

Therapeutic touch in nursing care: a conceptual analysis

Toque terapêutico no cuidado da enfermagem: uma análise conceitual

Tacto terapéutico en el cuidado de enfermería: un análisis conceptual

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Abstract

Objective: To analyze the concept of therapeutic touch in nursing care, specifying its attributes, antecedents, and consequents.

Methods: This is a conceptual analysis of the evolutive view of Rodgers (2000), about the concept of therapeutic touch in nursing care, together with an integrative literature review based on the research question: What is the concept of therapeutic touch in nursing care? What are the attributes, antecedents, and consequents of therapeutic touch in nursing care? The search was conducted in the electronic databases CINAHL Complete, MEDLINE Complete, Nursing & Allied Health Collection: Comprehensive, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, Library, Information Science & Technology Abstracts, MedicLatina, in the b-on Online Knowledge Library, by combining the descriptors DeCS/MESH “therapeutic touch”, “nursing” e “nursing care” and the Boolean operator AND over the period from 2000 to 2020.

Results: The sample was composed of eight studies that identified three thematic pillars: (i) attributes: complementary and effective method, technique, tool, nursing intervention, use of hands, intention to help or heal, complementary treatment, intentional touch, and energy transfer; (ii) antecedents: pain, anxiety, fatigue, dementia, Alzheimer’s disease, tension headache, fibromyalgia syndrome, and cardiovascular problems; (iii) consequents: promotes a calming effect; increases empathy, satisfaction, interaction, respect, sense of worth and life; promotes well-being, comfort, tranquility and peace, hope, security, motivation, mood and sleep quality; reduces stress and disruptive behaviors; promotes better functional status and quality of life.

Conclusion: Therapeutic touch is implicit in the professional practice of nurses, requiring concrete and unique adjustment to the real circumstances and needs of the person, towards a practice that promotes comfort.

Resumo

Objetivo: Analisar o conceito de toque terapêutico no cuidado de enfermagem, especificando seus atributos, antecedentes e consequentes.

Métodos: Trata-se de uma análise conceitual na visão evolutiva de Rodgers (2000), sobre o conceito de toque terapêutico na assistência de enfermagem, juntamente com a revisão integrativa da bibliografia baseada na questão da pesquisa: Qual é o conceito de toque terapêutico no cuidado de enfermagem? Quais são os atributos, antecedentes e consequentes do toque terapêutico no cuidado com a enfermagem? A pesquisa foi realizada nas bases de dados eletrônicas CINAHL Complete, MEDLINE Complete, Nursing & Allied Health Collection: Comprehensive, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, Library, Information Science & Technology Abstracts, MedicLatina,

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na Biblioteca do Conhecimento Online b-on, através da conjugação dos descritores DeCS/MESH “therapeutic touch”, “nursing” e “nursing care” e do operador booleano AND no período temporal de 2000 a 2020.

Resultados: A amostra foi formada por oito estudos que identificaram três pilares temáticos: (i) atributos: método complementar e eficaz, técnica, ferramenta, intervenção de enfermagem, uso de mãos, intenção de ajudar ou curar, tratamento complementar, toque intencional e transferência de energia; (ii) antecedentes: dor, ansiedade, fadiga, demência, doença de Alzheimer, cefaleia de tensão, síndrome de fibromialgia e problemas cardiovasculares; (iii) consequentes: promove um efeito calmante; aumenta a empatia, satisfação, interação, respeito, senso de valor e vida; promove bem-estar, conforto, tranquilidade e paz, esperança, segurança, motivação, humor e qualidade do sono; reduz o estresse e comportamentos perturbadores; promove melhor estado funcional e qualidade de vida.

Conclusão: O toque terapêutico está implícito na prática profissional dos enfermeiros, exigindo um ajuste concreto e singular às circunstâncias e necessidades reais da pessoa, em favor de uma prática que promova o conforto.

Resumen

Objetivo: Analizar el concepto de tacto terapéutico en el cuidado de enfermería y especificar sus atributos, antecedentes y consecuentes.

