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Patient Experiences of Receiving the Therapeutic touch of Nurses in Chronic Illness Care: A Qualitative Study

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Abstract
Therapeutic touch is a form of non-verbal communication, but its delivery in clinical settings often does not align with patient needs. Understanding the perspectives is essential to optimise its use in nursing care. Explore the experiences of Indonesian patients with chronic illness in receiving the therapeutic touch during hospitalisation. A qualitative descriptive design was used. Eight patients with chronic disease were recruited through purposive sampling. Data were collected through in-depth audio recordings and analyzed thematically. Results: Four themes emerged: Nurses' ways of providing touch – techniques, intention and manner of initiating touch; Effects of touch – emotional comfort, reduced anxiety and perceived support; Timing of touch – appropriate moments when touch is expected or meaningful; Cultural and belief influences – feelings of shame, religious considerations and personal boundaries. Most of the patients expressed positive perceptions of therapeutic touch and acknowledged its benefits for comfort and connection. However, some hesitated due to cultural norms, religious values, or limited prior experience. Patients emphasised their right to therapeutic touch when nurses provide care, especially when it conveys empathy and genuine care. Practice Implications: Nurses should strengthen their use of therapeutic touch as part of holistic care. Health professionals are encouraged to integrate therapeutic touch intentionally and sensitively during hospitalisation.

Keywords: *Chronic illness, non-verbal communication, nurse-patient interaction, Therapeutic touch.*
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INTRODUCTION

A planned relationship between nurses and patients to accomplish therapeutic goals and reach the best possible level of healing is known as effective communication. Effective communication is crucial in nursing practice to ensure patient safety, promoting positive outcomes, and foster therapeutic relationships (Dajang et al., 2025). Effective communication exercises will reduce hospital stays. Verbal and non-verbal communication are the two categories of therapeutic communication (Pavlova, 2024). Non-verbal communication is indirect communication, which means that body language and gestures are used in addition to words to convey information (Numonjonovna, 2021). Non-verbal communication in nursing services can have a great impact on the standard and efficacy of care. According to Mahdiyah et al. (2023), nurses employ a variety of non-verbal communication techniques, such as therapeutic touch (haptics), body movements (kinesics), the use of space and distance (proxemics), characteristics of voice (vocalis), and physical appearance (clothes and body type). Therapeutic touch is a therapy by placing or rubbing hands on the patient's shoulders, back and back of the hands, or placing hands on parts of the patient's body that feel (Hanley et al., 2017). Therapeutic

touch can increase relaxation, reduce anxiety and stress, and improve mood (Davis et al., 2020). Therapeutic touch can also reduce pain through various physical manipulation procedures and hand touch (McParlin et al., 2022). This is supported by research reporting that therapeutic touch significantly reduces symptoms of pain, nausea, and anxiety.

Nafisah asserts that the therapeutic touch provided by nurses is still subpar, and this study indicated that 27 patients (58.7%) expressed dissatisfaction with the therapeutic touch provided by nurse (Napisah et al., 2024). This is consistent with the research by (Putriyanti Sitorus et al., 2023), which found that 60% of patients were unhappy with the therapeutic touch and that there is a relationship between touch therapy and patient satisfaction (P value = 0.000 <0.05). Furthermore, the Tanapuan study reinforces the link between therapeutic touch and patient happiness (Nurhalizah, 2024). Indonesia is a multiracial, multiethnic, and multicultural country in the world. Diversity, religion, spiritual practices, and beliefs are identified as important in everyday life for Indonesian people and are very important in holistic health, including in treating patients with chronic diseases (Okhueleigbe, 2024) as well as cultural aspects. Indonesia is famous for its friendly culture. Minangkabau in West Sumatera is known for the principle "adat bersendi syarak, syarak bersendi Kitabullah," so physical interaction with non-mahram members of the opposite sex is normatively limited (Remiswal et al., 2021). And the Sumba tradition of touching the body when greeting shows that when touch involves non-mahram individuals, scholars consider it problematic from a Sharia perspective (Erna et al., 2021).

