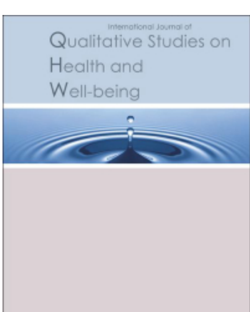
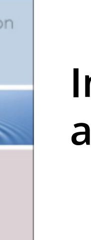



International Journal of Qualitative Studies on Health and Well-being

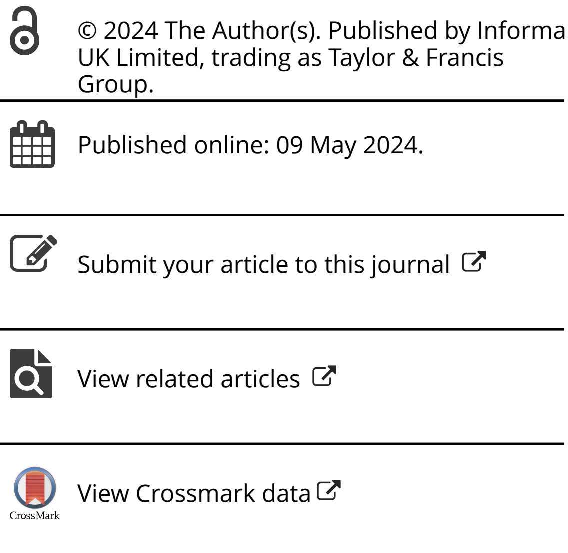
ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/zqhw20

Caring touch as communication in intensive care nursing: a qualitative study

Lise Sandnes & Lisbeth Uhrenfeldt

To cite this article: Lise Sandnes & Lisbeth Uhrenfeldt (2024) Caring touch as communication in intensive care nursing: a qualitative study, International Journal of Qualitative Studies on Health and Well-being, 19:1, 2348891, DOI: 10.1080/17482631.2024.2348891

To link to this article: https://doi.org/10.1080/17482631.2024.2348891



© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

Published online: 09 May 2024.

Submit your article to this journal

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=zqhw20

INTERNATIONAL JOURNAL OF QUALITATIVE STUDIES ON HEALTH AND WELL-BEING
2024, VOL. 19, 2348891
https://doi.org/10.1080/17482631.2024.2348891

EMPIRICAL STUDIES

OPEN ACCESS

Caring touch as communication in intensive care nursing: a qualitative study

Lise Sandnes [a] and Lisbeth Uhrenfeldt [b,c]

[a]Faculty of Nursing and Health Sciences, Nord University, Bodø, Norway; [b]Department of orthopedic surgery, Lillebaelt University hospital, Kolding, Denmark; [c]Institute of Regional Research, Southern Danish University, Odense, Denmark

ABSTRACT

Purpose: This article describes intensive care nurses` experiences of using communicative caring touch as stroking the patient`s cheek or holding his hand. Our research question: "What do intensive care nurses communicate through caring touch?"
Methods: In this qualitative hermeneutically based study data from two intensive care units at Norwegian hospitals are analysed. Eight specialist nurses shared experiences through individual, semi-structured interviews.
Results: The main theme, Communicating safety and presence has four sub-themes: Amplified presence, Communicating security, trust and care, Creating and confirming relationships and Communicating openness to a deeper conversation. Communicative caring touch is offered from the nurse due to the patient`s needs. Caring touch communicates person-centred care, invites to relationship while respecting the patient's dignity as a fellow human being. Caring touch conveys a human initiative in the highly technology environment.
Conclusion: Caring touch is the silent way to communicate care, hope, strength and humanity to critical sick patients. This article provides evidence for a common, but poorly described phenomenon in intensive care nursing.

ARTICLE HISTORY
Received 11 January 2024
Accepted 25 April 2024

KEYWORDS
Intensive care nursing; caring science; communication; patient-centred; caring touch

1. Introduction

In intensive care units (ICU), communication between nurses and patients is crucial to facilitate each individual`s understanding of the other`s thoughts, feelings and opinions, and to humanize care in the ICU, which may be experienced as an unfriendly environment (Kvande et al., 2022). For the intensive care nurse (ICN), communication with the patient is important to assess the patient's condition and anticipate deterioration. Nurses develop their own professional communication style (Holm et al., 2021). Non-verbal communication often plays the main role, as many patients are unable to express themselves through words, due to severe illness, injury, treatment, or medication (Mandal, 2014). For the patient, becoming critically ill and hospitalized can trigger existential anxiety, disorientation, pain, the inability to communicate, alienation from their own body, hallucinations, and the loss of freedom of choice. Evidence shows that after an ICU stay, patients have negative memories of the inability to communicate (Holm & Dreyer, 2017; Storli et al., 2008). When a person's life situation has changed due to acute/or critical illness, a nurse`s presence and caring touch can provide sensory expressions of closeness, comfort, care, and hope (Danielis et al., 2020; Henricson et al., 2009). This support can lead not only to the patient gaining increased inner strength and well-being, but also to better outcomes, including long-term survival after the ICU stay (Alexandersen et al., 2021; Karlsson et al., 2022).

