an Artificial Intelligence platform was used.
(AI) Rayyan as a support tool, enabling the manual selection of items to meet
to meet the needs of the review.

After applying the eligibility criteria, the selected studies were
subjected to careful reading and organized into an instrument developed by the authors, which
It contained: title, authorship, language, objective, main results, and discussion.

## 3. Results and Discussion

The search conducted in the SciELO, PubMed, and Virtual Health Library databases resulted
in the initial identification of 1,545 scientific records. After removing duplicates, 1,012
The articles were excluded, leaving 533 studies for the screening stage. Subsequently, after
After careful reading of the titles and abstracts, 385 publications were excluded for not presenting...
In accordance with the proposed theme, 148 studies were selected for the next stage.
detailed evaluation. During the eligibility phase, the articles were read in their entirety.
Previously selected studies were excluded, and 119 studies were excluded for not adequately answering the questions.
to the guiding question of the research. At the end of the methodological selection process, 29 articles
They fully met the established inclusion criteria and were therefore considered.
suitable to compose the final sample of this integrative review (Figure 1).

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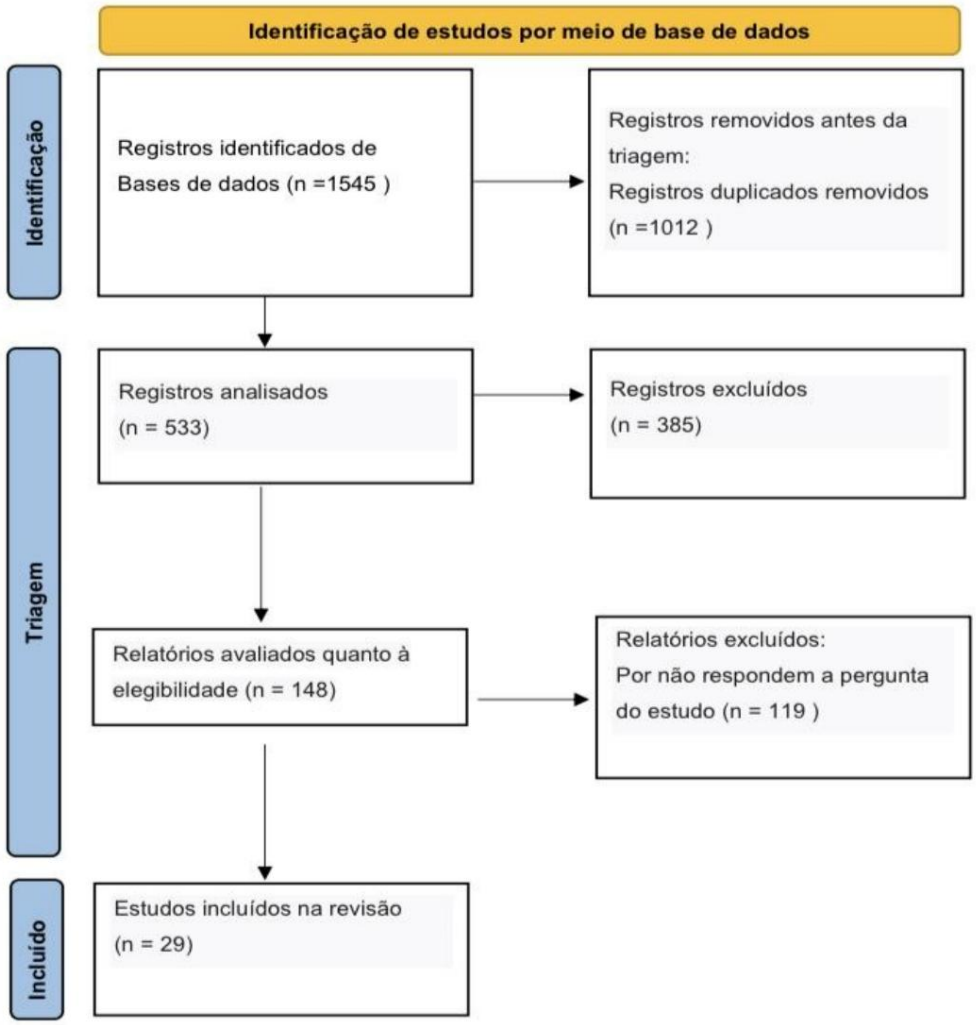


Flowchart related to searching for articles on the chosen platforms. Source: Adapted from the PRISMA 2020 Declaration (2026).