Touch in the therapy process is seen as beneficial if it meets the client's needs. (Bagci et al., 2020) in his research on the use of touch in psychological interventions found that touch is a sensitive topic and is not easy to talk about even for therapists. Although it cannot be denied, a survey in western culture conducted on members of therapist organisations found data that only 13% of therapists had never touched their clients (Asnaani & Hofmann, 2008). A study conducted by (Strozier et al., 2003) obtained a picture that 95% of therapists use touch in the therapy process with clients. The touch used is also diverse, ranging from stroking hands, arms, and backs, and some respondents even hug clients.

However, in nursing practice in Indonesia, therapeutic touch has received less attention and has not been fully implemented effectively. The use of touch in the therapy process is a fairly controversial issue and is a sensitive and problematic topic, in addition to potentially having benefits that help and heal in the therapy process (Leskowitz, 2003). Some studies reveal constraints on the ineffectiveness of touch performed by nurses in Indonesia. First, Indonesian nurses are hesitant to touch patients due to cultural differences, with religious practices among Muslims and family priorities being the main reasons (Ishikawa & Setyowati, 2018). Next, The study of (Syaebani et al., 2022) tells about Indonesian nurses, particularly women, face sexual harassment linked to physical contact and proximity. Regarding Indonesian patients with chronic diseases, a recent study found that only 37,1% of the patients stated that nurses held their hands while sitting side by side, 35,8% of the patients considered nurses to gently massage the patient's hand when the nurse tried to calm the patient, and 34,6% of the patients considered nurses to touch the patient's shoulder when asking about the patient's condition. This implies that nurses are still not aware of the importance of therapeutic touch in the patient's healing process.

Although studies exploring adult patient experiences of receiving therapeutic touch in Indonesia are limited, to our knowledge, no study has explored the experiences of Indonesian patients with chronic diseases receiving therapeutic touch during hospitalization. Chronic diseases in this study include; dyspepsia, chronic gastritis, diabetes mellitus, hypertension, and chronic kidney failure. Understanding patients' experiences of receiving therapeutic touch is necessary to improve their coping strategies, as well as to inform nurses and other healthcare providers to raise their awareness of the importance of therapeutic touch in providing nursing care. The finding that many studies on therapeutic touch lack a clear theoretical framework has led Burgess et al., (2023) study to aggressively call for theory and a reconceptualization of nursing touch. Although little is known about this phenomenon in Indonesia, it is important to obtain 'near data' findings that can help understand the experiences of this group of participants, thus allowing the findings to contribute to the body of knowledge in the fields of nursing communication. Therefore, a qualitative descriptive study was

chosen as the design for this study. Qualitative descriptive research, as described by (Doyle et al., 2020), is less interpretive and produces findings that are closer to the data provided or near-data findings of the topic being studied. Therefore, the purpose of this study was to explore the experiences of Indonesian patients with chronic illnesses receiving therapeutic touch during their hospitalisation.

METHODS

Study design

This qualitative descriptive study is based on the principle of naturalistic inquiry, which suggests a dedication to learning as much as possible about a phenomenon in its natural state through research (Elo & Kyngäs, 2008), which calls for data analysis to be reflected in participant descriptions and findings to be presented using quotes and words from participants (Cutler et al., 2021). Accordingly, this design was employed to explore how Indonesian patients experience receiving therapeutic touch from nurses. This study was registered in the INA-CRR under the number INA-9AB8D03.

Setting

This study was carried out at the internal medicine inpatient ward of a Hospital in Bukittinggi, West Sumatera Province, Indonesia.

Participant

Participants in this study were chronic diseases who were undergoing outpatient treatment for more than 2 days. In total, based on data saturation, eight participants met the inclusion criteria. The purposive sampling method was used in the recruitment of the participants. The inclusion criteria for the participants were: 1) patients diagnosed with chronic disease 2) treatment at a Hospital; 3) no cognitive impairment; 4) willing to be interviewed; and 5) can speak Indonesian or "*Minangese"* language (local language). And with the condition getting worse while receiving therapy is one of the exclusion criteria.