Métodos: Se trata de un análisis conceptual en la visión evolutiva de Rodgers (2000), sobre el concepto de tacto terapéutico en la atención de enfermería, junto con la revisión integradora de la bibliografía basada en la pregunta de investigación: ¿Cuál es el concepto de tacto terapéutico en el cuidado de enfermería? ¿Cuáles son los atributos, antecedentes y consecuentes del tacto terapéutico en el cuidado de enfermería? El estudio fue realizado en las bases de datos electrónicas CINAHL Complete, MEDLINE Complete, Nursing & Allied Health Collection: Comprehensive, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, Library, Information Science & Technology Abstracts, MedicLatina, en la Biblioteca do Conhecimento Online b-on, a través de la unión de los descriptores DeCS/MESH “therapeutic touch”, “nursing” y “nursing care” y del operador booleano AND en el período temporal de 2000 a 2020.

Resultados: La muestra fue formada por ocho estudios que identificaron tres pilares temáticos: (i) atributos: método complementario y eficaz, técnica, herramienta, intervención de enfermería, uso de manos, intención de ayudar o curar, tratamiento complementario, tacto intencional y transferencia de energía; (ii) antecedentes: dolor, ansiedad, fatiga, demencia, enfermedad de Alzheimer, cefalea tensional, síndrome de fibromialgia y problemas cardiovasculares; (iii) consecuentes: promueve un efecto calmante; aumenta la empatía, satisfacción, interacción, respeto, sentido de valor y vida; promueve bienestar, consuelo, tranquilidad y paz, esperanza, seguridad, motivación, humor y calidad de sueño; reduce el estrés y comportamientos perturbadores; promueve mejor estado funcional y calidad de vida.

Conclusión: El tacto terapéutico está implícito en la práctica profesional de los enfermeros y exige una adaptación concreta y singular a las circunstancias y necesidades reales de la persona, a favor de una práctica que promueva el bienestar.

Introduction

From a holistic view of the human being and in order to provide the care and comfort needed to restore the person, touch is an important and versatile instrument.⁽¹⁾ It emerges as a human need throughout the life cycle and allows establishing relationships, affection, or minimizing the feeling of loneliness or suffering.⁽²⁾

Caring for the person in a holistic way^(3,4) is an integral part of the nursing philosophy.⁽³⁾ In the complexity and unpredictable context that characterizes nursing care, touch reminds us of a positive interaction by closeness, by perceiving someone's presence, conveying attention, concern, affection, expressing help and comfort.^(1,2)

Based on an interpersonal relationship, it assumes a singular and humanizing care aspect. Three aspects of touch expression are considered in nursing care: (i) instrumental touch related to the execution of techniques and procedures, involving mandatory physical contact; (ii) affective touch, more

spontaneous revealing support, comfort, and closeness; (iii) therapeutic touch, (henceforth, TT), an interactive type of comfort, revealing help through closeness and involvement, to restore “wholeness” to the person.⁽⁴⁻⁶⁾

TT emerged in the early 1970s as a multidimensional technique that could be performed by anyone, provided they focused on helping and took on a compassionate attitude. It appeared at the height of the use of high-tech treatments and may have emerged as a balanced opposition, through a more practical and compassionate approach.⁽⁷⁾

The TT concept was present throughout time in several nursing theories, contextualized in the Science of the Unitary Human Being by Martha Rogers, and was developed by Dolores Krieger and Dora Kunz.^(2,5,6,8) In 1994, its effectiveness as an alternative therapy was validated according to the National Institute of Health in Washington. In 2004, it was recommended by the Australian Department of Health and Aging as a psychosocial strategy in agitated patients as an alternative to the

use of physical limitation and restraint.⁽²⁾ At New York University, it has been scientifically recognized as advanced training^(2,8) and in Quebec by the order of nurses.⁽²⁾

Nurses are health professionals who will constantly try to evaluate different needs, understanding the person's wishes, desires, and preferences, while also identifying fears and concerns and comfort and discomfort indicators, and acting through the other's recognition, through what he/she reveals or manifests, in the search for a responsible and well thought-out action, where the touch finds meaning transcending the technical action.⁽⁹⁾

The literature shows several benefits of TT in the care of sick or healthy people, with improvement in well-being, comfort, and life quality, reporting a global extent of valuing this intervention (pain control, fatigue, anguish; increased empathy, relaxation, and sleeping quality).^(5,6,9)

