

Therapeutic touch in elderly

Systematic literature review

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Abstract/Summary

Aim: The study aims to enhance nurses' understanding of therapeutic touch interventions for elderly patients, promoting a holistic approach that goes beyond traditional medical treatments. **Method:** This study, particularly reviews the literature qualitatively, focuses on healing, therapeutic touch, and caring for the elderly. Data for this study was acquired from scientific websites such as EBSCO, PubMed, and others. The chosen data are in English, span the last ten to twelve years, and are pertinent to the objectives of the study. Other ethical requirements and the TENK and Novia Educational Research Board criteria were followed. **Results:** Therapeutic touch therapy (TT) has been shown to reduce anxiety and discomfort in individuals, including the elderly, but its efficacy is limited. Factors like individual receptivity, expectancies, and therapeutic alliance may influence outcomes. The placebo effect and individual variability also impact outcomes. TT is often used in conjunction with other therapies but should be incorporated into a comprehensive treatment plan. Approaching TT with a balanced perspective and communication with healthcare professionals is crucial. **Conclusion:** The study explores the benefits of Therapeutic Touch (TT) in elderly care, highlighting its primary effects like pain alleviation and relaxation. It emphasizes the importance of compassion and small acts of kindness, like hand massages. The authors suggest that more research, particularly qualitative, is needed to better understand TT's potential in elderly care.

Language: English

Key words: Therapeutic Touch, Healing, Elderly care

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1 Introduction

Nursing professors Dolores Krieger and psychic Dora Kunz developed Therapeutic Touch (TT) in 1972 as a modern spiritualism that explains human bioenergy field as a complementary healing technique which is based on the manipulation of hypothetical situations. It should be well understood that 60 research studies have been conducted and claimed to be scientifically sound, have been widely adopted by nurses to adopt this technique categorically. It is part of nursing literature and nursing education and is actively taught in numerous schools.

Therapeutic Touch improves communication between the nurse and the patient. In turn, this ensures the regulation of vital indicators and promotes the physiological healing process. It promotes healthy self-esteem, which lessens the psychological issues that patients experience (Gleeson & Timmins, 2005). The patient-nurse relationship is improved when physical contact is used to show support and interest while preserving a professional-functional relationship. They send messages of openness, curiosity, faith, bravery, assistance, and empathy.

Watson (2003) suggested that a nurse should become adept in viewing a person's soul. When working with patients, they should learn to empathize with what the person is going through, listen intently, recognize, and understand the healing power of love, tranquility, and the energy of comfort, and practice all these skills.

From this angle, the profession of nursing is primarily focused on complementary supportive techniques. It is crucial that nurses acquire training to become holistic practitioners who can take care of their patients' spiritual, physical, and mental foundations. Yoga, therapeutic touch, reiki, massage, aromatherapy, music therapy, reflexology, relaxation, and meditation are just a few of the activities that should be practiced regularly. It's also crucial to combine these practices into clinical work (J. Watson, 2003).

From this vantage point, using complementary and alternative therapies is a tactic that can help with the treatment of symptoms and elder rehabilitation. Caretakers can give patients treatment that has greater results by mixing complementary and alternative medicine philosophies with standard medical techniques. In geriatrics and gerontology, non-pharmacological techniques such as massage, aromatherapy, relaxation, meditation, therapeutic touch, neuro feedback, and creative psychotherapy might be employed.

Naturopathy, acupuncture, and reflexology are among more non-pharmacological treatments (Hudiye Utli, 2021).

The increased popularity of complementary and alternative therapies in healthcare has given rise to research on the advantages of therapeutic touch. It can give important information about its efficiency and educate healthcare professionals about its possible advantages. When healthcare practitioners are exposed to evidence-based studies on the efficacy of therapeutic touch, they increase their knowledge and expertise, and are more open to adopting alternative therapies into their treatment plans. This could lead to better patient outcomes, higher patient satisfaction levels, and better healthcare overall (Hudiye Utli, 2021).

All functions gradually deteriorate because of aging, which is a fundamental and eternal cycle of change that starts at birth and lasts until death. Several symptoms, such as loneliness, despair, bodily malfunction, pain, and helplessness, are associated with aging naturally. Therefore, a multidisciplinary approach is required to reduce or eradicate these symptoms (2021, Hediye Utli).

2 Background

The aim of therapeutic touch education in nursing practice is to equip nurses with the knowledge and skills necessary to provide effective therapeutic touch interventions to elderly patients. This includes understanding the principles of therapeutic touch, such as the importance of intention and the energy field, as well as learning specific techniques for administering therapeutic touch. By providing this education, nurses can enhance their ability to provide compassionate care to elderly patients, promote their overall well-being, and potentially reduce the need for medication and other interventions. Additionally, therapeutic touch education can help nurses develop a deeper understanding of the mind-body connection and how it relates to health and healing.

Since its founding in 1972, Therapeutic Touch has found itself encircled by controversy. Part of this results from disagreements on the philosophical foundations of TT. Regarding the beginnings of TT, conflicting information has also been released in the media. This dispute has been exacerbated by the unavailability of western scientific empirical data to explain the mechanism of action for TT. On the other hand, nursing research has

demonstrated several therapeutic advantages of TT. The calm condition during TT has been reported in pilot investigations (Krieger, Peper & Ancoli, 1979; Wirth & Cram, 1993) Denisson et al (2001).

It is challenging to comprehend non-contact touch conceptually. However, the idea becomes more tenable if one accepts the three underlying presumptions that energy may be directed to impact health, that the human body is an energy-producing entity, and that desire exists. There is a theory that the energy field within the human body is connected to the physiological and biochemical processes. Additionally, the emotions of consciousness and desire have an impact on this energy field. After the energy is focused on the client's body, it helps humeral natural systems that can help the body return to equilibrium (Gerber, 1988) Guy I mccormack et al (2009).

In the modern world, nurses are treating patients in a more comprehensive way. This implies that they consider a patient's emotional, mental, and spiritual well in addition to their physical health. Combine standard treatment techniques with non-traditional therapeutic modalities, such as therapeutic touch therapy (Schnepper 2010). Therapeutic touch (TT) is a complementary and holistic medicine technique whose effectiveness has been scientifically proven. It entails the therapist touching the patient physically in order to help the patient find inner equilibrium and to use cosmic energy with specific intent while also demonstrating compassion for it.

Because it sends the patient significant symbolic messages like respect and comfort, the use of touch in medical treatment and care is a crucial component. One of the various therapeutic modalities utilized in complementary and integrative medicine (CIM) is physical touch therapy. In addition to other disorders, it is used to treat agitation, anxiety, stress, and depression. Depending on the purpose of its use and the environment in which it is used, physical touch has historically been used as a symbol of religious or cultural allegiance in a more general sense of social significance. To investigate the relationship between intention, physical touch, and their relative healing capacities, this study concentrated on chronic pain because it is a common ailment (Barbara Stöckigta; Ralf Suhrb et al, 2018). In Touch method, the training was to be led by at least two instructors, include both theoretical and practical components, and allow sufficient time for participants to practice and ask questions (Barbara et al., 2018).

Twelve people in all, six licensed nurses and six nursing home residents with chronic pain, took part in the study. The selection of nurses was based on their general empathy for patients

as well as their interest in complementary and alternative therapies. In addition to the four participant observations, it was chosen to record 24 interviews. The most significant fact in this thesis is how the nurses responded to intentional touch. These reactions include serenity, poise, presence, and heightened attention to minute details. Some of the patients reportedly fell asleep during the sessions, which the nurses took to mean that the patients were at ease. The nurses had to change their usual attitudes in order to participate in Therapeutic Touch, i.e., become more self-aware and be present in the moment. In addition, the patients were allowed to relax for a longer period of time after the session, and all participants felt that there was some kind of energy transfer between the two bodies. (Barbara Stöckigt; Ralf Suhrb et al, 2018).

Therapeutic touch (TT) is a form of complementary and alternative medicine that entails tinkering with the human energy field to facilitate healing and wellbeing. Pain and anxiety, which are frequent and upsetting issues among the senior population, have both been treated using TT. However, there is conflicting information regarding how well TT works to relieve pain and anxiety in elderly people.

2.1 Therapeutic touch

The co-founder of therapeutic touch, Dolores Krieger, conducted research on therapeutic touch in 1973 after Dora Kunz initially described it. According to Krieger, therapeutic touch is a deliberately guided procedure that is derived from the East Indian Vedic cultural practise of healing. During this process, the practitioner utilises the hands as a focal point to promote the healing process. The foundation of therapeutic touch is the idea that the human body, mind, emotions, and intuition comprise a complex, dynamic field. Therapeutic touch is a modern interpretation of various traditional healing modalities. The field is balanced when people are well; it becomes imbalanced and disorganised when people are sick. Most studies on therapeutic touch consistently show a relaxing response Diana et al (2005). It is also used by nurses to promote healing, relieve pain and anxiety, improve sleep quality, and increase overall relaxation, leading to better physical, mental, and emotional well-being in the elderly. It is one of the most effective non-pharmacological methods for treating chronic conditions caused by the aging process. Therapeutic touch improves the quality of life of the elderly by

addressing their physical and psychological needs while promoting a closer bond between patient and caregiver (Barbara Stoeckigta; Ralf Suhrb et al., 2018).

Most studies on therapeutic touch consistently show a relaxing response. These findings are positive because Benson has shown that reducing the physiological reaction to stress and promoting health both depend on the relaxation response Diana et al (2005). An increasing number of research studies and anecdotal records have confirmed the healing qualities of TT, which many practitioners have attributed to the healer's energy being transferred to the patient largely through the hands. TT experts concur that the practitioner intentionally taps universal energy, making it accessible for others to utilise, Straneva (2000).

Nurses work in a particularly demanding environment. Despite the lack of resources, they must treat patients' increasingly complicated health issues in a culturally sensitive manner that considers each patient's and family member's unique requirements. Additionally, nurses are required to support the specific aims and objectives of each unit as well as the mission of the institution. All this needs to be completed quickly and affordably, and it needs to be thoughtfully integrated into the nurse's personal, professional, and familial demands (Mary et al., 1998).

Nurse supervisors integrate their vision of healing into their work by employing therapeutic touch, which helps to achieve the delicate balance between involvement and detachment that is necessary for providing quality care. One of the essential characteristics of a healer is the ability to "affect outcomes without needing to control outcomes," which Carmack claims those who grasp this balance can do. It is a crucial component of the therapeutic touch process (Mary et al., 1998).

Several crucial presumptions form the foundation of Krieger's conceptual model of TT. People are first seen as dynamic, open systems or fields that are always exchanging energy with their surroundings. The skin does not define a person. People trained in the healing arts and other esoteric traditions are best able to discern the energy that makes up the cosmos, of which humans are only denser manifestations. This energy may be found within the body and the near vicinity. People are energy fields; they do not own energy fields. They represent dynamic completeness and harmony as open energy systems. For this reason, understanding

a human being just in terms of its component pieces may never truly comprehend them (Straneva 2000).

In 1974, Krieger carried out her initial research to examine how this recently developed method affected individuals' haemoglobin levels. As TT became more popular, she replaced the "born" healer utilised in all her earlier experiments with nurses who were trained in the method's stages. Two interventions were given: the control group received the "simple touch required in routine nursing procedures," whereas the experimental group received TT. All patients had peripheral blood samples taken both before and after the intervention. Laboratory workers, who were not aware of the study's purpose, used a Coulter counter to analyse the specimens (Straneva 2000).