Data Collection

Data collection was conducted between September and November 2024 using an in-depth qualitative interview approach, in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ). The interviews were conducted by the first author, a registered nurse and nursing lecturer with prior training and experience in qualitative research methods. The interviewer had no prior therapeutic or personal relationship with the participants, thereby minimizing potential power imbalances or role conflicts. Participants were informed about the researcher's academic role and the purpose of the study before the interviews commenced.

A purposive sampling technique was employed to recruit participants who could provide rich and relevant insights into the phenomenon under study. Inclusion criteria were: (1) adult patients diagnosed with a chronic illness, (2) having received nursing care involving therapeutic touch during hospitalization, (3) being clinically stable at the time of data collection, and (4) able to communicate verbally and provide informed consent. The number of participants was determined by data saturation, defined as the point at which no new themes or meaningful information emerged from subsequent interviews.

Permission to conduct the study was obtained from the hospital management and the relevant ethics committee prior to data collection. Researchers collaborated with ward nurses to identify eligible participants and determine appropriate interview times that did not interfere with clinical care. Potential participants were approached individually, informed about the study objectives, procedures, voluntary nature of participation, and confidentiality measures, and provided written informed consent.

Data were collected through face-to-face, semi-structured interviews conducted in a quiet and private hospital treatment room. Only the participant and the researcher were present during the interview to ensure privacy and promote open disclosure. The room environment was arranged to be comfortable and free from interruptions, and no identifying information was disclosed during the interview process. Participants were assured that their identities would be anonymized and that all data would be used solely for research purposes.

An interview guide consisting of open-ended questions was developed based on a review of existing literature on therapeutic touch and patient experiences in nursing care. Core questions included: *"Can you describe your experience of being touched by nurses during your care?"*;*"How did the nurse's touch influence your physical or emotional condition?"*;*"What meaning does that touch have for you as a patient with a chronic illness?"*.

Probing questions were used to facilitate deeper exploration of participants' responses. To ensure content relevance and clarity, the interview guide was reviewed by two qualitative research experts and one senior nursing academic with expertise in chronic illness care. A pilot interview was conducted to refine the wording and flow of questions; data from the pilot interview were not included in the final analysis. All interviews were audio-recorded with participants' permission. In addition, the researcher maintained field notes during and immediately after each interview to document non-verbal cues, emotional expressions, pauses, and contextual observations. These field notes were used to complement the interview transcripts and enhance data richness.

To ensure that participants' accounts specifically reflected experiences of therapeutic touch provided by nurses, participants were explicitly instructed to focus on nursing interactions. Clarification questions such as "*Was this touch performed by a nurse during nursing care*?" were used when necessary to distinguish nursing touch from contact provided by other healthcare professionals. Interviews lasted approximately 30–60 minutes. All recordings were transcribed verbatim prior to analysis, and transcripts were checked against the audio files for accuracy.

Data Analysis

The preparation, organisation, and reporting processes of (Elo & Kyngäs, 2008) were followed in the content analysis of the data. Each interview was transcribed, the transcripts were read several times to gain a sense of the entire transcription, the codes in the key passages were highlighted to obtain the meaning units, and the meaning units were arranged under subthemes and themes to do content analysis (Vaismoradi et al., 2013).

To prepare for this study, the interviews were first typed verbatim. To ensure the accuracy of the data and familiarise the researcher with the entire transcription, all the typed transcriptions were read several times. The important quotations are then underlined. The highlighted quotes were then coded to organise. After being organised into units of analysis, these codes were combined into categories. The first author completed the first categorisation, which was then examined and discussed in Indonesian with the second author. The categories, key quotes, and unit of analysis were then translated into English and re-examined by the first and second authors. Following discussion and agreement by both authors, the classification was decided. The data was analysed without the use of any programme. Finally, the reporting was carried out by classifying the results and the analysis procedure. Fig. 1 shows the categories and the overall unit of analysis.

Data Sharing:

A study registration and data set record were deposited in FigShare (Registration Number: A study registration and dataset record were deposited on Figshare (Registration Number: *10.6084/m9.figshare.30812588*), where anonymized supporting data are publicly available.