ICN experience a shortage of time, when contending with high patients loads, burdensome medication, preparation responsibilities or inadequate staffing. In recent decades, nursing has faced challenges in meeting patients` basic needs (Kitson et al., 2014). However, in Scandinavian healthcare and nursing, adjusting care to each individual patient and situation remains an important value. When individualizing care, communication is important for the nurse to interpret and understand signs from the patient in order to foresee clinical eventualities. This interpretation can be of critical importance for severely ill patients (Kvande et al., 2017). However, grasping the meaning of an ICU patient`s expression has challenges, because patients` verbal and non-verbal messages can contradict each other (Sandnes & Uhrenfeldt, 2022). Due to obstacles to understand the patients, nurses experience communication in the ICU as a constant oscillation between comprehension and frustration (Holm & Dreyer, 2017).

Every day, ICN touches the patient's skin through procedures like helping patients with personal hygiene, changing bed positions and medical

CONTACT Lise Sandnes lise.sandnes@nord.no Faculty of Nursing and Health Sciences, Nord University, Nord Universit Postbox 1490, Bodø 8049, Norway

© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial License (http://creativecommons.org/licenses/by-nc/4.0/), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

treatment. Performing nursing tasks, the ICN alternates between acting quickly and efficiently, and more slowly, however, always with care (Galvin, 2010). Beyond this task-oriented touch, nurses use a type of touch that is not related to or included in existing standard procedures in ICN. Actions such as stroking the patient`s cheek, holding their hand or giving them a hug has previously been described as "non-necessary touch", and was until recently looked poorly upon in nursing literature and research (Sandnes & Uhrenfeldt, 2022). This includes a lack of understanding of how patients respond to this form of care. However, in recent years the concept of caring touch has been described as a common ICN measure linked to ethical practice (Karlsson et al., 2022; Sandnes & Uhrenfeldt, 2022).

Communication is part of establishing relationships between human beings, in the ICU no less than anywhere else. In person-centred care, the nurse ensures that the patient is met as a person who retains their human rights and is not reduced to a non-speaking object subjected to nursing treatment (McCormack & McCance, 2017). Traditional nursing brings practical actions to meet the individual`s care needs; however, it is important that the nurse also is concerned with the patient`s understanding of their situation (Halldorsdottir, 2008; Uhrenfeldt et al., 2018).

By means of verbal and nonverbal communication, patient and nurse achieve a mutual understanding. In an ICU, trust plays an important role in building a caring and health-promoting relationship between the ICN and the seriously ill patient. To develop the nurse-patient relationship, either the nurse or the patient may reach out for an initial connection. If the nurse engages in dimensions of the patient`s life, the relationship will be personalized and stereotypes will fall away. Nevertheless, the nurse should maintain a certain respectful distance from the patient because the nurse-patient relationship exists for a specific purpose and for a limited time (Halldorsdottir, 2008). This is highly relevant in the ICU, as patients may experience strong relationships with ICN, and then anxiety when they are separated and transferred to another unit (Gullberg et al., 2023).

In relations with patients, ICN`s experience an urge to meet each patient`s needs. This may involve addressing their physical needs, such as those created by respiratory problems, but also their need to feel like "themselves", with importance and integrity (Almerud et al., 2008). By touching a patient`s skin in a comforting way, ICN non-verbally communicates to the patients that they matter (Sandnes & Uhrenfeldt, 2022). Touching the patient's skin is a way of communicating safety and connection with the patient. Although caring touch is an important means of silent communication with critically ill patients, there is a scarcity of previous research on what ICNs communicate through their caring touch of patients` skin outside of procedural practice (Sandnes & Uhrenfeldt, 2022).

2. Aim

This article describes intensive care nurses` experiences of using caring touch to communicate in a relationship with a critically ill patient. Our research question is: "What do intensive care nurses intend to communicate to patients through caring touch?"

3. Design and methods

The study utilizes a French hermeneutic methodology to interpret and understand ICN`s experiences (Ricoeur, 1999). In line with Ricoeur`s (Ricoeur, 1999) assertion that new understanding can be created when one has distanced oneself from the text and then analysed it again, transcribed text from data collected through interviews conducted in 2015 were re-analysed in light of a new research question (Heaton, 2008).

3.1. Participants and context

The informants were intensive care nurses (ICN) with at least five years` experience from working with ICU patients. Specialization through a master`s degree in ICN together with experience from the ICU was considered an important basis for reporting experiences in relation to acute or critically ill ICU patients. The participants were one male and seven female ICNs who each had 11–34 years of experience working in an ICU.

3.2. Data collection

The qualitative semi-structured interviews lasted 30–60 minutes each and were recorded and transcribed verbatim by the first author, using the process described by Kvale and Brinkmann (Kvale & Brinkmann, 2009). The interview guide consisted of open-ended questions such as "Could you talk about a situation where touch played an important role?", "What were your thoughts in that situation?" and "What causes differences in how you touch patients?" For practical reasons, most interviews took place in the hospital where the ICN worked, in a separate room to avoid disturbances during the interview. As requested by two informants, the interviews were conducted at their home.

3.3. Data analysis

The data analysis method was developed by Lindseth and Norberg (Lindseth & Norberg, 2004, 2021) and

influenced by Ricoeur`s (Ricoeur, 1999) constant search for new understanding through interpretation.

