A SCALE TO MEASURE ATTITUDES ABOUT NONPROCEDURAL TOUCH

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The concept of touch has long been accepted as a basic and universal tenet of nursing practice. Many scholars have attempted to define touch within the context of its intention. Cashar and Dixson (1967) compartmentalized the use of touch into three broad but distinct categories: reality orienting, support and physical protection. Krieger (1975) further categorizes another aspect of the concept as therapeutic touch, or a laying on of hands - a method of energy transference from the healer to the patient to assist in the process of healing. Mitchell, Haberman-Little, Johnson, Van Inwegen-Scott, and Tyler (1985) and Watson (1975) limit the categories to include only instrumental and affective touch. Instrumental or procedural touch is defined as deliberate physical contact for performance of a skill.

Affective or nonprocedural touch is seen as spontaneous and not required for the performance of a nursing intervention (Mitchell, et al., 1985; Watson, 1975).

An in-depth search of the literature, on both procedural and nonprocedural touch, revealed extensive studies and research on the value of physical contact as a means of communicating, establishing rapport or developing verbal behaviour with clients. Pratt and Mason (1981, 1984) and Watson (1975) examined the touch concept from the perspective of its meaning and significance. Aguilera (1967), Burnside (1973) and Preston (1973) were able to demonstrate some measure of success in communicating through touch with regressed patients. McCorkle (1974) investigated the effects of touch as a form of nonverbal communication with seriously ill clients, and found that the use of touch is important for the client as it demonstrates the caring attitude of the nurse. Though nonprocedural touch is of major importance in the nurse-client relationship, little has been done that investigates the client's attitude to this form of touch.

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The following research questions were generated with the intent of learning more about the client's attitude toward nonprocedural touch.

1. Do clients feel comforted emotionally by touch?
2. Do clients feel comforted physically by touch?
3. Do hospitalized clients value touch that is separate from the required nursing procedures that involve touch?

Background

Touch is, according to Montagu (1971), the earliest, most primitive and crucial of all the basic senses. Through the touch sense, the individual is able to receive signals and stimuli from the external environment, and interpret them for the internal environment, which Montagu labels "the mind of the skin" (p. viii). Through the sense of touch, the individual perceives the most personal of all sensations (Hall, 1966). Iverson-Iverson (1983) captures the delicacy and transient nature of touch when she speaks of it as being "communicated solely between those two people caught in one moment of time" (p. 49).

Touch developmental needs

In the human embryo, touch is the earliest of the senses to develop. The fetus is surrounded by the warmth of amniotic fluid and pressured on all sides by the walls of the uterus as it grows and receives continuous tactile stimulation. Birth "is the beginning caressing of the infant in the proper way, a caressing which should continue immediately after the birth and for considerable time thereafter" (Montagu, 1971, p. 63).

Ribble (1965) noted, in her study of young infants, that they often form strong attachments to soft toys or blankets as a substitute for maternal contact. A well known study of monkeys, done by Harlow (1961), sought to measure the importance of a mother monkey's tactile characteristics. Findings indicated that frequent and intimate warm contact between mother and baby are important.

A normal, healthy child is able to establish its sexuality by using touch to explore its own body. McGaugh (1982) suggests that expressions of sexuality may be negatively influenced by the way the child perceives the mother's touch. Often, according to McGaugh, children who feel shame regarding their bodies have received negative messages from the mother's own attitude about sex and intimacy. Simon (1976) notes that many parents, confusing the message of touch with sex, particularly with young adolescents, withhold it at a time when a caring, comforting touch is most needed.

Adults, suggests Morris (1976), want to touch and be touched, but social norms exert pressure that precludes such touching. Morris further posits that adults turn to "licensed touchers", such as hairdressers and masseurs. Even though body contact is not the primary reason for seeking such services, body contact is a satisfying by-product. Hickson and Stacks (1985) found that adults who work with their hands find touch a more natural process than those involved in more sophisticated jobs.