Observations made between July 2015 and January 2016 in a Berlin-Mitte nursing facility. The stakeholder engagement gathering had a total of 18 attendees. Chronic pain sufferers, nursing personnel, experts in physical contact, and employees of the Charité Institute of Social Medicine and the Center for Quality in Care were among them. Participants discussed the difficulties and negative effects of intentional physical contact as well as how to include interventions into routine medical care. The specifics InTouch intervention was characterized by the research team as a light, non-intrusive physical touch with the constructive goal of alleviating symptoms and improving well-being while addressing the specific needs of each patient. The components of the intervention are listed below. To cultivate her own mental serenity, the nurse practiced calming activities such as meditation and breathing exercises. The training consisted of a one-day seminar led by professionals experienced in the use of complementary and integrative medicine (CIM), qualitative research, and body contact therapies. Due to the high interest of the nursing staff in this topic, the training was conducted with six nurses instead of the expected three (Barbara Stöckigt; Ralf Suhrb et al., 2018).

Stöckigt et al., (2018) did another study that inferred the impact of TT on older persons' quality of life and overall well-being. In a hospital environment, they investigated the perceptions and experiences of geriatric patients with chronic pain who got TT as a part of a multimodal pain therapy program. Ten patients who underwent TT for 20 minutes once or twice a week for four weeks were interviewed using qualitative techniques. They found that patients reported positive effects of TT on their physical symptoms (such as reduced pain intensity or improved mobility), emotional states (such as increased calmness or reduced fear), cognitive processes (such as enhanced concentration or memory), social relationships

(such as improved communication or trust), and spiritual aspects (such as increased hope or meaning). They also found that patients appreciated the individualized and holistic approach of TT, as well as the empathic and respectful attitude of the practitioners. They concluded that TT was a valuable addition to conventional pain therapy for geriatric patients.

As a result, there is little and inconsistent research supporting the effectiveness of TT in enhancing older individuals' wellbeing and quality of life. More research is required to determine the precise effects of TT on this population's well-being and quality of life, employing rigorous designs and techniques, large, representative samples, long-term interventions, and dependable instruments. Additionally, additional research is required to examine the mechanisms and modifiers of TT's impacts on older persons' well-being and quality of life, including the influence of the patient-practitioner relationship, patient expectations, and individual differences.

2.2 The mechanism of therapeutic touch

A holistic approach designed to enhance physical and emotional well-being is one worth mentioning type of energy-based therapy known as Healing Touch Therapy. The principal objective of Healing Touch is the restoring and harmonizing the flow of energy while clearing any blockages that may impede this vital life force. This is why in Healing Touch Therapy; physicians utilize precise hand movements to interact with the body's energy field (Hediye Utli 2021).

With a profound emphasis on the energy field, often referred to as the "aura," that envelops the physical form, the process normally involves the practitioner gently moving their hands in proximity to or above the recipient's body. The profound influence on the individual's overall health and balance is exerted by the interaction with the energy field (Hediye Utli 2021).

The multifaceted potential benefits of Healing Touch Therapy lie in its significance. Firstly, in line with today's fast-paced and often demanding lifestyles, it has been shown that Healing Touch Therapy is effective in reducing stress levels. Healing Touch Therapy aids in dropping the physiological and psychological manifestations of stress, ultimately contributing to improved mental and physical health (Hediye Utli 2021).

Additionally, Healing Touch Therapy is prominent for its probability to alleviate inflammation within the body. This therapy may play a role in reducing inflammation and thereby augmenting overall wellness. Chronic infection is linked to various health conditions, and by restoring energy balance and harmony, hence the need for Healing Touch.

Likewise, Healing Touch Therapy can positively influence anxiety, a prevalent and debilitating condition. It is the gentle and soothing nature of this approach that is responsible for helping individuals in promoting a sense of tranquility and emotional well-being and find relief from the symptoms of anxiety (Hediye Utli 2021).

In addition to these psychological benefits, physical health has also been impacted by Healing Touch Therapy. Healing and overall vitality has been promoted by enhanced circulation, ensuring that vital nutrients and oxygen reach all parts of the body. The improved ability to sleep quality is perhaps one of the most universally cherished benefits of Healing Touch Therapy. This therapy offers a non-invasive, holistic solution to the many individuals who struggle with sleep disturbance issues (Hediye Utli 2021).

Reiki (pronounced "ray-key") is an old Buddhist manual healing method that was found in Japan by Mikao Usui in the middle of the 19th century, according to Anderson, E.Z., and Wolk-Weiss, C. (2008). It is used to treat a variety of mental and emotional issues, heart attacks, emphysema, hemorrhoids, prostate issues, varicose veins, hiccups, and nosebleeds. It has grown in popularity over the past few decades in the United States because of this. It is predicated on the idea that a nonphysical, universal energy sustains all life. The reasoning naturally follows that mental illnesses, physical ailments, and emotional disorders emerge from changes in this energy's sustained and balanced flow throughout the body (Gleisner, E. 2002). The Reiki practitioner places his or her hands in certain positions on the 12 standard sites on the body to gently heal life energy imbalances and blockages. A typical session lasts an hour or longer and starts with the head after the practitioner spends a short time at each place. Sometimes the doctor will treat more patients than the usual 12 sites. By imagining their hand movements with patients, advanced practitioners feel they may still be helpful even while physically separated from their patients (Gleisner, E. 2002). These practitioners can deliver effective Reiki from a distance because they think they can convey spiritual energy to their patients through a method akin to prayer.

Hemoglobin and hematocrit levels demonstrate how Reiki alters the blood's capacity to carry oxygen, which some researchers have hypothesized. The few studies that have been done so far, nevertheless, have produced contradictory findings, and some of the ones that indicate

increases in hemoglobin or hematocrit levels show changes for the worse rather than the better. In fact, one study by Wirth and Barrett in 1994 found that patients receiving a combination of Reiki, therapeutic touch, and LeShan (a distance healing treatment) healed their wounds more slowly than controls. Additionally, investigations by Schlitz and Braud in 1985 and Thornton in 1966 addressed the idea that receiving Reiki relaxes the body and found no significant difference between the autonomic activities of those receiving Reiki and controls (Gleisnar, 2002).

Numerous studies have demonstrated that Reiki has no known negative effects on patients (Cox & Hayes, 1999). However, no controlled, scientific investigations have found any therapeutic advantages to Reiki. The few research on Reiki has typically been poorly planned, including distracting elements like candles, illumination, and music. Although there is an increasing amount of interest in Reiki among practitioners of alternative medicine, Reiki is still not supported by any conclusive scientific research. The highly effective form of therapeutic touch which presents a multitude of advantages for both physical and mental well-being is Massage therapy. It is well understood that Massage sessions can contribute meaningfully to aggravating the symptoms of chronic pain, anxiety, or stress and fostering a healthier, more harmonious way of life (Cox & Hayes, 1999).

Massage therapy has an outstanding attribute of capacity to address a wide spectrum of health concerns. This adaptability renders massage therapy an outstanding complement to various other forms of physical therapy or medical treatments. It excels in lessening inflammation, enhancing joint functionality, and even strengthening physical performance. (Hediye Utli., 2021). The effect of Massage therapy extends to the mental and emotional spheres apart from having more additional impact in the purely physical realm. The prospect of mitigating feelings of anxiety and stress, fostering an inner sense of calmness and equilibrium are comforting tactile sensations and the state of relaxation induced by massage (Hediye Utli 2021).

As corroborated by Hediye Utli (2021), the inclusion of massage therapy in the healthcare regimen can significantly elevate the overall quality of life and facilitate the attainment of optimal health and wellness. Individuals can experience a comprehensive enhancement in their physical and mental well-being, ultimately paving the way for a more fulfilling and balanced life by embracing this holistic approach to health.

Reflexology is a form of therapeutic touch that has been used for a very long time all over the world. There are zones and reflex spots on the body that correspond to organs, glands,

and other body components, according to this alternative therapeutic method. Reflexologists believe they may improve the health of the relevant bodily part by applying pressure to specific zones and locations (Cox & Hayes, 1999). It can encourage relaxation, lessen tension and anxiety, and improve circulation. Reflexology can also reduce pain by concentrating on body parts, as well as enhance digestion and strengthen the immune system. Reflexologists are also taught several procedures that can be used to treat a wide range of health issues, including headaches, back pain, and sleep difficulties (Hawranik, Johnston, & Deatrich, 2008).

Overall, reflexology is a valuable form of therapeutic touch that can help promote holistic wellness. While it is not a substitute for medical care, it can be used in conjunction with traditional treatments to help manage symptoms and improve overall health. With its focus on the interconnectedness of the body and the mind, reflexology is a healing practice for anyone looking to reduce stress and improve their wellbeing (Hawranik, Johnston, & Deatrich, 2008).

2.3 Applications of therapeutic touch

The goal of Therapeutic Touch (TT), a comprehensive energy-field approach, is to correct and rebalance energy imbalances without physical touch by gently gliding hands over the body. This procedure aims to harness the body's natural healing abilities. Given this knowledge gap, nurses assume a pivotal role in advocating for TT as a complementary therapy for the elderly patients to improve their life and relieve pain and anxiety. In addition to promoting patient compliance with TT treatment, nurses will also prioritize patient satisfaction and overall well-being. Nurses can hypothetically unravel new avenues for improving the quality of life and treatment outcomes in this patient population by conducting further research and incorporating TT into the care plans of elderly patients (Cox and Hayes, 1999).

As people age, they may develop conditions such as chronic pain, sadness, and anxiety. Therapeutic touch has been shown to alleviate these conditions and help older people feel peaceful and balanced. According to the systematic review by Joyce and Herbinson (2015), massage therapy is one of the alternative therapeutic methods that involves touch that has received significant attention in scientific literature. It is a non-invasive, non-drug therapeutic technique that can improve the health and well-being of older people. It has been demonstrated that massage therapy helps older people's health and well-being. It entails

gently massaging the troublesome body region using hands. As it activates the body's natural pain-relieving systems and permits the elderly to feel less discomfort, this therapy has been demonstrated to be particularly helpful for persons with chronic pain disorders like osteoporosis, neuropathy, and arthritis (Hawranik et al., 2008). It is a method that uses sliding, friction, compression, and stretching movements at various intensities and in particular body parts to improve physical aspects like blood circulation, which increases oxygen delivery and nutrient delivery to the tissues.

Elderly and mentally ill subjects were used in numerous investigations (Hawranik et al., 2008; Wang and Hermann, 2006; Woods et al., 2005; Woods and Dimond, 2002). These studies' findings (Busch et al. 2012; Gomes and Arajo, 2008; Hawranik and Deatrich, 2008; Wang and Hermann, 2006; Larden and Janssen, 2004; Wang and Hermann, 2006; and Larden and Janssen, 2008) agree with one another. TT is a useful technique for reducing and eliminating anxiety and agitated behavior. Elderly people who receive therapeutic touch benefit not only on a physical level but also on an emotional level. Many older people suffer from loneliness, isolation, or anxiety, which can lead to depression and other serious medical disorders. Therapeutic touch has been shown to promote overall well-being and emotional stability in the elderly. This method can help patients achieve better health outcomes and a higher quality of life when integrated into their lifestyle.

Intentional Touch (InTouch), a method, was created to treat elderly individuals with chronic pain. It refers to gentle physical touch done with the intention of easing issues and enhancing wellbeing rather than a particular method, technique, or philosophy. In the qualitative portion of the study, the researchers looked at the subjective reactions to InTouch that nurses and elderly patients with chronic pain had. The study team devised the therapeutic idea while considering the consent of people who would be affected, and professionals who deal with physical contact taught the nurses the moral considerations of therapeutic touch (Hawranik and Deatrich, 2008).

Therapeutic touch is a form of alternative medicine that involves the use of hands to promote healing and relaxation. There are several elements that make up therapeutic touch, including centering, assessing the patient's energy field, and using intentional touch to help balance and restore the patient's energy. Centering involves focusing on one's own energy and calming the mind before beginning the therapy session. Assessing the patient's energy field involves using the hands to detect any imbalances or blockages in their energy. Intentional touch is then used to help restore balance and promote healing in the patient. These elements

work together to create a holistic approach to healing that can be particularly beneficial for elderly patients who may have physical limitations or chronic conditions (Hawranik and Deatrich, 2008).