The transcribed interviews were re-read and re-analysed (Heaton, 2008) until a naïve conclusion was made. This naïve understanding provided a background for the dialogue between the authors and led further into the structural analysis (Lindseth & Norberg, 2004).

The structural analysis process had different steps: The interviews were divided into short narratives which were placed in a matrix as meaningful units, inspired by Kvale and Brinkmann (see Table I). Then, the contents of the meaningful units were compressed (Kvale & Brinkmann, 2009). The entire interviews were then re-read, and sub-themes were extracted by interpreting the data. The sub-themes were interpreted to identify a main theme. Finally, to gain a deeper understanding the authors comprehensively discussed the findings in reference to new theory in relation to the study's aim, research question and underlying theory.

3.4. Ethical considerations

The Norwegian Center for Research Data (NSD) registered the study (ID 41,164). As no patients were involved, ethical committee approval was not required. It was conducted in accordance with the Declaration of Helsinki (World Medical Association, 2013). A written request to conduct in-depth interviews with ICNs was approved by the local research department. After reading an information letter, eight ICNs accepted their participation through written consent.

4. Findings

4.1. Naïve understanding

An impression emerged that ICNs communicate non-verbally with their patients through a non-procedural, caring way of touching patients, sometimes adding a few words. This type of touch is an important part of communicating and maintaining a caring relationship with the patient. Through touch, ICNs seek to communicate and transmit a sense of comfort, hope and

Table I. From meaningful units to a main theme: an illustration.

Meaningful units	Compressed meaningful units	Sub-themes	Main theme
A lady was supposed to start adapting to NIV, but she was so anxious about wearing the mask, she didn't think she would make it. I tried to sit with her, held and stroked her arm, was close to her. Then she managed it. But when she was alone, she couldn`t, so it was quite clear that my presence was what made her succeed. (Informant A)	The patient could not cope with the treatment when she was alone, but when I communicated safety and presence by being close to her and holding her hand, she managed.	Amplified presence	Communicating safety and presence
I need to emphasize that caring touch is an important way of getting in touch with the patient, for creating trust, a sense of security, a relationship of trust between patient and nurse. Through caring touch, I feel that I add extra care to the patient; the touch emphasizes that I care about the patient. (Informant D)	Caring touch is and communicating security and a trustful relationship between patient and nurse. Trusting touch emphasizes that I care.	Communicating security and care	Communicating safety and presence
Patients who are recently admitted being scared or anxious. They know nothing about what is normal in the ICU, what happens to them. When I hold their hand and greet them, what happens is that I get closer, I feel less distant to the patient, and it can feel safer For the patient. (Informant B)	Recently admitted patients are scared and anxious. Holding their hand brings me closer. I communicate presence with words and actions.	Creating and confirming relationships	Communicating safety and presence
You can of course give (patients) painkillers, but often pain is not the problem. Often, they just need to get the anxiety out. Through touch, I tell patients that I understand that they are afraid, that I would be too. With touch accompanied by words, I ask what troubles the patient. Then I might get the whole story from them, and I can create a better situation for them. (Informant E)	Using both caring touch and words, I ask what troubles the patient. Then I can get the whole story, and I can create a better situation for them.	Communicating openness to a deeper conversation	Communicating safety and presence

strength to the patients and to humanize the high-technology environment of the ICU. Through caring touch, the ICN reinforces the words being said to the patient. In the nurses` opinion, new ICU patients in particular need quiet, caring touch to calm and soothe them when they are frightened. Every time the ICN touches a patient, they interpret what the patient communicates nonverbally. The ICN`s understanding of the patient will guide their decision as to whether touch is required and if so; how and where to touch next.

4.2. *Structural analysis*

The structural analysis revealed one main theme and four sub-themes. The findings are presented below in the order shown in Table I.

The main theme is Communicating safety and presence. Through their use of caring touch, ICNs aim to make patients feel that they are not alone. The nurses aim to demonstrate that they understand what the patients are going through, that they care about the patients and are there to support them in getting through a frightening experience of severe illness.

Our main theme represents more than the sum of all individual sub-themes (Ricoeur, 1999). An ICU provides a specific and sometimes overwhelming context for the communication between an ICN and a patient (Figure 1). Communication is a crucial aspect of establishing a relationship in this context, and the main finding of our structural analysis, is that ICNs tend to focus on communicating safety and presence to the patient. The main theme identified in our analysis consists of four sub-themes (World Medical Association, 2013): Amplified presence (Kvande et al., 2022); Communicating security and care (Holm et al., 2021); Creating and confirming relationships; and (Mandal, 2014) Communicating openness to a deeper conversation.

The sub-themes are interconnected through the main theme, as illustrated in Figure 1. The main theme is influenced by the experience of safety, which is related to sub-themes 1 and 4, and to the reinforcement of presence, related to sub-themes 2 and 4. Together, the four sub-themes illustrate how the ICN communicates safety and presence to the patient in the ICU context.

