

Getting in Touch with Your Patients

USING TOUCH FOR HEALTH

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While nursing has come a long way since the days of Florence Nightingale it is just beginning to acknowledge its role in the healing process. By declaring the art of nursing a separate entity that empowers healing, nursing begins to define its role and its autonomy. One of the oldest methods used to describe healing is TOUCH. At one time touch was thought to be magical in its ability to heal. We now know that touch stimulates certain endorphins which can inspire healing to take place. As we begin to define what is specific to nursing through the nursing diagnosis let us include one of its most basic elements, TOUCH.

Touch is perhaps the most significant aspect of non-verbal communication. The sense of touch is developed in utero and precedes the development of speech as a form of communication. Touch remains with us throughout life as the most significant contributor of our direct experience. The importance of touch as a necessary physical stimulus cannot be denied. Touching promotes a physiological response in an infant that stimulates mental and physical growth. In the absence of tactile stimulation babies fail to develop normally, in some cases they die. This malady, known as maternal deprivation, is an example of what happens when there is an absence of touch in the environment. When do we stop needing this all important factor in our lives? Never! The need for touch is a constant influence throughout our lives. The satisfaction of this need far outweighs the fear of closeness or rejection as we seek to satisfy it through our experience

Touch conveys multiple communications and elicits just as many responses. Through our touch we can communicate empathy, trust, encouragement, security, as well as comfort and caring. Touch creates a connection between two (or more) people and allows them to establish an immediate rapport. Touch can provide the distinction between self and others, self and the environment.

Touch communicates feelings between people when mere words are not enough. Without touch, Helen Keller may have never learned to speak. It was touch that replaced her sight.

The therapeutic use of touch in healing is essential to the practice of nursing. Your touch can communicate hope and caring to a fellow human being. No patient has ever been rallied from the depths of disease without it. Touch can convey to a patient the message to hang in there, that help is on the way. My stepfather was recovering in the intensive care unit following a stroke he had suffered at home. My mother, who was his constant vigil was sitting by his bed when he called her name, made a deep sigh and appeared to stop breathing.

My mother, crying, wandered aimlessly toward the nurses station. One of the ICU nurses saw her approaching and went hurriedly to her side. The nurse asked my mother what was wrong. "It's Mr. Price," she warbled. "I think he is dead!" The nurse did not wait for these last few words to leave my mother's mouth. She pushed my mother aside, rushed into my stepfather's cubicle, and called his name. To my mother's amazement the nurse began pounding on my stepfather's chest and telling him that he couldn't, and she was not going to let him, die. And he didn't. At that point in time, that nurse's touch did more for my stepfather than any medicine or treatment. The nurse used all the tools she had available to bring my stepfather around. I feel that touch is the most powerful healing tool nurses can independently offer their patients. The back rub, the hand on the shoulder, a squeeze of a small child's or elderly patients hand can stimulate positive endorphins which promote the healing process and life itself.

Searching to enrich my own nursing practice lead me to *Touch For Health*. The methods of touch therapy outlined in *Touch For Health* are easily infused into patient care. They are simple but specific noninvasive touch

techniques that can benefit the patient. They can become assets to the practice of nursing as an independent tool that the nurse can initiate.

The Nursing Diagnosis

Nurses create the context for the nursing diagnosis by utilizing the nursing assessment. A good nursing assessment is always wholistic. Nurses traditionally evaluate physical, cognitive and emotional levels of the person. Identified deficits, on any level are considered symptoms or potential problems for the individual. The definition and recognition of deficits or symptoms are the basis of the nursing diagnosis. Nurses use the nursing diagnosis to treat or prevent problems with nursing interventions. Once a nursing diagnosis has been defined a nursing intervention or treatment can be designed. Treatment may include executing medical orders, but the nursing diagnosis should be approached with a nursing treatment or intervention that is derived from the domain of nursing.

According to Campbell, in *Nursing Diagnosis and Intervention in Nursing Practice*, through your touch you express concern and human relatedness because the expression and perception of emotional feelings can be activated through stimulation of skin nerves. The skin is the largest organ for sensory input and has a very large representation in the brain. Those who are deaf and blind rely primarily upon the skin for information. The sensory efforts of the skin are in action constantly even while we are sleeping.

The ability of the nurse to be in touch with the individual, as a whole human being with a past a present and a future, with relatives and children, a home and a job, is specific to the domain of nursing. Patients rely on the ability of the nurse to assess their health status because they are unfamiliar with the workings of their own bodies. They rely on nurses to interpret for them the medical findings and the hospital jargon in order that they can begin to understand and participate in the resolution of their health problems.