Huss (1977) observed that the elderly in our society may have a greater need for touch that can be attributed to decreases in sensory modalities which tend to limit experiential capacity. Research findings considering touch and the elderly are somewhat inconsistent. It is generally accepted that touch is necessary to provide sensory stimulation and decrease feelings of loneliness and isolation in the elderly. However, a study conducted by DeWever (1977) to investigate patient's perceptions of affective touch findings, indicated that the nursing home subjects experienced discomfort from affective touch if done by male nurses. Discomfort was reported by a large percentage of the subjects in the study when nurses, male or female, placed an arm around the patient's shoulder. DeWever also noted in her study that touching a hand or arm was deemed socially acceptable by most of the subjects in the study.

Some interesting work done in the field of gerontology in the last few years has been in the adoption of small animals by residents of nursing homes. Frank (1984) suggests that the use of animals in the nursing home setting is a means of reintroducing the importance of touch, smell and warmth, as well as something to love. Contact with a soft, warm animal seems to be effective in reality orienting, as well as encouraging feelings of self-worth and purpose among the residents. This is well substantiated by Montagu (1971), whose premise is that one's earliest experiences are mediated through tactile sensations.

Touch and culture

The perception of touch varies cross-culturally and is influenced by a myriad of factors. Cultures often define the boundaries of whom may or may not be touched, when touching is appropriate and how one may respond to touching behaviour of others. Hall (1976) enlarges further on the cultural implications of touch, as being operative in accordance with elaborate secret codes. A study done by Jourard and Rubin (1968) on the relationship between self-disclosure and touch noted that Americans, in general, tend to touch only in intimate moments, and that touch is often equated with sexual intent. Touch was also noted to be greater between opposite sex pairs, and between women, than men. Also noted was the increase of touch behaviour between close friends.

Montagu (1971) observed that Anglo-Saxon linguistic groups were less demonstrative, and the higher the class distinction, the less was the ability to express through touch. People of the Romance language group appeared to be more comfortable in the use of touching behaviour, although class distinction in relation to touch were clearly observable. It is interesting to observe the actions of people on a crowded bus as they try to avoid physical contact with one another. Montagu and Matson (1979) suggest the reason for this behaviour is that, if the elements of social recognition are not present in an interaction of touch, then the act is considered out of place.

Touch and hospitalization

The needs for security, reassurance and comfort are constant human emotional requirements. Illness and hospital care are occasions in which people experience more anxiety; thus, the need for reassurance through affective nurse touch becomes extremely important.

Regression to child-like behaviour has been directly attributed to dependency induced by hospitalization (Barnett, 1972). Many patients "given the opportunity ... hold on to a hand or arm with the same tenacious clinging turmoil as a frightened child" (Dominian, 1971, p. 897). Burnside (1981) and Preston (1973), in informal studies, demonstrated some measures of success in communication through touch with patients suffering from organic disease who had regressed to earlier childhood imprinting.

Burnside (1981) maintains that, too frequently, nurses view touch as only being related to tasks, thus, conveying the message, "I have to touch you." However, nonprocedural touch, or touch that takes place when no task is involved, sends a clear message that the nurse wants to touch the client. Burnside views such touching as a powerful therapeutic intervention.

Method

This descriptive pilot study was designed to develop and test an instrument used to measure hospitalized clients' attitudes toward the nurse's use of nonprocedural touch. The study was conducted in a small community New England hospital. A convenience sample of 52 clients (17 male, 28 female and 7 who did not indicate sex) who were hospitalized on either a medical or surgical unit completed the touch questionnaire on the second day of admission.

The questionnaire, developed by Fisher, is a 15-item, Likert-type scale. Close-ended questions were chosen primarily for the ease of administration and the limited time involved in completing the questionnaire. The subjects were asked to indicate, on a 1-5 scale, which response most clearly identified their attitude regarding touch while they were hospitalized.