4.2.1. *Amplified presence*

By being close and holding a patient`s hand, ICNs aim to silently communicate their presence to help and strengthen the patient`s sense of not being alone, expressed by this ICN:

> I find the hand that lies on the blanket, and I hold their hand. I want them to know that somebody is there for them, that they are not alone. I want to be their safety, to communicate that they are safe and that I am looking after them. (Informant D)

The touch of the ICN`s hand is intended to give the patient a sense of strength and comfort. The way the ICN touches the patient is about being there for another human being, told by this ICN:

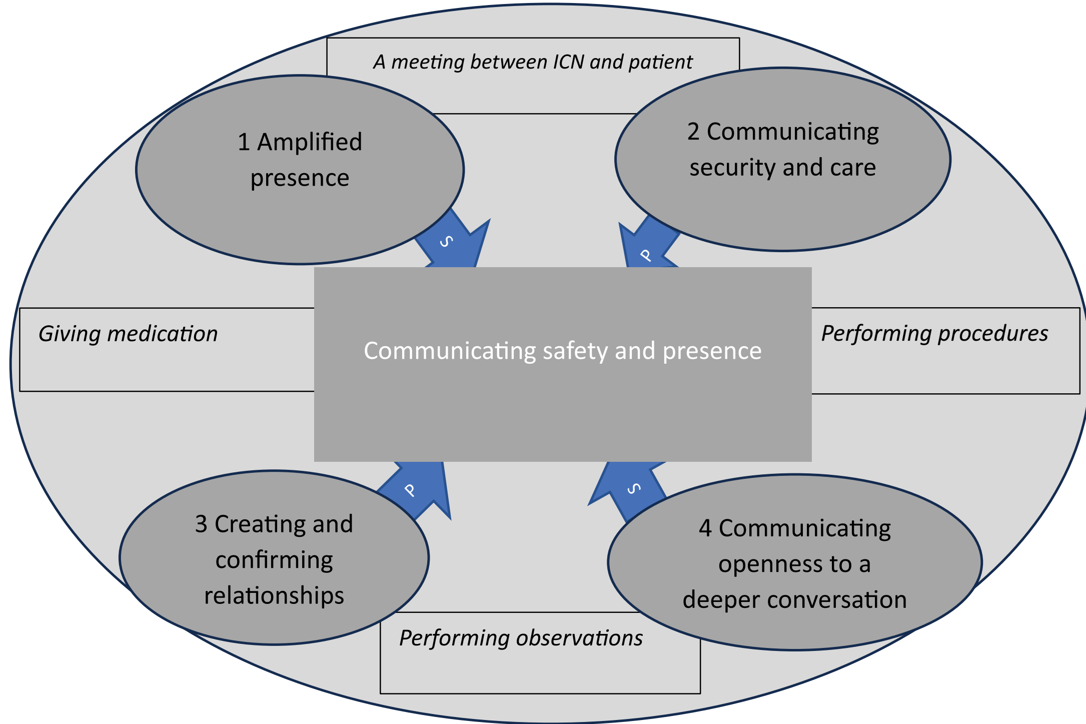


Figure 1. Interconnection between context, main theme and Sub-themes with examples from everyday ICN tasks.

> Caring touch is a support for the patient. A physical support, but not only physical; also, to show that at least somebody is there for them. (Informant E)

ICNs show their support to patients in various ways, where caring touch is an important way. Through their caring touch, ICNs conveys an amplified sense of safety to the frightened patient:

> She gave an impression of panic, that she was afraid. She wanted us to be with her. What calmed her was holding and stroking her hand, repeating where she was and why she was at the hospital. (Informant G)

In cases like this, the only thing that could calm the patient down was an amplified presence and caring touch. Sometimes, a special connection can occur with a caring touch, creating a presence where time seems to stand still, told by this informant:

> I touch if they are nervous or stressed as it may calm them. Time kind of stops a bit. Even if it`s busy. (Informant C)

Using caring touch, the ICN aims to connect with the patient in order to communicate comfort and to humanize the frightening situation as much as possible for the patient. Time is less important than the strength of the connection an ICN is able to build with the patient, which can be supported by caring touch, and the ICN`s ability to focus on the patient`s needs.

Amplified presence is important when the ICN brings bad news to the patient, put into words by this informant:

> If their situation is difficult, when there is nothing more to do, I embrace them. A caring touch is a way of giving from myself, I stay close to them and give them a hug. (Informant B)

Caring touch amplifies the patient`s presence of the ICN`s presence and is a silent way of communicating care to patients. Caring touch is used to reinforce words, or instead of words when the situation feels difficult for both the patient and the ICN.

4.2.2. Communicating security and care

Caring touch communicates a fundamental aspect of nursing as it communicates the essence of care to patients. According to study participants, caring touch is a natural form of communication that feels instinctively appropriate to make the patient feel cared for and secure.

