

Perception of Nursing Undergraduate Student About Receiving the Therapeutic Touch

Percepção de Estudantes de Graduação em Enfermagem Acerca do Recebimento do Toque Terapêutico

Percepción de Universitarios Sobre la Recepción de Toque Terapéutico

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ABSTRACT

Objective: Herein, the goal has been to know the perceptions of nursing undergraduate student about receiving the Therapeutic Touch. **Methods:** It is a descriptive-exploratory research with a qualitative approach, which was carried out with 10 nursing students from a Federal University from the Southern region of Brazil. For data collection, which was performed over October 2015, a semi-structured interview was used and the data were analyzed according to the discursive textual analysis. As a result, the following category emerged: The importance of caring for oneself and for others. **Conclusion:** The students reported a reduction of the signs of stress and pain, and an improvement in the sleep quality, leading to greater well-being. Hence, when people begin to consider subtler instances of life, it is possible to use strategies, such as the Therapeutic Touch, in order to provide a better quality of life for themselves, and later for the other.

Descriptors: Therapeutic Touch, Nursing Care, Nursing Students.

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RESUMO

Objetivo: Conhecer as percepções de estudantes de graduação em enfermagem acerca do recebimento do Toque Terapêutico. **Método:** Pesquisa qualitativa, com abordagem descritiva exploratória, realizada com 10 estudantes de Enfermagem de uma Universidade Federal do sul do Brasil. Para a coleta de dados, realizada em outubro de 2015, utilizou-se uma entrevista semiestruturada e os dados foram analisados de acordo com a análise textual discursiva. Como resultado emergiu a categoria: A importância de cuidar de si e do outro. **Conclusão:** O relato dos estudantes evidenciou redução dos sinais de estresse e dor, melhora na qualidade sono, acarretando em maior bem-estar. Logo, quando as pessoas passam a considerar instâncias mais sutis da vida é possível utilizar estratégias, como o toque terapêutico, a fim de proporcionar maior qualidade de vida para si e posteriormente para o outro.

Descritores: Toque Terapêutico, Cuidado de Enfermagem, Estudantes de Enfermagem.

RESUMEN

Objetivo: Conocer las percepciones de los universitarios sobre la recepción de Toque Terapêutico. **Método:** La investigación cualitativa con enfoque exploratorio descriptivo, realizado con 10 estudiantes de enfermería de la Universidad Federal del Sur de Brasil. Para recopilar los datos, llevadas en octubre el año 2015, se utilizó una entrevista semiestruturada y los datos se analizaron de acuerdo con el análisis textual discursiva. Como resultado surgió la categoría: La importancia de cuidar de sí mismos y entre sí. **Conclusión:** El informe de los estudiantes mostró signos de reducción de estrés y el dolor, mejorar la calidad del sueño, lo que resulta en un mayor bienestar. Así que cuando la gente viene a considerar más sutiles instancias de la vida se puede utilizar estrategias como el toque terapêutico, con el fin de proporcionar una mayor calidad de vida para ellos y luego hacia el otro.

Descriptor: Toque Terapêutico, Cuidados de Enfermeira, Estudiantes de Enfermería.

INTRODUCTION

In the last three decades, there has been a significant increase worldwide of the use of integrative and complementary health practices. Both health professionals and the scientific community, or even general population, have contributed to this scenario. The use of these practices is due to several cultural factors, such as: increase in life expectancy, health care costs, ease of access to information through the internet, and interlinked social movements.¹

It is known that stress in nursing undergraduate students has a significant impact on their academic activities, often negatively influencing their training.² It is suggested that nursing undergraduate courses invest in strategies that aims to make the academic environment more productive and less exhausting.³ In this context, the use of an integrative and complementary practices can be an important practice.⁴

Thus, the therapeutic touch is shown, specifically, as a tool capable of fulfilling this need. Among the integrative and complementary health practices, the therapeutic touch is a vibrational therapy that has no religious basis, being a technique that does not demand high technology, thus considered having low cost.