- a. **Centering:** The practitioner will utilize their breath and a blend of images, meditation, and visualizations to attain balance and calm.
- b. **Assessing:** the practitioner will hold their hands a few inches above the person's body while sweeping rhythmically and symmetrically from head to toe.
- c. **Intervention:** During this phase, which some people may refer to as "clearing" or "unruffling," symmetrical hand gestures are used, and these motions are intended to assist the symmetrical flow of energy.
- d. **Balancing or rebalancing:** The practitioner will move their hands to the regions of the recipient's body that they consider need rebalancing.
- e. **Evaluation or closure:** By continuously measuring the energy during the session, they will instinctively identify when the recipient's energy flow is balanced and, as a result, when it is time to finish the treatment. This is done to determine when it is appropriate to end the therapy.

2.4 Benefits of therapeutic touch in elderly care

Therapeutic touch may have some benefits for the elderly, such as improving sleep quality and reducing feelings of loneliness. Elderly individuals may also find TT to be a comforting and enjoyable experience, which can contribute to their overall sense of well-being. Most older folks have problems falling asleep. Their quality of life and health are severely affected as a result. Age-related changes, chronic illnesses, and environmental factors may all have an impact on elderly people's sleep patterns (Karadakovan, 2014). Research shows that senior residents' sleeping patterns deteriorate in nursing homes (Alessi and Schnelle 2000; Cohen-Mansfeld et al. 1990; Ersser et al. 1999).

One of the main benefits of therapeutic touch in the elderly is reduced pain. Many seniors suffer from chronic pain due to conditions like arthritis, neuropathy, and osteoporosis. Therapeutic touch can help to stimulate the body's natural pain relief mechanisms, allowing seniors to feel less pain. Moreover, the therapy is non-invasive and free of side effects, making it an appealing treatment option for seniors who may have difficulty tolerating

traditional medications. Therapeutic touch has also been found to be an effective method for decreasing anxiety in elderly patients. This technique involves the use of gentle hand movements and touch to promote relaxation and healing. Studies have shown that therapeutic touch can stimulate the production of endorphins, which are natural painkillers, and reduce the levels of stress hormones such as cortisol. Additionally, therapeutic touch can help to improve circulation and promote the release of tension in the muscles, which can further alleviate pain and discomfort. Therapeutic touch can enhance the overall quality of life for older individuals and increase their capacity to deal with disease or injury by lowering pain and anxiety (Hediye Utli, 2020).

Another positive effect of therapeutic touch in the elderly is the improvement of mood. Depression is a common problem in the elderly, especially those who are isolated or suffering from chronic illnesses. Studies have shown that therapeutic touch can improve mood by reducing stress and promoting feelings of relaxation and well-being. This may lead to a better outlook on life and improved mental health in elderly patients. For example, a study by J. Holist Nurs (2001) suggests that nurses who touch older people in the right way can significantly improve their health. Touch can be helpful in increasing well-being and overall health for older people who are hospitalized, institutionalized, or mentally disabled. This article also provides recommendations for nursing practice and education that highlight the use of touch as a practical and affordable comprehensive gerontological care intervention.

The most common causes of pain in elderly adults are conditions affecting their muscles, bones, and joints. These include unhealed fractures, musculoskeletal conditions, peripheral vascular diseases, spondylosis, osteoporosis, back and leg pain, fibromyalgia, myofascial pain, tenosynovitis, and contractures involving mobility (Ana P.A. Dagnino and Maria.M. Campos, 2022). An older person's quality of life will be negatively impacted by pain since it will impair their functional capacity, increase their risk of falling, interfere with their ability to sleep, and cause anxiety or agitation. Thus, using complementary and alternative therapies effectively reduces these symptoms and enables nurses to better care for patients, so enhancing their wellbeing and quality of life (Hediye Utli, 2020)

Thus, using complementary and alternative therapies effectively reduces these symptoms and enables nurses to better care for patients, so enhancing their wellbeing and quality of life. One of the therapeutic touch methods that is applicable in geriatrics and gerontology is massage. Long-term chronic illnesses like diabetes, Alzheimer's disease, dementia,

Parkinson's disease, and arthritis are more common in older people than in younger people (Hediye Utli, 2020)

A massage stimulates the tissues and the brain at the same time, which has a calming effect. Massage advantages include improved blood circulation and lymphatic drainage to relieve muscle tension, stiffness, pain, and stress. It also promotes physical and mental relaxation. By blocking the transmission of pain stimuli through the production of endorphin and natural morphine, massage reduces the experience of pain (Hediye Utli, 2020).

Most older folks have problems falling asleep. Their quality of life and health are severely affected as a result. Age-related changes, chronic illnesses, and environmental factors may all have an impact on elderly people's sleep patterns (Karadakovan 2014). Research shows that senior residents' sleeping patterns deteriorate in nursing homes (Alessi and Schnelle 2000; Cohen-Mansfeld et al. 1990; Ersser et al. 1999).

2.5 The concept of healing

According to Firth et al., (2015)'s conceptual study, healing is defined as a holistic and transformative process that goes beyond simple physical recovery. In addition to focusing on the restoration of bodily health, it also considers mental, physical, and spiritual aspects. This leads to positive changes and a path towards self-realization and completeness. This approach is crucial because it emphasizes that health and wellbeing are intertwined, regardless of whether a person has a particular medical issue or not.

Within this all-encompassing viewpoint, healing acknowledges the fundamental significance of treating not just bodily maladies but also the emotional and psychological aspects of well-being. It implies that a fundamental change in viewpoint and attitude is necessary for healing, and that finding meaning and purpose in one's life is a key component of that process. Additionally, healing is portrayed as a journey that leads people to a state of consciousness and union that is higher than the limitations imposed by illness. In essence, it denotes a fundamental alteration that affects all aspects of a person's life and promotes a sense of fulfillment and well-being (Firth et al., 2015).

The common view that healing entails only the absence of sickness is challenged by this definition of healing. Instead, it advocates the notion that genuine healing embraces a wider range of experiences, considering not only one's physical health but also one's mental, emotional, and spiritual well-being. Regardless of whether a physical problem is present or

not, it emphasizes the value of holistic well-being and the path towards completeness. In the end, this viewpoint provides a more thorough and human-centered understanding of healing within the framework of healthcare and wellbeing (Firth et al., 2015).

2.5.1 Defination of healing

The term “Healing” often signifies the journey toward achieving a state of completeness or unity. The term traces its origins to the Old English word "haelen," which conveys the concept of "wholeness." Healing embodies a multifaceted concept; it serves as a process, an outcome, an intervention and in some instances, it exemplifies all three aspects simultaneously. Additionally, it symbolizes an innate ability or power, represents the cleansing or alleviation of grief, personifies the essence of energy and turmoil, or malevolence (Marta et al., 2010).

The physical, emotional, social, communal, mental, family, environmental, and spiritual domains are all included in the numerous dimensions of healing. This idea of healing is important in a wide range of academic fields, including nursing, public health, general medicine, education, psychology, religion, and spirituality. It makes sense that healing takes place on a variety of sizes, from the microscopic level of cellular wound healing to the macroscopic level of national and global healing processes (Marta et al., 2010).

Healing transpires from external sources, but it can also emanate from within individuals, whether they be human healers or divine forces, as well as substances like herbs and medicines. The healing perspectives encompass healthcare professionals, patients, clergy members, energy practitioners, spiritual healers, individuals near the end of life. These people dealing with chronic pain and other enduring ailments, and those who have weathered life's adversities such as divorce, survivors of abuse and neglect, miscarriage, or the loss of a child. These perspectives are miscellaneous and are informed by the experiences and viewpoints of a wide array of individuals and groups. It should be well understood that the concept of healing, therefore, surpasses boundaries, incorporating a rich tapestry of experiences and interpretations that influence the way we understand and approach the process of restoration and well-being (Marta et al., 2010).

2.5.2 Defining attributes healing

Healing is a transforming process that frequently results in the emergence of new entities. It also changed the person in both expected and surprising ways. A significant alteration in the

person could result from the process. The healing process involves more than just reducing pain, suffering, and the illness condition. This transformational journey is sometimes referred to as a mutual process, in which the healer and the person being treated both experience growth in their respective orientations (Marta, I. E. R., et al., 2010). In this instance, the transformation entails a fundamental change from the previous self to the present, enhanced self. Therefore, healing is not merely about symptom relief but about fostering a holistic and positive evolution that encompasses the spiritual, emotional, and physical aspects of the individual's well-being.

A person must undergo a thorough healing in order to recuperate and make repairs in their various mental, physical, and spiritual dimensions. Accepting the fact that we are all wounded and in need of healing is necessary. It does activate the person's intrinsic capacity to repair harm for the recoup function of the healing process to take effect. Recovering simply means going back to a prior state, while repairing is defined as mending or fixing (Marta et al., 2010). It is important to realize that time's occurrence and progression are crucial to the healing process's positive, transformational process, progression, or journey. The idea that healing is a process of transitioning from an undesirable state to a state of renewal has arguably received support from a large body of academic literature. The process of experiential, dynamic healing includes a journey and an experience.

It's important to recognize that healing transcends all the imaginary limitations while cure often pertains solely to the mental or physical aspect of an ailment. In its operations, it holistically involves the interrelated realms of the mind, body, and spirit. In essence and undoubtedly, healing personifies a wide-ranging and integrated approach to well-being. It usually deals with the acknowledgement of the intricate interplay between these various dimensions of human existence (Marta et al., 2010).

Besides, spiritual repair, as described by Cowling, W.R. (2000), is a critical aspect of healing. This demonstrates a spiritual transformation and repair. This could usually signify the opening and maturation of the spiritual dimension within an individual. At the cellular level, healing includes the precise succession of cellular activities that work to repair the physical body's tissues. The processes of repair and recovery in the context of healing encompass many facets of human existence (Marta et al., 2010).

2.5.3 A model case of healing

The researcher's model case of healing encapsulates the essence of this process of transformation. This has been completed following an extensive analysis of formal and informal material, including newspaper stories and private correspondence.

Meet Jorge Morales, a young man who spent his teenage years living in a rapidly expanding metropolitan area in the United States where he was a Mexican immigrant. Jorge was very proud of his scholastic achievements and recognized that he would need to be independent in order to fit in with American society. He was disappointed as a gay guy, even though he knew about the risks associated with HIV before finding out that his boyfriend had the disease and was terminally ill. Jorge felt betrayed and fell into a profound despair after learning of his partner's adultery; as a result, he ignored his own symptoms until hospitalization became essential. After breaking the bad news that he had "full-blown AIDS," a group of doctors left. He was left in his hospital bed, alone and very sick, as a result (Miller and Crabtree, 2005).

Even while Jorge's body responded well to HIV medicine, his spirit remained unstable. After that, he made the decision to return home. His mother offered him little consolation, and he was heartbroken. His mother was worried that she would get AIDS from his son because she was unaware of both his sexual orientation and his condition. Jorge's mother insisted on using separate dishes and clothes, which made her feel alone and without hope. In addition, Jorge had originally intended to return to the United States to spend his last days there. But an impassioned plea from his sister, who is eleven years old, altered his destiny. With sad eyes, she begged him to survive, telling him how much she wanted him to give her away at her wedding an earnest lifeline that Jorge desperately grasped onto (Miller and Crabtree, 2005).

Driven by this newfound purpose, Jorge went to a modest inner-city family medical practice near his home for help. This doctor recognized Jorge's special value as an individual and gave him true care and compassion. This was a marked contrast to the physicians at the previous hospital he visited. "Don't you want to see your sister get married?" his doctor would often urge him. Jorge and his doctors grew closer over time, based on trust. Inspired by these remarks, Jorge followed his medication schedule religiously (Miller and Crabtree, 2005).