Trustworthiness

Credibility, confirmability, dependability, and transferability are all used in this study to determine trustworthiness (Campbell et al., 2020). Triangulation and member checks, including in-person

observation, field notes, and medical records, were used to establish credibility. To obtain the consent of the representative participants, confirmability in this study was accomplished by sending the findings in the form of results acquired and then requesting input. Reliability can be maintained by using a qualitative research specialist to audit and examine several research procedures. By summarising the study findings and then offering a narrative explanation of the interview findings, transferability was achieved.

Ethical Considerations

This research has received the ethical approval number: 501/UFDK.KEPK/X/2024 from Fort De Kock Ethical Committee. This research was also carried out following ethical principles by maintaining confidentiality and providing informed consent before starting treatment for all participants.

RESULTS

Eight people participated in this study. There were five women and three men. They were between 17 and 60 years old. Chronic disease was the diagnosis made for these individuals. Table 1 displays the demographic information of the participants.

Table 1. Demographic characteristics of the participants.

Participant number	Age (years)	Gender	The Type of Chronic Illness
Participant 1	17	Female	Dispepsia
Participant 2	24	Male	Chronic Renal Failure
Participant 3	60	Female	Diabetes Mellitus Type II
Participant 4	22	Male	Chronic Gastritis
Participant 5	45	Female	Diabetes Mellitus Type II
Participant 6	50	Male	Diabetes Mellitus Type II
Participant 7	34	Female	Chronic Renal Failure
Participant 8	43	Female	Hypertension

Four themes are revealed from this study. The four themes are: 1) The way nurses provide touch; 2) The effect of touch given by nurses; 3) timing for Giving Touch; and 4) the culture and beliefs towards touch.

The way nurses provide touch

Indonesian patients reported various experiences of the way nurses provide touch. The way nurses provide touch, synthesized as the unit of analysis, stroking hand, embracing shoulders, and rubbing the back.

Stroking hands

When patients are undergoing treatment in the hospital, some patients receive the nurse's touch by holding their hands while rubbing the palms and backs of the patient's hands. Some of the experts are as follows:

'The *nurse holds the area of your hand where the IV drip was administered while gently rubbing it.'* (P1)

'oowh, *if it's like rubbing the back of my hand' (P2)*

'There *was also a nurse who calmed me while rubbing my hand."*(P3)

"*Oh, outside of the procedure, sometimes the nurse asks me how I am while stroking my hand*" (R8)