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| Article title | Authorship | Language | Study objective | Key results | Discussion | Conclusion |
|---|---|---|---|---|---|---|
| *The role of palliative care in cancer treatment* | Capricorn | English | To discuss the early integration of palliative care into advanced cancer treatment. | Early integration improves quality of life, symptom control, and satisfaction with care; the forwarding the late limit those benefits. | The author argues that the stigma associated with The term "palliative care" and its association with terminal illness hinder its acceptance, advocating for its incorporation from the diagnosis onwards as part of comprehensive care. | The article concludes that palliative care should be recognized as an essential part of comprehensive cancer treatment. Its integration into standard care improves clinical benefits and the quality of patient care. |
| Planning patient care in healthcare. palliatives in Oncology ICU | Santos et al | Portuguese | To analyze the care planning of patients in palliative care in an oncology ICU from the perspective of healthcare professionals. | Ethical dilemmas, persistent therapeutic obstinacy, a focus on controlling physical symptoms, and difficulties in communication and shared decision-making were identified. | The authors advocate for the early integration of palliative care into intensive care and They point to the need for lifelong learning, better communication, and collaboration. interdisciplinary. | The study concludes that palliative care in the oncology ICU still faces conceptual, structural, and cultural barriers. It highlights the need to invest in continuing education, communication, and interdisciplinary work. |
| *Comfort level of informal caregivers* | Gayoso et al | English | Assessing the comfort level of informal caregivers of cancer patients in palliative care and your association with sociodemographic variables ficas and clinics. | The caregiver's comfort was associated with age, support received, and patient functionality; the sociocultural domain. presented lower scores. | The study argues that caregivers should be recognized as subjects of care, which requires interventions aimed at... emotional support, education, and strengthening support networks. | The authors conclude that caregiver comfort is influenced by several interdependent factors. Promoting palliative care requires a comprehensive and interdisciplinary approach. Recognizing the needs of caregivers contributes to improving the quality of life for patients and their families. |
| *Humanization of care* | Vega-Ayasta et al. | Spanish | To analyze the humanization of care for terminally ill cancer patients, focusing on kindness, comfort, and... in spirituality and. | The humanization of care was structured through acts of kindness, comfort measures, and spiritual support, perceived as central. by professionals and family members. | The authors argue that humanization depends on interpersonal relationships, ethical sensitivity, and the valuing of spirituality as an essential dimension of palliative care. | The authors conclude that kindness, comfort, and spiritual care are fundamental in palliative cancer care. They highlight the need to strengthen These aspects are relevant in clinical practice and in the training of healthcare professionals. The spiritual dimension is essential to promoting humane care, alleviating suffering and ensuring dignity in the dying process. |

