Examination of the level of knowledge nursıng students regardıng therapeutıc touch

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ABSTRACT

Purpose: This study is a cross-sectional study whose purpose was to investigate the level of knowledge of nursing students regarding Therapeutic Touch (TT).
Materials and methods: The study population was comprised of nursing students (N: 1200) in the 2017-2018 academic year. The sample group included 235 students. A questionnaire created by the conductors of the study was used to collect data.
Results: It was found that the average age of nursing students participating in the study was 22.37, 86% of them were female, and 68.9% of nursing students who agreed to participate in the study had previously heard of TT. 40.4% of students stated that TT was included in the Alternative Medicine Systems, almost half (53.2%) stated that the first practitioner of TT was a nurse. The majority (35.7%) stated that India was the first country to practice. 62% of the students stated that TT was effective in reducing anxiety, 68.5% was ineffective in treating infections and diagnosing cancer. Although, according to the majority of nursing students (62.6%) that participated in the study, the main purpose of the application is to ensure energy balance by regulating the body's energy flow, almost half of the students that participated in the study (51.5%) concluded that they think skin contact is necessary during TT.
Conclusions: It was found that more than half of the nursing students had heard about TT before but could not identify it accurately and less than half of the students were willing to learn this practice.
Keywords: Therapeutic touch, nursing student, knowledge level

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INTRODUCTION

Complementary and integrative therapies, whose purposes are to enhance the effectiveness of medical treatment, relieve of symptoms, to increase the quality of life of individuals, and to provide physical and emotional support to the individuals [1]. Currently, many people resort to complementary and Integrative Therapy Methods to preserve and improve their health, cure diseases and prevent becoming ill [2]. There are many why reasons why people use complementary medicine practices. Some of these are the aspiration to live a long and healthy life, decrease side effects of medication, boost the immune system, and stay away from stress and loss of control [3].

Nurses are expected to inform people about comprehensive and integrative medicine practices and their application methods and uses, effects and side effects. They are also expected to give information to the individuals they provide care on using complementary and integrative medicine practices correctly and safely [4].

Therapeutic Touch (TT), one of the complementary and integrative therapies, is a proven method in which energy in the universe is used with a specific intention and compassion that allows individuals to find their inner balance [5]. The concept of TT is linked to the belief that life force energy is a fundamental force found in all living beings, and this energy flows out of the body. The practitioner focuses himself on the Patient and moves his hands over the Patient without touching them. The practitioner feels the various energies coming from the Patient. The purpose of TT is to balance this energy [6]. The effects of TT on reducing pain, anxiety, depression, and fatigue, increasing quality of life, regulating blood pressure and heart rate have been proven by randomized controlled trials [5,7,8]. Studies evaluating the level of knowledge of nursing students about Complementary and integrative therapies were found when the literature was examined [2,3], but no study was found that evaluated the level of knowledge associated with TT. This study is conducted to examine the level of knowledge of students in a nursing faculty about TT.

MATERIALS AND METHODS

Objective and Type of Study

This research is a descriptive type of study whose purpose is to evaluate the level of knowledge of nursing students at a university about TT.

Population and Sample

The study population comprised of Ege University nursing students (N: 1200) in the 2017-2018 academic year. The sample group included 235 students who agreed to participate in the research.

Collection of Data

In the collection of research data, a questionnaire containing 14 questions created by the researchers by scanning the literature was used. The study used in the study included various questions aiming to find out nursing students' demographic characteristics, such as gender, age, where they were born and where they lived longest, and their TT knowledge level.

Evaluation of Data

Analysis of the data obtained from the study was carried out using the software Statistical Package for Social Science (SPSS) 20.0 edition. Data were presented in numbers and percentage distributions.

Ethical Aspect of the Research

Permission was obtained from the diaconate of the Nursing Faculty of Ege University for the implementation of the research. Specific attention was given to voluntary participation as it is crucial in all research studies where data are obtained. Additionally, the purpose of the study, how the data will be used, the policy that their data will not be disclosed to third parties were clarified to the participants, and their approval was obtained in written form with informed consent.

RESULTS

The majority (86%) of the participating nursing students is female students, the average age of the students is 22.37±1.27, and almost half of them (46%) spent the majority of their lives in one city, and half of them have lived in their place of residence for a period of 2-4 years (Table 1).

It was concluded that 68.9% of nursing students had previously heard of TT (Table 2).

It was found that the majority of the students (59.1%) first heard about TT in school (Table 3).