Simultaneously, he began to feel powerful and proud, and he began to rebuild his life by taking care of his home. Thanks to his sister's unwavering intervention, Jorge's mother eventually moved into an apartment in his building after learning more and more about his life with AIDS. Jorge's condition is still incurable, but his story is a bright example of recovery. His profession not only offered him support but also provided him with a much-needed boost to his self-esteem ((Miller and Crabtree, 2005).

Jorge's narrative exemplified the fundamental elements of recovery, shedding light on a comprehensive process of transformation encompassing his physical, emotional, and social systems. Jorge's journey demonstrated how hope may be restored and healing can occur even in the face of terminal sickness. Relationships, social, emotional, and physical health, and well-being all improved after this surgery (Miller and Crabtree, 2005).

Jorge's narrative illustrates how the necessary conditions for recovery were fully met. Jorge's numerous positive life improvements and his development toward mental and spiritual completeness demonstrate the positive effects of healing on his life. He had severe bodily, mental, and spiritual effects; nevertheless, because of his relationships with his sister and doctor, he was able to begin the process of healing. This case demonstrates that therapy is still possible in the presence of an incurable illness (Miller and Crabtree, 2005).

3 Aim of the study

The aim of the study is to enhance the awareness of nurses regarding the advantages inherent in therapeutic touch interventions when applied to elderly patients. It is for this reason that the objective is to provide nurses with a deeper understanding of the fundamental principles underlying therapeutic touch. For the nurses to be well empowered, such comprehension in turn is envisioned in delivering compassionate support to their older patients and the medical care which they all deserve. Nurses can contribute significantly to enhancing the overall well-being of elderly individuals and potentially reduce their reliance on medications and other medical interventions by embracing therapeutic touch. This research, consequently, seeks to link the gap in practice and knowledge by promoting a holistic methodology to elderly patient care that goes beyond traditional medical treatments.

3.1 Research questions

1. Can therapeutic touch decrease pain and anxiety in elderly?
2. Can therapeutic touch improve the patient's well-being and quality of life?

4 Theoretical framework

The nursing profession is currently undergoing a significant transformation in the importance attributed to the concept of caring, which will ultimately have an impact on the practise of nursing. The examination of Dr. Jean Watson's Theory of Human Caring has growing significance, particularly in its application to the provision of care for the older population. This phenomenon occurs due to the fact that among this particular population, standard reductionistic medical remedies often demonstrate redundancy and undesirability (Alligood, 2018).

The selection of an acceptable theoretical framework is of paramount importance in the realm of research as it facilitates the identification of a theory that aligns with or suits the investigative context. During the deliberation phase, there was a discourse over the inclusion of various nursing concepts that may be readily accessed. After considerable analysis, it was determined that including Dr. Jean Watson's Theory of Human Caring within the study would enhance clarity and alignment with the study's distribution and primary objective (Alligood, 2018).

The selection underscores the widespread acceptance and consequential influence of Dr. Watson's concept on contemporary nursing practise, particularly in the context of geriatric care. The acknowledgement is made on the necessity of adopting a healthcare strategy that prioritises the well-being of individuals, taking into account their comprehensive needs and aligning with the evolving values and preferences of patients, particularly among the elderly demographic. The selection underscores the widespread acceptance and substantial influence of Dr Watson's concept on contemporary nursing practise, especially in the context of geriatric care (Alligood, 2018).

Undoubtedly, this theory holds significant value since it has emerged as a prominent framework within the nursing discipline during the course of its development. According to Alligood (2018), the theoretical framework is grounded in the principles of a comprehensive viewpoint and transpersonal psychology. This observation suggests that the aforementioned

idea possesses a robust moral underpinning that is rooted in a continuous examination of ethical principles, epistemological considerations, ontological assumptions, and a broad global outlook. This theory encompasses the fundamental conceptions of moral standards and principles, knowledge and belief, the nature of reality and existence, as well as the fundamental unity or oneness of reality. The crux of Watson's Human Care Theory lies in the realm of transpersonal interactions and instances of care that occur between individuals. The contemplation of the theory and its implementation has played a significant role in advancing the field of professional nursing practise by surpassing the mere objective aspects of care. This advancement is achieved through the incorporation of various concepts, beliefs, and values held by the individuals involved, while also acknowledging and respecting the spiritual needs of the individuals receiving care. Consequently, this transpersonal encounter facilitates the nurse's role as an active (Alligood, 2018).

In her theory, Watson presented a persuasive case proposing that Ten Carative Factors, which she terms as Ten Caritas Processes, constitute the framework for the idea of caring, which is distinguished by its dynamic nature and the subsequent process of transformation. It is important to acknowledge the existence of the Ten Caritas Processes, which signify a significant advancement in the comprehension and implementation of compassionate care within the healthcare domain. The Ten Caritas Processes encompass a range of activities and attitudes that may be adopted by nurses and healthcare workers in their duties as carers (Alligood, 2018). The aforementioned items encompass:

- a. Ten Caritas Processes and the application of loving-kindness to oneself and to others, which she refers to as the Ten Carative Factors.
- b. Considering one's own and the experiences of people in one's care. This is well-known as the "authentic presence," which entails cultivating faith and hope while being genuinely available and responsive to others.
- c. Recognizing the significance of personal spirituality in enhancing the quality of care thereby nurturing one's own spiritual practices.
- d. Emphasizing the importance of trust as a foundation for meaningful caregiving interactions by developing trust-based interpersonal caring relationships.
- e. Fostering an environment of understanding and emotional support by demonstrating forgiveness and empathy towards oneself and others.
- f. Promoting the use of all modes of knowing, which draw on a variety of information sources, to comprehend and treat the requirements of patients.

- g. Promoting true teaching-learning interactions between caregivers and patients to promote a sense of reciprocal growth and learning.
- h. Creating a compassionate, healing atmosphere for everyone engaged to recognize the therapeutic potential of the physical and emotional environment in healthcare settings.
- i. Treating every person with dignity, respect, and a recognition of their unique worth and valuing the inherent humanity in everyone,
- j. Acknowledging the mysteries and unexplainable aspects of the human experience and remaining open to the possibilities of healing and transformation through embracing the unknowns and miracles in life.

It may be said that it emphasizes the significance of more than just the technical components of care. However, the Ten Caritas Processes, which embody a comprehensive and profoundly compassionate approach to healthcare, have an impact on the fundamental human connection and understanding that support the art of caring in the healthcare profession. The researcher believes that the Watson-developed transpersonal caring paradigm is presented here as a means of providing the kind of compassionate care that patients demand. The focus is on seniors who have chronic pain because they are typically more vulnerable to developing comorbid conditions like depression and anxiety and frequently have negative consequences (Alligood, 2008).

The idea aims to account for a wide range of elements relating to illnesses and health conditions. The most helpful way to comprehend Watson's dissertation is as a moral and intellectual foundation for nursing. The fact that it touches on issues like promoting health, preventing illness, and achieving a peaceful dying further broadens the idea's applicability. The Caritas protocols offer guidelines for nurse-patient care (Alligood, 2018). Nursing theorists and their work. Elsevier).

The Theory of Human Caring by Jean Watson, which emphasizes the significance of comprehending and meeting patients' complete needs, provides a useful foundation for nursing research. We could consider the following when applying Watson's theory to the subject of "therapeutic touch in elderly care":

Understanding the elderly as unique individuals: Watson's theory emphasizes the importance of understanding each patient's unique needs and experiences. When conducting research on therapeutic touch in elderly care, it is important to consider the individual needs of each patient and how therapeutic touch may benefit them.

Watson's approach places a strong emphasis on the necessity of creating a compassionate and encouraging environment for patients. It's crucial to take the physical environment into account while researching therapeutic touch in elderly care because it can affect how effective this intervention is. Incorporating spiritual and existential dimensions: Watson's theory recognizes the spiritual and existential dimensions of human experience. When researching therapeutic touch in elderly care, it is important to consider how this intervention may impact patients' sense of meaning and purpose (Alligood, 2018).

Encouraging the expression of positive and negative feelings: Watson's theory emphasizes the importance of allowing patients to express both positive and negative feelings in a supportive environment. When researching therapeutic touch in elderly care, it is important to consider how this intervention may impact patients' emotional well-being (Watson, 2018).

4.1.1 Nursing

A being, knowing, living, and valuing response to a social call is nursing as a discipline. Nursing is a profession that is based on a social call and responds to that demand by using a body of knowledge. Nurturing people who are living and growing in compassion is the main goal of nursing. The nursing scenario, or the shared lived experience between the nurse and the nursed, is where this nurturing takes place and personhood is strengthened. In order to assist the other person, enjoy their entire being rather than trying to correct something, nursing is called for even while there is neither a need nor a deficit (Alligood, 2018). Boykin and Schoenhofer (2019) recommend using narrative to make the value of nursing clear. The primary focus of Watson's theory of transpersonal caring and the unitary-transformative nursing paradigm would be on how the patient's circumstance is influencing the relationships and activities that give his daily life significance (Alligood, 2018). Watson's theory aims to shift nursing away from the modernist perspective that sees the human body as a machine and reality as discrete, elemental, and concrete and toward a metaphysical realm where the interconnected and nondiscrete nature of a world and the spiritual nature of people are of utmost importance. Watson's theory is based on Nightingale's idea of a therapeutic setting. Watson contends that healing can take place both in the presence and absence of sickness, in addition to how interpersonal and environmental factors influence it (Watson, 2018).

“The nurse endeavours to align themselves with the perspective of the individual in order to establish a connection with their inner world of significance and spirituality. Together,

they engage in a collaborative exploration of meaning and personal growth, with the aim of enhancing comfort, managing pain, fostering a sense of well-being, and promoting spiritual transcendence in the face of suffering. Regardless of illness or disease, individuals are perceived as integrated and intact entities.” (Alligood, 2018).

“Nursing professionals have a keen interest in comprehending the intricacies of health, sickness, and the multifaceted nature of the human experience. They are dedicated to the advancement of health promotion, restoration, and the prevention of illnesses. According to Watson's theory, nurses are encouraged to surpass mere procedural and technical features in their practise, which are considered peripheral to the essence of nursing. Instead, they should focus on the fundamental elements of nursing, namely the nurse-patient connection, which can lead to a therapeutic outcome through the transpersonal care process. The topic of discussion is to nursing theorists and their respective contributions, as documented in the publication titled "Elsevier." In order to effectively give care utilising therapeutic touch for senior individuals, it is important to comprehend their distinct bodily, emotional, and spiritual requirements. It is advisable to provide sufficient time for attentive listening and careful observation of the older individual, as this approach enables the customization of techniques to address their unique requirements. Utilise therapeutic touch with a deliberate and focused purpose. When engaging in the practise of therapeutic touch, it is crucial to adopt a mindset characterised by deliberate intention and purpose. The primary objective is to prioritise the overall welfare of the older individual, employing tactile stimulation as a method to facilitate relaxation, provide solace, and foster the process of recovery (Alligood, 2018).

4.1.2 Personhood

“Watson employs a fluid usage of the phrase’s human being, person, life, personhood, and self, using them interchangeably. The individual is perceived as an amalgamation of the mind, body, spirit, and nature. Furthermore, this theory asserts that the concept of personhood is intricately linked to the belief that one's soul transcends the limitations of objective time and space. It further asserts the significance of incorporating the concepts of mind, body, and soul, or oneness, into a dynamic and developing worldview. This interconnectedness of all elements is sometimes denoted as the Unitary Transformative Paradigm, characterised by holographic thinking. The conceptual framework I employ in my discourse is sometimes characterised as dualistic due to my utilisation of the terms 'mind, body, and soul.' However, it is important to note that my primary objective is to elucidate

the presence of the spiritual/metaphysical dimension, which remains unarticulated in other models (Alligood, (2018).

