

Instrumentos de avaliação de conforto em pacientes adultos no ambiente hospitalar: revisão integrativa da literatura

Comfort assessment tools for adult patients in the hospital environment: an integrative literature review

Herramientas de evaluación del confort para pacientes adultos en el entorno hospitalario: una revisión bibliográfica integradora

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RESUMO

Objetivo: sintetizar as principais descobertas relacionadas à eficácia, confiabilidade e validade dos instrumentos de avaliação de conforto em pacientes adultos hospitalizados, identificando lacunas na literatura e fornecendo uma visão abrangente do estado atual do conhecimento. **Método:** revisão integrativa de literatura. Foi utilizada a estratégia PICo, a qual é recomendada para a construção de objetos de estudos claros em revisões qualitativas, facilitando a compreensão pelo leitor do foco e escopo do estudo. **Resultados:** Os estudos selecionados foram classificados em duas categorias, de acordo com o tipo de desenvolvimento proposto: instrumentos novos e instrumentos adaptados a populações específicas. **Conclusão:** Esta revisão permitiu identificar instrumentos de avaliação de conforto já desenvolvidos e validados às diferentes culturas e idiomas em algumas populações específicas, como também, mostrou a carência de estudos, publicados e indexados nas bases internacionais, que avaliem conforto em diversos outros perfis de pacientes, como pacientes oncológicos e em cuidados paliativos.

Descritores: Conforto; Revisão integrativa; Ambiente; Hospital.

ABSTRACT

Objective: to synthesize the main findings related to the efficacy, reliability, and validity of comfort assessment instruments in hospitalized adult patients, identifying gaps in the literature and providing a comprehensive overview of the current state of knowledge. **Method:** integrative literature review. The PICo strategy was used, which is recommended for constructing clear study

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objects in qualitative reviews, making it easier for the reader to understand the focus and scope of the study. **Results:** The selected studies were classified into two categories according to the type of development proposed: new instruments and instruments adapted to specific populations. **Conclusion:** this review allowed us to identify comfort assessment instruments that have already been developed and validated for different cultures and languages in some specific populations, as well as showing the lack of studies, published and indexed in international databases, that assess comfort in various other patient profiles, such as oncology and palliative care patients.

Descriptors: Comfort; Integrative review; Environment; Hospital.

RESUMEN

Objetivo: sintetizar los principales hallazgos relacionados con la efectividad, fiabilidad y validez de los instrumentos de evaluación del confort en pacientes adultos hospitalizados, identificando lagunas en la literatura y proporcionando una visión global del estado actual del conocimiento. **Método:** revisión bibliográfica integradora. Se utilizó la estrategia PICO, recomendada para construir objetos de estudio claros en revisiones cualitativas, facilitando al lector la comprensión del foco y alcance del estudio. **Resultados:** los estudios seleccionados se clasificaron en dos categorías según el tipo de desarrollo propuesto: nuevos instrumentos e instrumentos adaptados a poblaciones específicas. **Conclusión:** esta revisión permitió identificar instrumentos de evaluación del confort ya desarrollados y validados para diferentes culturas e idiomas en algunas poblaciones específicas. También demostró que faltan estudios publicados e indexados en bases de datos internacionales que evalúen el confort en otros perfiles de pacientes, como pacientes oncológicos y de cuidados paliativos.

Descriptores: Confort; Revisión integradora; Entorno; Hospital.

INTRODUCTION

Comfort is considered an individual and subjective concept that encompasses physical, environmental, socio-cultural and psycho-spiritual aspects. This concept is linked to the very origins of nursing, and different meanings have been attributed to it, such as: giving encouragement in a great way, satisfying basic human needs, the essence of nursing care, a component of caring.¹

Comfort is positive, holistic, two-dimensional, theoretically definable and operationalizable. The theorist defines comfort as the state in which the needs for relief, tranquillity and transcendence are strengthened in the four contexts of human experience: physical, psycho-spiritual, socio-cultural and environmental, and means the result of help, as a subjective experience of the momentary state in which the person perceives themselves to be tranquil, relieved or capable of overcoming discomfort.²

In this sense, comfort is a basic human need, regardless of whether or not the individual is experiencing a process of illness.³ However, when the individual is experiencing a process of compromised health, especially in a hospital environment, it becomes even more relevant to think about this concept, given its scope and applicability.