The TT concept in the nursing area is not clear due to its multidimensional nature and the complexity of its operationalization. Thus, analyzing this concept (TT) in nursing is pertinent, as a methodological option, because it allows clarifying the phenomenon, making it more operational in practice, theory, and research, allowing for more effective communication regarding this phenomenon. The standardization that comes from the conceptual analysis will give visibility to a therapeutic approach accessible to nurses, allowing understanding the components of the concept, to make it clearer, in other words, specify it and highlight its importance in everyday care.⁽¹⁰⁾

From Rodgers' perspective, attributes are expressions or words frequently used by authors to define the phenomenon; antecedents are related to situations, events, or phenomena that preceded the concept of interest; and consequents are related to the results arising from applying the investigated phenomenon.⁽¹⁰⁾

In the literature review, no studies were found on TT conceptual analysis in nursing care, so it is pertinent to perform it, intending to analyze the concept of TT in nursing care, specifying its attributes, antecedents, and consequents.

Methods

This is an integrative review whose theoretical and methodological framework used was Rodgers' evolutionary concept analysis. It consists of an inductive and descriptive model used to investigate the consensus and historical understanding of a given concept.^(10,11) Its operationalization takes place in six steps: concept identification and associated terms; field selection for data collection; data collection to identify concept attributes and contextual bases (antecedents and consequents); concept characteristics analysis; identification, if necessary, of a concept example; and determination of implications and hypotheses for the concept.⁽¹⁰⁾

For this study, it was defined as: (i) concept identification and associated terms - "therapeutic touch" in nursing care. To identify the associated terms of the concept, dictionaries and literature available online were used, without restrictions in the specific field of health. The word touch means the act or effect of touch, contact; the word therapeutic means pertaining to therapy.⁽¹²⁾ In the literature, TT is defined as a contemporary complementary therapy technique developed in the 1970s and supported by Martha Rogers' principles of Science of Unitary Human Beings. It is derived from the laying on of hands and has no religious basis and is independent of the faith or beliefs held by those who receive or practice it.⁽²⁾ In the specific health context and according to descriptors in health sciences, the term TT appears described as the placing of the healer's hands on the person to be healed with the healing intention by spiritual energy. The term TT appears for the first time in 2019 in the International Classification for Nursing Practice (ICNP), describing therapy and therapeutic touch, while in NANDA-I it is not described.

The (ii) field selection for data collection - the research follow-up was based on an integrative literature review, fulfilling the following steps: research question identification; determining inclusion criteria; literature search; data evaluation; results analysis; and presentation.⁽¹³⁾

The research question for the review was: What is the concept of TT in nursing care? What are the

attributes, antecedents, and consequents of TT in nursing care?

The literature search was conducted between 11/15/20 and 12/15/20 in the EBSCO Host platform, in the electronic databases CINAHL Complete, MEDLINE Complete, Nursing & Allied Health Collection: Comprehensive, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, Library, Information Science & Technology Abstracts, MedicLatina, in the b-on Online Knowledge Library. We used Health Sciences Descriptors (DeCS) from the Virtual Health Library and in English from MESH “therapeutic touch”, “nursing” and “nursing care”, articulated with the Boolean operator AND. The inclusion criteria set for the selection of the articles were full-text articles published in the last 20 years, seeking to uncover the latest evidence, in the current century and written in Portuguese, English, and French, indexed in these databases, that portrayed the theme related to the TT concept. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) methodology,⁽¹⁴⁾ was chosen to systematize the inclusion process of the studies.

For the selection of the studies, three steps were performed, the first consisted in the removal of duplicate articles, the second in the title and abstract assessment, and finally to the complete reading of the pre-selected articles, reaching a final sample of eight articles.