> I think the need for touch is innate, but then we are shaped by the environment we grew up in. It feels natural to touch patients with my hands. I am used to it from my own family. Physical touch makes me feel safe and secure. (Informant H)

This ICN transfers their own positive experiences of being touched to their work with the patients, reaching out to communicate safety and security through the same actions that have previously helped them feel comfort, security, and care. The ICN seems to assess the patient`s situation and what they are communicating through body language, putting together a sense of "the whole of the patient":

> I see the whole patient; I can see if the patient needs me to touch him. Caring touch shows that I really see the person in the patient, that he needs something more than antibiotics or one of the procedures that we do. He needs care too. (Informant F)

What the patient`s body language communicates is reflected by the ICN, both professionally and ethically, to determine whether the patient would benefit from a caring touch. This happens so quickly, making it appear as a spontaneous form of communication between the nurse and patient. Several ICN talked about using "the whole of themselves", meaning that caring touch is part of doing their best to make the patient feel secure and cared for, as illustrated by this nurse:

> I wish for the patients to make it. To help them I must use the whole of me and touching them this way is a part of doing the best I can. (Informant A)

Touching the patient in this way seems to be a way of using one`s own body to show sincere and deeply felt care and concern for the patient. Caring touch involved using gentle and comforting hands to demonstrate respect and care for the patient, as told by this participant:

> The way I do things and how I appear is connected to how I touch the patient. I touch calmly, with control, carefully and smoothly; I would like it to be pleasant for the patient, to show respect to the patient. It is an important part of care, and thus my job. It is important that it doesn't turn out to be false. With caring touch, nursing is in line with my values and beliefs. (Informant G)

To touch the patient this way is to show the inner core of nursing; Caring. The touch communicates that the ICN is genuinely concerned about the patient`s well-being and desires their recovery. It is important for the ICN to show this to the patient, put into words by one informant:

> The most important thing for me, when I`m tired, and it`s so busy, is to make a difference for the patient. Doing something I know is good for the patient. What that means, I`m the only one who knows, when I`m with the patient. (Informant E)

Caring touch is experienced as one of the most important acts in nursing to show care, but it is not talked about, it is a silent communication of care.

4.2.3. Creating and confirming relationships

The concept of caring touch involves the ICU nurse attempting to build a trusting relationship with the patient. According to the study participants, trust, care, touch, and relationship are inherent aspect of each other:

> Touch creates trust. The caring touch I give the patient will increase the patient`s sense of safety. And then comes trust. (Informant H)

The ICN`s caring touch seems to create and confirm relationships with patients, strengthening the relationship by supporting the establishment of trust. In their relationship with patients, nurses offer caring touch to communicate the consistency of the relationship and their ongoing concern for and awareness of the patient`s situation, to assure that patients can rely on them to provide the best possible care, expressed by this ICN:

> I develop a closer relationship with the patient when I touch them. I understand the situation better, in a way I see the patient better. I become more engaged and involved with the patient. When he is feeling bad, going through a difficult situation, caring touch will create a closer relationship with that person. (Informant C)

ICN`s feel that their relationships with patients can deepen and become closer through caring touch. Some patients are admitted more than once, which confirms and reinforces the patient-nurse relationship. When they meet again, the nurse instinctively offers a caring touch:

> It feels natural to me to hug a patient-, it`s hard to express; Some patients are admitted several times; I feel I know them well. Then caring touch becomes quite natural. (Informant F)

For ICNs, caring touch feels like a natural part of their relationships with some patients. ICN do not touch all patients in the same way, or to the same extent. ICN are emotionally affected by their relationship with each individual patient, and this affects how close they get to each one and how often caring touch is given:

> Some patients make me feel more emotionally affected than others. And that in turn has an impact on how much I touch them, how close I get. (Informant D)

When a nurse is emotionally affected by a patient`s difficult situation, they may feel the urge to offer physical comfort through caring touch. Touching the patient in this way is a way of checking whether the patient agrees with the way thing are done, told by this informant:

> It can be difficult to know what the right measure is when you don't know the patient. The first time I touch, I`m not sure what the patient wants, but then I start to get feedback. I achieve better contact with the patient, build mutual trust. The patient understands that he can trust that my touch is pleasant to him. If he doesn't trust me, he will withdraw from my touch, so trust is an important pillar of good care. (Informant G)

Caring touch seems to be a way ICNs communicate with critically ill patients and can help establish a trusting relationship. The patient`s reaction to touch can be a way of expressing their wishes and needs without words being spoken. Therefore, caring touch can be a way for the patients to participate in decision-making processes and provide a means for them to be heard.

4.2.4. Communicating openness to a deeper conversation

Caring touch aims to reassure the patient that the ICN is there to listen and that they care about the patient`s troubles and fears. When the nurse touches the patient, it can lead to the patient opening up and expressing what is really bothering them, as illustrated by this ICN:

> Touch can be an invitation to something more. Sometimes the patient needs to talk about what is difficult for him. My touch might be enough to let him know that I have time for him-, he can talk to me. (Informant B)

In this case, the ICN`s touch seems to be an invitation for the patient to talk about their concerns, functioning to communicate that the ICN is willing to devote time and space necessary for a deeper conversation. ICU-patients may keep their emotions to themselves, but a caring touch can open up space for a deeper conversation:

> It seemed like my touch triggered the patient to open up about his feelings. I stroked his back and said; 'Just cry, you can cry now'. That helped. It was quite loud crying, and it seemed to help him a bit. (Informant G)

Through caring touch, ICN aims to communicate openness for patients to express their troubles and fears, as their experience shows that it is important for patients to open up about their feelings.