Promoting comfort requires knowledge of basic human needs, which are the result of nursing care, provided through interventions called comfort measures.³

Physical Comfort Measures: Physical comfort measures focus on relieving the patient's physical discomfort. This can include administering analgesics, adjusting the room temperature, improving the quality of the bed and pillow, administering medication and promoting comfortable positions for the patient.

Psychospiritual Comfort Measures: Psychospiritual comfort involves supporting the patient's emotional and spiritual needs. This can include providing emotional support, communicating effectively with the patient, respecting the patient's religious and spiritual beliefs and promoting a welcoming care environment.

Sociocultural Comfort Measures: Sociocultural comfort refers to the social and cultural support offered to the patient. This can involve promoting healthy relationships between patients, their families and the healthcare team, as well as defending the patient's rights and values.

Environmental comfort measures: ensuring that the physical environment where the patient is is appropriate and comfortable is a fundamental comfort measure. This includes maintaining a pleasant room temperature, adapting lighting to the patient's needs, ensuring good air quality and minimizing unnecessary noise.

Comfort assessment: comfort assessment is a fundamental part of nursing practice according to Kolcaba's theory. Nurses must assess the patient's comfort level and identify areas where comfort measures can be applied.

The use of assessment instruments and questionnaires is an important resource for research and use in clinical practice, as it allows for measurements of the effects of the teaching and learning process and possible changes in individuals' attitudes. It is also a way of getting to know their needs and the appropriate conditions for a treatment process that is closer to the reality of the individual in the hospital environment.⁴

BACKGROUND

Comfort is an essential aspect of quality healthcare. In hospitalized patients, discomfort can be caused by a variety of factors, including invasive procedures, pain, nausea and vomiting, insomnia and anxiety. Assessing comfort is important in order to identify and treat the factors that are contributing to the patient's discomfort.

OBJECTIVE

To synthesize the main findings related to the efficacy, reliability and validity of comfort assessment instruments in hospitalized adult patients, identifying gaps in the literature and providing a comprehensive overview of the current state of knowledge.

METHODOLOGY

This is an integrative literature review, a research method that includes the analysis of relevant research that supports decision-making and the improvement of clinical practice, making it possible to synthesize the state of knowledge on a given subject, as well as pointing out gaps in knowledge that need to be filled by carrying out new studies. It is a method that has been identified as a tool of great relevance in the field of health, as it provides a search, critical evaluation and synthesis of evidence on an investigated topic.⁵

In order to maintain scientific and methodological rigor, this review was based on a previously established protocol recommended by the Joanna Briggs Institute: 1) formulation of the

research question; 2) specification of the study selection methods; 3) data extraction procedure; 4) critical analysis and evaluation of the included studies; 5) data extraction and 6) presentation of the integrative review of the knowledge produced/published.⁶

The PICO strategy was used to draw up the study's guiding question - "P" being the population, "I" the phenomenon of interest, "Co" the context - which is recommended for constructing clear study objects in qualitative reviews, making it easier for the reader to understand the focus and scope of the study.

P = adult patients in hospital

I = comfort assessment tools

Co - hospital

Thus, the guiding question of the study was: "What are the most commonly used comfort assessment tools for evaluating hospitalized adult patients and what are the main findings related to their effectiveness, reliability and validity in the scientific literature?"

This research question provided a solid framework for conducting an integrative literature review, allowing for the analysis and synthesis of studies that address the assessment of comfort in hospitalized patients, as well as evaluating the quality and usefulness of the instruments used for this purpose.

To ensure vocabulary control and identification of corresponding words, we used the health terminology consulted in the Health Science Descriptors (DeCS), "*patient comfort*", "*questionnaire*" and "*validation study*" combined with their synonyms using the Boolean operators "OR" between them and "AND" between each descriptor.