It was found that the majority of nursing students (62.1%) who participated in the study were undecided about learning TT (Table 4).

A large proportion of nursing students (65.1%) failed to identify TT (Table 5) correctly.

According to the survey results for evaluating the knowledge about TT of nursing students that participated in the study, 40.4% of students stated that TT is a practice within Alternative Medicine Systems (Table 6).

Almost half of the students (53.2%) stated that the first practitioner of TT was a nurse, and the majority (35.7%) stated that the first country to practice was India. When asked which areas TT was not an effective practice, 38.7% of students said regulating blood pressure, 62.1% said reducing

anxiety, 45.1% said reducing tiredness, 40.4% said providing relief for terminally ill patients, 39.6% said regulating sleep, 67.2% said preventing diabetes, 68.5% said treating infections and 68.5% said diagnosing cancer. According to the majority of nursing students (62.6%) who participated in the study, the main purpose of the application is to ensure energy balance by regulating the body's Energy current. It was found that almost half (51.5%) of nursing students who participated in the study thought physical contact was necessary during the practice of TT. When asked minimum how many sessions were required to practice TT, 39.6% of the students replied that there were not a specific number of sessions. When students were asked who could practice TT, 66% answered that all individuals who were trained for it could practice TT. 115 (48.9%) of the students who participated in the study chose "the practitioner's hands" from the options when asked what the practicing tool was in TT. 30% of the students stated that they did not know the answer when asked which area was the one that required the most caution while practicing TT. 34.5% of the nursing students that participated in the study stated that the first phase of TT was assessing and 39.1% stated that the last phase was rebalancing. When asked 45.5% of the students stated that the practice should be stopped when the Patient expresses discomfort and 51.5% of the students stated that stopping the practice was not necessary when the practitioner cannot concentrate on the Patient. 38.3% of the students that participated in the study stated that TT can be practiced on the elderly, children, animals, plants, unconscious patients, patients that are terminally ill and patients that cannot communicate verbally.

Table 1. Distribution of Nursing Students by Socio-Demographic Characteristics (n=235)

Features		**n**	**%**
Age	avg±sd=22.37±1.27 (Min-max= 20-28)		
Sex	Female	202	86.0
	Male	33	14.0
Place of Birth	Province	108	46.0
	District	88	37.4
	Town	12	5.1
	Village	27	11.5
The Duration of Stay in Place of Residence	0-1 year	6	2.6
	2-4 years	119	50.6
	5-7 years	41	17.4
	More Than 7 Years	69	29.4

Table 2. Distribution of Nursing School Students According to their Awareness of TT

Have Heard about TT	**n**	**%**
Yes	162	68.9
No	73	31.1
Total	235	100.0

Table 3. Distribution of Nursing Faculty Students According to Where They First Heard About TT

Source	**n**	**%**
School	139	59.1
Internet	13	5.5
Magazines	4	1.7
Television	3	1.3
Social Environment	3	1.3
Those who haven't heard from any source	73	31.1
Total	235	100.0

Table 4. Distribution of Nursing Faculty Students by Desire to Learn TT

Desire	n	%
Yes	77	32.8
No	12	5.1
Undecided	146	62.1
Total	235	100.0

Table 5. Distribution of Nursing Faculty Students According to Knowledge of TT

Definition	n	%
Knows	65	27.7
Doesn't know	153	65.1
Partially	17	12.5
Total	235	100.0

Table 6. Distribution of Nursing Faculty Students According to Their Knowledge on the Application of TT

Knowledge		n	%
Complementary and Integrative Therapies İncluding TT	Mind-Body Medicine	25	10.6
	Alternative Medicine Systems Biology-Based Treatments	95	40.4
	Manipulative and body-based Practices	1	0.4
	Energy Therapies		
	I don't know	18	7.7
		29	12.3
		67	28.5
Occupation of the First Practitioners	Doctor	38	16.2
	Nurse	125	53.2
	Teacher	5	2.1
	I don't know	67	28.5
The First Country in Which It was Practiced	India	84	35.7
	Egypt	28	11.9
	France	28	11.9
	USA	19	8.1
	I don't know	76	32.3
Effects of TT on the Body (Blood Pressure Regulation)	It Affects	91	38.7
	It doesn't Affect	76	32.3
	I don't know	68	28.9
Effects of TT on the Body (Reducing Pain)	It Affects	138	58.7
	It doesn't Affect	29	12.3
	I don't know	68	28.9
Effects of TT on the Body (Reducing Anxiety)	It Affects	146	62.1
	It doesn't Affect	21	8.9
	I don't know	68	28.9
Effects of TT on the Body (Fatigue Relief)	It Affects	106	45.1
	It doesn't Affect	61	26.0
	I don't know	68	28.9
Effects of TT on the Body (Preventing Diabetes)	It Affects	9	3.8
	It doesn't Affect	158	67.2
	I don't know	68	28.9
Effects of TT on the Body (Treatment Of Infections)	It Affects	6	2.6
	It doesn't Affect	161	68.5
	I don't know	68	28.9
Effects of TT on the Body (Diagnosing Cancer)	It Affects	6	2.6
	It doesn't Affect	161	68.5
	I don't know	68	28.9