The historical features of the therapeutic touch are directly related to nursing care, since it emerged from the perception of the American nurse Dolores Krieger and the Dutch therapist Dora Van Gelber Kunz, in 1970, and it is based on the imposition of hands with the intention of harmonizing the Human Energy Field (HEF).⁵⁻⁶

The integrative and complementary practices are endorsed by the World Health Organization (WHO) as Traditional Medicine Strategies and comprise a group of non-allopathic health care practices, encompassing activities such as Meditation, Reiki, Floral Therapy, among others, highlighting here the Therapeutic Touch. These practices seek to serve the human being holistically, based on trust and the therapist/user bond. Therefore, the use of these practices in a rational, safe, effective, and quality way are recommended by WHO.⁷

These practices were recognized by the Federal Nursing Council in the Resolution COFEN-197 of March 19th, 1997, as specialties and/or qualification of the nursing professional and subsequently, included internationally by the North American Nursing Diagnostics Association,⁸ through the 'Disturbed Energy Field' diagnosis, where the nursing care for the re-equilibration of this field is carry out by the therapeutic touch method. Thus, this approach has become widely used as a complementary scientific nursing practice. Then, it is necessary to emphasize that the therapeutic touch, as in all integrative practices, does not exclude allopathic treatment, but can be performed concomitantly with other measures implemented by the health team.⁹

In this holistic understanding of the human being, there is a resurgence of the millennial and ancestral vision of the integral care of human beings, taking into consideration its emotional, psychoactive and spiritual aspects as elements that directly affect the health, contributing to the appearance of diseases in the physical body.⁷ Thus, the therapeutic touch is shown as a strategy of nursing care since the nurse is the professional able to perceive these human signs.

From this perspective, the application of the Krieger-Kunz therapeutic touch method can effectively contribute to a better quality of life for those involved. This perception corroborates with studies that indicate the therapeutic touch as a current practice and with a greater chance to reduce anxiety. In addition, it is effective for the reduction of pain, symptoms of various pathologies, mood disorders, sleep pattern, agitation and fatigue.⁵

From this perspective, this research aims to know the perceptions of nursing undergraduate students about the reception of the therapeutic touch.

METHODS

It is a descriptive-exploratory research with a qualitative approach, which was carried out with 10 nursing students from a Federal University from the Southern

region of Brazil. The following inclusion criteria were: being a nursing undergraduate student in the university, having more than 18 years old and having received the therapeutic touch at the university, which is linked to the macro-project “Therapeutic touch as a strategy for stress reduction in nursing students”. The exclusion criteria were: not having received the therapeutic touch linked to the macro-project and not having an interest in participating in the interviews.

For data collection, individual interviews were conducted in rooms of the institution, with nursing students who had received sessions of therapeutic touch linked to the macro-project. The interviews were semi-structured presenting open questions about the experience of the student about the reception of the therapeutic touch and recorded, with the intention of a greater trustworthiness of the speeches, through the authorization of the participants and signing of the Term of Free and Informed Consent, being, after this, transcribed and having an average length of 15 minutes.

These interviews were analyzed according to the discursive textual analysis, which is characterized by a three-step process: unitization, for the fragmentation of the text and formation of the units of sense; establishment of relationships and categorization, where they were grouped according to their similarities and, finally, the capture of the new emergent information, when new understandings are formed.¹⁰

This research, at all stages, obeyed the Resolution No. 466/2012 from the National Health Council, which regulates research involving human beings, in order to obey the guidelines and norms regarding the autonomy, beneficence, non-maleficence and justice, ensuring the rights of the interviewees. Also, it was approved by the Ethics Committee under the Legal Opinion No. 177/2014. Participants were identified by the letter S (student), followed by the order scheduled for the interviews.

RESULTS AND DISCUSSION

The students who received the therapeutic touch and who participated in this research comprised the age group between 19 and 37 years. The majority of the interviewees were women coursing the eighth grade. From the discursive textual analysis¹⁰, with the disassembly of the texts (units of meaning), establishment of relations (intermediate categories) and categorization, a final category emerged: “The importance of caring for oneself and for others”. **Table 1** shows the details of the discursive textual analysis.

Table 1 – Details of the discursive textuale analysis.