The search took place between May and June 2023 in the Pubmed and Web of Science databases. The *strings* used in the search were:

Pubmed: *patient comfort*[Title/Abstract] AND *questionnaire*[Title/Abstract] AND *validation study*[Title/Abstract]

Web of Science: *TS = patient comfort AND TS = questionnaire AND TS = validation study*

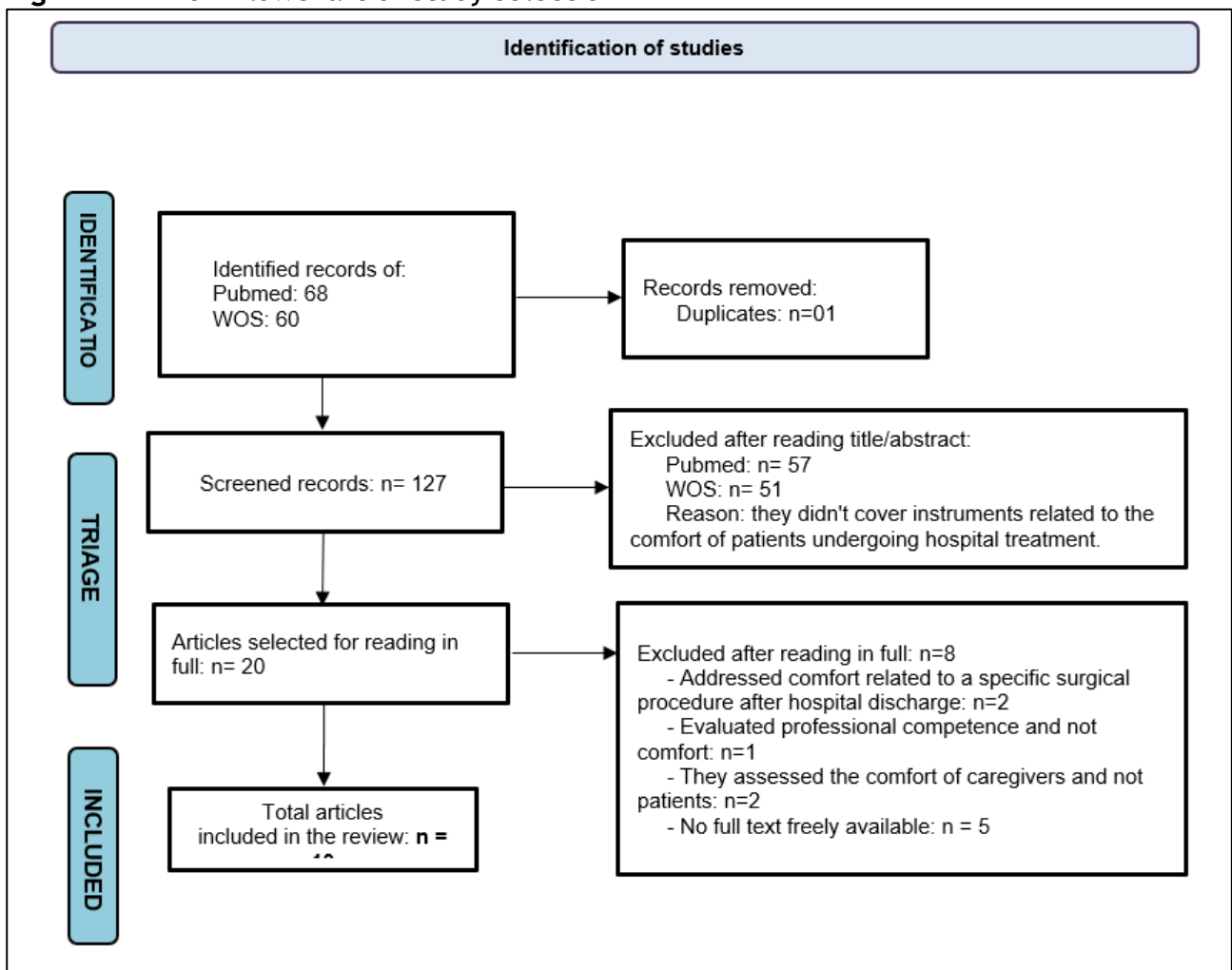
Inclusion criteria were defined as articles in Portuguese, English and Spanish, published between 2013-2023, available in full and free of charge, with a sample made up of patients aged 18 or over and whose title and/or abstract referred to the research topic. The following were excluded: duplicate articles, theses and dissertations, articles not related to the topic and a sample made up of pediatric patients.

In order to interpret and analyze the selected articles, a specific evaluation tool was adapted to extract the information needed to answer the question of this study.⁷

RESULTS

After carefully reading the titles and abstracts, 12 articles were selected, as detailed in Figure 1.