Effects of TD on the Body (Relieving the Patient in The Terminal Period)	It Affects	95	40.4
	It doesn't Affect	72	30.6
	I don't know	68	28.9
Effects of TT on the Body (Regulating Sleep)	It Affects	93	39.6
	It doesn't Affect	74	31.5
	I don't know	68	28.9
Main Purpose of the Practice	Curing the Disease	17	7.2
	Maintaining Energy Balance by Regulating The Body's Energy Flow	147	62.6
	I don't know	71	30.2
Skin-to-Skin contact in TT	Yes	121	51.5
	No	44	18.7
	I don't know	70	29.8
Minimum Number of Sessions Needed to Practice TT	5 sessions	27	11.5
	10 sessions	29	12.3
	12 sessions	14	6.0
	There are No Specific Number of Sessions	93	39.6
	I don't know	72	30.6
People Who can Practice TT	Individuals with Special Abilities	7	3.0
	All Trained Individuals	155	66.0
	Only Adults	3	1.3
	I don't know	70	29.8
Tools Used in TT	Practitioner's Mind	38	16.2
	Practitioner's Hands	115	48.9
	Customized Tools for The Practice	9	3.8
	Patient's Hands	3	1.3
	I Don't know	70	29.8
The Area Which Requires the Most Caution During TT	Head	67	28.5
	Back	28	11.9
	Chest	42	17.9
	Limbs	27	11.5
	I don't know	71	30.2
First Step of Application	Assesing	81	34.5
	Clearing	38	16.2
	Centering	21	8.9
	Rebalancing	20	8.5
	I don't know	75	31.9
Last Step of the Practice	Assesing	9	3.8
	Clearing	45	19.1
	Centering	16	6.8
	Rebalancing	92	39.1
	I don't know	73	31.1
Halting the Practice (When the Patient Expresses Discomfort)	Yes	107	45.5
	No	57	24.3
	I don't know	71	30.2

Halting the Practice (When the Practicioner Cannot Fully Focus on the Patient	Yes No I don't know	43 121 71	18.3 51.5 30.2
TT can be Practiced on (Elders)	It can be Practiced It can't be Practiced I don't know	38 126 71	16.2 53.6 30.2
TT can be Practiced on (Adults)	It can be Practiced It can't be Practiced I don't know	64 99 72	27.2 42.1 30.6
TT can be Practiced on (Children)	It can be Practiced It can't be Practiced I don't know	26 138 71	11.2 58.7 30.2
TT can be Practiced on (Animals)	It can be Practiced It can't be Practiced I don't know	10 153 72	4.3 65.1 30.6
TT can be Practiced on (Plants)	It can be Practiced It can't be Practiced I don't know	3 161 71	1.3 68.5 30.2
TT can be Practiced on (Patients in Terminal Period)	It can be Practiced It can't be Practiced I don't know	31 133 71	13.2 56.6 30.2
TT Can Be Practiced on (All of These)	It can be Practiced It can't be Practiced I don't know	90 74 71	38.3 31.5 30.2

DISCUSSION

TT is based on the idea that humans are energy in the form of a field. When you are healthy, that energy flows freely and is balanced. Illness is a condition of energy imbalance or disorder [9]. According to this definition, it is seen that TT is included in the energy therapies group of complementary and integrative medicine. In our study, it is seen that the majority of students consider TT as an alternative medicine practice. It is concluded that the reason most students considered TT as an alternative medicine practice is that they had not received any education regarding energy practices. TT was developed by Dolores Krieger and Dora Kunz who worked in New York University in 1970's. They were influenced by Roger's theory. In his book, Dolores Krieger said "In 1972, my colleague and I founded Therapeutic Touch" [10]. A curriculum was prepared to teach assistant nurses this practice and with this curriculum courses were given to nurses at master's level in New York University In our study, more than half of the students stated that the developers of TT are nurses. But it was found that the majority of students thought India was the first country in which TT was practiced. The reason for this is believed to be arising from the fact that most well known completive and integrative medicine practices (chiropractic, reiki, reflexology etc.) are of Asian origin. Studies have shown that TT can have positive effects on regulating blood pressure [8,11,12], relieving pain [13,14], reducing anxiety [7,15,16], relieving fatigue [17], alleviating patients in the terminal period [18], regulating sleep [8,14].

