



HÖGSKOLAN I BORÅS
VETENSKAP FÖR PROFESSION

TACTILE TOUCH IN INTENSIVE CARE

Nurses' preparation, patients' experiences and
the effect on stress parameters

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ABSTRACT

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Aim: The overall aim of this thesis was to acquire knowledge about whether tactile touch as a complementary method can (i) promote comfort and (ii) reduce stress reactions during care in an intensive care unit (ICU)

Method: In Paper I, five nurses with a touch therapist training were interviewed about their experiences of preparation before giving tactile touch in an ICU. To analyse the meaning of preparation as a phenomenon, Giorgi's descriptive phenomenological approach was used. In Paper II and III a randomised controlled trial was set up to investigate the effects of a five-day tactile touch intervention on patients' oxytocin levels in arterial blood (II), on patients' blood pressure, heart rate and blood glucose level, and on patients' levels of anxiety, sedation and alertness (III). Forty-four patients were randomised to either an intervention group (n = 21) or a control group (n = 23). Data were analysed with non-parametric statistics. In Paper IV, six patients who had received the tactile touch intervention were interviewed to illuminate the experience of receiving tactile touch during intensive care. To gain a deeper understanding of the phenomenon and to illuminate the meaning, Ricoeur's phenomenological hermeneutical method, developed by Lindseth and Norberg, was used.

Findings: The nurses need four constituents (inner balance, unconditional respect for the patients' integrity, a relationship with the patient characterized by reciprocal trust and a supportive environment) to be prepared and go through the transition from nurse to touch therapist (I). In the intervention study, no significant differences were shown for oxytocin levels between intervention and control group over time or within each day (II). There were significantly lower levels of anxiety for patients in the intervention group. There were no significant differences between the intervention and control groups for blood pressure, heart rate, the use of drugs, levels of sedation or blood glucose levels (III). The significance of receiving tactile touch during intensive care was described as the creation of an imagined room along with the touch therapist. In this imagined room, the patients enjoyed tactile touch and gained hope for the future (IV).

Conclusion: Nurses needed internal and external balance to be prepared for providing tactile touch. Patients did not notice the surroundings as much as the nurses did. Patients enjoyed the tactile touch and experienced comfort. The impact on stress parameters were limited, except for levels of anxiety which declined significantly. The results gave some evidence for the benefit of tactile touch given to patients in intensive care.