Figure 1 - Prism flowchart of study selection



Source: <http://www.prisma-statement.org/PRISMAStatement/FlowDiagram>⁸

After selecting the references included, in order to better organize and present the results and to systematize the information, the data extracted from the studies was compiled descriptively in a table as shown below (Table 01).

Table 1 - Characterization of the studies selected from the databases, according to title, country of origin, year of publication, instrument used and main results.

Article	Authors	Country/Year	Instrument used	Objective	Type study	Target population	Main results
Turkish Version of Kolcaba's Immobilization Comfort Questionnaire: A Validity and Reliability Study	Tosun, B. <i>et al</i>	Turkey 2015	Immobilization Comfort Questionnaire (ICQ).	Adapting the ICQ into Turkish and testing its validity in patients undergoing lower limb atroscopy.	Transversal Validation	Patients undergoing lower limb atroscopy	Cronbach's a values of 0.75 and 0.82 were found for the first and second measurements, respectively. The results of this study reveal that the ICQ is a valid and reliable tool for assessing comfort in patients in Turkey who are immobilized due to orthopedic problems in their lower extremities Valid instrument.
Validation of the German versions of the Perceived Stigmatization Questionnaire and the Social Comfort Questionnaire in adult burn survivors	Müller, A. <i>et al</i>	Germany 2016	Perceived Stigmatization Questionnaire/ Social Comfort Questionnaire (PSQ/SCQ)	Investigate the factor structure, reliability and validity of the German version of the questionnaires Perceived Stigmatization Questionnaire and Social Comfort Questionnaire (PSQ/SCQ)	Validation	Adult burn survivors with differences in appearance.	The study assessed social comfort: the one-dimensional SCQ measures how comfortable a person, with a distinction in appearance related to the burn, feels around others. All the PSQ/SCQ scales showed good internal consistency. Higher PSQ scores and lower SCQ scores were related to less social support, lower quality of life and more anxiety/depression symptoms. The results indicate a four-factor structure and good validity of PSQ/SCQ Valid instrument.

Article	Authors	Country/Year	Instrument used	Objective	Type study	Target population	Main results
Cultural adaptation and reliability of the General Comfort Questionnaire for chronic renal patients in Brazil	Melo, G.A. et al	Brazil 2017	General Comfort Questionnaire (GCQ)	Cultural adaptation and reliability assessment of the Brazilian version of the General Comfort Questionnaire for chronic hemodialysis kidney patients	Transversal Validation	Chronic kidney patients on hemodialysis.	The general consensus of the instrument was 94.3% equivalence. 21 items were modified, with only two semantic and idiomatic changes being necessary and the other 19 being minor alterations. Cronbach's alpha was 0.80, indicating excellent internal consistency. The validation of the Portuguese version of the instrument represents an additional resource available to nephrology nurses; it will help guide decision-making so that nursing interventions are carried out according to the level of comfort and mastery, whether physical, sociocultural, environmental or psychospiritual. The tool was named in Portuguese: Questionário de Conforto Geral - Brazilian version. Validated instrument.
Cross-cultural adaptation of the General Comfort Questionnaire to Brazilian patients with myocardial infarction	Góis, J.A. et al	Brazil 2018	General Comfort Questionnaire (GCQ)	To describe the stages of the process of cross-cultural adaptation of the GCQ for patients with myocardial infarction admitted to intensive care units.	Quantitative Validation	Patients with myocardial infarction admitted to intensive care units.	The experts suggested changes to improve understanding, which were adopted. All the items were kept, resulting in a final scale with 63 items. The pre-test, carried out with 30 subjects, showed that the instrument was suitable for the target audience. Validated instrument.