> My experience is that through my touch, patients can feel that they are being seen. Many express that they are anxious, despairing and afraid, and they need to talk about how they feel. (Informant C)

Caring touch seems to be a way of showing that the person who is currently a patient is still important as a fellow human being.

The information given during the doctor`s rounds seem to affect the patients, whether it concerns improvements or deterioration, diagnoses or prognoses. Signs of emotional impacts on the patient are

experienced as signs of the need for caring touch, as told by this informant:

> When the doctor's rounds are over, I stay with the patient. Even when the patient receives good news from the doctor, there often is an underlying trauma that needs to be processed. I hold the patient's hand to comfort him, and I let him cry on my shoulder. (Informant H)

Caring touch seems to open up space for a deeper conversation with the patient:

> After the doctor's rounds, I go back to the patient. Then I sit down and ask if the patient really understands what the doctor said. We enter into a deeper conversation, and caring touch is an important part of that moment. (Informant F)

The nurse's touch is a message to the patient that there is enough time for the patient to talk about their thoughts, about the things that matter to them and bother them.

5. Discussion

This study aimed to explore and add to the existing research evidence regarding intensive care nurses` experiences of using caring touch to communicate a relationship with their patients. The first, naïve reading of the semi-structured interviews revealed an impression that ICNs use caring touch in various ways to communicate with the patient. Our findings show that caring touch communicates security, presence, trust and relationship with the patient. This is in line with previous research (Danielis et al., 2020; Henricson et al., 2009). As critically ill, ICU patients need various urgent and life-saving nursing measures and treatments. Because of this, verbal communication may prove difficult or impossible for the patients (Gullberg et al., 2023). Even if technical equipment is available, our findings show that a common and daily used nursing act such as holding the patient`s hand adds an important and human initiative to the ICU. The inability to communicate with others when they are critically ill is highly challenging and distressing for patients (Mandal, 2014; Storli et al., 2008). Our study adds new evidence that through caring touch, ICNs show patients an additional way to communicate without words being necessary. Through caring touch, ICNs convey that the patient is not alone, that the nurse cares about the individual patient, which makes the patient to feel safer. To understand whether caring touch is needed or desired by the patient, the ICN observes and assess the patients` body language. This complex situation, as exemplified through the ICN`s stories, enables the patient to participate in decision-making through nonverbal communication.

Being in a difficult and uncertain situation, having to endure unpleasant treatments and pain, can give the patient a feeling of fear and loneliness (Storli et al., 2008). It can be difficult for the patient to talk about what is bothering them. Our study shows that caring touch opens up a communicative space between patient and nurse where both verbal and non-verbal communication can be used. The touch allows the patient to be heard and understood, which in turns allows the ICN to adapt nursing care to the individual patient`s needs.

A good relation to the patient is essential for the ICN to perform good person-centred nursing (Kitson et al., 2014; Kvande et al., 2022; McCormack & McCance, 2017). Our findings show how the ICN touches the patient's hand or chin to communicate, adding an invitation to the patient for relationship and communication. Such gentle touch can be the first step in building a health-promoting, caring relationship with the patient (Halldorsdottir, 2008). It can also communicate confirmation and maintenance of an established relationship. With caring touch, the ICN silently communicates that they are still here, still care about the patient, a message that can be health-promoting according to Alexandersen et al (Henricson et al., 2009). Through our study, caring touch is described as an important part of the patient`s recovery process.

Although no procedure states that caring touch must be performed, our informants are in line with other ICNs who consider it an important nursing act and an expression of person-centred care (Almerud et al., 2008; McCormack & McCance, 2017). In the current and other studies, this is shown when nurses adjust their caring touch to each unique patient and situation, ensuring that the patient feels comfortable about the way they are cared for and touched (Halldorsdottir, 2008). Through caring touch, ICNs communicate that they care about the patients` well-being, a way of showing humanized care (Kvande et al., 2022). Our study thus contributes an illustration of silent communication within person-centred care, which shows how ICNs use caring touch both spontaneously and with forethought, to humanize and comfort patients admitted to the ICU (McCormack & McCance, 2017).

What stands out in our findings is that caring touch seems to be a powerful act in which ICNs can support patients. When things feel difficult for the patient, such as when the patient undergoes uncomfortable treatments or experiences pain, caring touch aims to communicate that the ICN is there to help. By being physically present at the patient's side and giving caring touch, the ICN provide amplified presence that aims to give the patient strength to endure a treatment they may not be able to if they were alone. By being close to the patient and holding

hands, the ICN communicates reassurance and a sense that they together are in it. Our detailed described findings suggest that with caring touch, ICNs express the inner core of nursing; Depth felt care from one human being to another.

6. Strengths and limitations

What makes this study important is the evidence it provides for a phenomenon that has so far been poorly investigated in intensive care nursing. The limited selection of participants may be a limitation, however, the interviews offer rich material that was found to be sufficient for the analysis. The method of re-analysis is subject to possible biases; however, the authors` understanding has deepened over time. We find that this reanalysis, supported by a new research question, grasped essential meanings in the text (Lindseth & Norberg, 2021). To ensure that the participants` original meaning came across, the researcher who performed the original data collection also conducted the reanalysis. The first author is an educated ICN, teaches ICN at the local university, and has frequent contact with ICU departments, which guarantees the relevance of the topic for ICNs. The findings were discussed in detail and quality checked with the second author, who is an expert qualitative researcher. The study was also quality checked in accordance with Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007). This strengthens the trustworthiness of the study.

