Patients' attitudes to comforting touch in family practice

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abstract

OBJECTIVE To examine patients' attitudes to comforting touch in family practice.

DESIGN A survey was designed with statements and responses to proposed scenarios.

SETTING Twenty family practices throughout Ontario.

PARTICIPANTS Family practice patients; of 400 surveys distributed, 376 were completed (94% response rate).

MAIN OUTCOME MEASURES Patients responded to scenarios on a five-point Likert scale, ranging from strongly disagree to strongly agree. Results were analyzed using SPSS for DOS.

RESULTS Most patients in this population believed that touch can be comforting (66.3%) and healing (57.9%). Women were more accepting of comforting touch than men in all scenarios. Acceptance of comforting touch declined for both sexes as touch became proximal and more intimate. Men and women were more accepting of comforting touch from female doctors. Acceptance of all comforting touch declined markedly if a physician was unfamiliar to a patient, regardless of the physician's sex.

CONCLUSION Most patients surveyed believed touch is comforting and healing and viewed distal touches (on the hand and shoulder) as comforting.

résumé

OBJECTIF Examiner l'attitude des patients concernant les contacts physiques de réconfort en pratique familiale.

CONCEPTION Le sondage qui a été conçu comportait des énoncés et des réponses à divers scénarios proposés.

CONTEXTE Vingt pratiques familiales dans toutes les régions de l'Ontario.

PARTICIPANTS Des patients des pratiques familiales; des 400 questionnaires distribués, 376 ont été complétés (un taux de réponse de 94%).

PRINCIPALES MESURES DES RÉSULTATS Les patients répondaient aux scénarios à l'aide d'une échelle Likert de cinq points, variant de fortement en désaccord à fortement en accord. Les résultats ont été analysés à l'aide de SPSS pour DOS.

RÉSULTATS La majorité des patients dans cette population étaient d'avis que le contact physique pouvait être réconfortant (66,3%) et ressourçant (57,9%). Les femmes étaient davantage susceptibles d'accepter un contact de réconfort que les hommes, quel que soit le scénario. L'acceptation du contact fléchissait pour les deux sexes si ce dernier devenait proche ou plus intime. Les hommes et les femmes acceptaient plus un contact réconfortant de la part d'une femme médecin. L'acceptation de tout contact de réconfort baissait de façon notoire si un médecin n'était pas bien connu du patient, quel que soit le sexe du médecin.

CONCLUSION La majorité des patients qui ont répondu au sondage étaient d'avis que le contact physique était réconfortant et ressourçant, et considérait le contact distal (sur la main et l'épaule) comme réconfortant.

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RESEARCH

Patients' attitudes to comforting touch in family practice

Use of touch to communicate comfort and empathy has rarely been explored in the medical literature. A search of MEDLINE and of nursing and anthropology literature databases revealed few articles.

Recent revelations of the frequency of sexual abuse of patients by physicians[1] have heightened concerns over use of touch in medicine. Some authors have suggested that non-clinical touch leads to erotic feelings and transgression of professional boundaries.[2,3] Others have discussed the difficulties in defining appropriate touch in professional settings.[4] The use of comforting touch has resulted in reprimands to medical staff as unprofessional.[5]

Research has shown that touch between individuals is governed by status, sex, and culture.[6] In North America, men touch women more frequently than vice versa. Touch has been shown to be more common across sexes than between sexes.[7] Touches that men view as being friendly, women might see as threatening.[8] Women are more comfortable with same-sex touching,[9] a characteristic most marked in North America but found in other cultures as well.[10]

Nursing studies have explored touch in clinical settings. Touch is essential to the practice of nursing to communicate comfort, affection, and intent.[11-13] The hand is the most common area touched.[14,15] Women staff touch more frequently than men, nurses more than doctors.[16] Female patients express more discomfort with touches from male staff than from female staff.[17] Most patients view comforting touch positively.[18]

One voice rarely heard in the medical literature is the patient's. We know of no research on comforting touch in family practice. As a result of our review of the literature, we asked three questions. What difference exists between men and women in their attitudes toward a doctor's comforting touch? What kinds of touch from doctors do patients find comforting? What characteristics of physicians influence patients' acceptance of comforting touch?