Units of Sense	Intermediate Categories	Final Category
Feeling of being somewhere else - nature	Extra-sensory perception	
Warm hands of the therapist, sleep, pain relief	Physical perception	

Relaxation, well-being, calm, peace and tranquility	Promotion if balance	The importance of caring for oneself and for others
Tingling and chills	Perception of the human energy field	
Improvement of the interpersonal relationship, reduction of anxiety and stress, rebalancing of food	Behavioral perception	

The nursing students reported that during the reception of the therapeutic touch they experienced extrasensory perceptions, such as feeling in a place other than the nursing practice laboratory. Most of the time, this place was related to nature, as in the following lines:

I felt that I was in a very beautiful place, a very green field with flowers and birds. (S5)

I've got to see myself in different places. Once I saw myself swimming in the water and I walked in the middle of a forest, I could see myself in the middle of a forest, walking and the music had the sound of birds. (S9)

About these perceptions, one study found a similar result, where patients also reported that they were imagining themselves in a different place during the therapeutic touch.¹¹ Krieger, throughout his academic trajectory, express that from the therapeutic touch is possible that the receptor has extra-sensory perceptions such as creative visualization, which may facilitate the process of relaxation and concentration.¹² Still, more studies are needed in this area, since most of the scientific production does not contemplate such aspects.

Concerning the physical perceptions, the students reported the feeling of heat emanating from the therapist's hands during the reception of the therapeutic touch, including the perception of an improvement in the quality of the sleep and decrease of pain. The following statements show this:

I always felt the heat coming out of the therapist's hands, in every session I felt. (S1)

I was able to relax more regarding the sleep. The quality has improved, I was able to rest more compared to before the therapeutic touch. (S5)

It's like it influences my health. Because I have a migraine attack practically all week and on the days when I received the therapeutic touch, during that week I had no migraine attack. (S4)

I gritted my teeth a lot. Now I rest better. (S1)

Moreover, during the therapeutic touch sessions, the students described that they were able to think better about something, promoting relaxation, calmness, well-being, peace and tranquility.

The sensation is quite relaxing, as if it were a meditation, and that I could go to a place, relaxing all the muscles. I felt myself very light. (S3)

I managed to calm down, to think better, I managed to organize my life better. (S4)

The experience gained in a palliative care unit at the Hospital of Ontario, Canada, where therapeutic touch was applied to 31 clients as a comfort strategy, showed a significant reduction in pain, anxiety, depression, nervousness, discomfort, and an expressive increase in inner stillness/ peace.¹³ In addition to the issues that deal with terminality, human beings, in spite of their singularity, become commonly more prone and receptive to differentiated and alternative interventions in the face of frailties, seeking to transform their current health condition.

Considering the perception of the HEF, the students presented at least one of the related factors as chills or tingling, as described in the following statements:

Once or twice I felt a tingle. (S2)

At first there were more shivers, more in the head. (S5)

It is known that such sensations can be caused by deficits in the energy system.¹² A study carried out in 2014, which aimed to analyze the use of the therapeutic touch by nurses, concludes that in the process of access and evaluation through the HEF of the recipient, changes were noticed that do not correspond to their natural harmony, such as: differences in temperature, pressure, size and shape, wrinkles, tingling and electrical shocks. Due to the scarcity of scientific production on HEF, the author discusses this subject, taking into account the practical background from two and a half years of application, as a therapist. It should be noted that the sensations described by the receptors are generally reported during the sessions, and that they usually occur at the time the therapist is modulating the HEF of the receptor.

Regarding the interpersonal relationships, the students stated that after the reception there was an improvement in the family relationship, including the way they face stressful situations. The decrease of anxiety and stress is highlighted:

As for my relatives, now it seems that they are having more freedom to tell me things. Before they avoided telling me because of the negative reaction they had, even to respond. (S2)

Before, I might not even become angry, but I would keep it and the time I become, it would complicate. And I haven't kept it. (S3)

I'm not an explosive person anymore, not as impulsive as before. (S5)

From the first session, I started to think differently, to put myself in the person's place, I'm always trying to

do that. Thinking calmly, seeing the other side, with calm. (S6)

Researchers reiterate that the therapeutic touch propitiates another position regarding to oneself, others and to life as a whole. Its practice allows the patients to perceive in an effective way our interconnection with nature, uniting and inaugurating new knowledge. It is a new vision of the reality, a fundamental change in our thoughts, perceptions and values.¹⁴ It is known that the aim of this practice is to rebalance the individual in an integral way, so it is expected that the improvement after its reception is in a general way in their lives.