Personality thrives when nurtured through meaningful relationships with compassionate individuals, but it should be understood as an ongoing journey rooted in the concept of caring. At its core, the essence of a caring relationship lies in the recognition of the intrinsic value of every individual, emphasizing their unique status as a person. Caring, in essence, is the act of living within a framework of relational responsibilities. This is the kind of responsibility that encompasses both self and others (Alligood, 2018).

4.1.3 Health

The way that Jean Watson views health has changed throughout time. The initial definition suggested by Alligood (2018) was based on the framework provided by the World Health Organisation. This definition encompassed three key elements:

- A state of well-being characterised by optimal physical, mental, and social functioning.
- A level of daily functioning that allows for adaptation and maintenance.
- The absence of illness or active efforts to prevent its occurrence.

Watson further advanced her comprehension of health, formulating a definition that encompasses the concept as "the state of unity and harmony within the interconnected aspects of the mind, body, and soul." The modified definition underscored the significance of congruence between an individual's perceived self and experienced self, while also emphasising the interplay of the mental, bodily, and spiritual aspects (Alligood, 2018).

Watson's understanding of health has evolved, reflecting a move toward a more holistic and integrative viewpoint that emphasizes the value of harmony within the individual and the interdependence of numerous facets of well-being beyond only the absence of illness (Alligood, 2018).

4.1.4 Environment

In this aspect, Watson explained in her work the critical part that nurses play in their duty of "attending to supportive, protective, and/or corrective physical, mental, spiritual, and societal environments." This idea, which was first stated in her carative factors, emphasizes the crucial position that nurses hold in the healthcare system. It highlights their obligation to take care of several environmental aspects to support the recovery and wellbeing of the people in their care.

The idea that there is an undeniable magnetic field of expectation that forms when a nurse goes into a patient's bedside is a powerful example of this idea. This emphasizes the critical importance of building a supportive and healing-oriented environment within healthcare settings and the profound impact that the nurse's presence and the entire environment have on the patient's healing process (Alligood, 2018).

In addition, Watson asserts that a crucial component of nursing practice is the development of healing spaces. These therapeutic environments have the power to help people overcome the burdens of disease, discomfort, and suffering. This viewpoint emphasizes the complex relationship that exists between a person's total wellbeing and their physical and emotional environment. Asserting the need for a compassionate and healing-focused approach to patient care, it highlights the crucial role that nurses, and the healthcare environment play in fostering the healing process (Alligood, 2018).

4.2 Logical Form

The framework is presented in a logical way. The text explores concepts pertaining to health and sickness, encompassing significant theoretical frameworks and ideas. Watson differentiates nursing from medicine by emphasising the concept of care as contrasting with the notion of curing. Sakalys and Watson suggested that this concept holds use in identifying the body of nursing knowledge as an autonomous scientific discipline.

Since the year 1979, there has been a gradual development in the conceptualization of the qualities pertaining to both patients and nurses, resulting in a more refined understanding of these attributes. The existential-phenomenological and spiritual dimensions have also garnered significant scholarly interest. It was recently emphasised the significance of the "spirit-filled dimensions of caring work and caring knowledge."

Various theorists from other academic disciplines, including Rogers, Erikson, and Maslow, have made significant contributions to the theoretical framework upon which Watson's thesis is built. She is firm in her support for nursing education that combines the humanities, arts, and sciences with holistic understanding from many different fields. According to her, nurses need to have a broad, liberal education because of the patient's needs and the healthcare system's increasingly complex requirements. Professional nursing education must incorporate the principles, subjects, and theories of liberal education (Alligood, 2018).

Recently, Watson has included aspects of a contemporary change in perspective into her concept of transpersonal care. Contemporary theoretical foundations have been associated with several concepts, such as steady-state maintenance, flexibility, linear interaction, and problem-based nursing practise. Furthermore, the postmodern perspective seeks to reinvent the nursing paradigm in order to provide a more inclusive, comprehensive, and human-centered framework. This paradigm shift emphasises the importance of harmony, interpretation, and self-transcendence as guiding principles in nursing practise. According to Alligood (2018), Watson's theory states that nursing must be challenged to create and collaborate on the construction of both old and new knowledge to better understand nursing for the future. "The theory evolution has tended to place greater emphasis on transpersonal caring, intentionality, caring consciousness, and the caring field" (Alligood, 2000).

5 Methodology

This study only used qualitative research methodology. Searches were made on databases including PubMed, EBSCO, and others as part of the data collecting procedure, which was primarily focused on gathering information from reliable scientific resources that are accessible online. The researcher used a combination of terms and phrases in the search engines, such as "therapeutic touch," "healing," "elderly care," and so on, to gather pertinent material. The criterion for inclusion included choosing resources that had recently been published, were available in English, were simple to access, and had the potential to help answer the study questions in a way that would improve comprehension. On the other hand, sources that did not clearly explain the goals of the study were not included in the sample procedure (Denise.F et al., 2010. P, 541).

The importance of ethical issues was stressed throughout the research procedure. The study was carried out in accordance with, among other things, the ethical standards established by the Novia Educational Research Board and the instructions provided by the Finnish

Advisory Board for Research Integrity. The appropriate and ethical conduct of the research was ensured by these ethical concerns, upholding the highest standards of research integrity (TENK 2019).

5.1 Systematic literature review

A systematic literature review is a methodical procedure designed to analyze and synthesize data taken from books or articles with a critical eye. With the use of predetermined inclusion and exclusion criteria, this review methodically reduces the material that has been gathered to provide an evaluation that has a clear objective. A systematic literature review essentially consists of gathering scientific sources that meet predetermined standards. Its main goal is to thoroughly address the research questions and draw insightful conclusions from the accumulated data. It is impossible to overestimate the importance of systematic literature reviews in the research community. They are essential for minimizing the effects of biases and errors as well as for removing any potential uncertainties in the subject area. Systematic reviews also can highlight areas where there may be a lack of evidence, opening the door for novel discoveries by drawing on already completed or ongoing research. In essence, they act as the foundation of evidence-based research, allowing for the synthesis of already known information and promoting breakthroughs across a range of disciplines (Denise.F et al., 2010, P, 515).

5.2 Inclusion and exclusion criteria

In this systematic literature review, inclusion criteria guide the selection of studies based on their direct relevance to the research questions and adherence to a specified publication date range, ensuring timeliness. Language criteria are employed to manage linguistic diversity. Conversely, exclusion criteria filter out studies lacking relevance, those of lower methodological quality, and specific publication types, such as editorials. Geographic considerations may influence inclusion or exclusion. Preferred study designs are defined, aligning with research objectives. Adherence to these criteria ensures a focused, rigorous, and transparent review process. Below is a table to illustrate what is meant by the explanation above.

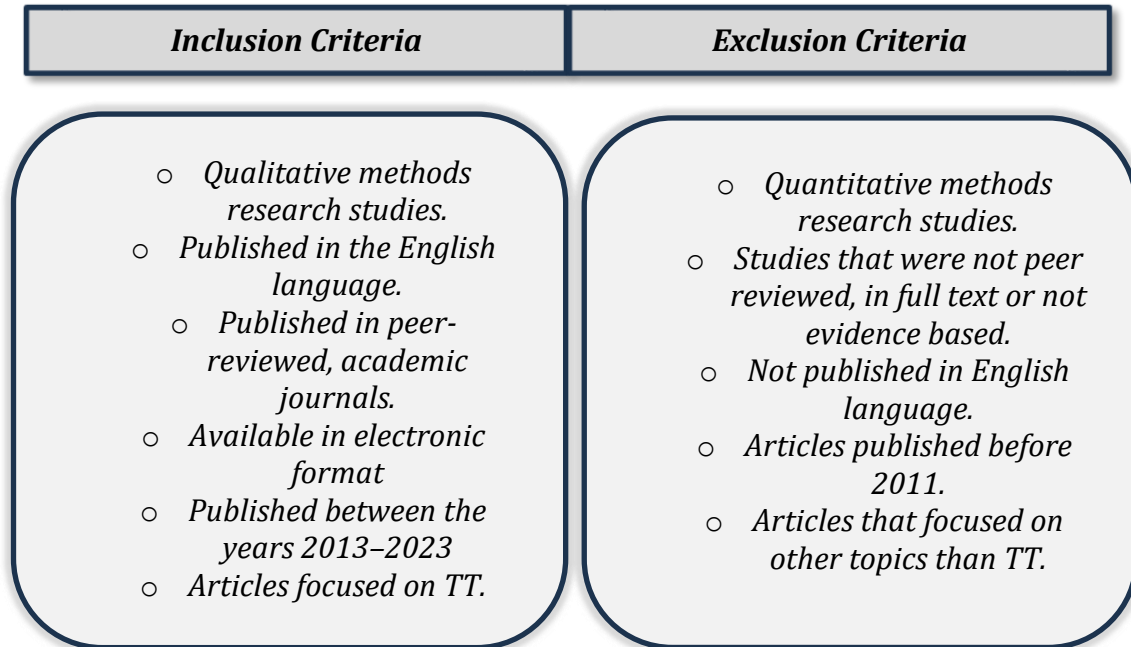


Figure 1. *Inclusion and exclusion criteria.*

5.3 Data collection

A systematic review was conducted in accordance with the PRISMA statement's guidelines, and the results were reported. We searched the Ebsco, MEDLINE, CINAHL, and PubMed databases. A search string was utilized in the study to retrieve articles for analysis from the databases Ebsco, CINAHL, Medline, and PubMed. The research used Boolean operators to retrieve the required articles from the various databases. (Polit & Beck, 2010, p. 339). Prior to the discovery of the publications, the research was met with a great deal of resistance. Using the topic's specific keywords as search terms did not result in any publications being relevant to the research. The research had to broaden the search terms and use synonyms or related terms to find more articles. For example, the research could use terms such as “energy healing”, “biofield therapy”, “non-pharmacological intervention”, “geriatric care”, etc. The research could also use filters or limits to refine the search results by date, language, accessibility, etc. The research could also use other databases or sources that might have more articles on the topic, such as Cochrane Library, Scopus, Web of Science, etc. The research could also use reference tracking or citation searching to find more articles that

cited or were cited by the relevant articles. In additional search keyword that we used was "alternative therapy, complementary of holistic therapy and pain relief." The response that the search produced was that "no articles were found." The research attempted a different search phrase, but it did not provide any favorable findings.