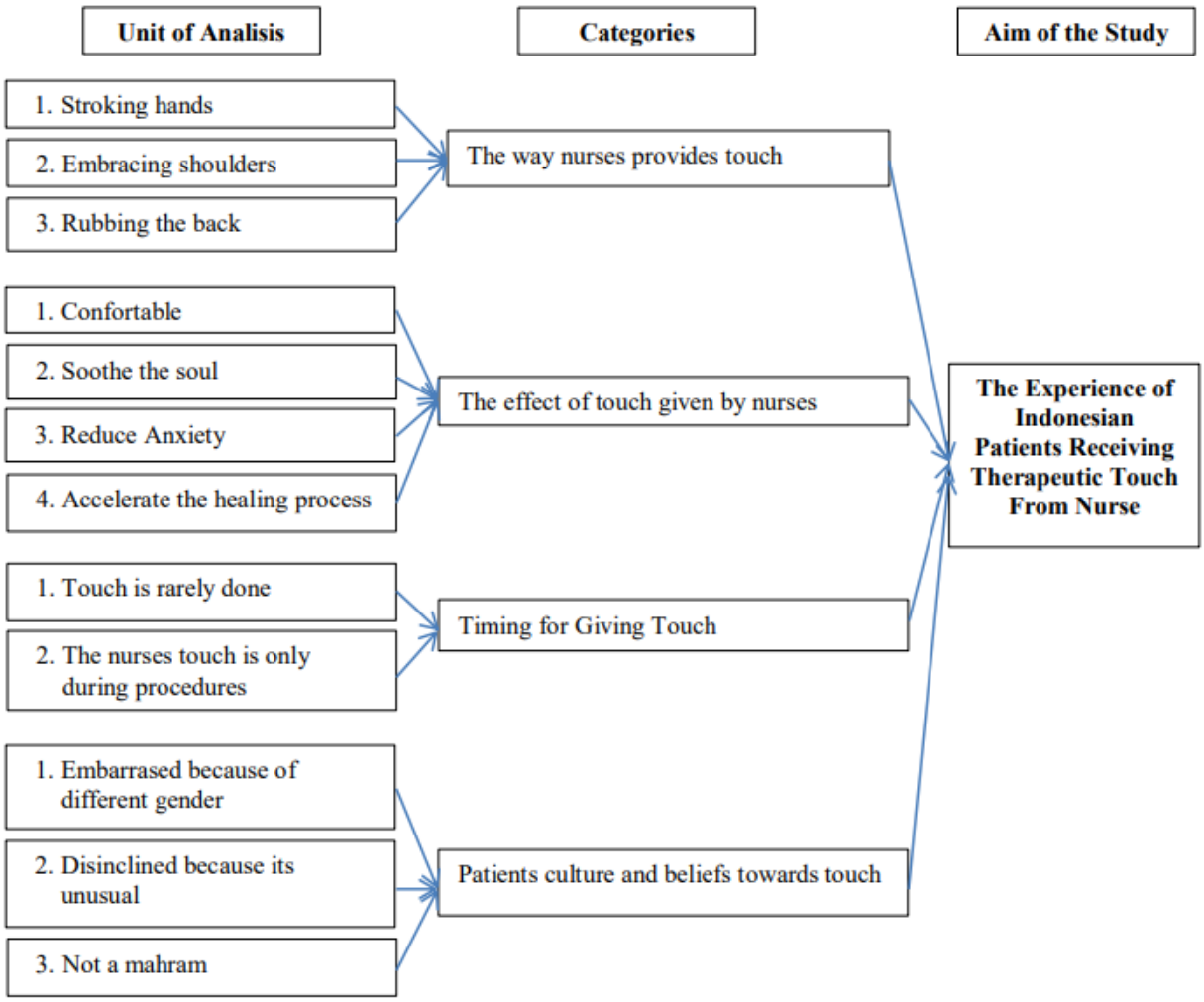

Fig 1. Unit of Analysis and Categories

Embracing shoulders

The patient reported that while being treated in the hospital, the nurse touched him by placing her hand on his shoulder and then the nurse gave him gentle massages in the shoulder area. Some of them said:

'Holding *my shoulder, while saying 'get well soon'*"(P6)

'The *nurse asks the patient how he is and puts his arm around the patient's shoulder and gently pats the patient's shoulder area.'* (P7)

'...like *being rubbed and patted gently on my shoulder.'* (P3)

'when *the nurse sat next to me and crossed her arms over my shoulders and said relax well'* (P5)

Rubbing the back

The touch felt by the patient when being treated in hospital was also expressed when the patient by the nurse rubs the back while giving a gentle massage to the back area.

'Most *nurses hold or gently rubbing my back'* (P1)

'The *nurse seemed to rub my back*" (P2)

'yes... my *back was rubbed by the nurse'* (P5)

'When *the nurse greeted me in the morning, the nurse rubbed my back as if to strengthen me.'* (P8)

The effect of touch given by nurses

This category highlighted four important aspects related to the comforting effects of sick conditions, the calming of an anxious heart, the resolution of excessive anxiety while in the hospital and speeding up the healing period. This category was derived from four units of analysis: a) comfortable, b) soothe the soul, c) reduce anxiety, and d) accelerate the healing process.

Comfortable

The participants stated that the nurse's touch during hospitalisation was very helpful in comforting the patient's pain. The nurse's touch can divert pain so that patients feel comfortable from day to day while in the hospital.