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| *Patients' perceptions of palliative care* | Chosich et al | English | Explore knowledge if the Perceptions of cancer patients regarding palliative care. | Most had heard of palliative care, but many still associated it only with end-of-life care; greater knowledge was associated with greater acceptance. | The authors advocate for better education for patients and society, as well as attention to the impact of the language used. to name the services. | The study concludes that cancer patients possess reasonable knowledge and positive attitudes towards palliative care, despite the stigma that still exists. This tension between understanding and prejudice can hinder the acceptance of this type of care. |
| *Spirituality-focused palliative care* | Nuraini et al | English | To develop a theoretical comfort model for cancer patients. mom, integrating palliative care and spirituality and. | Palliative care reduced discomfort through physical and emotional mediators; spirituality was associated with this. positively impacts emotional well-being. | The authors argue that spirituality should be a a structuring component of palliative care, especially in strongly religious cultural contexts. | The article concludes that palliative care centered on spirituality promotes physical and emotional comfort in patients with breast cancer. Nursing plays a fundamental role in identifying needs and providing spiritual and social support. The study reinforces the importance of a holistic and humanized approach in palliative care. |
| *Holistic discipline in palliative care* | Greer & Joseph | English | To advocate for palliative care as a holistic practice, articulating clinical cases. and biopsychosocial approach l. | The cases They showed improvement in physical symptoms, emotional distress, and grief with the integration of medical and psychological care. | The authors criticize dualism. They advocate for the centrality of the biopsychosocial paradigm in palliative care, focusing on the body-mind dynamic. | The article concludes that holistic palliative care improves the clinical status and psychological well-being of terminally ill patients, as well as assisting caregivers in the grieving process. The authors highlight the need for further studies to prove the effectiveness of the psychological interventions employed. |
| Nursing intervention for comfort | Portuguese Arcadinho | | To identify and systematize nursing interventions that promote comfort to a person in the UDHV and their family in a UCP. | The work resulted in the development of a Practice Guidance Guide and the training of the nursing team. | The author discusses comfort as the central theme of palliative nursing practice, based on the theory of Kolcaba and in one holistic approach. | The report highlights that end-of-life comfort is a central element of palliative nursing. This requires technical, relational, and ethical skills focused on the needs of the patient and family. The study reinforces the importance of humanized practices and the role of the nurse in promoting a dignified and comfortable death. |
| *Dignity of the patient-family unit* | Guo et al | English | Exploring the construct of dignity in unity Patient-family relationships in palliative care. | Dignity is relational, built between the patient and the family; it includes respect, comfort, autonomy, and family inclusion. | Dignity is dynamic and interdependent. , requiring an approach centered on the patient-family unit and sensitive communication. | The study concludes that promoting dignity in palliative care depends on an integrated approach, centered on the patient and the family. It highlights the importance of clinical and relational practices based on respect, communication, and continuous support. |
| Perceptions of Zimmerman | | English | Understanding the perceptions of the authors | | | The study concludes that integration |

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| palliative care among patients with advanced cancer and their caregivers | nn et al | | The perceptions of patients with advanced cancer and their caregivers regarding palliative care and the transformation of this care throughout the experience. | The initial experiences were marked by fear, terminal illness, and hopelessness; the experience with early palliative care... It has been given a positive new meaning. | They argue that the stigma stems from both communication failures as much as a sociocultural denial of death, advocating for early education and communication. | Early intervention in palliative care requires structural changes, as well as ongoing education and communication. It highlights the importance of overcoming the stigma associated with palliative care. |
| Experience of the body, pain and suffering in palliative care | Tired | Spanish | To analyze the experience of terminally ill cancer patients in palliative care, especially in relation to the body, pain, suffering, and death. | The sick body It became a marker of finitude; pain and suffering were described. as total experiences, both physical and symbolic. | The article discusses palliative care as a space for the production of meaning, the preservation of dignity, and the shared coping with suffering. | The study concludes that palliative care encompasses biological, emotional, social, and cultural dimensions of care. Beyond symptom control, it emphasizes preserving dignity, providing family support, and constructing meaning in the face of death. |
| End-of-life issues in critically ill cancer patients in the ICU | Gaeta and Price | English | Discussing the ethical, clinical, and communication challenges. end-of-life pains Cancer patients in critical condition in the ICU. | It became evident Delays in decisions regarding therapeutic limitations, low prevalence of directives. Early warnings and the importance of multidisciplinary family meetings es. | The authors advocate for a planned transition to comfort care, with rigorous symptom control, respect for preferences, and attention to cultural and spiritual dimensions. | The study highlights that end-of-life care for critically ill cancer patients requires integration of technical competence, ethics, and effective communication. Palliative care is fundamental to ensuring dignity, quality of life, and humanization in the dying process, including in the ICU. |
| Comfort measures for imminently dying cancer patients | LeGrand and Walsh | English | To propose a systematic approach. to assess comfort measures in cancer patients in the final stages of life. | The protocol emphasizes early recognition of impending death, discontinuation of ineffective interventions, and proactive management of pain, dyspnea, secretions, and agitation. | The authors argue that the quality of dying depends on technical competence, clear communication, and ethical sensitivity, including the judicious use of palliative sedation. | The authors conclude that end-of-life care must combine technical competence, effective communication, and ethical sensitivity, promoting comfort and dignity. Palliative care is essential in oncology to alleviate suffering, respect autonomy, and offer qualified support until the end of life. |
| Perception of the nursing team regarding palliative oncology care. | Silva et al. Portuguese | | Understanding, from a phenomenological perspective ca, like a The nursing team notices and experiences | Comfort and humanization emerged as central, but there were tension between the integral discourse and the practice still | The authors discuss the need for overcoming the biomedical model, valuing intersubjectivity of, the support | The authors conclude that humanization in palliative oncology requires nursing to integrate technical knowledge and human sensitivity, valuing comprehensive care. Palliative care is reaffirmed as an ethical and humanized practice, focused on dignity, family support, and... |

