

Nurse-patient contact and its impact on Nursing Care: a mixed-method systematic review.

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ADMINISTRATIVE INFORMATION**Support** - None.**Review Stage at time of this submission** - Preliminary searches.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202460042**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 12 June 2024 and was last updated on 16 September 2024.**INTRODUCTION**

Review question / Objective Identify, map and synthesize the current knowledge about touch and con-tact between nurse and patient at different times of care, as a physical and mental gesture, carried out by nurses to bring out the benefits in terms of care outcomes. The research question will be: "How much does the touch massage performed by nurses influence patients' care outcomes in terms of anxiety, sleep, relaxation, pain, loneliness, quality of life, quality of care, respiratory rate, heart rate?"

However, the PCC elements will be as below:

Population: Adult patients who received touch caring performed by nurses during nursing care.

Concept: The use of touch and con-tact, understood as a mental (e.g. "caring touch") and/or physical (e.g. "touch-massage") approach carried out by nurses in the provision of their care activities or in dedicated sessions.

Contest: Any care setting (e.g., hospital, long-term care, and primary care), in any country and culture.

Background In contemporary clinical practice, nurses have increasingly clinical and technical professional skills to the detriment of patients' emotional and psychological needs, neglecting aspects of the profession that put the professional in contact with the patient. In fact, medical and scientific advances have caused the nursing profession to become more technical and mechanistic, making it easier to focus on machines, monitors, drugs, and laboratory reports rather than the whole person and their unique needs. However, the evolution of care needs has shifted the focus towards the provision of more technical and specialized and at the same time, holistic and compassionate care. Complementary and alternative modalities (CAM) in client care help to coping with illness and in the promotion of positive lifestyle changes that address body, mind, and spirit.

Nurses are the most suitable professional group to ensure the inclusion of complementary treatment methods in the healthcare system. The role of the

nursing profession will be to carry out evidence-based complementary treatment applications. Many nurses commonly claim to aspire to holistic care for their patients; however, what nurses are actually able to provide in day-to-day care may be impeded by the sheer demand of their clinical obligations. It would be appropriate to emphasize the importance of how "touching" another person changes their approach and Caring behavior.

Rationale To date, the evidence has been limited to investigating nursing techniques that involve physical touch between nurse and patient, such as different types of massage, but not considering the physical and mental aspect of touch and the contact between nurse and patient at different times of care, and their influence on care outcomes.

METHODS

Strategy of data synthesis The following databases will be consulted: PubMed, SCOPUS e Cochrane Library, through free words and indexed terms (MeSH / Emtree). There will be no limit to the search string regarding the language, but only articles from 2000 to today will be evaluated.

Eligibility criteria The inclusion criteria will be: studies of adult patients who received touch caring performed by nurses during nursing care or about the experience of touch in nursing; studies involved the use of touch and contact, understood as a mental (e.g. "caring touch") and/or physical (e.g. "touch-massage") approach carried out by nurses in the provision of their care activities or in dedicated sessions. All study types (e.g. clinical trial, quasi-experimental, case-control, qualitative and mixed-method study) will be included, with the exception of grey literature. In addition, studies carried out in all care settings (e.g., hospital, long-term care, and primary care), in any country and culture, will be included.

The exclusion criteria will be: studies conducted on paediatric subjects or those with perceptual and expressive alterations; articles concerning other methods of relaxation or massage; studies about the combination of touch-massage with other techniques such as music therapy etc.; studies involving abdominal massage to improve constipation; articles that describe non-nurse touch-and-contact.

Source of evidence screening and selection After completing the search, the records identified will be uploading to Rayann and the duplicates will

be removing. Then the first selection will be made by reading the titles, then reading the abstracts and finally the full texts. The screening and selection processes will be carried out by two reviewers independently, respecting the eligibility criteria. In addition, any disagreements will be resolved through discussion or by consulting a third reviewer.

Data management The screening and selection process will be reporting in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram. A convergent-integrated approach will be used to analyze and combine data. Then qualitative and quantitative data will be assembled through categorization and combined together based on similarity in meaning.

Reporting results / Analysis of the evidence Two reviewers will extract data from the included articles independently. The extracted information will include: authors' names and publication year, study country, aim, design, setting, samples, data collection method, targeted health behavior and outcomes, study results. The quality appraisal will be conducted using the JBI checklist and manual.

Presentation of the results The results will be presented in a tabular form where we will report the publication year, countries of origin, area of intervention and research methods, results etc., that aligns with the objective and scope of the review. A descriptive summary should accompany the tabulated results and should describe how the results relate to the review objective and question.

Language restriction Papers written in English and Italian will be included.

Country(ies) involved Italy.

Keywords Patient*; nurs*; "caring touch"; massage*; "Massage Therap*"; touch; "Sense of Touch"; "Touch Sense*"; "Touch perception*"; "Tactile Perception*"; "therapeutic touch".

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