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METHODS

Setting and distribution dates

Thirty-eight family practices from across Ontario were asked to participate. Practices were chosen by convenience sampling to ensure a representative sample of the Ontario population and a mix of rural and urban, male and female family physicians. Surveys were completed over summer and fall 1996.

Survey development

A survey was developed to assess patients' attitudes to comforting touch. Patients were asked to rate on a five-point Likert scale from strongly disagree to strongly agree their responses to the statements "Touch can be comforting" and "Touch can be healing." These statements were followed by four scenarios examining the influence of patient's sex, physician's sex, and familiarity with a physician on attitudes to comforting touch. For example, the scenario "If I was very ill, I would find it comforting if a *female* doctor I *knew*..." was followed by five actions: "held my hand," "patted my shoulder," "put an arm around my shoulder," "hugged me," and "comforted me with words only without touching me." To each action patients were asked to respond on the Likert scale.

Participants and data collection

Patients who did not read and write English, who were too ill to complete a survey, or who were considered by the participating practice to be incompetent were excluded.

Practices distributed surveys to the first 10 women and 10 men who attended on any given day during the collection period. Surveys were sealed and returned to receptionists.

Analysis

Colleagues in family medicine, social work, and epidemiology reviewed the survey for content validity, and alterations were made. The survey was pilot-tested with patients at the investigators' clinic, as well as with staff members and their families. Again changes were made to the survey in areas where confusion and misunderstanding existed. It is difficult to assess reliability when investigating areas of a personal or

emotional nature. Test-retest reliability is difficult to determine if the anonymity of respondents is to be maintained. Consequently, we chose the Cronbach α to measure internal reliability and maintain patients' anonymity. Validity was assessed and integrated into the survey by an extensive review of the literature, by the use of expert opinion, and by acting on patients' comments from the initial pilot test.

Data were analyzed using SPSS-PC, version 6.02. Statistical significance was defined as being less than $P = .05$. McNemar's modification of the χ^2 test was used. Responses were cross-tabulated by grouping the agree responses with the strongly agree responses and by grouping the strongly disagree, disagree, and neutral responses.

Ethics approval

This study was approved by the Review Board for Health Sciences Research involving Human Subjects at The University of Western Ontario in London.

RESULTS

Of the 39 physicians contacted, 20 agreed to participate. Reasons given for refusal included research fatigue, time constraints, and for two male physicians, discomfort with the topic. As participation in this study required a fair commitment and dealt with a sensitive area, we chose not to inquire why individual physicians agreed or declined to participate in order to avoid being too intrusive. Participating practices were located throughout Ontario.

Of the 400 surveys distributed to patients, 376 were completed. Of the completed surveys, 60.8% of patients attended male physicians, 34.1% female physicians, and 5.1% both. Men represented 45.3% of the respondents and women 54.7%. Of the 20 practices that agreed to participate, 11 were in towns or cities greater than 10 000 population.

Respondents were primarily of British background (65.5%). Other respondents were French (7.9%), Dutch (3.5%), First Nations (3.3%), German (2.4%), Canadian (2.4%), Italian (2.2%), Spanish (1.6%), Portuguese (1.6%), and other (9.5%). Of the respondents, 42.5% had some post-secondary education, 36.2% had completed high school, 18.5% had completed grade 8 to grade 10, and 2.7% had elementary school only.

Age distribution of respondents was as follows: 16 to 30 years, 22.2%; 31 to 40 years, 23.5%; 41 to 59 years, 31%; 60 to 74 years, 19%; and 75 years and older, 4.2%. Ages were grouped to represent stages of life as opposed to decades, ie, young adulthood, adulthood, middle age, retirement age, and elderly.

The Cronbach α for the survey ranged from 0.698 to 0.857 depending on the question, indicating an acceptable level of internal reliability.