7. Implications for practice and further research

The phenomenon of caring touch is common in ICN practice, but rarely spoken of, described or presented in academic papers. It is our opinion, caring touch needs to be integrated into specialist ICN`s curricula. Future studies should involve patients as their experiences would provide an important perspective on the concept of caring touch. In future studies, a broader exploration of caring touch in intensive care nursing with more interviews, as well as a second interview with each of the nurses originally interviewed, may yield additional valuable insights.

8. Conclusions

This study adds new evidence in intensive care nurses` use of caring touch to communicate patient-centred care and as a measure that aims to build relationships with individual patients in need of care. Our study emphasizes that by means of small measures such as holding the patient's hand, ICNs silently communicate their respect and understanding for the person's life and experiences. Our findings suggest that caring touch is an expression of care in the ultimate sense, as it comes from the depths of the nurses themselves. ICNs thus use their own body to communicate a sincere wish for the patient to get well, or at least for them to experience the difficult situation of being critically ill as less bad or traumatic. Caring touch is communication on a deeply human level, and ICNs may lack words to explain why they do it. In coherence with experience and professional knowledge, it simply feels like a natural thing to do.

Caring touch emerges as an important aspect of everyday ICNs, providing a silent language for communicating with critically ill patients. No words are necessary in this form of communication, although caring touch can also be used to reinforce words being said. With their caring touch, ICNs aim to communicate support, care and hope, as well as to create and maintaining a trusting relationship with their patients. This is important as it helps humanizing patient care. Caring touch is a particular important part of person-centred care in the high-technology environment of an ICU, and therefore represents an important human and ethical presence in this setting.

What is known about the topic

- Caring touch is a daily used nursing action, but little research has been done so far
- Caring touch is an important part of good intensive care nursing
- Communication is important for intensive care nurses to understand patients

What this paper adds

- With caring touch, intensive care nurses communicate: Amplified presence. Security, trust and care. Creation and confirmation of relationships with patients and an openness to a deeper conversation.
- Caring touch is silent and bodily communication within patient-centred care
- Caring touch communicates a sincere wish for the patient to recover.
- Caring touch is a human initiative to humanize the highly technically equipped intensive care unit.

Acknowledgments

The authors would like to thank the participants for their willingness to share their experiences.

Author contributions

The first author performed the interviews and the first analysis, while the second author contributed with suggestions for interpretations and quality control of the analysis. Both authors contributed to this paper`s draft and contributed to the different parts of the study. Both authors agreed on the final version of the article.

Funding

The study has not received any funding.

Disclosure statement

No potential conflict of interest was reported by the author (s).

Ethics statement

The authors confirm that informed consent was obtained from the participants, and that ethical clearance was obtained.

Notes on contributors

Lise Sandnes holds a Master of Clinical Nursing in intensive care nursing at Nord University from 2016. She worked as an intensive care nurse at Nordlandssykehuset hospital in Bodø, Norway in 16 years in the timespan 2000-2018. From 2013 she worked part time as a lecturer in Nursing at Nord University, full time from 2018. From 2019 she has an occupation as a lecturer with class- and topics- responsibility at Master in Intensive care Nursing at Nord University. This is her second scientific publication, although she has published two professional article and three chronicles the last years.

Lisbeth Uhrenfeldt holds a Ph.d. in nursing science from Aarhus University in Denmark and has for 8 years been professor in clinical nursing in Nord university in Norway. She now is professor in clinical nursing at Southern Danish University and Kolding University Hospital. She is an expert qualitative researcher with more than 90 peer reviewed publications besides book chapters. Her research mainly focus on patients and significant others experiences during different kind of transitions and healthcare professionals competence development. She is engaged in and Marie Sklodowska Curie funded study INNOVATEDIGNITY in nine universities at five European countries employing fifteen early stage researchers.

ORCID

Lise Sandnes http://orcid.org/0000-0002-7968-3240
Lisbeth Uhrenfeldt http://orcid.org/0000-0002-5672-1371

References

Alexandersen, I., Haugdahl, H. S., Paulsby, T. E., Lund, S. B., Stjern, B., Eide, R., & Haugan, G. (2021). A qualitative study of long-term ICU patients' inner strength and willpower: Family and health professionals as a health-promoting resource. *Journal of Clinical Nursing*, *30*(1–2), 161–173. https://doi.org/10.1111/jocn.15532

Almerud, S., Alapack, R. J., Fridlund, B., & Ekebergh, M. (2008). Beleaguered by technology: Care in technologically intense environments. *Nursing Philosophy*, *9*(1), 55–61. https://doi.org/10.1111/j.1466-769X.2007.00332.x

Danielis, M., Povoli, A., Mattiussi, E., & Palese, A. (2020). Understanding patients' experiences of being mechanically ventilated in the intensive care unit: Findings from a meta-synthesis and meta-summary. *Journal of Clinical Nursing*, *29*(13–14), 2107–2124. https://doi.org/10.1111/jocn.15259

