

THE MEANING OF COMFORT IN SURVIVORS OF ALLOGENEIC STEM CELL TRANSPLANTATION: A PHENOMENOLOGICAL STUDY

O significado de conforto para os sobreviventes de transplante alogénico de progenitores da hematopoiese: um estudo fenomenológico.

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ABSTRACT

Background: Patients undergoing Allogeneic Stem Cell Transplantation (ASCT) face complex health challenges related to disease chronicity, treatments, and side effects, significantly impacting daily life. Within this context, comfort emerges as a central concept. Grounded in Kolcaba's Theory of Comfort, it encompasses relief, ease, and transcendence across physical, psychospiritual, sociocultural, and environmental domains.

Aim: To understand the meaning of comfort in the lived experiences of ASCT survivors.

Design: Qualitative study using van Manen's phenomenology of practice.

Methods: Twenty ASCT survivors participated in phenomenological interviews between July 2020 and May 2021. Data, including narratives and illustrative episodes, were analysed following van Manen's stages: epoché, reduction, and the vocative.

Results: Comfort was expressed as valuing extended life, experiencing physical and emotional well-being, and living meaningfully. Discomfort was linked to limitations in normal life and confronting survivorship.

Conclusions: Comfort is actively sought and promotes well-being, coexisting with discomfort, which shapes survivors' experiences.

KEYWORDS: Comfort; Hematopoietic Stem Cell Transplantation; Survivors; Nursing Care; Qualitative Research.

RESUMO

Introdução: Os doentes submetidos a Transplante Alogénico de Células Estaminais Hematopoiéticas (TACTH) enfrentam desafios complexos relacionados com a cronicidade da doença, os tratamentos e os seus efeitos secundários, com impacto significativo na vida quotidiana. Neste contexto, o conforto emerge como um conceito central. Fundamentado na Teoria do Conforto de Kolcaba, engloba alívio, tranquilidade e transcendência nos domínios físico, psicospiritual, sociocultural e ambiental.

Objetivo: Compreender o significado do conforto nas experiências vividas de sobreviventes de TACTH.

Desenho do estudo: Estudo qualitativo com recurso à fenomenologia da prática de van Manen.

Métodos: Vinte sobreviventes de TACTH participaram em entrevistas fenomenológicas entre julho de 2020 e maio de 2021. Os dados, incluindo narrativas e episódios ilustrativos, foram analisados segundo as etapas de van Manen: epoché, redução e o vocativo.

Resultados: O conforto foi expresso como a valorização do prolongamento da vida, a experiência de bem-estar físico e emocional e a vivência com significado. O desconforto foi associado a limitações na vida normal e ao confronto com a condição de sobrevivente.

Conclusões: O conforto é ativamente procurado e promove o bem-estar, coexistindo com o desconforto, que molda as experiências dos sobreviventes.

PALAVRAS-CHAVE: Conforto; Sobrevivente; Transplante de medula; Enfermagem; Investigação qualitativa.

Introduction

At the present time, ASCT can offer a realistic hope, regarding the cure of oncological diseases, or the permanent correction of chronic hematological/immunological/metabolic disorders². Nonetheless, it involves a long journey, during which multiple changes and complications may arise. Such occurrences can derive from intrinsic aspects (inherent to the individual), from the applied treatment, or from family/social/community factors that may affect the individual's comfort.³ By causing significant emotional and psychological alterations, the process in question may originate various fears⁴, namely of: death, the disease's recurrence, the appearance of other oncological conditions, and morbidity-related limitations that affect daily activities.

Cancer survivorship is increasingly understood as a complex and multidimensional phenomenon that extends beyond the completion of treatment. Although the National Cancer Institute defines a cancer survivor as an individual from the time of diagnosis throughout the remainder of life, such a definition may not fully encompass the depth and meaning of the lived experience. From a phenomenological perspective, survivorship can be approached as the experience of living with, through, and beyond cancer, in which individuals continuously interpret and integrate the impact of the illness into their lifeworld. This perspective emphasises survivorship as a dynamic, subjective, and meaning-laden process, shaped by personal, relational, and existential dimensions. In the context of allogeneic hematopoietic stem cell transplantation, this experience is particularly complex due to the intensity of treatment and its long-term implications, underscoring the relevance of exploring the meaning of comfort as lived and perceived by survivors.