The concept of TT is linked to the belief that life force energy is a fundamental force found in all living beings, and this energy flows out of the body. The practitioner feels various energy feelings radiating from the Patient, the purpose of TT is to balance this energy [6,15]. In our study, most nursing students who participated in the study expressed the primary goal of TT as ensuring energy balance by regulating the body's energy flow.

During the practice of TT, the Patient is generally not physically touched [19]. The therapist firstly assesses the Patient's energy field by moving his hand between 2 and 6 inches from the Patient's body [20]. In our study most students stated that skin-to-skin connection was necessary during the practice.

The Patient's response to the practice varies from person to person. The Patient might immediately notice a difference, or the positive effects might come hours or even weeks after the session. One session might suffice. That being said, because the response might be a result of cumulative therapy, it is generally helpful to regularly have sessions, especially in treating chronicle problems [10]. The students who participated in the study stated that there was no specific number of sessions as indicated in the description. At the heart of this technique is the understanding that the ability to help sick people recover by hand contact is not only an ability bestowed on private individuals but an innate capacity that is present in all people. For this reason, TT is open not only to healthcare professionals but

also to everyone else who wants to learn the method [10].

Therapists trained and certified for TT can perform this therapy [20,21]. Students that participated in the study also stated that every trained individual can practice TT.

TT is a deliberately guided process during which the practitioner uses his hands to facilitate the process of healing [22]. TT practitioners manage the Patient's energy field using their hands as a tool [23]. In our study, almost half of the students answered that the necessary tool during practice is the hands of the practitioner. Hand movements needs to be very soft and rhythmic when cleaning the head area. It is necessary to move quickly and immediately withdraw the hands from the area when the pressure is relieved. The head region is highly sensitive, and overwork here can cause the Patient to be dizzy or stress [24]. In our study, most students could not know which region this was.

TT starts with centering where the practitioner, giving a conscious effort to help the Patient, enables mental and physical relief and creates an expanded state of awareness [13,25]. In our research, the majority of students stated that the first phase of the practice is assessing.

Sessions are always ended with rebalancing [26,27]. In our study, the majority of students confirmed that most sessions end with rebalancing.

If the practitioner, during a session, becomes aware of time, it is concluded that the session is coming to an end. However, sometimes sessions may have to be discontinued before they are fully completed. If the Patient is relieved of their stress to quickly (for example when the Patient starts shaking in discomfort) or if he gets too sensitive to a sudden change in energy or if he is overloaded with energy, the session should be stopped [24]. In our study, participating students stated that the treatment should be stopped when the Patient expresses discomfort, but there is no need to terminate the treatment when the practitioner cannot focus on the Patient.

Since all living organisms share the same life energy and the principles of this method can be applied to all kinds of life forms, TT has a universal application area [10].

TT can be practiced on elders [8,18], adults [16], children [28], animals [29], plants [24] and terminally ill patients [30]. In our study, a large part of the students stated that TT can be practiced on all living forms.

CONCLUSIONS AND RECOMMENDATIONS

It was concluded that more than half (68.9%) of nursing students who participated in the study had heard of TT before but could not identify it correctly. Less than half (32.8%) of nursing students who participated in the study expressed a willingness to learn TT. The students who participated in the study answered 8 of the 14 questions asked about TT correctly.

TT is a method that has been incorporated into evidence-based nursing practices by nurses all over the world. Many nurses know this treatment, but they rarely practice it. TT does not require physical contact with the Patient which means it does not cause discomfort to the Patient. It can easily be incorporated in routine nursing practices. As it involves personal care and attention, it can strengthen the connection between the Patient and the caregiver [8,26]. TT is an important nursing practice in Turkey as it is included in the category of complementary and integrative care practices, which according to regulations, can be practiced independently by nurses. TT enables us to look at the Patient holistically. In order to spread it among nurses, it is believed that more importance should be given to it in undergraduate education.

Limitations

The study's limitation was that it was conducted on students of only one nursing faculty and not all students in the faculty could be reached.

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Conflıcts of interest

The authors have declared no conflict of interest.

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