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Review

Comfort, well-being and quality of life: Discussion of the differences and similarities among the concepts

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ABSTRACT

Aim: To analyze the differences and similarities of the concepts of comfort, well-being and quality of life (QoL).
Methods: Review of concept analysis research on PubMed, Cinahl (*full text*) and Scielo, using the search terms "Comfort", "Well-being", "Quality of Life" and "Concept Analysis".
Results: Eighteen studies were included. Comfort is a broader holistic concept while well-being is mainly related to psycho-spiritual dimensions. QoL reflects the individual perception of satisfaction with life.
Conclusions: The concepts are not surrogate terms, but related concepts sharing common attributes. Caution should be taken in further research, particularly as regards the correct use and framing of the concepts.

Introduction

Quality of life (QoL), comfort and well-being have progressively been used as important goals in many contexts such as health, justice, economy or environment.[1] Particularly in nursing, several research papers on these concepts have established the grounds for the development of theories and inclusion in the classifications and taxonomies.[2–6] The distinction of the concepts is not always clear, as the terms are semantically close and this may result in the interchangeable use of the concept of well-being and the concept of comfort, for example. Several concept analysis studies have identified well-being as synonymous with the concept of comfort, and QoL as a related concept.[5,7] Some inconsistencies have been identified in nursing knowledge classifications that may lead to the promotion of redundancies and gaps, with repercussions on clinical practice. The objective of this study is to analyze the differences and similarities of the concepts of comfort, well-being and QoL, based on a review of concept analysis research.

Background

The concepts of comfort, well-being and QoL have been gaining particular relevance in the health context because of the scientific development and technological changes in the illness journey, and also because of concerns with the defense of human rights, particularly after the Second World War. In general, people live longer but not necessarily better, which has led several authors and disciplines to study the concepts of comfort,[3,6,8] well-being,[4] and QoL.[9,10] Although several theories have been developed that specifically concern each concept, the lack of clarity regarding the use and appropriateness of the concepts sometimes exists.

The first inconsistencies can be identified when analyzing the semantics of the terms in regular dictionaries. Inconsistencies can also be identified in professional classifications, such as the International Classification for Nursing Practice (ICNP®). In spite of comfort and well-being being considered separate terms, this classification defines comfort (code 10004655) using the concept of well-being: "*sensation of physical ease and bodily well-being*".[11] The international classification of nursing diagnoses, NANDA-International (NANDA-I), also features a new taxonomy proposal in the last edition, wherein the domain entitled "existential" integrates two distinct classes, entitled "well-being" and "comfort".[12]

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The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[13] This definition proposes that individuals are not healthy unless they have achieved holistic well-being, regardless the absence of spiritual dimension.[14] Also, when considering the changes in the course of diseases and chronic illness, the WHO definition seems to suggest that these patients are definitely ill.[14] Although the several criticisms, namely the completeness of well-being in all human life dimensions, the definition has never been adapted.[14] Redefining health is challenging, but a new definition should comprise a broader perspective, and attempt different conditions and cultures.[14]

These inconsistencies formed the basis for the questioning of the similarities and the distinguishing attributes of the concepts of comfort, well-being and QoL, particularly in nursing knowledge, as these concepts have been integrated in nursing theories and research.

Comfort

The term "comfort" derives from the Latin "*confortare*" which means "become strong, comfort or encourage." In a linguistic dictionary, the term is a synonym of "well-being", and is defined as aid and solace in moments of affliction.[15,16] Comfort has always been a central concern and concept in nursing and it is particularly important in the definition of the nature of nursing knowledge, the discipline, and the profession. The work of Morse and Kolcaba is widely recognized among the different theories that have analyzed the theme of comfort. Morse defines comfort as a result of therapeutic nursing interventions and underlines the idea of comfort as a process inherent in the act of comforting.[15,17,18] The studies of Kolcaba have been based on the well-known theory of comfort, in which the author operationalizes the concept and defines it as "*the immediate state of being strengthened by having the needs for relief, ease, and transcendence addressed in the four contexts of holistic human experience: physical, psychospiritual, sociocultural, and environmental*".[8,p.251]