ASCT is a complex process, which can result in a wide range of sensations, emotions, thoughts, and experiences. It can also pose unique and long-term care challenges, for patients and healthcare systems. A new group of individuals – cancer survivors – has emerged, revealing speci-

fic needs, related to a variety of sequelae/complications caused by the employed treatments⁵⁻⁷. The early detection of cancer and the existence of more effective therapeutics have changed the usual course of the disease, leading to an increasing number of individuals who survive cancer and live for long periods after remission⁷. Knowing that each patient experiences the situation and the associated circumstances in a distinctive manner, we adopted the concept of survivor as defined by Carlyle et al.⁸, considering individuals who had completed their treatments and were in remission, at the time.

ASCT survivors have to live with a chronic condition, frequently experiencing multiple discomforts. The latter derive from changes in lifestyle, expectations, projects, and meanings. They can also be connected with feelings of anguish, and with the necessity to follow specific therapeutic regimens. Given this reality, and taking into account the cohesive functioning of the Human Being, there is an imperative need to fully address the individual's life process, i.e., to thoroughly understand it, particularly as regards his/her comfort experience⁹. Comfort is a noun, a verb, an adjective and, simultaneously, a state, a process and an outcome¹⁰. Numerous authors recognize its complexity. Nevertheless, in holistic care, it is considered vital. Furthermore, in nursing, it is a core concept, portrayed as an essential component of the care process, being even referred to as its most important dimension¹⁰.

Background

In nursing research, there has been a growing interest in the subject of the comfort phenomenon¹⁰. According to Kolcaba's theory, comfort can take on three forms: relief, ease, and transcendence. However, few studies have addressed the comfort phenomenon in patients who survived ASCT. The chronicity experienced by such individuals has shown increasing prevalence and has a significant impact on their daily lives¹¹. Considerable scientific advances that improved the treatment's effectiveness, combined with the expansion of the procedure to encompass more

pathologies, raised the number of ASCT survivors, leading us to reflect on the challenges faced by them. The situation under study produces many changes in different areas of life, uncovering diverse health needs, for which a comforting response is sought. Thus, the remission period is associated with specific health care challenges⁹.

The experienced situation affects the individuals on several levels: personal, family, and social. It also jeopardizes their sense of stability and security¹². While it is clear that the resulting complications and the necessary adaptations affect the survivors' comfort, their actual comfort experiences remain relatively unknown. Discovering the meanings associated with a given experience allows us to ascertain the ensuing needs, in order to meet them in an individualized manner, since such meanings vary from person to person. Therefore, taking into consideration the individuals' uniqueness, it is vital to thoroughly understand the experience of being a survivor, by reflecting on the essential aspects that characterize the comfort phenomenon in the studied context.

Aim of the study

This work aimed to understand the meaning of comfort in the experiences lived by ASCT survivors, adopting a phenomenological approach. To achieve that purpose, we established the following research question: "How do ASCT survivors experience comfort?"

Design and methods

In order to answer the aforesaid research question, we followed a qualitative approach, based on van Manen's phenomenology of practice¹.

Theoretical framework

As comfort is a complex and broad concept, it is necessary to clarify its meanings as regards the experiences lived by ASCT survivors. Hence, a profound understanding of the abovementioned experiences, through phenomenology, can produce valuable knowledge, capable of supporting a just, dignified, and comforting care provision. Phenomenology is a philosophical approach that addresses the human experience. It studies the multiple meanings of different experiences, as they are lived by each individual. In this perspective, when we connect memories with a given experience, by means of reflection, it gains hermeneutic meaning^{1,13}.

Context and recruiting

To select the participants, we took into account various elements: age; gender; clinical diagnosis; presence/

absence of family members; presence/absence of GVHD; and time elapsed after ASCT. The selection process aimed at obtaining a representative sample, in which all personal experiences contributed to a better understanding of the phenomenon under study¹. To achieve the desired level of comprehension, we took into consideration the individuals' availability and willingness to share their own experiences¹³. Thus, we ensured that due relevance was given to the participants' "*what was, and how it was*"¹³.