"*When the nurse held my hand, the pain immediately reduced."* (P1)

'Yaa...it *feels calm, it was sore and painful but then the pain became less intense'* (P5)

"*It was quite comfortable, sis. At first I was afraid of the pain because it was my first time having an IV drip.*" (P4)

Sooth the soul

"*There is something to calm you down, ma'am, by physical contact such as touching your hands*" (P2)

"It's quite calm, it feels like my own child, too. It is a sense of concern from the nurse towards me '(P3)

'The *nurse hugged my shoulders while the nurse spoke and I felt calmer'* (P6)

Reduce anxiety

Participants noted that the touch greatly affected excessive anxiety while undergoing hospital treatment. The nurse's touch had a psychological effect that changed negative feelings into positive ones. Here are some of the expressions:

'There *is a positive effect, psychologically the feeling of anxiety or fear is reduced'* (P3)

'When *I was worried about the actions of the nurse who was going to install the catheter, the nurse rubbed my back repeatedly while assuring me not to worry.'* (P5)

Accelerate the healing process

The therapeutic touch given by nurses to patients has a positive effect on the healing process of the patient's disease. Patients who feel psychologically comfortable and calm will be cooperative in receiving all nursing care interventions while in the hospital. Some patient statements are as follows:

"*In my opinion, I have become confident with the nurses, and the nurses' sense of concern can also be seen from their touch, so it speeds up recovery. Because if the patient is comfortable, their heart is happy and they get well quickly*" (P1)

"Oh, of course....because if the nurse is friendly, smiles easily, especially caring and can use good body language, using actions such as calming the patient, patting the patient's shoulder, can speed up the patient's healing. Because it is not just the physical that is sick when being treated, our psychology, the patient, is also sick, ma'am. When the nurse can use good communication, as I said earlier, it can heal psychology, and a good and calm mind can also speed up the healing of the sick physical body" (P2)

Timing for Giving Touch

This category was derived from two units of analysis: a) touch is rarely done, and b) the nurses touch is only during procedures.

Touch is rarely done.

Patients experienced while being treated in the hospital state that nurses rarely perform therapeutic touches while accompanying patients in their care. Nurses are often busy performing invasive procedures for patients. Some of them said :

'It *could be said that nurses rarely held my hand, except for invasive procedures"* (P1)

"*ooh, that touch is rare*" (P5)

"*Efforts are being made for patients, but nurses are still not doing enough for patients*" (P7)

"*for non-verbal, it is rarely used, especially touch*" (P8)

The nurses touch only during procedures.
"*The nurse's touch is usually only when giving medicine or fixing a blocked IV drip, but also when holding me*" (P1)
"*At that time, my infusion was stuck, so the nurse seemed to be massaging the area where the IV was injected, because at that time my blood was rising in the IV*" (P2)
"*Most often they talk, most they hold me when checking my blood pressure or giving me medicine*" (P3)
"*..., but there is no way to hold hands, at least it is only for medical procedures*" (P4)
'When *I was being treated, the nurse touched me when she gave me medicine'* (P5)
"*Regarding touching done by nurses, only when performing interventions*" (P7)
"*especially when touching is done mostly when carrying out actions*" (P8)

Patients' culture and beliefs towards touch.
This category was derived from three units of analysis: a) embroiled because of different gender, b) disinclined because its unusual, and c) not a mahram

Embarrassed because of the different gender
Participants said that there was a feeling of shame when nurses tried to provide therapeutic touch to patients. The feeling of shame occurred due to gender differences, so they were embarrassed to be touched and nurses also felt embarrassed to touch patients of different sex.
"*Hmm, I am embarrassed if someone touches me, because I have never done it before*" (P4)
"*Because of different genders, patients may feel embarrassed if the nurse has to rub the patient's back*" (P8)

Disinclined because of its unusual nature
Participants reported that there was a feeling of reluctance when nurses provide therapeutic touch to patients. The feeling of reluctance because of disinclination and unusual. This unit of analysis was expressed by 2 participants in the following statements:
"*Yes, one more thing, sometimes some nurses are reluctant to touch patients*." (P7)
"Nurse *are reluctant to even talk, let alone touch*" (P4)

Not a Mahram
Some patients believe that touching people of different sex is not permitted in the Islamic religion. Therefore, the patient requested that the person providing the touch act be a nurse of the same sex. This unit of analysis was expressed by 3 participants in the following statements.
"*But the one who installed the catheter at that time was a female nurse, so I felt really awkward...*" (P4)
"*But sometimes it is a bit awkward, sometimes the nurses are men... not mahram, but that is their job and responsibility*" (P5)
"*Because these patients think that we are not a mahram, so sometimes these patients ask someone to carry out the procedure who is of the same gender as the patient*" (P8)

DISCUSSION

The aim of this study was to describe the experience of Indonesian patients in receiving therapeutic touch from a nurse. The findings of this study revealed four categories: the way nurses provide touch, the effect of touch given by nurses, the timing of Giving Touch, and patients' culture and beliefs of patients toward touch.

