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NARRATIVE REVIEW

Nurse-Patient Communication: The Value of Touch in the Intensive Care Unit. A narrative review

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Findings:

Therapeutic touch is associated with psychological and physiological benefits in critically ill patients, including reductions in anxiety, pain, and agitation, as well as improvements in vital parameters such as heart rate and blood pressure.
Despite barriers related to technology, workload, and cultural factors, the mindful integration of touch into nursing practice promotes more holistic, person-centred care that respects patient dignity.

ABSTRACT

BACKGROUND: The intensive care unit (ICU) is a technologically advanced environment where effective communication with patients is often compromised. Factors such as the presence of invasive devices—most notably tracheal intubation—and altered levels of consciousness frequently limit verbal interaction. In this context, the implementation of non-verbal communication strategies, particularly therapeutic touch, acquires clinical relevance.

OBJECTIVE: To explore the significance of touch as a nursing intervention in ICU settings and to describe its perceived effects on critically ill patients.

MATERIALS AND METHODS: A narrative literature review was conducted using the MEDLINE and CINAHL ultimate databases. Inclusion criteria comprised articles published in English within the last ten years and available in full text. Following a systematic search and selection process, sixteen studies were included in the analysis.

RESULTS: Touch emerges as a valuable therapeutic tool employed by ICU nurses to fulfil multiple functions: providing emotional support, conveying comfort and reassurance, instilling hope and strength, and reinforcing the humanization of care. This form of communication reaffirms the patient's dignity and personhood within a highly medicalized environment. However, the application of touch must consider potential barriers such as the presence of technological equipment, infection control protocols, and staff workload. Additionally, individual patient factors—such as cultural background and personal preferences—must be respected. Despite these limitations, touch has demonstrated beneficial effects including reduced pain, anxiety, and agitation, as well as favourable physiological responses such as decreased heart rate and blood pressure.

CONCLUSIONS: Integrating therapeutic touch into routine nursing practice in the ICU may enhance patient experiences and contribute to holistic, person-centred care.

KEYWORDS: *Communication, Touch, Intensive Care Unit, Nursing care, Therapeutic relationship*

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REVISIONE NARRATIVA

La Comunicazione infermiere-paziente: il valore del contatto fisico nell'Unità di Terapia Intensiva. Una revisione narrativa

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Riscontri:

Il tocco terapeutico è associato a benefici psicologici e fisiologici nei pazienti critici, tra cui riduzione di ansia, dolore e agitazione, e miglioramento di parametri vitali come frequenza cardiaca e pressione arteriosa. Nonostante barriere legate a tecnologia, carichi di lavoro e aspetti culturali, l'integrazione consapevole del tocco nella pratica infermieristica favorisce un'assistenza più olistica, centrata sulla persona e rispettosa della dignità del paziente.

ABSTRACT

BACKGROUND: L'unità di terapia intensiva (UTI) rappresenta un contesto ad alta complessità tecnologica, in cui la comunicazione con la persona assistita può risultare compromessa dalla presenza di dispositivi invasivi, come l'intubazione tracheale, e da uno stato di coscienza spesso alterato. In questo scenario, caratterizzato da una ridotta possibilità di scambio verbale, assumono particolare rilevanza forme alternative di comunicazione, tra cui il tocco infermieristico.

OBIETTIVO: Esplorare il valore attribuito al tocco in terapia intensiva e descrivere gli effetti che tale intervento può generare nella persona assistita.

METODI: È stata condotta una revisione della letteratura attraverso le banche dati Medline (via PubMed) e CINAHL (via EBSCO), utilizzando criteri di inclusione quali: lingua inglese, accesso al testo completo e pubblicazione negli ultimi dieci anni. Al termine del processo di selezione sono stati inclusi 16 articoli.

RISULTATI: Il tocco è riconosciuto dagli infermieri come uno strumento terapeutico utile a sostenere emotivamente la persona, trasmettere conforto e umanizzare il contesto assistenziale. Tuttavia, il suo utilizzo richiede attenzione a potenziali barriere, come la presenza di tecnologie, il rischio infettivo e l'elevato carico di lavoro. È inoltre essenziale considerare aspetti culturali e individuali, poiché non tutti i pazienti accolgono positivamente il contatto fisico. Gli effetti osservati includono benefici psicologici (riduzione di ansia, dolore e agitazione) e fisiologici (riduzione della frequenza cardiaca e della pressione arteriosa).

CONCLUSIONI: Integrare il tocco nelle pratiche infermieristiche può costituire un valore aggiunto nella cura, migliorando l'esperienza del paziente in terapia intensiva.