In a first phase, we talked face-to-face with the survivors, at the outpatient division of a bone marrow transplantation unit located in Lisbon. We explained to them the study's objective and the chosen methodology. Depending on the interest, acceptance, and availability, expressed by each individual, an interview was/was not scheduled. Furthermore, the participants voluntarily shared numerous poems and texts, written by them, which extensively portrayed their experiences.

Inclusion/exclusion criteria

Our sample comprised individuals who had been subjected to ASCT, being followed, at the time, as outpatients. We established several inclusion criteria: i) age over 18 years; ii) having undergone ASCT for at least three months; iii) showing no evidence of disease relapse; and iv) being able to express oneself verbally, providing relevant information and expressing emotions/feelings. Exclusion criteria included disease recurrence, communication impairments that could compromise data collection, and situations involving acute exacerbation of the disease.

By applying these criteria, we were able to gather a sample consisting of 20 individuals. The sample's size was influenced by the goal of obtaining extensive descriptions for the construction of experiential examples, which depicted the different experiences as they were lived. We sought to collect enough descriptions to build an illustrative and consistent framework that addressed our research question¹⁴. Accordingly, we ended the collection process when we realised that the collected material already achieved that purpose (since it contained specific, profound, and complex representations), with no need to repeat any interviews and with each interview lasting between 1 and 2.5 hours.

Collection of the participants' experiential descriptions

The recruitment of participants was carried out directly in the day hospital setting, which survivors regularly attend for follow-up care. Following van Manen's¹ guidelines, the participants were asked to focus on a particular experience and to describe it as accurately as they could,

with respect to the experienced feelings/emotions and their overall mood. Additionally, the participants were asked to pay special attention to *what* had been felt and *how* it had been felt, in order to highlight the experience's fundamental nature, as if they were returning to the actual moment. To create a more realistic portrayal, we also collected other illustrative material, namely literature written by the participants (and selected by them), which functioned as a catalyst for reflection. This extra material uncovered several aspects that further clarified the phenomenon under study¹. Once concluded the transcription process, the descriptions returned to their authors, for the incorporation of any relevant data that might complement the previously collected material.

Analysis of the participants' experiential descriptions

The analysis of qualitative data followed a phenomenological approach inspired by Max van Manen. Qualitative data were managed and organised using the software MAXQDA, which supported the systematic coding and retrieval of data, while preserving an in-depth interpretative engagement with participants' descriptions.

Initially, the research team identified the essential topics emerging from the collected descriptions. This stage aimed to uncover the underlying meanings by selecting significant phrases and formulating concise statements that captured the core meaning of each description, as suggested by van Manen. The analytic process comprised four sequential and iterative stages^{1,13}:

- i. Following transcription and organization of the collected material, a holistic reading of each description was undertaken to apprehend its overall meaning and experiential sense;
- ii. Subsequently, a detailed and reflective reading was conducted to identify significant statements and key phrases within the descriptions, allowing a deeper exploration of the lived experiences conveyed by participants;
- iii. The analysis was conducted independently by two researchers with experience in qualitative research. The thematic units derived from the descriptions were then compared and discussed, leading to the identification of major experiential dimensions that constitute the essence of the phenomenon. During this phase, both individual sentences and clusters of sentences were examined, guided by the question: "What does this sentence or group of sentences reveal about the described experience?" Discrepancies in coding or interpretation were resolved through

discussion and consensus; when necessary, a third senior researcher was consulted to ensure analytical rigor. This iterative process enabled the articulation of relationships between the different elements of the descriptions and the previously identified themes, without considering the frequency of occurrences. Trustworthiness and confirmability were enhanced through peer debriefing and the involvement of researchers experienced in qualitative methodologies;

- iv. Finally, a comprehensive and reflective writing process was undertaken, grounded in phenomenological principles, with the aim of producing a rich and evocative description of human actions, intentions, and lived experiences. The integration of multiple data sources, including materials voluntarily provided by participants, contributed to a nuanced and faithful representation of the phenomenon under study.