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| | | | palliative oncology care. | centered on body and in procedures. | emotional support for the professional and specific training in end-of-life care. | A redefinition of care in the face of life and death. |
| Palliative care outcomes consultation and satisfaction | Parker et al | English | To evaluate clinical outcomes and satisfaction after palliative care consultations. by practicing nurses in elderly populations with advanced disease. | High levels of satisfaction were observed regarding dignity and comfort, but inconsistencies persisted in pain management and continuity of care. | The authors question satisfaction as an isolated indicator of quality and advocate for better coordination of care and adherence to clinical recommendations. | The authors conclude that patient-centered palliative care based on measurable outcomes improves the quality of care. Integration between different levels of care, with trained professionals and clinical indicators, is essential for more effective palliative practices in elderly patients with advanced diseases. |
| Agreement in goals of care and aggressive end-of-life care | Douglas et al | English | To investigate the association between patient-oncologist agreement on care goals and the use of aggressive end-of-life care. | Most dyads do not showed significant alignment; greater agreement focused on comfort was associated with less Therapeutic aggression. | The authors advocate for early and continuous communication about care goals, indicating that agreement is central to the... Aligning care with patient preferences. | The authors conclude that a lack of agreement between patients and oncologists can lead to the continuation of aggressive end-of-life treatments, misaligned with patients' wishes. The study highlights that humanized palliative care depends on good communication, assessment of care goals, and respect for patient preferences. |
| Quality of life of cancer patients in palliative care. | Silva et al. Portuguese | | Evaluate the Quality of life of cancer patients hospitalized in palliative care. | Overall quality of life was considered satisfactory, but pain, constipation, fatigue, and emotional distress had a significant impact. | The authors discuss the need for systematic assessment of quality of life and a A holistic approach that considers both physical symptoms and the emotional suffering. | The study concludes that quality of life assessment should be part of clinical practice to guide more effective and targeted care. Promoting quality of life in palliative care requires a comprehensive approach focused on comfort, dignity, and ongoing support for the patient. |
| Progress and challenges in palliative care | Cassileth | English | Discuss the advances and challenges contemporary the care palliative measures. | There was recognition. growing in field, but conceptual, cultural and institutional obstacles persist to your implementation. | The author defends palliative care as a human right and argues that your Consolidation requires structural, educational, and cultural changes. | Cassileth concludes that palliative care still faces structural, educational, and cultural challenges, despite the progress achieved. The consolidation of this field depends on the integration of public policies, professional training, and the valuing of suffering relief as the basis for humanized medicine. |
| The faces of comfort: vision | Rose | Portuguese | Understanding the meaning | Comfort introduced himself | The authors They argue that the | The authors conclude that comfort has multiple meanings and requires... |