5.4 Prisma flow chat

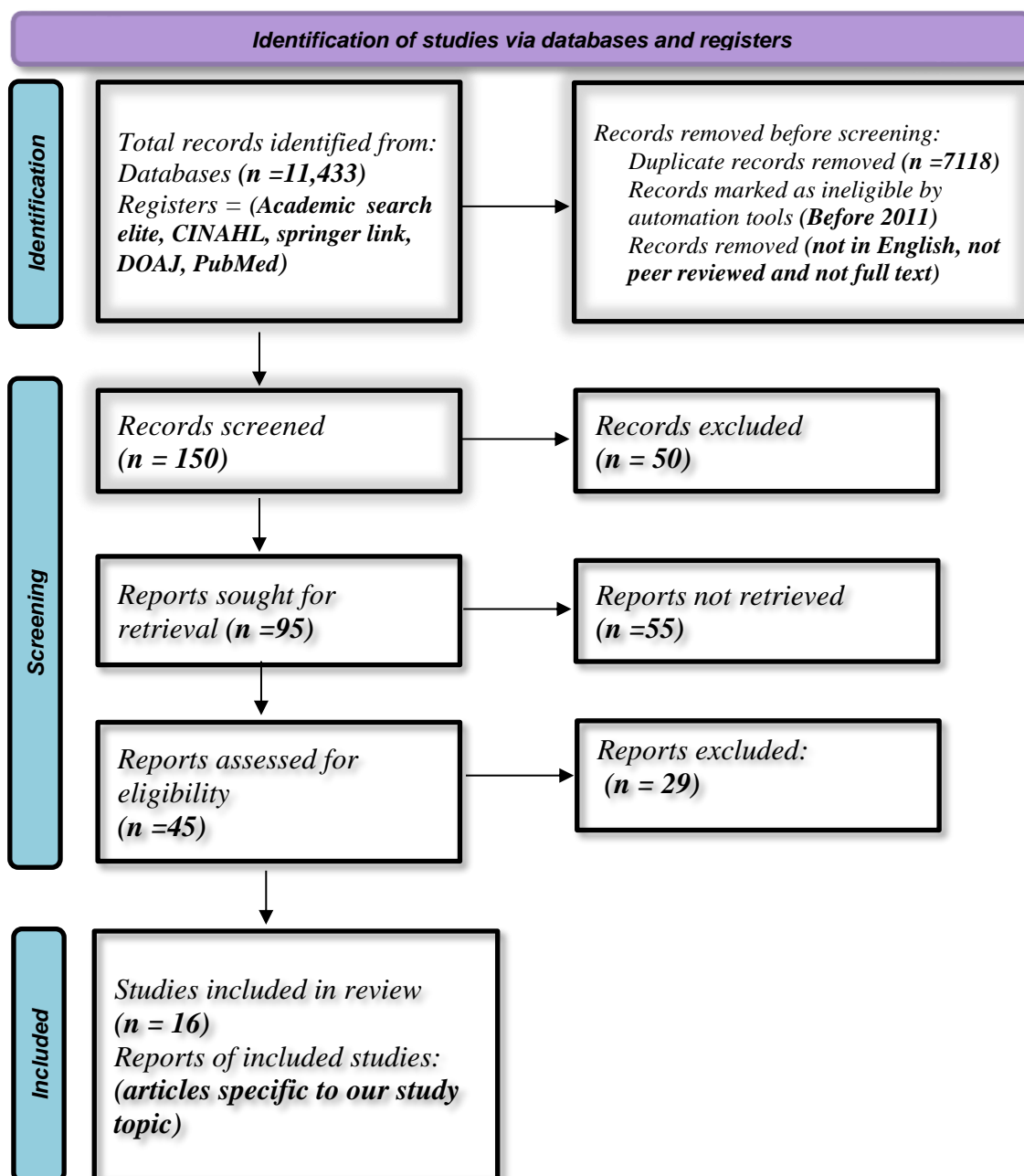


Figure 2. Prisma flow chat

5.5 Data analysis

In this study, content analysis of the chosen literature was the method used for data analysis. The researcher carefully went over all the information they had gathered, marking comparable phrases and topics with various colored inks as they went. Based on how well they addressed the research topic, these phrases and contents were then divided into major and minor themes. By spotting patterns, connections, and insights within the gathered data, this technique enabled a thorough and in-depth research into the subject at hand (Denise. F.,2010, P. 337).

5.6 Ethical consideration

To maintain the research's integrity and perform it in an ethical manner, this study adhered strictly to several key concepts and norms. First, we took deliberate steps to eliminate a variety of biases, such as database bias, language prejudice, familiarity bias, citation bias, and multiple publication bias. Avoiding these biases is essential for preserving the integrity of the research because they can skew research findings and jeopardize the study's validity. We also made a point of preserving moral norms around plagiarism and copyright regulations. This entails properly attributing prior work, upholding intellectual property rights, and guaranteeing that the study's data and analytic reporting adheres to the highest standards of honesty and transparency (TENK.,2019).

Facts, methods, and procedures were presented in a clear and accurate manner. To ensure the openness of their procedures, we took great care to meticulously record every aspect of their study activities. Anonymity was scrupulously upheld in accordance with the standards established by the Finnish Advisory Board for Research Integrity (TENK., 2019).

The research's educational partner, Novia University of Applied Sciences, also stipulated some ethical guidelines, which were followed by this study. The legitimacy and dependability of the research are critically dependent on this adherence to ethical standards and values. It represents a commitment to carrying out research in an honest and responsible way, thereby advancing knowledge while upholding the greatest standards of integrity (TENK., 2019).

6 Results

"Can therapeutic touch decrease pain and anxiety in the elderly?" is the key question at the center of this investigation. This question is phrased as the problem definition. The investigation into the effects of therapeutic touch on elderly people is guided by this question, which also acts as the study's central thesis. The author deftly handles this crucial query within the framework of the thesis as the study goes on. But this prompts yet another question to surface: "Can therapeutic touch improve the patient's quality of life and wellbeing?" This is a more general question that explores the holistic effects of therapeutic touch, including not only the alleviation of pain and anxiety but also its impact on elderly people's general wellbeing and quality of life. These categories work together to provide a thorough understanding of the beneficial effects of therapeutic touch on elderly people's overall wellbeing. Therapeutic touch comprises a wide range of advantages that collectively improve the quality of life for the aged population, since each feature represents a distinct level of improvement.

A study by McGlone et al., (2017), showed that the medical community has acknowledged the therapeutic effects of touch on health and well-being. Hands-on treatment is therefore indicated because numerous musculoskeletal problems, such as low back pain, neck discomfort, headaches, and hip and knee osteoarthritis, are often noticeable in the aged population (Gross et al., 2015; Cerritelli et al., 2017). Touch also aids in promoting open communication, demonstrate empathy, deduce doubt, and ascertain the mental states of the elderly, it is critical to consider the role therapeutic touch and hands-on care play in establishing a therapeutic alliance and synchronisation between medical professionals and their patients. In addition, it also improves the rehabilitation and treatment compliance of individuals with low back pain, shoulder, and hip osteoarthritis (Cheung et at.,2021).

Additionally, touch relieves physical related suffering more effectively than self-care because it reduces the activation of pain-related areas, especially the dorsal Anterior Cingulate Cortex and the Anterior Insular Cortex (Shamay-Tsoory et al., 2021). Most of the studies under consideration have one thing in common: they all show that Therapeutic Touch treatments significantly lower patients' feelings of pain and anxiety. A significant result of these therapies is the reduction of pain and anxiety, which directly leads to enhanced wellbeing and quality of life. It has been demonstrated that these therapies help patients

function better and can reduce the deterioration of their illnesses. Hoffman et al. (2017) observed that Therapeutic Touch can induce analgesia, reduce lower back pain, and enhance functional capacity particularly helping to alleviate the functional limitations brought on by low back pain in the elderly population highlights this general trend.

These findings are further supported by Jimenez-Ochoa et al., (2015), who point out that therapeutic touch is helpful in reducing pain in senior people, promoting range of motion, and boosting strength in addition to increasing functional capacity. In addition, touch therapy as an intervention, according to Munk et al. (2011), has been shown to be effective in enhancing older persons' coping skills when dealing with chronic pain.

6.1 Pain and anxiety

Pain relief, stronger muscles and elasticity, improved blood and lymphatic circulation, better sleep, reduced stress, and improved tissue oxygenation increased energy supply to the cells, better collagen formation, which encourages muscle growth, and joint connective tissue stretching, which improves functionality. Together, these factors improve physical mobility, which increases the desire to participate in regular physical activity. This enhances one's quality of life and boosts self-esteem (Glaucia Pegorari Micillo et al., 2020).

There is conflicting data to support the efficacy of therapeutic touch therapy (TT) in alliviating anxiety and discomfort, and there aren't many strong, well-designed research in the scientific literature about therapeutic touch. Nonetheless, some research indicates that after getting therapeutic touch, individuals, even the elderly, may benefit from aspects like decreased discomfort and anxiety. It's crucial to remember that variables like individual receptivity, expectancies, and the therapeutic alliance may have an impact on these outcomes. Below are some points to consider based on available research:

1. Pain Reduction:

- Most of the research has shown that therapeutic touch may help lower subjective pain levels but further study is necessary to establish a definite correlation because the processes behind this impact are not well known.

2. Anxiety Reduction:

- There is limited evidence indicating that therapeutic touch may help some individuals feel less anxious and more at ease. Nevertheless, not all research yields the same findings.

3. Placebo Effect:

- It's critical to consider the placebo effect's possible significance. One's experience of pain and anxiety can be influenced by their conviction in the effectiveness of the therapy, as well as the compassionate and understanding character of therapeutic touch.

4. Individual Variability:

- People react differently to therapeutic touch. Although some individuals might claim favourable outcomes, others might not. Individual preferences, cultural background, and personal views are only a few examples of the variables that might affect the results.

5. Integration with Conventional Care:

- Therapeutic touch is frequently used in conjunction with other therapies; it is not intended to replace them. It needs to be incorporated into a thorough treatment plan including evidence-based methods for managing anxiety and discomfort.

6. Need for Further Research:

- To determine therapeutic touch's efficacy in certain groups, especially the elderly, more meticulously planned and thorough research are required as the scientific literature on the subject is still inconsistent.

According to a study by Karimi et al., (2016), one therapy, a slow stroke back therapy, has been found to be particularly useful for older people with multiple sclerosis, leading to a decrease in sensations of fatigue. Additionally, as mentioned by Nelson and Coyle (2011), this therapy has the potential to lessen the requirement for sedative-hypnotic medicines when given to elderly people before bed. These findings highlight the beneficial effects of Therapeutic Touch on patient psychological health, particularly in terms of lowering anxiety and managing medicine among elderly populations.

The evidence for the potential advantages of therapeutic touch in lowering pain and anxiety is not yet consistent, despite anecdotal accounts and a few research pointing in that direction. Therapeutic touch should be used in accordance with the preferences and comfort level of the older person, and if it is to be included in their care plan, it should be done after consulting with medical specialists. It's also critical to understand that therapeutic touch should be incorporated into a larger strategy for caring for the elderly rather than being used as a stand-alone treatment.

6.2 Quality of life and Well-being

It has been shown that ritual touch healing techniques like Reiki and TT influence autonomic nervous system activity, changing it from sympathetic to parasympathetic dominance, demonstrating relaxation. For instance, systolic blood pressure and neck muscular tension decreased, indicating that patients were more relaxed following a 30-minute Reiki treatment. In contrast to previous research, this study examined the psychophysiological alterations that occur during a touch-based healing ritual and connected these alterations to a subsequent subjective improvement (Karimi Meisner and Anne Koch, 2015)

Improvements in well-being following a touch-based healing ritual were anticipated during the process of healing. It has been suggested that the increased sympathetic activity seen during the ritual is a predictive anxiety response, which is known to occur before relaxing. There were positive outcomes in this pilot study that supports the need for more extensive, carefully monitored research to gain a deeper understanding of the innermost components of complex healing practises. (Karimi Meisner and Anne Koch, 2015)

Therefore, TT is an essential practise for the aged population that produces social, emotional, and ongoing well-being as well as psychological advantages including increased self-esteem. Again, demonstrating the beneficial effects of massage, a recent systematic review with meta-analysis found that non-pharmacological therapies, including massage, are more successful in reducing agitated and aggressive behaviour in adult dementia patients (Glaucia Pegorari Micillo, 2020).

Applying Therapeutic Touch promotes improved communication between the client and the practitioner. Nurses may gain individuals over and encourage them to take courage through TT by demonstrating to them that they are attentive to and care about them. The warmth, comfort, understanding, and respect that nurses radiate to others helps to lessen emotions of

helplessness, dread, and worry. This reduces psychological stress in older adults (Hazel et al., 2019)

A controlled, randomised investigation carried out by (Suzuki et al.) to determine the effects of TT over a period of 6 weeks on the changes in physical and mental function, behavioural symptoms, and psychological symptoms of dementia among elderly adults, revealed that TT was thought to be able to stop patients' cognitive function from deteriorating or at least slow it down. (Fei Fei Cai, Hong Zhang June 2015). It was also noted that another explanation for TT effectiveness is that it stimulates the patients' nociceptive pathways which in turn reduces anxiety and encourages both mental and physical relaxation. (Fei Fei Cai and Hong Zhang June 2015)

TT facilitates more communication between the application's beneficiary and the practitioner. Through TT, nurses gain people's trust and empower them to take courage by demonstrating their care and attention for them. In the process of communicating, nurses transmit signals of warmth, comfort, empathy, and respect, which lessens emotions like dread, anxiety, and helplessness. Elderly participants in the MTT and control groups are also contacted as part of the data gathering procedure, which helps them feel important. With the elderly, who feel important, a comfortable and reliable communication channel is developed. This facilitates psychological relaxation for the elderly (Hazel bagic and sebnem cinar yucel, 2020).