Galvin, K. T. (2010). Revisiting caring science: Some integrative ideas for the 'head, hand and heart' of critical care nursing practice. *Nursing in Critical Care*, *15*(4), 168–175. https://doi.org/10.1111/j.1478-5153.2010.00394.x

Gullberg, A., Joelsson-Alm, E., & Schandl, A. (2023). Patients' experiences of preparing for transfer *from* the intensive care unit to a hospital ward: A multicentre qualitative study. *Nursing in Critical Care*, *28*(6), 863–869. https://doi.org/10.1111/nicc.12855

Halldorsdottir, S. (2008). The dynamics of the nurse–patient relationship: Introduction of a synthesized theory from the patient's perspective. *Scandinavian Journal of Caring Sciences*, *22*(4), 643–652. https://doi.org/10.1111/j.1471-6712.2007.00568.x

Heaton, J. (2008). Secondary analysis of qualitative data: An overview. *Historical Social Science*, *33*(3), 33–45. https://doi.org/10.1111/j.1466-769X.2007.00332.x

Henricson, M., Segesten, K., Berglund, A. L., & Määttä, S. (2009). Enjoying tactile touch and gaining hope when being cared for in intensive care—A phenomenological hermeneutical study. *Intensive and Critical Care Nursing*, *25*(6), 323–331. https://doi.org/10.1016/j.iccn.2009.07.001

Holm, A., & Dreyer, P. (2017). Nurse-patient communication within the context of non-sedated mechanical ventilation: A hermeneutic-phenomenological study. *Nursing in Critical Care*, *23*(2), 88–94. https://doi.org/10.1111/nicc.12297

Holm, A., Karlsson, V., & Dreyer, P. (2021). Nurse`s experiences of serving as a communication guide and supporting the implementation of a communication intervention in the intensive care unit. *International Journal of Qualitative Studies on Health and Well-Being*, *16*(1), 1971598. https://doi.org/10.1080/17482631.2021.1971598

Karlsson, L., Rosenqvist, J., Airosa, F., Henricson, M., Karlsson, A.-C., & Elmqvist, C. (2022). The meaning of caring touch for healthcare professionals in an intensive care unit: A qualitative interview study. *Intensive and Critical Care Nursing*, *68*(2), 103131. https://doi.org/10.1016/j.iccn.2021.103131

Kitson, A. L., Muntlin Athlin, Å., & Conroy, T. (2014). Anything but basic: Nursing's challenge in meeting patients' fundamental care needs. *Journal of Nursing Scholarship*, *46*(5), 331–339. https://doi.org/10.1111/jnu.12081

Kvale, S., & Brinkmann, S. (2009). Det kvalitative forskningsintervju *(the qualitative interview)*. Gyldendal akademisk.

Kvande, M., Angel, S., & Nielsen, A. H. (2022). Humanizing intensive care: A scoping review (HumanIC). *Nursing Ethics*, *29*(2), 498–510. https://doi.org/10.1177/09697330211050998

Kvande, M., Delmar, C., Lykkeslet, E., & Storli, S. L. (2017). Assessing changes in a patient's condition – perspectives of intensive care nurses. *Nursing in Critical Care*, *22*(2), 99–104. https://doi.org/10.1111/nicc.12258

Lindseth, A., & Norberg, A. (2021). Elucidating the meaning of life world phenomena. A phenomenological hermeneutical method for researching lived experience. *Scandinavian*

Journal of Caring Sciences, *36*(3), 883–890. https://doi.org/10.1111/scs.13039

Lindseth, A., & Norberg, A. A. (2004). A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences*, *18*(2), 145–153. https://doi.org/10.1111/j.1471-6712.2004.00258.x

Mandal, F. B. (2014). Nonverbal communication in humans. *Journal of Human Behavior in the Social Environment*, *24*(4), 417–421. https://doi.org/10.1080/10911359.2013.831288

McCormack, B., & McCance, T. (2017). *Person-centred practice in nursing and health care*. Wiley Blackwell.

Ricoeur, P. (1999). *Eksistens og hermeneutikk (explanation and understanding)*. Aschehoug & Co.

Sandnes, L., & Uhrenfeldt, L. (2022). Caring touch in intensive care nursing: A qualitative study of dignity. *International Journal of Qualitative Studies on Health and Well-Being*, *17*(1). https://doi.org/10.1080/17482631.2022.2092964

Storli, S. L., Lindseth, A., & Asplund, K. (2008). A journey in quest of meaning, a hermeneutic- phenomenological study on living with memories from intensive care. *Nursing in Critical Care*, *13*(2), 86–96. https://doi.org/10.1111/j.1478-5153.2007.00235.x

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Uhrenfeldt, L., Sørensen, E. E., Bahnsen, I. B., & Pedersen, P. U. (2018). The centrality of the nurse–patient relationship: A Scandinavian perspective. *Journal of Clinical Nursing*, *27*(15–16), 3197–3204. https://doi.org/10.1111/jocn.14381

World Medical Association. (2013). World medical association declaration of Helsinki: Ethical principles for medical research involving human subjects. *JAMA*, *310*(20), 2191–2194. https://doi.org/10.1001/jama.2013.281053