Most patients (66.3%) believed, "Touch can be comforting." There was no statistically significant difference between male and female respondents in their level of agreement. There was no statistically significant difference between age groups.

Slightly more than half (57.9%) also believed that touch can be healing. More women agreed, a difference that was statistically significant ($P = .014$). No statistically significant differences between age groups existed.

Patients were asked to rate their comfort in the scenario of being very ill with a known female doctor. Significant differences showed more women agreed that "held my hand," "put an arm around my shoulder," and "hugged me" would be comforting (**Table 1**).

Table 1. Cross-tabulation of men's and women's responses using the McNemar test: *Patients marked their agreement with the statement, "If I were very ill, I would find it comforting if a female doctor I knew…"*

	AGREE OR STRONGLY AGREE				
	MEN		WOMEN		
PHYSICIAN'S ACTION	N	%	N	%	*P* VALUE
Held my hand	156	44.2	194	68.0	<.001
Patted my shoulder	157	57.2	191	66.0	.126
Put an arm around my shoulder	156	42.9	193	63.7	<.001
Hugged me	155	28.4	192	46.4	.002
Comforted me with words only, without touching me	159	54.1	191	49.7	.104

Patients were asked to rate their comfort in the scenario of being very ill in the presence of a known male doctor. Statistically significant differences showed more women agreed that "held my hand," "put an arm around my shoulder," and "hugged me" would be comforting (**Table 2**).

In all scenarios with a familiar family doctor, level of acceptance dropped sharply as the touch became proximal and more intimate. This was most apparent

Table 2. Cross-tabulation of men's and women's responses using the McNemar test: *Patients marked their agreement with the statement, "If I were very ill, I would find it comforting if a male doctor I knew…"*

	AGREE OR STRONGLY AGREE				
	MEN		WOMEN		
PHYSICIAN'S ACTION	N	%	N	%	*P* VALUE
Held my hand	155	40.6	192	62.5	<.001
Patted my shoulder	156	55.8	191	61.8	.482
Put an arm around my shoulder	155	36.1	193	52.3	.009
Hugged me	154	18.2	191	38.2	<.001
Comforted me with words only, without touching me	155	56.8	192	47.4	.164

in men. Apart from a pat on the shoulder (where there is no statistically significant difference), women were more accepting of comforting touch than men.

Patients were less accepting of comforting touch from a male doctor than from a female doctor (**Table 3**).

Patients were much less accepting of all forms of comforting touch from an unfamiliar male doctor than from an unfamiliar female doctor (**Table 4**). Similar results were found with a familiar and unfamiliar female doctor.

DISCUSSION

These results should reassure family physicians that their patients appreciate distal comforting touches as a communication of empathy. More intimate and dramatic touching, an arm around the shoulder, and hugging, however, is welcomed by only a few patients.

Most patients thought that touch is comforting and healing. There was no statistical difference between men and women in their beliefs that touch is comforting; however, more women than men believed touch could be healing.

Women are more accepting of comforting touch than men. This is consistent with the literature[9,13,15] and is reflected in patients' higher comfort levels with a female physician's comforting touch than with a male physician's, a difference found in attitudes toward other health professionals.[15,17] These results could reflect the belief that male touching is inherently sexual,[8,11,12] and thus

Table 3. Cross-tabulation of patients' responses using the McNemar test: *Patients marked their agreement with the statement, "If I were very ill, I would find it comforting if a (specify sex) doctor I knew…"*

		AGREE OR STRONGLY AGREE		
PHYSICIAN'S ACTION	N	KNOWN FEMALE DOCTOR (%)	KNOWN MALE DOCTOR (%)	*P* VALUE
Held my hand	356	57.9	53.4	.021
Patted my shoulder	355	61.7	58.9	.230
Put an arm around my shoulder	358	54.5	44.7	<.001
Hugged me	354	38.4	28.8	<.001
Comforted me with words only, without touching me	354	52.8	52.2	.868

Table 4. Cross-tabulation of responses using the McNemar test by familiarity with a male doctor: *Patients marked their agreement with the statement, "If I were very ill, I would find it comforting if a male doctor…"*