Furthermore, the students mentioned that their diet was modified in some way, sometimes by eating less, which is a factor associated by them to the decrease of anxiety, or sometimes by eating more, related to an increased appetite, which in the case was positive, or even the improvement of the quality of the food:

Feeding has improved a lot. Now I eat at least two fruits every day. Whenever I can, I drink coffee before leaving the house, whenever there is time. And I try to avoid eating on the street. (S1)

I've eaten more. It opened the appetite. I didn't feel like eating, so I ate because it was necessary, but I always left some food, you know? (S2)

Regarding the behavioral aspects, a study carried out to verify the efficacy of the therapeutic touch on the Premenstrual Syndrome in 20 nursing students from a university of the State of São Paulo, Brazil, found a significant reduction of nervousness, crying, depression or sadness, headache and change in appetite. An improvement as a whole in the participants' symptoms was observed, from small changes to great improvements in the daily life.¹⁵

It is understood the need to implement complementary and integrative practices in the academic environment, considering that a study on Burnout Syndrome among nursing students in public universities found the need for specific preventive interventions regarding the low and moderate levels of professional achievement, which already affect nursing students.¹⁶

An important point to consider is that the therapeutic touch proves to be an excellent non-invasive technique that nurses and other professionals have for the treatment of various diseases. Besides being a care strategy that can be used by nurses in the treatment of pain, anxiety relief, skin healing and stress relief, it can be important also in situations where there is an imbalance in the HEF. Nonetheless, it is noticed that a few professionals in Brazil dominate this technique.¹⁷

According to a study, despite the fact that nursing is rooted in integrative and complementary practices, not all nurses feel prepared to perform these therapies,

which further highlights the importance of contemplating them in the nursing curriculum. It is possible for the nurse who applies it to have greater autonomy, acting in nursing consultations, or in conjunction with a medical diagnosis plan, accompanying the re-evaluation of the client's energy field after each intervention.¹⁹

The knowledge of nursing professionals about therapeutic touch is important, in the sense of also collaborating effectively with a better life quality.²⁰ The opportunity to learn this technique since the academy, favors the professional maturation towards others in the humanized care, in the expansion of the awareness of the role of agent of listening and intermediary of actions aiming the integral assistance. It should be added that caregivers should contribute to the change of the attitude of those who are cared for, in the process of the education or even reeducation toward health care.

Given the aforementioned, the final category results from the understanding that the therapeutic touch is an important tool for the care for oneself and for others, from the moment the person allows himself to "stop and think" about his own life, and places himself in an active process regarding the construction of their health. Another aspect to be highlighted was the mutual exchange between the students, allowing a greater approach, putting oneself in the place of the other and stopping to listen him.

The greatest benefit of the therapeutic touch, besides helping to reduce the signs of stress, pain, and improve the quality of sleep, is to provide an "spiritual connection", which is understood here as what brings the human being closer to what he believes and gives him motivation. From the moment people begin have relationships with each other, taking into account subtler instances of life, feeling that everything around them is made up of the same energy, they are more likely to seek harmonious paths. This sense of belonging and responsibility causes great impacts on egoistic tendencies and on hierarchical and coercive human relations of being.^{21,18}

By reporting to us the capacity of the human being to seek out resources of innate healing, the potential of the therapeutic touch as an instrument that instigates its practitioners to build their own state of equilibrium is perceived. The "new and emergent" in this research emerges from the moment that the participants expressed feeling more capable of "controlling stressful situations of life" and "planning better in the face of daily conflicts", being in the family and/or work environment. Furthermore, "thinking before acting", "having more peace of mind in solving conflicting issues" and "obtaining greater maturity".

CONCLUSIONS

There are many studies that relate therapeutic touch to pain and reduction of anxiety, proving its effectiveness. Nevertheless, there is little research that goes into the merits of the HEF itself, thus justifying the importance of continuing the research in this area. Another weakness found in this study was the lack of more recent studies to compare the results regarding the creative visualization during the reception of the therapeutic touch, in order words, the people projecting themselves into another place, usually more pleasant.

It is pertinent to deepen such studies and this work fulfills the role of drawing attention in this direction. It is a qualitative research that does not make generalizations, only to present the perceptions of this group of students that experienced the reception of the therapeutic touch and the positive changes caused by this technique.

The importance of taking care of oneself to take care of others is emphasized, as well as stimulating mutual care among nursing students since the academic period and the therapeutic touch is an essential tool. It is also emphasized that the possibility of receiving the therapeutic touch during the academic training gives these future nurses another field of action and a highlight when performing the nursing practice.

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