Clients were asked to respond with their view of the nurse's use of touch. For example, the questionnaire asks clients to respond to items similar to the following example: "When I am upset or in pain, touching by the nurse is comforting."

The use of a Likert-type scale to determine attitudes of individuals is based on the rationale that:

> The probability of agreeing with any one of a series of favorable items about an object, or of disagreeing with any unfavorable item, varies directly with the degree of favorableness of an individual's attitude. Thus, one could expect an individual with a favorable attitude to respond favorably to many items ... an ambivalent individual to respond unfavorably to some and favorably to others: an individual with an unfavorable attitude to respond unfavorably to many items. (Selltiz, 1959, p. 366)

Items for the instrument were generated by Fisher (1985, 1986) in initial investigations of the use of nonprocedural touch in an intensive care unit and in a hospital setting where clients were awaiting nursing home placement. Initially 40+ items were generated for the questionnaire. These 40+ items were then carefully reviewed by three doctoral nursing candidates for face validity. Items were specifically reviewed for clarity and for their ability to measure the dimension of touch. There was 80% agreement among the three judges on the 25 questions that were to be used for the questionnaire. The questionnaire was further scrutinized by two doctorally-prepared nursing faculty members. At this point an attempt was made to balance both positive and negative items (Nunnally, 1978) and 15 (of 20+) questions were actually used in the final version of the instrument. For this final version, there was 100% agreement between the judges.

The research packet, composed of the patient consent form, a demographic sheet and the questionnaire, was attached to the hospital discharge instruction forms. The nursing staff enlisted client cooperation by explaining the consent form and by ensuring adequate time for the client to respond.

In this pilot test of 52 subjects a wide range of scores was obtained. The results obtained on the summated rating scale demonstrated a positive attitude toward nonprocedural nurse touch among the 52 respondents in the pilot study. The maximum score that could be obtained was 75 and the lowest score achievable was 15, based upon a 15-item, 5-point scale. No score was found to be below 45 and the highest score obtained in the sample was 74. Polit and Hungler (1987) note that the summation feature of Likert scales allows discriminations among subjects who feel differently.

An alpha coefficient of 0.6805 was obtained. This modest reliability is acceptable in the early stages of instrument development (Nunnally, 1978).

A factor analysis of the instrument was carried out to examine the questionnaire in more depth and to determine construct validity. Factor analysis examines interrelationships among large numbers of variables; it is used to disentangle those relationships to identify clusters of variables that are most closely linked (Burns & Grove, 1987, p. 544). Factor analysis helps the researcher to look at variables that tend to be conceptually related.

The first phase of factor analysis is to extract factors determined by an Eigenvalue of > 1.00, with a cutoff rule of 5% of explained variance. In this study, three factors were extracted with Eigenvalues > 1.00.

In the second stage the data is subjected to a varimax rotation. This allows for clearer analysis by indicating which particular variables belong to a factor (Polit & Hungler, 1987). The loadings are usually calculated between -1.00 to + 1.00 with a cutoff point of .40 or .30. The items underlined on the factor matrix (Table 2) indicated loadings of > .40. An analysis of these factors demonstrated a clustering that delineates fine distinctions and dimensions among the questions asked, and can be so labeled.

Table 1

Eigenvalues for Touch Questionnaire

Factor	Eigenvalue	% of Variance	Cumulative %
1	5.04	33.6	33.6
2	2.89	19.3	52.9
3	1.51	10.	63.0

Table 2

Loadings of the Touch Questionnaire in a Varimax Rotation

Question No.	Factor 1	Factor 2	Factor 3
1	-.06430	.71800	.35404
2	.74857	.03658	.18714
3	.79173	-.05816	.17176
4	-.08211	.85774	-.11754
5	.67981	-.47496	-.01297
6	.89378	-.13037	-.16682
7	-.28727	.67864	.32773
8	.00398	.23646	.69225
9	.83240	-.05621	-.26999
10	-.15915	.75718	.22789
11	-.06389	.17419	.75804
12	.18682	-.03822	.70677
13	.76843	-.36131	.05913
14	.37877	-.29587	.08121
15	-.01835	.06492	.73533

Discussion

Do clients feel comforted emotionally by touch? Factor 1 addresses the client's attitude about touch. Items such as being treated like a child or making the client feel uneasy were probed. Most respondents (70%) tended to contradict the item as stated: they felt that touch is emotionally comforting.