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| of nurses and cancer patients | | | for the comfort of cancer patients and nurses. | like a multidimensional experience al, relational and variable according to age, the context and clinical condition. | Comfort should guide flexible, subjective, and person-centered practices. patient, which go beyond the mere absence of pain. | Flexible care practices, centered on the individual needs of the patient. The study reinforces the importance of integrating technical and human dimensions in cancer care, promoting well-being and quality of life even in the face of mortality. |
| End-of-life dilemmas for cancer patients | Maganto and González | Spanish | To analyze the clinical, ethical, and care dilemmas in the care of cancer patients in the final stages of life. | Emphasis was placed on the need to control symptoms, reject therapeutic obstinacy, and use palliative sedation ethically. | The authors advocate for continuous and humane care, based on autonomy, informed consent, and the alleviation of suffering. | The authors conclude that comfort has multiple meanings and requires flexible, needs-centered care practices. individual patient needs. The study reinforces the importance of integrating technical and human dimensions in Oncological care, promoting well-being and quality of life even in the face of mortality. |
| Can quality of life and a good death be achieved in terminal cancer patients? | Leung et al | English | To assess the quality of life and "good death" of terminally ill cancer patients admitted to a palliative care unit. | Although the physical symptoms worsened, there was improvement. psychological, social and spiritual well-being, as well as improvements in quality of life scores. | The authors They argue that a good death is possible. even in Short-term survival is possible, provided there is comprehensive interdisciplinary care. | The authors conclude that well-structured palliative care can promote quality of life and a dignified death, even in short-term hospital stays. The study highlights the importance of psychosocial and spiritual dimensions, as well as interdisciplinary work, in the care of patients with terminal cancer. |
| *Adaptation and validation of Holistic Comfort Questionnaire – caregiver* | Paiva et al. | Portuguese | Adapt transculturally enter and validate the Brazilian version of HCQ-caregiver. | The instrument demonstrated good reliability and validity, showing an association between comfort and the emotional well-being of the caregiver. | The authors reinforce the centrality of the caregiver in palliative context and the usefulness of the instrument in clinical practice and research. | The study reinforces the importance of the caregiver in palliative care and validates the HCQ-caregiver instrument for assessing the caregiver's comfort experience in the Brazilian context. The tool contributes to a comprehensive approach to care, assisting in the identification of needs and the planning of interventions aimed at the well-being of caregivers. |
| Management of complex cancer pain in palliative care care | Ferrell, Levy, and Paice | English | Discussing the management of complex pain in advanced cancer in context palliative. | Effective management requires comprehensive assessment, judicious use of opioids, and an interdisciplinary approach to pain as a whole. | The authors They argue that pain should to be understood like a physical, emotional, social and spiritual phenomenon, the which requires comprehensive care. | The authors conclude that pain management in patients with advanced cancer requires technical competence and sensitivity to the complexity of human suffering. Palliative care should integrate effective and humane interventions, reaffirming the relief of pain and suffering as... Ethical responsibility of healthcare professionals. |
| Clusters of nursing diagnoses, comfort and survival | Marques and Alves | Portuguese | To investigate the relationship between clusters of diagnoses of | Certain clusters were associated with lower comfort. and smaller survival, especially the | The study discusses the usefulness of nursing diagnoses for recognizing | The authors conclude that nursing diagnosis clusters are related to the comfort and survival of cancer patients in palliative care. Early identification of these |

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| Article title | Authorship | Language | Study objective | Key results | Discussion | Conclusion |
|---|---|---|---|---|---|---|
| | | | nursing, comfort and survival in terminal cancer patients. | linked to fatigue, functionality, and emotional distress. | Patterns of suffering and guide more effective interventions. | Grouping facilitates more effective interventions, reducing suffering and promoting holistic and dignified end-of-life care. |
| Attention of ward for cancer patients with palliative care | Star and Pérez | Spanish | To describe nursing care provided to oncology patients in palliative care through a systematic review. | Nursing proved to be central in symptom control, education, communication, and emotional and spiritual support. | The authors argue that nursing practice should be holistic, humanized, and supported by specific training. | The study concludes that nursing plays an essential role in palliative care by integrating the Clinical and human dimensions of care. Palliative care prioritizes comfort, dignity, and quality of life, reinforcing the humanization of end-of-life care. |