Ethical considerations

Data collection was initiated only after written informed consent had been obtained from all participants. Prior to providing consent, participants were given adequate time to read the information sheet, and all questions or concerns were thoroughly addressed. Explicit consent for audio recording of the phenomenological interviews was obtained from each participant.

Confidentiality and anonymity were strictly ensured throughout the study. Participants' identities were coded by the first author, and no other members of the research team had access to identifiable data. All interviews were audio-recorded and supplemented with field notes. Access to the data was restricted to the first author and the respective participant. To further protect participants' anonymity, all names used in the presentation of findings are fictitious.

Participants were informed of their right to withdraw from the study at any stage, without any consequences. It was clearly stated that refusal to participate or withdrawal from the study would not affect the care provided in any way.

This study was approved by the Research Ethics Committee of Instituto Português de Oncologia de Lisboa Francisco Gentil, EPE (Code UIC 1314). It was carried out in accordance with the principles contained in the Declaration of Helsinki¹⁵. Likewise, the general principles of beneficence and non-maleficence were scrupulously respected. In addition, we complied with the EQUATOR reporting guidelines.

Quality assurance

In order to substantiate the research's overall quality, as regards the paradigm in question, we sought to meet various criteria, adjusted to the phenomenological context¹. Among these criteria, we would like to emphasise credibility (ascertained through the participants' ability to confirm that the constructed text accurately portrayed their comfort experiences), as well as trustworthiness and confirmability (guaranteed by the phenomenological texts' profound and extensive nature).

Attempting to meet the aforesaid criteria, we adopted several strategies:

- i. Prolonged phenomenological reflection, to answer the research question, while assimilating the participants' culture and recognizing contradictory information derived from biases, thus ensuring that epoche and reduction were properly achieved;
- ii. Persistent observation of the collected descriptions;
- iii. Audits, comprising the research component and the writing component. External readers, with a suitable methodological knowledge, were allowed to verify the process, in order to validate the researcher's reasoning. This included the analysis of various aspects, such as key decisions, the data collection method, the performed reflection, the phenomenological text's construction, and the reached conclusions;
- iv. Participant review, in which the constructed text was shown to the respective data source. Hence, each participant verified the depiction of his/her experience. Once the entire process was approved, the final text was duly produced¹⁶.

The researcher's relative inexperience was counterbalanced by the application of these strategies. Accordingly, by sharing/discussing numerous aspects with other researchers, the phenomenological reflection, as well as the writing process, were considerably facilitated.

Results

Characterization of the sample

The 20 participants presented diverse profiles with respect to age, gender, clinical diagnosis, presence/absence of family members, presence/absence of GVHD, and time elapsed after ASCT. Their overall characterization is shown in Table 1.

Table 1. Clinical and survival characteristics of patients undergoing allogeneic stem cell transplantation (ASCT) (N = 20)

VARIABLE	CATEGORY	N (%)
Sex	Female	11 (55)
	Male	9 (45)
Diagnosis	Acute lymphoblastic leukemia	5 (25)
	Acute myeloid leukemia	6 (30)
	Chronic myeloid leukemia	1 (5)
	Hodgkin lymphoma	2 (10)
	MonoMAC syndrome	1 (5)
	Myelodysplastic syndrome	1 (5)
	Non-Hodgkin lymphoma	4 (20)
Age group (years)	30–39	2 (10)
	40–49	9 (45)
	50–59	6 (30)
	60–69	3 (15)
Graft-versus-host disease	Yes	15 (75)
	No	5 (25)
Years after ASCT	1	2 (10)
	2	5 (25)
	3	2 (10)
	4	3 (15)
	5	4 (20)
	≥8	4 (20)

Characterization of the comfort phenomenon

When addressing the established research question ("How do ASCT survivors experience comfort?"), through a phenomenological reflection on the collected experiential descriptions, "Comfort Intertwined with Discomfort" emerged as the guiding theme.

A. Meanings associated with comfort

In the experiences lived by ASCT survivors, the comfort phenomenon is viewed as a need and a desire, being substantiated by the three aspects explored below: i) valuing the additional time to live; ii) living with physical and emotional well-being; and iii) living a meaningful existence.

i. Valuing the additional time to live

The participants felt that comfort gained meaning and significance in the ability to remain alive. They were grateful for the therapeutic opportunity and for the possibility of living beyond the disease, as can be seen in the statements of Anita and Tiago:

Anita: “We, as transplant recipients, feel a huge gratitude for the opportunity, and want to live (...) I’m very glad to have been given this opportunity, to live in a country that offered me this possibility.”