When the studies were selected, we proceeded to complete methodological reading and evaluation, taking into account the Joanna Briggs Institute (JBI) evidence level classification.⁽¹⁵⁾ This classification arises according to the methodological design presented, and level 1 refers to studies with experimental design, level 2 to quasi-experimental, level 3 to observational with analytical design, level 4 to observational with descriptive design, and finally level 5 to opinion articles.⁽¹⁵⁾

Furthermore, conceptual analysis of the TT concept was performed according to Rodgers' evolutionary method regarding the items: antecedents, consequents, surrogate terms, related concepts, and concept attributes, presented in chart 1, adapted from Rodgers.⁽¹⁰⁾

Chart 1. Items, concepts, and questions of the TT conceptual analysis according to Rodgers' evolutionary method

Item Analyzed	Concept	Question
Antecedents	Represent the situations, events, or phenomena necessary to occur the concept of interest	What situations, events, or phenomena contributed to the occurrence of TT?
Consequents	Correspond to the application outcomes concerning the analyzed phenomena	What are the consequences of applying TT?
Replacement Terms	Words or expressions that appear repeatedly in the literature	What words or expressions replace TT?
Related concepts	It corresponds to the concepts and hypotheses that contribute to the formulation of an evaluated concept's meaning	What concepts and hypotheses contribute to the meaning formulation of the TT concept?
Concept Attributes	The actual definition of the term and the words or expressions that show the concept's essence	How do the authors define the TT concept? What are the main characteristics presented by the authors about TT?

The search and selection process were performed by two independent researchers on the same day and time, and, if there were any disagreements, a third researcher was asked to evaluate.

Results

Upon search results, 66 articles were obtained, and 46 were excluded for duplication, title, and abstract, thus identifying 20 articles for reading according to the inclusion criteria. From these, eight were included in the review according to the flowchart in figure 1.

Regarding the evidence level: two studies have evidence level 1A⁽¹⁶⁾ and 1C,⁽⁵⁾ three have evidence level 2C^(8,17,18) and one 2D,⁽⁶⁾ one has evidence level 4A⁽¹⁹⁾ and the other 4C.⁽⁴⁾ The analysis systematization carried out to the eight selected articles is presented according to the instrument adapted from the methodological manual for the Scoping Reviews of the Joanna Briggs Institute, highlighting the main characteristics of the analyzed articles and their results (Chart 2).⁽²⁰⁾ The article's publication period was between 2000 and 2020.

Subsequently, the (iii) concept attributes related to the nature of the concept and the contextual bases (antecedents and consequents) are highlighted.

The TT attributes are: complementary^(5,8) and effective method,^(6,8) technique,^(6,17,18) simple tool,^(6,18) nursing intervention,^(4,5,19) the use of hands,^(4,6,8,18) intention to help or heal,^(5,6) complementary⁽¹⁷⁾ and