		AGREE OR STRONGLY AGREE		
PHYSICIAN'S ACTION	N	"I KNEW" (%)	"I DID NOT KNOW" (%)	*P* VALUE
Held my hand	352	53.1	27.0	<.001
Patted my shoulder	352	59.1	34.1	<.001
Put an arm around my shoulder	352	44.6	23.9	<.001
Hugged me	347	28.2	11.8	<.001
Comforted me with words only, without touching me	352	52.3	49.7	.313

account for the lower incidence of touching by male health care workers, recognizing a social constraint.

In scenarios we presented, patients showed a positive attitude toward the most distal forms of comforting

touches, ie, patting shoulders and holding hands. There was a marked decrease in acceptance of touch as it became more proximal to the trunk, as is consistent with previous studies.[12-14] Hands and shoulders are not highly sexually charged areas, and are the areas most frequently touched in our daily interactions, eg, shaking hands in greeting or a pat on the shoulder.

Both men and women expressed a preference for a pat on the shoulder to holding hands. This preference contrasts with attitudes previously reported in the literature, where a touch on the hand was preferred to a touch on the shoulder.[12-14] The wording of the action "held my hand," as opposed to "touched my hand," could be responsible for this finding, as the former has a romantic connotation, while the latter does not.

The study is limited in that practices studied were chosen by convenience sampling to decrease costs, to ensure appropriate representation of rural and urban practice, and to improve compliance with the research protocol. While this is a weakness, it is also a strength in that 94% of surveys were returned. Randomization of patients was maintained in practices selected. No attempt was made to document the characteristics of practices declining to participate and those participating, as we did not wish to be too intrusive and demanding on physicians' time. Researchers depended on individual practices to ensure surveys were distributed as directed. Finally, patients' responses to a scenario in a survey might differ from their response to the same situation in real life. Validity could have been further assessed by conducting focus groups of patients before developing the questionnaire.

Further research needs to be done. Unfortunately, because of the preponderance of respondents of British origin, no attempt could be made to compare different ethnic groups. As well, the requirement that patients needed to understand and write English would have limited the study population. Qualitative research is being planned to get a fuller understanding of the role of comforting touch in patient-doctor relationships.

This research is a small step toward clarifying a complex subject. At a time when physicians might be reluctant to use or be ill at ease using touch in a comforting manner for fear of litigation or professional reprimand, these results provide some guidance on patients' views of the acceptable use of touch.

Key points

- Most respondents believed touch can be comforting and healing.
- Women were more accepting of touch than men.
- Distal, comforting touches were appreciated, but more intimate, proximal touch was less welcome.
- Both men and women were more accepting of touch by a female physician than by a male physician.
- Touch was much less acceptable from unfamiliar physicians of either sex.

Points de repère

- La plupart des répondants estimaient que le contact physique pouvait être réconfortant et ressourçant.
- Les femmes acceptaient davantage le contact physique que les hommes.
- Le contact distal, réconfortant, était apprécié, mais un contact plus intime, plus proche, était vu moins favorablement.
- Autant les hommes que les femmes acceptaient davantage le contact physique d'une femme médecin que de son homologue masculin.
- Le contact physique était beaucoup moins acceptable de la part de médecins, quel que soit leur sexe, qu'on ne connaissait pas bien.

CONCLUSION

Most patients in this study believed that touch was both comforting and healing. This belief was reflected in patients' acceptance of distal comforting touch, ie, the hand and shoulder, when they are ill. Most patients expressed discomfort with more intimate comforting touches, however, like an arm around the shoulder and hugging. Women were more comfortable with touch than men, and both men and women were more comfortable with comforting touch from female physicians. Patients' discomfort with comforting touch from unfamiliar doctors could reflect the level of trust necessary before touching is perceived as comforting. At a time when physicians are reluctant to touch or ill at ease touching in a comforting or healing manner, these results provide some guidance on acceptable use of touch in patient-doctor encounters.

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