Tiago: “The transplant affected my life in every way, but it also gave me life. Without the transplant, I wouldn’t be alive, that’s for sure. It’s a long process, with many complications. It’s better to spend all the time in the world trying to stay alive, than to not be here to talk about it anymore. It’s much better.”

ii. Living with physical and emotional well-being

Furthermore, the participants found meaning in their experiences of well-being. Without the interference of negative factors, comfort was thus achieved, promoting the individuals’ happiness. The overall satisfaction with the transplant, together with effective coping strategies, contributed to this occurrence. The associated sensations and emotions are depicted in the statements of Alice and Anita:

Alice: “(...) all this makes up everyday life, I’m not saying that I don’t have great days, in which everything is fine, in which I’m happy, because I’ve come up with alternatives, schemes, and I’m able to find well-being in those days.”

Anita: “I’m happy with my body and my resilience. I think I’m recuperating nicely, I’m recovering my well-being. I feel better now, on an emotional level, than I felt before. I feel steadier, that’s comfort.”

iii. Living a meaningful existence

The experience of suffering is inherent to all life-threatening situations. As a result, the individual tries to shield himself/herself against discomfort, by assigning to his/her experiences a favorable meaning, adapted to that specific moment in life. In this search for happiness, the individual also undervalues various factors that might generate suffering or negative feelings. Such behaviour is noticeable in the statements of Anita and Camila:

Anita: “Now, I’ve been valuing other things, which I didn’t value before (...).”

Camila: “I think I’ve lost a lot of my arrogance (maybe that’s too strong a word). There are certain preconceptions that we have, value judgments that we make, which maybe I don’t make as much. I try to enjoy life more, to only worry about what’s important, to be happy.”

When the individual tries to enrich his/her existence, to find happiness in his/her daily achievements, and to thoroughly enjoy the granted time, life is experienced more intensely, acquiring a greater comforting significance. Thus, while following the path of everyday life, the individual experiences a deeper sense of happiness, perceptible in the statements of Alice and Amélia:

Alice: “There’s an added intensity in everything you do. Sometimes, they even say, jokingly ‘this girl gets all fired up whenever she does something’. When I managed to cross a pool from one end to the other, I had to celebrate it. For them, it was just a trip to a pool.”

Amélia: “On a daily basis, I’m reminded of what happened to me, and it makes me experience things more intensely and uniquely. (...) I live inside a little bundle of happiness, always aware that we’re finite.”

The individual seeks, above all, to find comfort in his/her life. The transplant is associated with the conclusion of a long treatment process, marking its final stage. Nonetheless, the individual wishes to overcome this phase, to live a disease-free life, in which former routines and roles can be resumed. Hence, comfort appears connected with healing, being a promoter of the individual’s well-being, and strengthening the individual’s expectations of reaching a higher comfort level. Such phenomena are discernible in the statements of Camila, Diana and João:

Camila: “(...) it was my EuroMillions, him with the chemicals and my brother with the cells.”

Diana: “(...) I did all the preparations. It was never hidden from us that the post-transplant period, those first few months, are critical. Although we heard it, we had no true notion. Although nobody deceived us,

we always thought that the finish line was the transplant and we had no idea of the post-transplant risks that we would face."

João: *"And I think that, before the procedure, everybody believes that he/she will do the transplant and bam! All will be good, all will be over."*

B. Meanings associated with discomfort

In the human existence, comfort coexists with discomfort. Therefore, we attempted to construct an illustrative framework that accurately portrayed the meaning of discomfort in the experiences lived by ASCT survivors. This meaning emerged from the individuals' reflections, allowing us to identify the two aspects explored below: i) being unable to lead a normal life; and ii) facing life as a survivor.

i. Being unable to lead a normal life

The participants mentioned that discomfort was often present in their daily lives, during the post-transplant period. This is perceptible in the experiences described by Francisco, Miguel and Rodrigo:

Francisco: *"It's harder to live after the transplant."*

Miguel: *"The whole post-transplant experience is very uncomfortable."*

Rodrigo: *"This is very sad, have you seen how I live? I can't even drive, I can't even go out on the street alone!"*

Most participants expressed and experienced discomfort on a daily basis. It derived from suffering (due to physical changes, as well as emotional and psychological changes) and from experiences associated with the treatment process. Mafalda and Matilde (whose statements are shown below) felt that the aforesaid process caused discomfort, because it limited their daily lives. However, they recognized its significance, thus acknowledging their need to survive.