Article	Authors	Country/Year	Instrument used	Objective	Type study	Target population	Main results
Enhancing validity through cognitive interviewing. A methodological example using the Epilepsy Monitoring Unit Comfort Questionnaire	Egger-Rainer, A.	Austria 2018	Epilepsy Monitoring Unit Comfort Questionnaire	Identify problematic items, assess completeness and ease of use and propose modifications to Epilepsy Monitoring Unit Comfort Questionnaire.	Cross-sectional qualitative-descriptive Validation	Patients admitted to epilepsy monitoring units.	According to the results, 27 items remained unchanged, 11 items were reworded and six items were added. The instructions section of the questionnaire was also reworded. The cognitive interview proved to be a valuable approach for revealing problems in an instrument that could threaten validity.
Transcultural Adaptation and Validation of Quality of Dying and Death Questionnaire in Medical Intensive Care Units in South Korea	Cho, J.Y. et al	South Korea 2018	Quality of dying and death (QODD)	To validate the Korean version of the QODD questionnaire in deceased patients in intensive care units.	Prospective Validation	Deceased patients in intensive care units.	An evaluation of the internal consistency showed favorable results. The calculated Cronbach's alpha exceeded 0.8 for all items, which showed good internal consistency and item heterogeneity. Validate instrument.
Content validation of the Brazilian version of the General Comfort Questionnaire	Melo, G.A. et al	Brazil 2019	General Comfort Questionnaire (GCQ)	Validate the content of the Brazilian version of the GCQ	Validation	Not specified	Of the instrument's 48 items, ten were distributed in the physical domain, with agreement between 0.5 and 1.0; 11 items in the socio-cultural domain (0.59-0.90); ten items in the environmental domain (0.68-1.0); and 17 items in the psycho-spiritual domain (0.45-1.0). As for the criteria of clarity and association with comfort, all the items were rated satisfactorily and four did not reach the recommended level of agreement. Valid instrument.
A new tool to assess patients' comfort during hospitalization: The Hospital Discomfort Risk questionnaire	Vera-Catalán, T. et al	Spain 2019	Hospital Discomfort Risk (HDR) questionnaire	Developing a tool to assess the risk of discomfort from Patients in the wards of Spanish hospitals.	Transversal Validation	Patients admitted to medical and surgical wards.	Based on Cronbach's α , three items were removed for the final 8-item version of the questionnaire. The HDR questionnaire showed good predictive capacity for identifying the risk of discomfort. The final version of the HDR questionnaire contains 48 values ranging from 11 to 55 points and the higher the score, the greater the risk of discomfort. Internally validated document.
Psychometric validation of the general comfort questionnaire in chronic renal hemodialysis patients	Melo, G.A. et al	Brazil 2020	General Comfort Questionnaire, Brazilian version (GCQ)	To evaluate the psychometric properties of the General Comfort Questionnaire, Brazilian version	Transversal Validation	Chronic kidney patients on hemodialysis	The sample was considered adequate by the Kaiser-Meyer-Olkin test (0.815; $p < 0.001$). The overall Cronbach's alpha of the 48 items was 0.83. With the exclusion of items with low communality, a Cronbach's alpha of 0.80 was identified. As a result, 33 items remained between the versions validated by the group of experts and the exploratory factor analysis, respecting psychometric principles, with the loss of 15 items. Validated instrument.
Development and validation of the Chinese surgical inpatient satisfaction and comfort questionnaire	Liu, B. et al	China 2021	The Chinese Surgical Inpatient Satisfaction and Comfort Questionnaire	Developing a evaluating the satisfaction and comfort of hospitalized surgical patients and examining the validity and reliability	Transversal Validation	Patients admitted to surgical wards.	All the dimensions of the questionnaire showed satisfactory internal consistency (Cronbach's alphas = 0.83-0.96) and test-retest reliability (intraclass correlation coefficients = 0.77-0.96). The questionnaire was shown to have strong psychometric properties and can be used to assess satisfaction with surgical inpatient services in public hospitals in China and patient comfort.

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With regard to the country of origin of the research, 4 were carried out in Brazil and one article in each of the following countries: Turkey, Germany, South Korea, Austria, Spain and China.

The authors of the studies were nurses (70%) or doctors (30%) and in all the studies the methodological approach sought to validate the instrument.

In terms of timing, the articles were published between 2015 and 2021, with the highest number of publications in 2018 (30%).

With regard to journals, 6 articles (60%) were published in foreign journals and 4 (40%) in national journals, but of these, only 01 was published in Portuguese, all the others were in English.

The selected studies were classified into two categories according to the type of development proposed: new instruments and instruments adapted to specific populations.

New instruments

This category included 2 studies that dealt with new instruments developed by the authors.