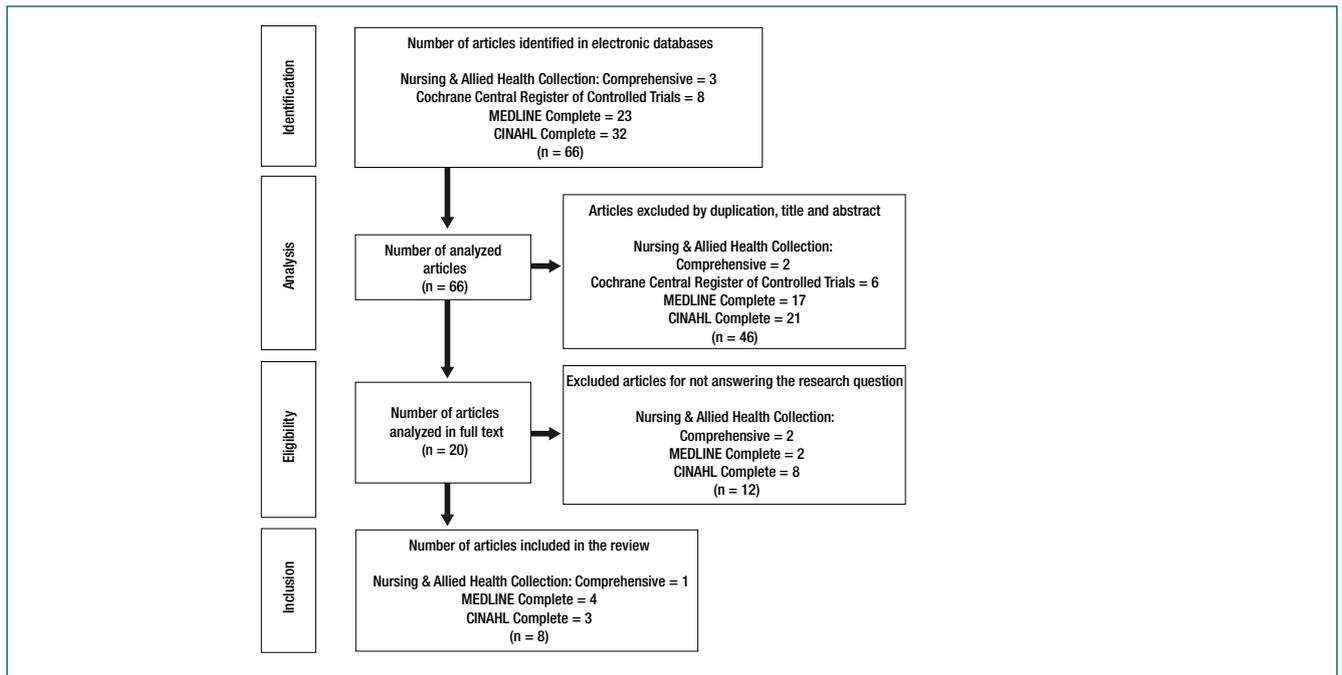


Figure 1. PRISMA flowchart (adapted) from the article selection process

intentional treatment,^(5,6) a comforting intervention^(6,8) and energy transfer.⁽⁴⁻⁶⁾

As antecedents (situations, events, or phenomena) emerged: pain, anxiety, fatigue, dementia, Alzheimer's disease, tension headaches, fibromyalgia syndrome, and cardiovascular problems.

As consequents emerged: promotes a calming effect, empathy, satisfaction, interaction, respect and sense of value and life, well-being, comfort, tranquility and peace, hope, security, motivation, mood and sleep quality, improved functional status and quality of life, and reduces stress and disturbing behaviors.

In the next step, the (iv) analysis of the TT concept characteristics (substitute terms and related concepts) is introduced.

The surrogate terms and related concepts correlate with aspects inherent to the TT process and range from the principles inherent to TT to the satisfaction level of those involved. From this perspective, we identified the main related concepts: holistic method, energy therapy, complementary therapy, and holistic healing modality; as a substitute term: energy tool.

Step (v) was not implemented because no examples of the concept's application have appeared in the literature.

Regarding the implications and hypotheses of the last step (vi) for the concept, it is inferring that TT in nursing care focuses on four premises: (i) clinically relevant, independent, caring, and cost-effective, an interaction-mediated nursing intervention that uses a simple tool - the use of hands - to help or heal; (ii) a unique, intentional and individualized energy transfer process, directed to the individual needs of the person, with the potential to comfort, enhance well-being, restore and balance the wholeness of the person; (iii) non-invasive, a complementary method that enhances the natural healing and effective abilities to relieve pain and discomfort (iv) holistic method determining the person's comfort and care quality.

Discussion

The TT concept in nursing care in recent years has not been discussed as observed in the publication year of the studies. Among the studies included, none was published in Europe, but two were published in Brazil and the United States of America, one in Turkey, Iran, Australia, and South Korea. 50% of the studies present an evidence level of 2 and 25% of 1 and 4.