Research and discussion on the effects of therapeutic touch (TT) on well-being and quality of life are continuing. Although some people claim great experiences and advantages, it's crucial to remember that there is little scientific proof of therapeutic touch's effectiveness, and individual outcomes might differ.

Here are some points to consider:

1. Subjective Experience:

- After receiving therapeutic touch, some people experience subjective increases in their general well-being. This might involve sensations of calmness, less tension, and improved emotional health.

2. **Stress Reduction:**

- According to some research, therapeutic touch may help reduce tension by encouraging relaxation. Touch has a relaxing and soothing quality that might benefit the neurological system.

3. **Emotional Support:**

- Therapeutic touch's sympathetic and caring qualities can offer emotional support, particularly to people who are struggling with their health or are experiencing emotional discomfort.

4. **Holistic Approach:**

- The foundation of therapeutic touch is a holistic viewpoint that considers the connections between the mental, emotional, and physical dimensions of wellness. This all-encompassing approach to wellbeing appeals to certain people.

5. **Placebo Effect:**

- The advantages of therapeutic touch that have been documented may be attributed to the placebo effect, which is the phenomenon in which an individual experiences benefits because they believe a therapy is helpful.

It's essential to approach therapeutic touch with a balanced perspective, considering individual preferences and integrating it into a broader well-being plan. Additionally, it's crucial to communicate with healthcare professionals when considering complementary therapies, ensuring they are aware of and supportive of the chosen approach. While some people find therapeutic touch to be a valuable component of their well-being practices, others may not experience the same benefits. Scientific research on the subject is ongoing, and more high-quality studies are needed to establish the effectiveness of therapeutic touch and understand the mechanisms through which it may influence well-being.

Complementary and alternative therapies help older individuals maintain their health and enhance their quality of life. These techniques provide nurses with a unique opportunity to provide all-encompassing care. Elderly patients' overall symptoms and side effects from their disease and therapy can be lessened with massage, one of the complementary and

alternative therapies that has been demonstrated in the literature to be helpful. Nevertheless, several research have evaluated the benefits of massage for senior citizens' quality of life. Serife Karagozoglu, (2013)

Healthcare workers frequently touch patients to express their zeal and emotions, which eventually demonstrates the quality of care being provided. However, before touching an elderly person, there are a few things to consider for example getting their permission beforehand; choosing which part of their body to touch; applying pressure; and keeping a close eye on their condition to determine whether the touch will cause positive or negative reactions (Glaucia Pegorari Micillo et al, 2020).

7 Discussion

This study looked at how therapeutic touch (TT) affects elderly people with chronic musculoskeletal pain in terms of pain, anxiety, wellbeing, and quality of life. The primary conclusions of this study were that, in this population, TT was more successful than mimic touch (MT) or standard care (SC) at reducing pain and anxiety while enhancing wellbeing and quality of life. These results, however, are at odds with previous studies (Marta et al., 2017; Utli, 2018) that have not discovered beneficial benefits of TT on pain and anxiety in the elderly.

It is necessary to conduct more study on the financial sustainability and cost-effectiveness of incorporating Therapeutic Touch or fundamental massage techniques into the care of elderly individuals. This capability could range from procedures that involve short, steady strokes of massage or other straightforward massage techniques given by caregivers to scheduled Therapeutic Touch sessions carried out by trained personnel. The health and social care system faces a significant difficulty in providing high-quality care to an increasingly large segment of the population, such as the elderly. As Therapeutic Touch is contraindicated in several disorders that specifically affect the elderly, the issue of the specific training required for caretakers and/or nurses to apply therapeutic touch to older persons should also be considered. It is not only for purely medical grounds that Therapeutic Touch should not be used as therapy in a broad manner without considering the people. Consideration must be given to the person's privacy and intimacy. When it comes to older people, the modesty that can be felt by anyone when undressing for a Therapeutic Touch in front of a practitioner, may be more pronounced because they may have a more negative conception of their bodies

as they age, which may be counterproductive and cause anxiety or stress (Marta et al., 2017; Utlı, 2018)

Six of the papers that were discovered utilizing the inclusion criteria use elderly dementia patients as their sample population. Further studies directed at senior populations not affected by such mental disorders are required to rule out a direct link between the advantages of therapeutic touch and dementia. Only articles whose main goal is to show how massage helps the elderly are included in this study. To determine whether the positive effects of Therapeutic Touch are due to the technique of TT or whether the gentle touch, the natural and sustained human contact, the attention with positive non-verbal reinforcement (tone of voice, eye-to-eye communication, natural and spontaneous physical contact...) also have these positive effects, more research on the impact of Therapeutic touch on a daily basis in the care of older people is required (Bar-Tur et al., 2021).

7.1 Discussion of results

These results are interesting because they show how Therapeutic Touch affects older people's quality of life and well-being in ways that haven't before been directly examined by research. Therapeutic Touch may also improve relaxation, comfort, coping, self-esteem, mood, sleep quality, immune function, wound healing, and spiritual connection, which could account for some of the good effects of TT on pain and anxiety in the elderly (Bar-Tur et al., 2021). These elements could help older persons feel and express less pain and anxiety while also improving their quality of life and feeling of wellbeing. The physiological mechanisms of pain and anxiety, such as blood pressure, heart rate, cortisol levels, inflammatory cytokines, endorphins, serotonin, or dopamine, may be affected by Therapeutic Touch, according to Marta et al., (2017). The effects of TT on reducing pain and anxiety as well as improving well-being and quality of life in older individuals may be mediated by these processes.

The caring theory of Jean Watson, a holistic nursing concept that stresses the humanistic aspects of nursing care (Alligood, 2003), also supports the therapeutic touch's beneficial effects on pain and anxiety in the elderly. Theoretically, caring entails values, intentionality, consciousness, transpersonal connections, and human energy fields. It is a moral ideal. By fostering a caring, healing environment that respects each person's individuality and dignity, compassion can aid in the process of healing and promoting wholeness. The expression of

good feelings like love, compassion, empathy, trust, hope, or joy can be made easier by caring. These feelings can improve the patient's and the nurse's physical, mental, social, and spiritual health as well as their overall quality of life. Therefore, Therapeutic Touch can be seen as a form of caring that involves using one's intentionality and consciousness to manipulate the human energy field and promote healing and wholeness in older adults with chronic pain.

However, some opponents who dispute the reliability or validity of TT as a scientific practice or intervention cast doubt on the beneficial effects of TT on pain and anxiety in the elderly. These detractors contend that TT is unjustified ethically, empirically, or theoretically. They contend that TT is founded on erroneous pseudoscientific presumptions, such as the notion that a practitioner's hands can sense and control a person's energy field or that energy can be transferred from one person to another (Garrett and Riou, 2020).

Additionally, they assert that TT is ineffectual because to the possibility of placebo effects, erroneous expectations, or practitioner or patient dishonesty. Additionally, they contend that TT is unethical because it can contravene the healthcare ideals of autonomy, beneficence, non-maleficence, or fairness. Health care workers and researchers should therefore use TT cautiously and critically (Garret and Riou, 2020).

Future research should recognize and address the limitations of this study. Small sample size, absence of blinding or randomization, short-term intervention or follow-up, population or outcome heterogeneity, and a lack of defined protocols or metrics for TT are a few of the drawbacks (Garrett & Riou, 2020). The internal or external validity and generalizability of the findings may be impacted by these limitations. Additional research is required to examine the mechanisms and modifiers of TT's effects on older persons' well-being, quality of life, and pain and anxiety, including the influence of the patient-practitioner relationship, patient expectations, and individual differences (Garret and Riou, 2020).

7.2 Discussion of method

The methodology adopted for this study employs a qualitative research approach, focusing on a systematic literature review to gain comprehensive insights into the chosen subject matter. The data collection process involved thorough searches on reputable databases such as Academic search elite, CINAHL, PubMed Central, and springer link, to fully comprehend the subject, utilizing a carefully crafted set of terms and phrases related to therapeutic touch, healing, and elderly care. The inclusion criteria for selecting resources emphasized recent

publication, availability in English, accessibility, and relevance to addressing the study's specific questions. This approach aimed to ensure the retrieval of information from reliable scientific sources. Ethical considerations were given paramount importance throughout the research procedure. The study adhered to ethical standards set by the Novia Educational Research Board and followed the guidelines provided by the Finnish Advisory Board for Research Integrity (TENK., 2019). These ethical considerations were integral in upholding the highest standards of research integrity and ensuring the responsible conduct of the study.

The study corresponds to the objectives and research issues addressed by therapeutic touch in elderly care. Sixteen (16) relevant papers were reviewed, and the keywords were gathered via the use of the inductive content analysis approach, which helped us create categories and subcategories. A constraint of the research is that several papers were inaccessible due to the necessity of a cost-based membership.

A significant component of the methodology is the systematic literature review. This methodical procedure involves the analysis and synthesis of data from books and articles, guided by predetermined inclusion and exclusion criteria. The overarching goal of the systematic literature review is to comprehensively address the research questions and derive insightful conclusions from the aggregated data. The methodology acknowledges the indispensability of systematic literature reviews in the research community. These reviews play a crucial role in minimizing biases, errors, and uncertainties within the subject area.

The systematic literature review is seen as more than just a process; it is a foundation for evidence-based research. By systematically reviewing existing literature, the study not only synthesizes known information but also identifies areas where evidence may be lacking, potentially paving the way for novel discoveries. This method acts as a cornerstone for breakthroughs across various disciplines, illustrating its significance in advancing knowledge and contributing to the broader scientific discourse. In essence, the research methodology outlined here reflects a thoughtful and rigorous approach, integrating qualitative research principles with the systematic exploration of existing literature to deepen our understanding of the subject under investigation.

7.3 Limitation of the study

A notable limitation of this study arises from its exclusive reliance on a systematic literature review as part of the qualitative research methodology. While the review process is carefully

structured with predefined inclusion criteria, the study's focus on recently published, English-language sources may introduce constraints on the depth and breadth of insights into therapeutic touch, healing, and elderly care. This limitation acknowledges the potential oversight of emerging perspectives or recent developments not fully represented in the existing literature. Additionally, the exclusion of non-English publications may limit the study's comprehensiveness, overlooking valuable insights from diverse linguistic contexts. Researchers and readers should be mindful that the study's conclusions are contingent on the current state of the literature, and future research efforts may benefit from incorporating alternative methods or expanding search criteria to address these potential limitations.

8 Conclusion

In conclusion, the use of therapeutic touch (TT) in the context of elderly care encompasses the application of manual methods aimed at facilitating the processes of healing, inducing relaxation, and enhancing emotional well-being. While there are individuals who report positive outcomes and advantages from therapeutic touch, it is crucial to have an even mindset while considering this supplemental treatment. The subsequent focal aspects may be taken into consideration:

1. **Subjective Benefits:** Some aged older people may perceive subjective enhancements in their general well-being, encompassing feelings of relaxation, stress alleviation, and emotional alleviation gained from therapeutic touch.
2. **Limited Scientific Evidence:** The available scientific literature on therapeutic touch demonstrates a restricted body of knowledge that is marked by different results. Although there are studies that propose possible positive impacts, further thorough research is required to ascertain the effectiveness and comprehensively comprehend the underlying processes.
3. **Complementary Nature:** Therapeutic touch is frequently employed as a complimentary modality in conjunction with traditional medical interventions. The purpose of this intervention is not to supplant evidence-based therapy, but rather to function as an ancillary component within a complete care plan.
4. **Individual Variability:** variability is observed in the responses of older adults to therapeutic touch. The perceived impact of treatment can be influenced by several factors, including personal preferences, cultural background, and individual beliefs.