"The *way nurses provide touch*" showed that patients defined touch as stroking the hand, putting their arm around the shoulder and rubbing the back. The participants in this study really wanted that therapeutic touch from the nurses. How nurses took the time to gently stroke their hands while telling stories, or nurses who rubbed their backs when they were anxious, and when they were sad there were nurses who put their arms around their shoulders like their own siblings. This finding is in agreement

with a previous study that reported that touch is an act of showing emotion, support, and affection, known as expressive touch; for example, holding the hand of a dying patient or placing a comforting hand on someone's shoulder. This is perhaps the most important form of touch in helping to develop a therapeutic relationship with a patient (Stonehouse, 2017). This method of giving therapeutic touch has developed from the previous form of providing touch, namely, in step assessment, in which the practitioner's hands, from a distance of 5 to 10 cm, sweep the patient's body from head to feet, 'in tune' to the patient's condition by becoming aware of 'changes in sensory cues" in the hands (Rosa et al., 2003).

In nursing practice, nurses should give patients a light touch, such as holding their palm or gently massaging their shoulders and back, for as little as five minutes. This shows that the nurse is aware of the patient's condition and gives them positive hope as they go through their therapy.'The *effect of touch given by nurses'*, the second category, is derived from comfort, sooth the soul, reduce anxiety, and accelerate the healing process. 'Comfortable and soothing for the soul' is frequently uttered by many participants. This unit of analysis highlights therapeutic touch can make the atmosphere of a hospital less scary, especially in managing messy psychology (Setyaningsih & Waluyo, 2025). Therapeutic touch is a way of expressing feelings and is a basic human need. Communication through touch is simple, honest and direct. Touching a patient provides physical, emotional, and spiritual relaxation. It improves physiological health, makes the person feel valuable, provides confidence, peace and tranquility, and increases self-esteem (Pinar & Demirel, 2021).

Physiologically, therapeutic touch appears to affect the autonomic nervous system by changing the ratio of high-frequency heart rate to low frequency, which reflects a larger parasympathetic tone and reduces sympathetic activation. Relaxation responses help explain the effects of therapeutic touch. The underlying assumption of therapeutic touch is that the human layer is a system of energy and energy fields that extend beyond several inches outside the surface of the skin (Maksum et al., 2019). The positive effects of touch therapy felt by patients are that they are treated like family. The self-affirming atmosphere patients experience through the touch provided is a form of the nurse's warmth, adapting to become the patient's family during their hospital stay. 'Timing *for Giving Touch'* was derived from touch is rarely done and the touch of the nurses is only during procedures. During their hospital stay, the participants revealed that few nurses and even participants had ever received therapeutic touch such as gentle stroking of the hand, hugging the shoulder and rubbing. This is supported by research by Rosa et al. (2003), which states that nurses' touch includes touch during physical examinations and touch during nursing interventions in the form of action procedures. In fact, nurses are required to be intimately involved with patients and their families than other medical professionals. This is because nurses have a crucial role in implementing patient care rules, particularly when it comes to using therapeutic touch while providing hospital patient care (Sutisnu et al., 2023). Furthermore, 'Patient *culture and beliefs towards touch' are* highlighted as embarrassed because of different gender, disinclined because it is unusual and not a mahram.Touch is not always appropriate or welcomed by the patient, and the support worker must take into account preferences, cultural needs, and beliefs whilst also gaining consent (Tay et al., 2011). Patients who are reluctant to be touched because they are not mahram and clients who express a preference for treatments to be conducted by members of the same sex are examples of transcultural variables, which are barriers to touching that are influenced by culture. In Indonesia, particularly West Sumatra, the values of the Minangkabau community's local wisdom have been embodied in the form of sustainable religious and customary education, both formal and non-formal. This kind of education, which is based on local wisdom, shapes self-identity in social interaction. In this basic education, the Minangkabau community is taught to feel ashamed when they violate norms such as touching the opposite sex, because the impact will be felt by their families and clans. Patients feel more at ease and receptive to changes, particularly in their condition while in the hospital, when therapeutic touch is provided according to their gender. Using the same gender, therapeutic touch can be done in a calm, open, sharing, pleasant, and pressure-free manner (Kustiawan & Somantri, 2022). Furthermore, nurses with heavy workloads will naturally refrain from touching patients since it is disproportionate, such as when there are a lot of patients, which makes them feel