Nursing Interventions

Nursing interventions are autonomous actions performed by the nurse to alter a perceived or known deficit in the health status. Nursing interventions can be observational or abstract. They should be measurable and specific to the individual. The nursing intervention is arrived at by looking at the desired outcome or goal for promoting, maintaining or restoring the individual to total health. Interventions lend themselves to the preciseness of documentation because you record the specifics of when, where, how, and the results of the action. Documentation allows you to record and monitor the intervention so it can be altered to fit individual needs and indicate progress. Documentation also supports your actions and judgements as well as justifying the time spent in carrying out each intervention. Nurses are entrusted with the responsibility of making a nursing diagnosis in order to assure continuity of good patient care.

Unfortunately, being thrust into the role of patient can throw a person out of touch with their own personal reality. Being diagnosed as having a definite health problem often throws a person into a state of shock. Anytime you are in a state of shock whether it is physical, mental, chemical or thermal the body computer reacts by going into its shock mode. When the body is in distress listening becomes a very low priority. Words defining or educating them in regard to their illness often fall on deaf ears. An example of this is when the doctor gives the patient the diagnosis. When the doctor leaves, the patient turns to the nurse for an interpretation of the events. The nurse attempts to clarify the information only to have the patient repeat the same questions upon the arrival of the family. This event repeats itself until everyone is exhausted and the patient says "well, you all just do what's best". The person loses more of his personal identity as he is cast further into the role of patient. He is dependent on someone or something outside of himself to heal him. He is unable to participate in his own process. His hospital stay is longer because his level of understanding makes it more difficult to educate him, more difficult to assure his ability to function when he returns home.

Sometimes this extension of "patient" remains after discharge. So we "help" him by referring him to home care, until he comes back to us again.

Touch as a Nursing Intervention

How can you as the patient advocate and educator be more effective? You can begin by touching the patient. Our body language sends and receives messages, used adroitly can also break through defenses. Stand next to the patient. Distance can be interpreted as isolation or authoritarian and cause the patient greater stress. Place your hand on the patients arm or shoulder, or just take his hand. Your touch signifies your willingness to be involved. Touching helps re-orient the patient to present time and helps him to maintain his focus and his sense of balance.

Since 1981, I have used a system of organized beneficial touch methods I learned from "Touch For Health". One of these methods, a simple technique called "Emotional Stress Release", will yield results in 20 to 30 seconds and can be utilized the entire time you are working with a patient. Touching the forehead in this manner appears to improve circulation in that area of the brain increasing the available oxygen and thereby assisting the return of cognitive thinking.

Below is an example of how to express touch in the nursing orders:

Nursing Diagnosis: Impaired Cognitive Ability - Related to situational stress.

Etiology may include: Depression as a response to a situational stressor, ineffective coping mechanisms or emotional impact of medical diagnosis.

Nursing Intervention: Utilization of touch especially on the frontal eminences, active listening and therapeutic verbal communication.

Nursing Goal: To establish effective communication with the patient to prevent or reduce anxiety, promote and enhance the patient's sense of integrity and balance, educate and support the patient.

Using Emotional Stress Release with Your Patient

One area that is especially responsive to touch are the frontal eminences also known as the forehead. These points require simple contact with the pads of the fingers touching and slightly stretching the skin. You can also use the palm of one hand to cover both points by resting it lightly on the forehead. This can be initiated after you have established contact through your initial touch. Continuing to maintain physical contact, place the other hand on the frontal eminences. Using active listening you can then ask the patient if he or she understood what the doctor was saying. You might initiate conversation by saying "this must be very stressful for you".

Patient Daily Assessment - Using Meridian Massage

Assessing the patients physical status on a daily basis can easily be accomplished during the daily bath by utilizing the meridians. Meridians have been used in oriental medicine for thousands of years. Meridians are specific energy pathways that indicate the flow of energy throughout the body.

Although they have been known for thousands of years, science in this culture has only recently began to study meridians. Meridians have been traced with electricity and seem to follow very closely the nerve pathways. The meridians indicate that energy flows in a specific route and this flow is the same for all humans. You can utilize this natural pathway to make a total body assessment while giving the bath. Using this natural energy path can provide a stimulus that will help make energy use more efficient.

Using a gentle stroking over these pathways during the bath heightens your awareness of the patients physical status as well as influencing the patients feeling of well-being, gives the patient a sense of relaxation and increases the patients energy level.

Gait Points - Getting in Step

Nursing Diagnosis: Impaired Physical Mobility - Related to alterations in lower limbs

Etiology may include: Neuromuscular, musculoskeletal, or situational pathophysiology. Characterized by total or partial inability to move autonomously due to pain, weakness, mechanical or medical restrictions and limited range of motion.

Nursing Goal: Prevention of complications associated with impaired mobility such as decreased circulation, edema and peroneal nerve damage (foot drop). Promotion of optimal level of function and endurance. Education for adapting to alterations in mobility.

Suggested Nursing Intervention: Tactile stimulation by firm pressure massage of the dorsal and ventral gait reflex points on the feet.