Analysis of the literature shows that the application of Katharine's Comfort Theory Kolcaba's work in palliative oncology care makes an important contribution to improving the quality of care. assistance provided to patients with advanced cancer, especially by offering a benchmark. structured and centered on human needs in the face of terminal illness. According to Arcadinho (2022) and Paiva et al. (2014), Katharine Kolcaba conceptualizes comfort as an experience multidimensional, grounded in the dimensions of relief, tranquility, and transcendence, experienced in physical, psycho-spiritual, socio-cultural, and environmental contexts. This conception It reinforces the clinical applicability of the theoretical model in the context of palliative care, especially in a scenario permeated by complex suffering, clinical progression of the disease and demands care that goes beyond the exclusive management of physical symptoms.

The findings identified corroborate this understanding by demonstrating, according to Rosa et al. al. (2008), that comfort in the oncology patient experience is not limited to the absence of pain or of physical discomfort. Patients associate comfort with the preservation of identity, with maintaining of family ties, to the feeling of security and emotional well-being, which indicates that it is... from a subjective, dynamic, and relational experience, strongly influenced by context. experienced and by the individual's clinical conditions. This finding directly converges with the Katharine Kolcaba's theoretical proposition, in recognizing that isolated and strictly... biomedical methods prove insufficient to fully meet the needs of patients in palliative care, which demands a broader approach centered on the integrality of Careful.

In the physical domain, the findings indicate that proper symptom management remains essential for promoting comfort. Studies such as those by Silva et al. (2020) and LeGrand and Walsh (2010) demonstrate that symptoms such as pain, fatigue, dyspnea, constipation, and terminal agitation have

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significant impact on the quality of life of cancer patients in palliative care. Pain, in
In particular, it emerges as one of the main factors of suffering, compromising functionality.
autonomy and dignity. However, although symptomatic control is indispensable, the literature
This demonstrates that comfort cannot be achieved solely through interventions.
pharmacological or technical aspects are not applicable, since suffering in palliative care has a specific character.
multidimensional. In this context, Canseco (2013) reinforces the notion of "total pain," in which the
Physical, emotional, social, and spiritual dimensions are deeply interconnected.

The psycho-spiritual dimension proved to be particularly relevant in the studies analyzed.
Emotional suffering related to the awareness of mortality, progressive losses, and changes.
The impact on personal identity has often been as significant as that of physical limitations.
Silva et al. (2020) identified greater impairment of emotional functioning in
In comparison to physical functioning, highlighting the magnitude of psychological suffering in
Patients with advanced cancer. In this sense, transcendence is one form of comfort.
As proposed by Kolcaba, it takes center stage in palliative care, representing the capacity of
The individual's ability to find meaning, balance, and acceptance in the face of the impossibility of a cure. Studies
that address spirituality and humanization, such as those by Vega-Ayasta et al. (2020) and Nuraini et al.
(2018) demonstrate that practices such as qualified listening, therapeutic presence, religious support and
Emotional validation helps in coping with suffering and contributes to the preservation of...
dignity. Spirituality, therefore, emerges as a structuring component of comfort.
especially in the context of terminal illness.

The sociocultural dimension also stood out as a fundamental aspect of
comfort experience. Gayoso et al. (2018) identified that the comfort of informal caregivers
It is directly related to the support received, the patient's functionality, and the quality of care.
Communication with the healthcare team is the most challenging aspect, with the sociocultural domain presenting the worst results.
Comfort scores. These findings reinforce the understanding that suffering in care...
Palliative care is shared and relational, going beyond the limits of the individual patient and reaching...
the entire family unit. Similarly, Guo et al. (2019) show that dignity and
Comfort is built in an interdependent way between patient and family, highlighting the
The importance of family inclusion in therapeutic planning and end-of-life decisions.
life.