overwhelmed (Uswatin et al., 2024). And the culture of the organisation is shaped by the practices that take place there.

Strengths and Limitations of the study

To our knowledge, there have been no studies exploring the experiences of Indonesian patients receiving touch therapy from nurses. Therefore, the findings of this study contribute to filling the knowledge gap on this topic, which is a strength of this study. The findings of this study are expected to help us understand how patients perceive touch therapy in Indonesia and provide information on how nurses and other healthcare providers administer touch therapy as a form of communication therapy, thereby improving patient comfort during treatment and accelerating the healing process. However, this study also has limitations. This research was conducted in one location in Indonesia. Due to the homogeneous characteristics of the participants in this study, the findings may not represent the multicultural society of Indonesia.

Implications for nursing practice

The results of this study show that nurses are significant communicators with patients, particularly when it comes to touch therapy, which is one way that nurses can communicate non-verbally with patients. These results suggest that it is critical to evaluate nurses' knowledge of the impact of touch therapy on patients throughout treatment, as well as to support and encourage nurses to offer touch therapy to patients while they are in the hospital. Patients in the hospital will heal more quickly if this is done.

CONCLUSION

This study describes the experiences of Indonesian patients who received touch therapy from nurses. The findings reveal that patients have different perceptions of how nurses perform touch therapy, ranging from stroking hands, hugging shoulders, and rubbing the back. The patients also experienced a lack of touch therapy from the nurses during their care. However, Indonesian patients emphasize the importance of touch therapy in their treatment process, such as providing comfort, soothing the soul, reducing anxiety, and accelerating the healing process. Indonesian patients benefited from touch therapy when it was administered by a person of the same gender. But, when the patient's gender differed from the nurse's, they acknowledged feeling embarrassed or inhibited due to cultural norms and religious beliefs that prohibit touch between different genders. For future research, developing guidelines for the implementation of touch therapy by nurses when interacting with patients. Additionally, it is highly recommended that Hospital regulations must establish standard operating procedures for providing touch treatment that is sensitive to ethnic and religious differences. And in order to strengthen Indonesian culture, which is rich in conventions, it is important to emphasize that touch therapy is best administered by nurses and patients of the same gender.

ETHICAL STATEMENT

This research has received the ethical approval number: 501/UFDK.KEPK/X/2024 from Fort De Kock Ethical Committee.

AUTHOR CONTRIBUTION:

FR: Conceptualization, Methodology, Software, Formal analysis, Investigation, Writing - Original Draft and Writing - Review & Editing.
IRK:Conceptualization, Methodology, Software, Formal analysis, Investigation, Writing - Original Draft and Writing - Review & Editing.
CF:Investigation, Writing - Original Draft and Writing - Review & Editing.
NNF: Investigation, Writing - Original Draft and Writing - Review & Editing.

DECLARATION CONFLICT OF INTEREST
The authors state that they have no potential conflicts of interest related to this investigation, research, authorship, and publication of this paper

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DATA AVAILABILITY STATEMENT
All data on these sets of projects generated and analysed during the study process are not made public, but available from the corresponding author upon reasonable request. Limited data such as interview transcripts in Indonesian available at Figshare, https://doi.org/10.6084/m9.figshare.30812588.

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