5. **Holistic Approach:** The therapeutic touch approach is based upon a holistic point of view, which takes consideration the interrelated nature of physical, emotional, and energetic dimensions of well-being. This method may appeal to certain individuals who value a comprehensive framework for their overall well-being.
6. **Consideration of Ethical and Cultural Factors:** The consideration of ethical and cultural factors is crucial while providing care for older adults. Practitioners and carers must be cognizant of ethical issues, ensuring that the autonomy and choices of the elderly are respected. Furthermore, it is important to consider that the acceptance and efficiency of therapeutic touch may be influenced by cultural influences among various communities.
7. **Integration into Care Plans:** The use of therapeutic touch in aged care necessitates its integration into a comprehensive care plan through collaborative efforts with healthcare specialists. Effective communication and collaboration are essential to guarantee that the therapeutic approach is congruent with the individual's preferences and is implemented in a manner that complements traditional medical treatment.

The utilisation of therapeutic touch in the context of elderly care has the capacity to yield favourable outcomes for the well-being of some individuals in this population. However, it is imperative that the application of this intervention be guided by a comprehensive understanding of relevant knowledge, conducted with due regard for the dignity and autonomy of the aged, and grounded in empirical data. As the study in this field progresses, further knowledge may be gained on the precise circumstances and groups of individuals that might get the most advantages from therapeutic touch. Incorporating therapeutic touch into the care of elderly people necessitates the careful consideration of many key factors, including individualised care, informed consent, and a holistic approach to well-being.

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Appendices

Appendix 1: overview of literature for data analysis.

No.	Author(s)	Topic	Aim	methodology	Results
1.	2020, Glaucia Pegorari Micillo, Nair Fátima Nunes Garcia, Angélica Castilho Alonso, José Maria Montiel, Marta Ferreira Bastos.	Implications of therapeutic touch and relaxation massage on aging.	Describe the importance of touch for senior citizens and the possible advantages of this treatment strategy for improving their quality of life.	Data was collected from SciELO, PubMed, Google Scholar, Virtual Health Library (VHL), and PubMed. Manuscripts published up to 2019 were chosen for retrieval as pertinent resources to the subject matter.	Relaxation massage benefits elderly individuals physically and psychologically, highlighting the need for future research to explore its direct impact on psychological and emotional factors.
2.	2015, Meissner Karin, Koch Anne	Sympathetic Arousal during a Touch-Based Healing Ritual Predicts Increased Well-Being	analysis of the touch-based healing ritual's subjective and physiological alterations with the goal of lowering stress and enhancing general health.	A randomized controlled trial measured heart rates, breathing rates, and skin conductance levels of 22 participants before, during, and after a touch-based healing process, evaluating their subjective well-being.	Subjective well-being significantly improved post-ritual periods, with skin conductance, heart rate, and heart rate variability remaining unchanged, but a notable increase in breathing rate was observed.
3.	2013, Teresa cristina Gioia schimidt, Maria Julia Paes da Silvia.	An approach to touching while providing high-quality affective health care to hospitalized	The current study set out to confirm the crucial tacesics elements that need to be taken into consideration when	117 undergraduate students and healthcare professionals participated in a training session on nonverbal	Participants identified care aspects for senior citizens, creating nine categories for excellent emotional care in a tacesics setting.

		elderly patients	interacting with the elderly.	communication in gerontology, contributing to the creation of an exploratory and qualitative research field.	
4.	2019, Şebnem Çınar Yücel Gamze Goke Arslan Hazel Bagci	Effects of Hand Massage and Therapeutic Touch on Comfort and Anxiety Living in a Nursing Home in Turkey: A Randomized Controlled Trial	The purpose of this study was to find out how therapeutic touch and hand massage affect the comfort and anxiety levels of senior citizens residing in nursing homes.	The study, a randomized controlled, experimental study, involved 255 older people aged 65-89 living in a nursing home in Izmir, Turkey.	TT and HM have been found to reduce anxiety and improve comfort levels in nursing home residents, making them easily integrated into care activities without adverse effects.
5.	2022, Helen Senderovich, Sandra Gardner, Anna Berall, Roslyn Shultz, Brenda Grant, Vincent Santaguida.	Therapeutic Touch in the Management of Responsive Behaviors in Patients with Dementia.	The purpose of this study was to investigate the management of responsive behaviors in dementia patients by using therapeutic touch (TT).	A randomized, double-blind control trial compared TT response in dementia patients, divided into experimental, placebo, and control groups, lasting 5 days each.	The experimental TT group showed the most consistent decrease in RMBC scores over the 15-day treatment period, while all other groups showed similar rates of change in ABRS scores.
6.	2021, Marques, Bruno, Freeman, Claire, Carter.	Adapting Traditional Healing Values and Beliefs into Therapeutic Cultural Environments for Health	A research of the rongoā Māori traditional healing procedure was conducted in order to ascertain the role of landscape in the healing process.	From June to November 2020, eight rongoā healers took part in semi-structured narrative interviews. The data was analysed using Kaupapa Māori	According to the study, rongoā has its roots in a complex cultural system that includes elements of wairua, tinana, tikanga, tūga, rākau, whenua, and whānau.

		and Well-Being.		methodologies and interpretive phenomenological analysis.	
7.	2020, Francine Feltrin de Oliveira, Margrid Beuter, Maria Denise Schimith, Marinês Tambara Leite, Carolina Backes, Eliane Raquel Rieth Benetti, Larissa Venturini	Therapeutic itinerary of elderly people with diabetes mellitus: implications for nursing care	to provide the treatment plan for senior adults with diabetes mellitus who are enrolled in Family Health Strategy units.	A study was conducted on 15 elderly diabetes patients using semi-structured interviews from February to April 2019, analyzing their data for Minayo's operational proposal.	Participants in folk care subsystem emphasized medicinal herbs, healers, and faith, while professional care units like Family Health Strategy units bonded with elderly patients, despite private healthcare networks.
8.	2020, Bagci, Hazel, Yucel, Sebnem Cinar.	A Systematic Review of the Studies about Therapeutic Touch after the Year of 2000	This thorough review's goal was to evaluate therapeutic touch studies conducted after 2000.	To identify relevant publications, databases including Pubmed, Cochrane, and Medline were searched.	The studies evaluated a variety of populations, including pre- and post-operative patients, the elderly, cancer patients, dementia patients, neonates, and pregnant women. They also looked at pain, anxiety, psychological symptoms, vital signs, cortisol levels, sleep quality, fatigue, vomiting intensity, haemoglobin and hematocrit levels, and life quality.
9.	2013, Karagozoglu, Serife, Kahve, Emine.	Effects of back massage on chemotherapy-related fatigue and anxiety: Supportive	The purpose of this study was to evaluate the effectiveness of back massage as a nursing intervention on the development of	Data were gathered for the 40 patients in the research using the Personal Information Form, the Brief Fatigue Inventory,	After chemotherapy, it was shown that the patients in the intervention group had lower mean anxiety levels. After chemotherapy, the intervention group's

		care and therapeutic touch in cancer nursing	acute fatigue brought on by chemotherapy and the emergence of anxiety in cancer patients undergoing this treatment.	and the State Anxiety section of the Spielberger State-Trait Anxiety Inventory.	degree of weariness dramatically decreased the next day.
10.	2021, Alp, Fethiye Yelkin, Yucel, Sebnem Cinar.	The Effect of Therapeutic Touch on the Comfort and Anxiety of Nursing Home Residents.	The purpose of this study was to determine how TT affected the comfort and anxiety of people living in nursing homes.	Using GCQ and STAI, data were gathered from 60 older participants—30 in the experimental group and 30 in the control group.	A statistically significant distinction was seen between the TT and control groups' measures. The findings show that TT lowers anxiety and raises elderly people's comfort levels.
11.	2022, Ünal Aslan, Kevser S, Cetinkaya, Funda	The effects of therapeutic touch on spiritual care and sleep quality in patients receiving palliative care.	The goal of this study was to find out how therapeutic touch (TT) affected patients receiving palliative care's spiritual care and quality of sleep.	Data from 73 palliative care inpatients at a teaching and research hospital were gathered for the study utilising questionnaires such as the SCRS and PSQI.	This study revealed that, following four weeks of TT application, there was a statistically significant change in post-test data between the intervention and control groups. Implications for Practise The findings showed that TT treatment improves patients' spiritual care and quality of sleep.
12.	2020, Bagcı, Hazel Cınar Yücel, Sebnem.	Effect of Therapeutic Touch on Sleep Quality in Elders Living at Nursing Homes	The purpose of this study was to find out how therapeutic touch affected the quality of sleep that senior residents in nursing homes experienced.	This research is a controlled, randomised experiment with a pre-test/post-test control group. Twenty-five senior citizens made up the research sample.	Despite that, there was a notable rise because of the study. Providing therapeutic touch to elderly residents of nursing homes is a useful way to enhance their quality of sleep.
13.	2013,	Touch, the essence of	The aim of this study was to	In this article, a mixed-methods	The study looks at touch in relation to mental

	Nicholls, Daniel Chang, Esther Johnson, Amanda Edenborough, Michel.	caring for people with end-stage dementia: A mental health perspective in Namaste Care.	highlight the aspects of mental health draw attention to the fact that people require touch throughout their whole life, even in their terminal phases.	research project using data from focus groups held at three residential aged care institutions in NSW, Australia, is discussed.	health, with two main topics being touch from others and contact from the individual. It emphasises the significance of human and environmental awareness for mental health, affecting both those who care for and are cared for by those with severe dementia.
14.	2022, Desch, Anke Förstner, Bernd Artmann, Jörg Häusler, Andreas Hauptmann, Michael Altin, Sibel Rapp, Michael Holmberg, Christine.	A theory of change of an innovation for therapeutic care and meaningful living in a German nursing home.	The objective was to analyse an unconventional NH in Germany and use a theory of change technique to create a therapeutic care best practise model for NHs.	Interviews were performed with ten directors and care managers of different NHs as well as fourteen employees of an innovative NH between February and July 2021 in Germany as part of a multimethod qualitative research.	To reach consensus, the results were confirmed in multidisciplinary team meetings with research participants and other interested parties. Outcomes Enhancing residents' functional capacities and well-being while also increasing staff members' work satisfaction is the goal of the participating NH's care model.
15.	2019, Veras, Sylvia Maria Cardoso Bastos Menezes, Tania Maria de Oliva Guerrero- Castaneda, Raul Fernando Soares, Mateus Vieira Anton Neto, Florencio Reverendo Pereira, Gildasio Souza.	Nurse care for the hospitalized elderly's spiritual dimension.	To investigate the nursing care provided to elderly patients who are spiritually hospitalised.	From January to April 2018, 17 nurses working at a geriatric centre in Salvador City, Brazil, participated in a qualitative study based on Jean Watson's Theory of Human Caring. The study collected testimony through interviews.	Despite obstacles including inadequate planning and promoting transpersonal care, spiritual care entails communication, support, reverence for religious practises, acceptance, and compassion for the elderly.

16.	2021, Garrett Bernie, Riou Marliss.	A rapid evidence assessment of recent therapeutic touch research.	The purpose of this study is to compile the most recent data on the safety and efficacy of therapeutic touch as a supplemental therapy in clinical settings.	The study reviewed recent TT research using a rapid evidence assessment (REA) method, using databases such as CINAHL, PubMed, MEDLINE, Web of Science, PsychINFO, and Google Scholar.	There were found to be twenty-one research on clinical concerns, of which eighteen had successful outcomes. While several had methodological problems, bias problems, and low-quality outcomes with insufficient high-quality data, four showed minimal bias risk.
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