Do clients feel comforted physically by touch? Items in Factor 2 indicated that clients do appreciate the nurse's use of nonprocedural touch. A number of respondents (87%) agreed that the nurse's touch was soothing and comforting.

Do hospitalized clients value touch that is separate from required nursing care that involves touch? Clients (75%) agreed that the use of touch makes them feel valued and personalizes their care.

These findings are of interest because they support a broader definition of the concept of touch. They confirm previous research findings regarding the psychological and physical components of touch (Barnett, 1972; Dominian,

1971; McCorkle, 1974; Montagu, 1971), and support the dimension of caring that is so necessary for the delivery of nursing care by professionals.

The result of this pilot study demonstrated that hospitalized patients held a positive attitude toward nonprocedural nurse touch, as indicated by the high scores attained by the subjects of the sample on the touch questionnaire. This data holds important information for nurses in the practice of nursing.

Nurses often enter the profession because they want to heal, whether it is the body, mind or spirit. The use of nonprocedural touch can be viewed as another tool that nurses may utilize to achieve their goals in nursing. Nurses should be educated more formally about the concept of touch, as well as about its proper employment with patients in the clinical setting as a method to achieve a more caring, holistic and meaningful practice.

Limitations

These preliminary findings are from a pilot test. This instrument should be tested on a larger, more diverse population. The setting was confined to a small community hospital. Samples from several hospitals throughout the country would provide data that can be generalized to a greater extent. Also, clients for the study tended to be from one ethnic and socioeconomic group. Most (25%) tended to be elderly: age 65 and over.

Although the concept of touch has been examined by various disciplines, this study is a beginning step toward acquisition of knowledge in an area that has just begun to be explored. Naisbett (1982) has identified the need to maintain "hi touch" humanistic care as technology continues to make health care more complex. From our first moments to our last, touch has the power to heal, comfort and soothe. It is the means by which we satisfy our most basic of human needs.

A copy of the questionnaire used for this scale is available from the authors upon request.

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RÉSUMÉ

L'évaluation des attitudes aux attouchements sans rapport avec un acte médicale

Cette enquête avait pour but de mettre au point et de soumettre à un essai-pilote un questionnaire visant à évaluer les attitudes de clients hospitalisés face aux attouchements sans rapport avec un acte médical. Un questionnaire de type Likert a été conçu pour déterminer ce qu'éprouvent les clients lorsqu'on les touche en dehors d'un acte médical, et savoir si cela contribue à leur bien-être. Les questions avaient pour but d'évaluer l'effet du toucher sur le bien-être psychologique et physique des clients. Une question portait sur les sensations que procure chez le client ce genre de toucher. Après avoir soigneusement évalué la validité du questionnaire sous l'angle du fond et de la forme, une échelle de 5 points de type Likert comprenant 15 questions a été soumise à un essai-pilote sur 52 sujets hospitalisés. On a ainsi déterminé un taux de fiabilité alpha de 0,6805. Le test s'est révélé facile et rapide à administrer. Les résultats préliminaires d'une analyse factorielle indiquent que les clients attachent de l'importance aux aspects physiques et affectifs du toucher et estiment que ce genre de geste a pour effet de personnaliser les soins qui leur sont dispensés. Ces travaux préliminaires semblent confirmer que le toucher dépasse le seul contact physique.