Hospital Discomfort Risk (HDR) questionnaire: this is an easy-to-use tool designed to assess the risk of discomfort among patients in hospital wards in south-eastern Spain. The questionnaire, called *Hospital Discomfort Risk*, was developed by nurses and has 8 questions related to the environment and information and ranges from 11 to 55 points, with the higher the score, the greater the risk of discomfort. The instrument was tested on 270 patients admitted to medical and surgical wards and proved to have good internal consistency and the ability to identify patients at risk of discomfort during hospitalization.⁹

1.2 The Chinese Surgical Inpatient Satisfaction and Comfort Questionnaire: the authors stated that there is no instrument in China that quantitatively assesses the comfort levels of hospitalized surgical patients and that takes into account the country's cultural context. The questionnaire was developed by 10 health professionals (doctors and nurses) and divided into section A - patient satisfaction with hospitalization services and section B - subjective feelings and perceived comfort in relation to experiences during hospitalization/surgery, totaling 65 questions.

Higher scores indicated higher levels of satisfaction and comfort. The instrument was tested on 1,532 hospitalized surgical patients and the results indicated the instrument's validity and reliability.¹⁰

Instruments adapted to specific populations

This category included 10 studies that used adapted and validated instruments.

2.1 General Comfort Questionnaire (GCQ): is an instrument originally built in English based on Kolcaba's holistic theory of comfort, to measure comfort and identify positive and negative aspects involved in caring for patients with advanced cancer.² It has two versions, one for use with patients and one for use with caregivers. The questionnaire was translated and validated into Brazilian Portuguese and has 48 items that assess comfort in the physical, social, psychospiritual and environmental dimensions.¹¹ Each item in the questionnaire includes a six-point Likert scale (1 totally disagree and 6 totally agree) and the score can vary from 49 to 294, with higher scores indicating better levels of comfort.

Melo *et al.* (2017) translated this instrument into Portuguese and validated it with 80 chronic kidney patients undergoing hemodialysis treatment.¹² The validated instrument, called the General Comfort Questionnaire - Brazilian version, was considered reliable and reproducible to the Brazilian reality, showed excellent comprehension and the items were considered relevant to clinical nursing practice. In another study, Melo *et al.* (2019) used this instrument previously translated and adapted to the Brazilian reality, with regard to semantic and conceptual validity, to then validate the content of the items contained in this instrument, because, according to the authors, this validation is essential to allow comfort to be evaluated as a dimension of nursing actions and to favor the planning and interventions appropriate to the comfort needs of patients in clinical practice.

The instrument was evaluated by 22 judges with expertise in comfort and instrument validation. The results showed that the instrument is valid for measuring this construct and verifying the quality of care produced from the relationship of patient comfort assisted by the nursing team.¹³ In 2020, Melo *et al.* carried out another study with 260 patients from hemodialysis clinics to assess the psychometric properties of the General Comfort Questionnaire, Brazilian version and found that 33 items remained between the versions validated by the group of experts and the exploratory factor analysis respecting the psychometric principles with a loss of 15 items.

The study showed, with the support of statistical analysis, that the QCG - Brazilian Version has evidence of psychometric validity, demonstrating that it is considered reliable and valid for measuring comfort in chronic kidney patients undergoing hemodialysis treatment and advocated that analysis of the psychometric characteristics of this instrument should be carried out as its translation/cross-cultural adaptation takes place.¹⁴

The GCQ was also used in a study where the target population was patients with acute myocardial infarction (AMI) admitted to intensive care.¹⁵ Conceptual equivalence was carried out, and some suggested changes and items were added to the original instrument considering the patient profile. In the end, a 63-item scale was obtained which was tested on 30 patients with AMI who had been admitted to the intensive care unit for at least 24 hours, and was considered suitable for the target audience.

Immobilization Comfort Questionnaire (ICQ): in this study, the ICQ instrument was adapted and validated, based on the General Comfort Questionnaire mentioned above, to assess the discomfort of patients immobilized due to lower limb arthroscopy surgery. It is a one-dimensional 20-item questionnaire with a Likert-type response scale and response options ranging from 1 (totally disagree) to 6 (totally agree). The score can vary from 20 to 120, with higher scores indicating greater comfort. The study showed that the instrument is easy and practical and pointed out limitations of the research, related to gender, mainly because it was developed in a military institution.¹⁶

Perceived Stigmatization Questionnaire/ Social Comfort Questionnaire (PSQ/SCQ): this study validated the German version of the PSQ and SCQ questionnaires, and assessed how burn victims feel about other people's behavior and measured how socially comfortable these people feel with regard to stigmatization related to the physical changes caused by burns.¹⁷ The PSQ scale assesses how a person perceives another person's behavior towards them and consists of 21 items with a 5-point Likert response scale, 1 (never) and 5 (always).