Chart 2. Summary of the articles included in the Integrative Review

Study/Year	Sample / Type of Study / Method / Evidence Level	Objectives	Results
E1 ⁽⁶⁾ 2020	60 elderly: 30 in the experimental group and 30 in the control group; Quasi-experimental randomized study; Quantitative; 2C;	To know the TT effects on the comfort and anxiety of nursing home residents	TT is a holistic method; universal energy therapy, proven and effective; performed with the hands; focuses on extracorporeal electromagnetic fields and intracorporeal energy; contributes to the health balance and recovery; it is a complementary method (comfort, sense of security, anxiety reduction). Effective in specific populations: elderly patients and women (comfort, pain, anxiety, and worry), patients undergoing chemotherapy (pain and fatigue), dementia (symptoms); fibromyalgia (quality of life); post-operative (cortisol levels decreased).
E2 ⁽⁶⁾ 2012	12 experimental randomized controlled studies; Integrative literature review; Qualitative; 1A;	To analyze the scientific literature regarding the evidence of the outcomes produced by nursing care directed to people with arthritis	TT as a complementary therapy was effective in reducing pain, improving functional status and well-being in the subjects of the experimental group compared to the other groups.
E3 ⁽¹⁹⁾ 2012	9 studies: 7 from the deductive paradigm and 2 from the inductive paradigm; Systematic literature review; Qualitative; 4A;	To identify the benefits of individualized nursing interventions in middle-aged and elderly people	TT as an individualized nursing intervention increases empathy in the person-nurse interpersonal relationship and satisfaction with nursing care. Appreciation of individual preferences and values combined with therapeutic touches such as massage, restored tranquility, hope, motivation, and humor.
E4 ⁽⁷⁾ 2012	90 premature babies, randomly divided into 3 groups (baby's birth weight and gestational age); Quasi-experimental study; Quantitative; 2C;	To compare the Yakson effect and GHT on the behavioral stages of preterm infants	TT is a complementary treatment; a non-invasive treatment technique that requires no special equipment or technology.
E5 ⁽⁵⁾ 2006	10 patients with tension headaches, randomly chosen for control and experimental groups; Descriptive study; Qualitative; 1C;	To investigate TT in tension headache in adults	TT is a beneficial complementary therapy/method; an intentional action; a feasible and effective nursing intervention intended to help or heal. Self-contained nursing intervention with positive, cost-effective, caring, and appropriate potential, requiring no equipment, medical order, or supervision; beneficial in wound healing, increased immune function, relaxation, pain control, anxiety, and tension headaches with increased hemoglobin. It involves the transfer of the caregiver's excess energy to those in pain.
E6 ⁽⁶⁾ 2006	121 participants: 57% were grouped according to participants' physiological condition and 40% according to diagnosis (behavior change); A longitudinal study with TT program implementation with pre-post-test evaluation for the intervention group, with control and equivalent group; Quantitative; 2D;	To discuss the TT's effectiveness in the care provided to the elderly in nursing homes	TT is an intentional therapeutic technique/approach that involves energy exchange between practitioners using hands and people to heal and rebalance the "wholeness" of the person. Simple, effective, non-invasive intervention tool/strategy; Effective method promoting comfort with benefits in promoting peace, calm, tranquility, and well-being. It has shown positive effects: in reducing distress, anxiety, stress, pain, blood pressure; respiratory infections, allergies, headaches, and musculoskeletal, respiratory, and cardiac complaints, as well as in dementia and Alzheimer's disease. It stimulates psychological relaxation, sleep quality, wound healing, and improves general well-being, health, tranquility, and sense of worth.
E7 ⁽¹⁸⁾ 2002	36 caregivers: 13 in the control group, 13 in the massage therapy group, and 10 in the healing touch group; Quasi-experimental randomized study; Quantitative 2C;	To examine the effect of massage therapy and healing touch on anxiety, depression, subjective caregiver burden, and fatigue experienced by caregivers of patients undergoing autologous hematopoietic stem cell transplantation	TT is a unique energy technique/tool and an intentional, hand-mediated energy exchange process. It has been shown to be effective in reducing anxiety, stress, and agitation in patients with cardiovascular problems, hospitalized psychiatric patients, elderly people living in long-term care facilities, recently widowed women, Alzheimer's patients, and children.
E8 ⁽⁴⁾ 2001	Interviews were conducted with 42 subjects: 15 health care professionals, 4 alternative therapists, 10 hospitalized patients and 13 healthy adults; Qualitative; 4C;	To identify the Ki concept related to touch in the caregiving context of care in Korean society and culture	TT is a widely recognized complementary therapy/nursing intervention. Holistic healing modality involving the use of the hands, recognized by its practitioners as an effective means of relieving pain. Creative interpretation of several ancient healing practices that deal with concepts such as hand application, energy transfer, and internal healing.

The data obtained showed that the conceptual analysis proved to be positive, enabling the understanding of the TT nature as desirable in any phase of life and circumstance, allowing the individualization of humanized and integral nursing care in an autonomous, conscious, comfort-promoting way, valuing people's quality of life and health.