Mafalda: *"But I think the process in itself has been too hard for anyone to bear. I was 19 when I got sick for the first time. Now, I'm 41... I'm going to be 42 this year. I've lived half of my life trying to beat a cancer, which first attacks me in one place and then attacks me in another place. And, when it's not the*

cancer, it's an equally aggressive thing, because of the transplant."

Matilde: *"The discomfort, the pain... all the suffering, whether physical or emotional."*

ii. Facing life as a survivor

For the participants Alice, Francisco, and Mafalda, discomfort was directly related to their survival experience:

Alice: *"A real tsunami, an earthquake, which was this lymphoma (I already speak in the past, amazing!). Now, it has left several extremely complicated sequels to manage, always with a lot of lightness, but there are moments when it's not so easy (...)."*

Francisco: *"It goes like this: for me, it's been difficult. It was hard after the transplant, being isolated in the room and receiving the chemotherapy, but that went relatively well. Now, when the so-called "hangover" of the chemotherapy and the transplant comes, together with the GVHD, that's when things start to get complicated."*

Mafalda: *"What came after the transplant was much harder than the previous stages, in my case (...), but that's my personal experience."*

Within the treatment process, the post-transplant period was considered one of the most uncomfortable stages. It was associated with high levels of discomfort, surpassing the experience of being hospitalized in a protective isolation unit. GVHD also promoted discomfort, not only as an acute condition, but also through its chronic effects and the required therapy. This was referred to by Isabel and Tiago:

Isabel: *"The only thing that's more negative is this problem of the disease against the host. Because I have low immunoglobulins, my defenses are down, so I'm deprived of leading a 100% normal life, as I would like to do."*

Tiago: *"Since I've been through all this, I prefer to think that it's only a final stage, harder than the others. Anyway, the worst is over, apart from these annoyances caused by GVHD. We never know how it's going to behave. It can ease abruptly, and stay quiet for a while, but it can also be a constant nuisance."*

In addition, discomfort emerged from the delay to achieve the desired result. The participants' awareness of the experienced situation changed their views regarding the transplant. The process of reaching a cure was perceived as too long, hindering the construction of the desired comforting experience. For this reason, the disease's and the treatment's duration influenced the individuals' comfort levels. Accordingly, longer recoveries were associated with more discomfort, which is noticeable in the statements of Carmo and Tiago:

Carmo: "In my case, everything has happened. I was expecting that for two years, until the marrow and the other things straightened out. Now, I've been suffering for about four years. I wasn't expecting it."

Tiago: "It's a long process, with many complications. It's better to spend all the time in the world trying to stay alive, than to not be here to talk about it anymore. It's much better. I'll live with a limp, and maybe I'll need to use crutches, but I'll be here to tell the story. If I can't go fast, I'll go slowly. But this waiting is wearisome."

When examining the portrayed phenomena, it is clear that the experiences lived by ASCT survivors are a mixture of comfort and discomfort, which coexist in their daily lives. This allows the construction of meanings for the abovementioned concepts, within the individual's existential experience.

Discussion

After analysing the experiential descriptions, "Comfort Intertwined with Discomfort" emerged as the central theme structuring this study, reflecting the dynamic and paradoxical nature of the ASCT experience. Survivors sought to attribute meaning to this duality, shaped by their personal and social contexts.

A. Meanings associated with comfort

Comfort was primarily associated with *valuing additional time to live*, as participants perceived ASCT as an opportunity to prolong life, even if not as an immediate cure. This experience may disrupt individuals' goals and self-perception, requiring a hermeneutic understanding of its meaning¹⁷. Although marked by crisis, it can foster self-awareness and transformation, consistent with an embodied view of experience¹⁸.