Patients who are reluctant to move about post-operatively or because they have been bedridden often lack the ability to coordinate the muscles necessary to promote the ordinary sequence of walking. Interruption of the normal stimulation of the gait reflexes through walking may cause the patient to feel uncoordinated. Studies done on the neurophysiology of the mechanisms of walking indicate that multiple neuro-musculoskeletal responses are necessary for the normal gait pattern to occur. These studies also indicate that the functioning of the gait or walking mechanism is directly related to pace or use as a stimulus. Interruptions of the normal gait pattern whether traumatic or superficially imposed can cause defects in this system. Certain forms of patho-physiology can also be observed through observation of the gait pattern a person exhibits. Deviations in the normal gait pattern are indicative of a loss of proprioceptors and exteroceptors. The loss of spontaneity and ability to perform with ease can be directly associated with the lack of stimulation to the neuro-muscular mechanisms involved. The gait mechanism is also directly involved in influencing the stimulus and tone of the musculature of the legs and hip. Certain receptors, in the foot, when stimulated, cause facilitation of the of the extensors while others located in the medial

or lateral aspects cause facilitation of the adductors or abductors.

The lack of stimulus to these reflexes, in a bedridden patient, may cause a temporary loss in the ability to walk. The patient trying to ambulate after a long period of bed rest may find it takes effort to coordinate movements necessary for walking and maintaining balance. When these reflexes are ignored on a long term basis the ability to walk could be lost permanently. Since the stimulation of these reflexes have a profound affect on other leg and hip functions they should not be ignored even in the patient for whom there is no expectation of walking.

In order to restore or maintain the sense of purpose to those muscles it is necessary to influence them. This can be accomplished by positioning, various support techniques and by massaging the gait points on the feet. Once you have identified a need for this specific intervention it can be incorporated into the bath routine and used as frequently as the patient will tolerate it or as often as it is requested. The specific points to be massaged are located between the toes and arch of the foot, sometimes referred to as the "webbing" of the foot. Massage BOTH feet using firm steady pressure. Massage these points starting at the top or arch of the foot working downward, towards the toes and back up. It is a good idea to include separating the toes and gently massage each toe.

Neuro-Lymphatic Massage

Nursing Diagnosis: Tissue Perfusion, Alteration in peripheral circulation; Related to impaired mobility.

Etiology may include: Physiological, situational or maturational changes that induce weakness and fatigue or impose limits on physical mobility.

Nursing Goal: Prevention of complications associated with decreased tissue perfusion such as loss of motor and sensory function, tissue necrosis, coolness of skin, claudication, higher susceptibility to infection and edema.

Suggested Nursing Intervention: Neuro lymphatic massage, tactile stimulation by exerting firm direct pressure massage on specific areas on the body.

The movement of skeletal muscles plays a significant role in our circulatory system, especially the lymphatic system. In the vascular system, circulation is controlled by the pumping action of the heart with venous return assisted by muscle movement. The lymphatic system relies on lymphatic pumps or valves located throughout the system and the contraction of muscles. The lymphatic system acts as a drainage system for the body carrying off toxins and waste. The lymph also carries proteins, hormones and fats to all the cells as well as produce antibodies and white blood cells. The lymphatic pump, which becomes very active during exercise, is only minimally effective when the muscles are not being used. When the muscles are being used, the amount of circulating lymph volume is increased and the chances for infection or edema are decreased. Also during physical exercise, blood is drawn to the muscles and vascularity is enhanced.

When the body is at rest or immobilized for long periods of time the effectiveness of both the vascular and the lymph system is decreased. Muscular activity is very important and must be performed by the body in order to elicit the correlative responses, one of which is to assist the circulation. Muscle cells have a very high irritability status that allows them to respond to stimuli without losing potential. This characteristic of muscle cells allows for the desired effect to occur with minimal stimulus. When the body is unable to initiate muscular activity on its own, no stimulus occurs to provoke the desired response. By stimulating the neuro lymphatic areas on the surface of the body a pseudo activity is initiated that causes the muscle to respond. Stimulating these areas increases muscle activity and enhances peripheral circulation. Increasing the circulation promotes blood and lymph flow which increases reabsorption and decreases edema while stimulating the immune system.

Neuro-Lymphatic Reflex Points

These reflex areas are located mainly on the chest and back. They act like circuit breakers or switches that get turned off when the system is overloaded. The location of these points does not seem to correspond to the position of the lymph glands, but rather influence the related muscular activity. The points are sometimes tender and the tenderness is usually greater in the front than on the back. The areas which are found to be the most sore seem to be the ones in greatest need of massage. Massaging these areas can easily be incorporated into the bath routine. Using a firm, gentle massaging motion over the neuro-lymphatic points during the bath stimulates the functions of the lymph system.

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