Despite the international projection of the Morse and Kolcaba studies,[8,17] the concept of comfort is present in other nursing theorists' studies, such as Ida Jean Orlando (whose study defines comfort as a response to human needs), Sister Callista Roy (who stressed the importance of psychological comfort), Madeleine Leininger and Jean Watson (who defended comfort as essential to the care process), and Hildegard Peplau (who defended comfort as a fundamental human need associated with food, rest, sleep and communication).[15,18]

Well-being

The word "well-being" derives from the Latin words "*bene*" and "*stare*", which mean "*being well*". The Oxford Dictionary defines well-being as "*the state of being comfortable, healthy, or happy*".[16] When quoted in scientific literature, it is usually identified as a related term to the concepts of happiness, positive experiences or ideas, life satisfaction, pleasure and prosperity.[19] Well-being is also a multidimensional concept, with implications on one's physical, mental, social and environmental aspects of living.[20] It concerns individual care in a healthy way and covers aspects such as awareness of the physical condition, stress reduction and self-responsibility in care. The strategies for achieving well-being help people reach new ways of understanding and controlling their lives, both in an individual and a collective scope.[21]

Orem's self-care theory and Watson's transpersonal theory are particularly relevant among the nursing theories that evoke the concept of well-being. In fact, in all Health Sciences theories, including the Nursing theories, well-being is often present as important in patients' assessment. Orem's Self-Care Theory defines self-care as the performance of activities that individuals or caregivers perform for their benefit in order to maintain life, health and well-being.[22] Also, in Watson's Transpersonal Theory,[23] the author advocates the shaping of a system of humanistic and altruistic values, the instillation of faith and hope and the recognition of sensibility and feelings on the part of the nurses themselves as fundamental principles for the development of the nurse-patient relationship, and for promoting well-being.

Quality of life

The concept of QoL has been discussed in several areas of knowledge over time. Although there are several definitions of the concept, the majority of authors define the concept as the individual's perception of their personal situation in their own life in the physical, social, mental and spiritual dimensions.[9,10] The study of QoL in the health field is relatively recent. The first studies emerged in the 1930s, but interest only began to grow from the 1960s, due to the unwanted consequences of the post-war period, when a search for the improvement of living conditions for humanity created greater interest in research of the concept by modern societies.[10]

Among the various definitions of the concept,[2,5,24] the definition proposed by the World Health Organization Quality of Life Group is widely used[9,p.1]: "*individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns*". This definition considers the person's physical and psychological condition, the level of independence, social relationships, personal beliefs, the environment and culture. The assessment seems to be subjective and multidimensional, considering the cultural, social and environmental particularities of each person.[9] It reflects the global condition of human life, personal interests with the enhancement of life dimensions, such as physical, political, moral, social, environmental, and spiritual dimensions.

Similar to previous concepts, several nursing theories have included the concept of QoL, such as Peplau, Rogers, King, Leininger and Parse.[25] In Peplau's theory, QoL is a synonym for well-being or psychological health. Rogers and King describe QoL as a synonym for life satisfaction. Leininger believes that the concept of QoL is culturally constructed, which means, it is dependent on the values, beliefs and symbols of a given culture, representing a powerful force for promoting health and well-being. Parse describes the concept as representing the meaning that each individual attributes to the lived experiences.[25]

Methods

Review of nursing research using a concept analysis method and concerning the concepts of comfort, well-being and QoL. The search was conducted in the databases PubMed, Cinahl (*with full text*) and Scielo, using the terms "Comfort", "Well-being", "'Quality of Life" and "'Concept Analysis," in the title and/or abstract. Concept analysis studies, regardless of the method, published in Portuguese, Spanish, English and French, up to 31 December 2015 were included. Narrative reviews, semantic analyses, editorials or letters to the editor, books or book chapters, and proceedings were excluded.

One researcher conducted the search in the first phase. Two researchers independently performed the analysis and screening of the results, and disagreements were subsequently analyzed by all researchers (Fig. 1). All references to the included studies were also analyzed.

The results were exported to EndNote X6, and a database was designed to collect the data according to the study objectives.

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