Participants also associated comfort with physical and emotional well-being, acceptance of a new identity, and the construction of meaningful lives. These findings align with the conceptualisation of comfort as relief, tranquility, and transcendence^{10,20}, and with evidence of profound transformation following ASCT^{11,21}. Survivors described valuing relationships, redefining priorities, and living more meaningfully, with resilience and positive psychological changes often outweighing negative effects^{22–24}.

Hope emerged as a central dimension of comfort. The possibility of cure, particularly through the existence of a compatible donor, was perceived as a major source of reassurance²⁵. Hope has been associated with improved coping and quality of life, functioning as a key resource in adapting to life-threatening illness^{26,27}.

B. Meanings associated with discomfort

Discomfort emerged as inseparable from comfort, reflecting the paradox of undergoing a life-saving yet highly distressing treatment. It was associated with suffering, threat to quality of life, and existential distress^{25,27–29}.

Participants reported limitations in daily activities, loss of independence, and difficulties in maintaining previous roles, contributing to feelings of incapacity and dependence^{21,30}. These changes, often linked to chronicity, negatively affect well-being and autonomy.

Discomfort also extended into survivorship due to late complications and long-term treatment effects, which require ongoing care and negatively impact quality of life, increasing morbidity and mortality risks^{31,32}. Uncertainty regarding disease recurrence further intensified distress, alongside feelings of disappointment, vulnerability, and powerlessness³³.

Additionally, the embodied experience of cancer evokes fear of death, suffering, and altered body image, while the persistent possibility of relapse continues to shape survivors' daily lives^{23,27,34}.

Strengths and limitations of the study

This study allowed a better understanding of a crucial phenomenon (comfort), in a specific population that has recently increased in number and requires nursing interventions. Its main limitation derives from having been conducted in a single transplantation unit. Consequently, its conclusions cannot be generalized. Participants' accounts are grounded in retrospective recollections and may therefore be susceptible to recall bias. The size and composition of the sample may not fully capture the breadth and diversity of survivors' experiences.

Recommendations for further research

In the future, similar studies should be carried out in other transplantation units. Additionally, it would be pertinent to conduct similar studies in the population subjected to autologous stem cell transplants. We also suggest further studies to better comprehend the comfort phenomenon during the actual ASCT procedure, as well as during protective isolation. This line of investigation seems to be of interest and necessary, as regards the development of comforting nursing interventions for ASCT patients.

Conclusions

Understanding the comfort experiences lived by ASCT survivors allowed us to uncover the multiple meanings created by those who have to endure such circumstances.

The comfort experience is lived through the acknowledgement of the additional time granted by the treatment, through the physical and emotional well-being derived from overcoming the disease, and through the possibility of leading a meaningful existence. Nevertheless, discomfort is also omnipresent in the individuals' experiences, appearing intertwined with comfort, and "contaminating" the latter. It results from numerous changes (physical, psychological and relational), which alter the individuals' daily lives, as well as from feelings of uncertainty and fear regarding the future. Thus, the individual's meaningful existence is overshadowed by the notion of a future with limitations and suffering, which lingers throughout the survivor's comfort experience.

The findings of this phenomenological study bring us closer to thoroughly comprehending the survivors' experiences. They also highlight the significance of redefining one's view of life, to embrace both comfort and discomfort, thus allowing a constructive adaptation to adverse contexts. Finally, they urge health care professionals to acknowledge the importance of understanding such personal experiences, in order to reevaluate holistic care practices, while addressing the unique needs of each ASCT patient.

The nursing practice should be based on the experiences lived by the care recipients. By analyzing those experiences, nurses can achieve a deeper understanding of the lived phenomena and of the respective meaning/significance. Such insights can provide a solid foundation for compassionate care. The chosen approach allowed us to comprehend the nature of the experiences lived by ASCT survivors (which encompassed comfort and discomfort), while recognizing the singularity of each indi-

vidual's personal experience. Furthermore, we were able to realize that, in the studied context, comfort needs are of the utmost importance.

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Ethics Committee Approval

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Conflict of Interest

No conflict of interest to declare.