TT is considered an energetic tool,⁽¹⁸⁾ where the balanced interaction of energies leads to increased self-healing capacity of the recipient.^(4,6) It is rec-

ognized as a holistic healing modality that involves the laying on of hands⁽⁴⁾ and can be performed with contact^(5,6,8,18) or without contact.⁽⁵⁾ It is a complementary therapy,^(4,5,16) a holistic method⁽⁸⁾ that significantly affects each person involved.⁽⁵⁾

Intentional TT^(5,6) and energy transfer⁽⁴⁻⁶⁾ are complementary and effective methods,^(5,6,8) a nursing intervention,^(4,5,19) that uses the hands,^(4,6,8,18) with the goal of healing and restoring the "wholeness" of the person.⁽⁶⁾ It is a non-invasive⁽⁴⁾ and in-

dependent⁽⁵⁾ treatment that requires no equipment or technology,^(5,17) which enhances the patient's natural healing abilities.⁽⁴⁾ It contributes to increased empathy in the person-nurse interpersonal relationship and satisfaction with nursing care.⁽¹⁹⁾ From the selected studies, 87.5% focused on the effect of TT^(5,6,8,16-19) and in 50% of them, the group of interest was elderly people.^(6,8,16,19) It was found to be effective in patients with cancer under chemotherapy⁽⁸⁾, Alzheimer's disease,^(6,18) dementia,^(6,8) fibromyalgia⁽⁸⁾, cardiovascular^(8,18), and psychiatric problems⁽¹⁸⁾, as well as elderly residents in long-term care facilities^(6,8,18), widowed women, children⁽¹⁸⁾ and post-operative patients.⁽⁸⁾

In the studies presented, within the residential facilities setting for the elderly, it was found that TT has the potential to improve the well-being of residents, allowing for stress and anxiety relief, pain relief benefits, improved health and comfort,^(6,8) showing respect, affirmation, reassurance, sense of worth, increased sleep duration and quality.⁽⁶⁾ Valuing preferences/values combined with TT (massage) restored hope, motivation, and mood.⁽¹⁹⁾

Positive effects have been observed on pain control,^(4-6,8,16) anxiety,^(6,8,18) fatigue,⁽⁸⁾ headache,^(5,6) stress,^(6,18) anxiety, blood pressure, respiratory infections, allergies, and musculoskeletal complaints.⁽⁶⁾ Also documented as positive effects are increased empathy, satisfaction, interaction, respect, and sense of value to life.⁽¹⁹⁾ It stimulates psychological relaxation⁽⁶⁾ and muscle relaxation,^(5,6) wound healing,^(5,6) increased hemoglobin and immune function.⁽⁵⁾ In addition, it promotes comfort,^(6,8) well-being,^(6,8,16) tranquility,^(6,19) calmness,^(5,6) security,⁽⁸⁾ hope, motivation, mood,⁽¹⁹⁾ peace and quality of sleep.⁽⁶⁾ It reduces cortisol levels,⁽⁸⁾ disruptive behaviors⁽⁶⁾ and leads to improved functional status⁽¹⁶⁾ and quality of life.⁽⁸⁾

As a stand-alone intervention, it is clinically relevant,⁽⁶⁾ affordable care⁽⁵⁾ with shared benefits for the person/family.^(5,17)

We are aware that concerns about health and well-being will continue to lead to increasing demand for health services, and we recognize the TT's influence in care practice, we believe that its inclusion, as an autonomous nursing intervention, is fundamental, due to the possibility of responding

to people's needs in multiple contexts, in its different dimensions concretely in the relief not only of physical symptoms, but also of the psycho-spiritual, contributing to the person's well-being, comfort, and quality of life.

Conclusion

The TT conceptual analysis, from the perspective of Rodgers' evolutionary view, demonstrated the several faces of the concept (antecedents, consequences, and attributes), in the relationship with nursing care. TT is desirable at any stage of life/circumstance, enhancing comforting care and people's health. By allowing an adjusted response to the person in a fragile situation in different contexts, it constitutes a complementary therapy - a human dimension practice - based on moral integrity and the person's best interest. The TT usage makes it possible to individualize nursing care in the comforting context, constituting a basis for further studies. TT is a method of qualifying holistic care that guarantees the satisfaction of the recipient/professional dyad. The ramifications of this study converge to the reflection of the theme and conceptual clarification in several contexts, regardless of its methodology. We wish to strengthen the humanistic health-care culture, where TT will have an expressive role.

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