In the environmental context, studies show that factors such as privacy and reduction of
Uncomfortable stimuli, a welcoming environment, and the possibility of staying with family.
They directly influence the perception of comfort and dignity. Gaeta and Price (2010) and Vega-Ayasta
et al. (2020) emphasize that excessively technological and impersonal hospital environments can

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intensify suffering, especially in intensive care units, while more restrictive environments
Humanized approaches promote emotional safety and quality of death. These results reinforce...
Kolcaba's understanding that the environment is a determining element in subjective experience.
of comfort.

Another aspect widely discussed in the literature refers to the strategic role of
Nursing in the operationalization of the Comfort Theory. Silva et al. (2014) show that
Nursing professionals recognize comfort and humanization as central objectives of...
Palliative care, emphasizing practices such as listening, acceptance, emotional support, and presence.
therapeutic. However, the authors also identify a tension between humanized discourse and...
The persistence of practices centered on the biomedical model and mechanized procedures. This
The discrepancy highlights difficulties in effectively incorporating the subjective dimensions of care.
often associated with insufficient training in palliative care, and healthcare overload
and to the predominance of curative logic. In this sense, the systematization of interventions
based on the Comfort Theory, as proposed by Arcadinho (2022) and Paiva et al.
(2014), has the potential to strengthen more consistent, individualized and based clinical practices.
based on evidence.

Furthermore, studies show that communication is a central element in promotion.
of comfort and quality of palliative care. Zimmermann et al. (2016) demonstrate that
Negative perceptions about palliative care, often associated with death and...
Hopelessness hinders its early acceptance by patients and families. Similarly,
Douglas et al. (2020) identified low agreement between patients and oncologists regarding
care objectives, which is associated with the increased use of aggressive end-of-life interventions.
These findings indicate that early, clear, and continuous communication about prognosis and expectations
and therapeutic goals are fundamental to aligning clinical decisions with patient preferences.
and to promote more humanized care focused on comfort.

Despite the observed benefits, the literature also highlights important challenges to...
Effective implementation of Comfort Theory in palliative oncology care. Barriers persist.
related to insufficient professional training, to difficulty communicating about the
end-of-life care, fragmentation of care, and the predominance of care models centered on...
cure and in the medicalization of suffering. Cassileth (2012) highlights that, although palliative care
Although they have advanced as a scientific and ethical field, their consolidation still requires structural changes.
Educational and cultural aspects in health services.

Thus, the studies analyzed demonstrate that Katharine's Comfort Theory
Kolcaba has broad applicability in the palliative oncology context, offering a

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a theoretical framework capable of guiding comprehensive, humanized, and patient-centered care practices.
Human dignity. Promoting comfort requires recognizing the multidimensionality of...
suffering and the integration between symptomatic management, emotional support, spirituality, and
qualified communication and family inclusion. Thus, the effective incorporation of this framework into
Clinical practice can contribute significantly to improving the quality of care and to
promoting a more dignified and meaningful care experience in the end-of-life process
life.

## FINAL CONSIDERATIONS

Analysis of the literature shows that Katharine Kolcaba's Comfort Theory represents
an important contribution to nursing care in palliative oncology.
Studies show that promoting comfort, understood in its physical dimensions,
Psycho-spiritual, socio-cultural, and environmental factors favor the relief of suffering and the preservation of...
dignity and improved quality of life for terminally ill patients. Furthermore,
The theory strengthens the practice of comprehensive and humanized care, expanding the scope of action of
nursing goes beyond managing physical symptoms and includes emotional, social and...
spiritual aspects of care.

Despite the observed benefits, challenges related to implementation still exist.
The effective application of this theoretical framework in health services, especially with regard to training.
professional, to communication about terminal illness and the predominance of the biomedical model.
Therefore, it can be concluded that Comfort Theory represents an important tool for...
improving the quality of palliative oncology care, contributing to more ethical and humane care.
and focused on the needs of the patient and their family.

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