The SCQ measures how comfortable a person feels around others, has 8 items and also uses the Likert response scale, just like the PSQ. The instruments were applied to 139 patients treated in a burns unit in Germany. Higher mean scores on the PSQ and lower scores on the SCQ were attributed to less social support, lower quality of life and lower social comfort. The study indicated good validity of the questionnaires and suggested studies in other populations with differences in appearance not related to burns.

Quality of dying and death (QODD): the authors validated the Korean version of the QODD questionnaire, which assesses the quality of dying and comfort in hospitalized patients. In this study, the questionnaire was completed by doctors and nurses who cared for terminally ill patients who died in the intensive care units (ICUs) of three Korean hospitals. The questionnaire has four categories and contains 24 items, with a response scale ranging from 0 (terrible) to 10 (perfect) and a final score of 0 to 100, with the higher the score, the higher the quality of death. 177 professionals took part in the study and the results showed that the instrument was considered useful in providing an assessment of the quality of death of these patients as perceived by the professionals and also points out that there is a deficiency in the comfort of terminally ill patients in ICUs. However, the study points out limitations and suggests further studies with extended validation in various environments.¹⁸

Epilepsy Monitoring Unit Comfort Questionnaire: this study tested the recently developed instrument called EMUCQ in assessing the comfort of patients admitted to an epilepsy monitoring unit. It is a questionnaire based on the General Comfort Questionnaire and previously validated. After applying the questionnaire, the authors opted for some changes: 27 items remained unchanged, 11 items were reworded and 6 items were added.

The cognitive interview was carried out with 25 patients and proved to be a valuable approach to revealing problems in an instrument that could threaten validity. The study points out that implementing the proposed changes will lead to greater validity of the questionnaire and make the instrument more useful in clinical practice, but emphasizes the need for more quantitative tests with the instrument.¹⁹

DISCUSSION

This review identified 7 different instruments related to assessing comfort in patients undergoing hospital treatment.

The "new instruments" category included two instruments developed by the authors, one from Spain and one from China, and in both studies the target population was patients in surgical wards. The category "instruments adapted to specific populations" included 5 instruments that had been adapted/validated in different populations (chronic kidney patients on hemodialysis, patients with AMI, patients undergoing atoscopic surgery, burn survivors, ICU patients and patients with epilepsy).

The General Comfort Questionnaire (GCQ) instrument was used in 4 studies and tested in patients with kidney disease on hemodialysis and in patients hospitalized after AMI. In addition to these, in two other studies the instruments used (ICQ and EMUCQ) were based on the GCQ and tested respectively in patients immobilized due to arthroscopic surgery and in patients hospitalized for epilepsy control.

With regard to the size of the instruments, an average of 30 (8-65) questions was identified. The number of questions is also a factor that influences responses and it is understood that instruments with a smaller number of questions, which are easy to understand and objective, should be prioritized so that they can be answered in the shortest time possible in order not to overburden patients who are already in a situation of frailty.

Only 2 instruments (20%) considered comfort in a multidimensional way, including physical, psychological, social, emotional and spiritual aspects, as well as the relationship with the family and the healthcare team. The vast majority of the instruments failed to assess the spiritual dimension.

Spirituality is a topic that has been widely discussed in the last decade in the scientific field, and the need to address it in health care practice is increasingly recognized. Many studies seek to understand its countless contributions to people's lives when they are facing illness, as well as its influence on physical, mental and social health, given that it is one of the essential dimensions of life.²⁰ Thus, considering the human being as an integral being, the spiritual dimension is a complementary part of the individual and can be fundamental in the way they think, act and take care of themselves.

After evaluating the studies, it was noted that few limitations were pointed out, however, some had a restricted population, such as a small number of participants, and studies applied to broader populations are needed to show whether the instruments are effective. No studies were found that evaluated any comfort instrument related to cancer patients.

CONCLUSIONS

This review made it possible to identify comfort assessment tools that have already been developed and validated for different cultures and languages in some specific populations, and also showed that there is a lack of studies published and indexed in international databases that

assess comfort in various other patient profiles, such as cancer patients and those in palliative care.

The results of this research seek to provide an update on the subject and recommend further studies aimed at assessing comfort in different patient profiles.

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