KEYWORDS: *Comunicazione, Tocco, Unità di Terapia Intensiva, Assistenza infermieristica, Relazione di cura.*

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BACKGROUND

The term "caring," understood as the act of "taking care," extends far beyond a mere definition. It represents a comprehensive practice expressed through skilful and knowledgeable actions, as well as through a sincere and intentional commitment to patient care.(1) It is not merely a passive task but an active, dynamic engagement with the patient, demonstrating empathy, compassion, and professionalism. This concept of caring within the nursing context is central to providing holistic and individualized care, ensuring that the person being cared for is seen, heard, and respected in their entirety. (1)

Nursing care is characterized by several key elements that highlight its holistic and compassionate nature. It prioritizes a patient- and family-centred approach, respecting each individual's values, needs, and preferences. Nurses emphasize their presence, creating a safe and supportive environment where patients feel comfortable expressing vulnerabilities. Comfort is also a central aim, as nurses seek to ease the burden of illness and hospitalization. Physical touch—often varying in intensity and purpose—is an integral component of this care, contributing to emotional closeness and physical reassurance. (1)

The nurse-patient relationship is built on three fundamental pillars: presence, listening, and physical contact. Empathy plays a crucial role and is conveyed through kind gestures, thoughtful touch, and attentive communication tailored to the patient's needs. Active listening, clear information sharing, and continuous support are essential aspects of this communication process. (2,3)

Evidence shows that effective communication and relational competence can lead to significant improvements in patient outcomes by enhancing education, support, and care. (1) In intensive care settings—where patients are often sedated, intubated, or unconscious—verbal interaction is limited or impossible. Here, non-verbal communication becomes the primary channel for connection. Through body language, facial expressions, eye contact, tone of voice, and especially touch, nurses can convey presence, respect, and understanding, laying the foundation for a trusting therapeutic relationship. (1,3,4)

Non-verbal cues are also essential for interpreting patient needs. Movements, facial tension, or signs of discomfort provide vital insights into a patient's physical and emotional condition, thereby enhancing care quality. In highly technical environments such as Intensive Care Units (ICUs), where invasive procedures and rigid protocols dominate, touch plays a pivotal role in restoring the human dimension of care.(1,5) Patients in ICUs often experience isolation and vulnerability due to limited communication abilities. In these cases, touch serves as an act of humanization, affirming dignity and ensuring the patient remains the central focus of care.

In such cases, touch becomes an act of humanization, offering the patient a sense of dignity and respect while ensuring the patient remains the center of care. This patient-centred approach is crucial for improving the hospitalization experience, especially in highly complex contexts like intensive care. (3,6)

Touch is a primary non-verbal communicative act that shapes the nature and quality of relationships and expresses various interpersonal attitudes. From infancy, individuals rely on physical contact for both physiological (e.g., feeding) and psychological (e.g., reassurance) needs. Touch remains a fundamental communication channel throughout life. While some body areas (e.g., hands, shoulders) are generally acceptable for touch, others are considered vulnerable and require trust or clinical justification. (4)

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Research highlights both psychological and physiological benefits of therapeutic touch. Psychologically, it reduces anxiety, stress, and isolation—especially in ICU patients, who may feel disoriented or fearful. Physiologically, touch can lower heart rate and blood pressure, improve pain perception, and calm agitated patients, thereby contributing to a more peaceful recovery. (7-11)

The literature identifies various types of touch. Fredriksson et al. (1999) classified them as:
• **Task-oriented touch**: Used to perform clinical intervention, such as measuring vital signs, providing hygiene care, and administering treatments.(1)
• **Caring touch**: Intended to provide comfort, security, and establish a connection with the patient.(12)
• **Protective touch**: Used to protect the nurse or the patient. The nurse may use it to distance themselves from an emotionally painful situation causing tension or to avoid discomfort to the patient. (1,12)
Additional classifications in nursing practice include:

- **Touch to know**: Recognizing the patient holistically as a person.
- **Procedural touch**: Accompanying routine care with comfort and presence.
- **Comforting touch**: Reducing pain, anxiety, and promoting calmness.
- **Touch for the vulnerable**: Providing emotional support to the most fragile patients. (5)

Other dimensions of therapeutic touch include:

- **Touch that reduces distance**: Requiring sensitivity and permission to enter the patient's personal space.
- **Touch that builds trust**: Trust is fundamental to any helping relationship and essential before introducing physical contact. (5)

The initiator of touch is often perceived as friendly and trustworthy, promoting interpersonal empathy. However, when touch is perceived as intrusive or inappropriate, it may provoke discomfort. Cultural factors play a significant role in how touch is received; in some cultures, touch is discouraged or even prohibited unless clinically necessary. (3,4)

Despite its benefits, touch in nursing is not without challenges. Barriers include the presence of invasive technologies, infection control concerns, time constraints, and varying patient preferences. Thus, nurses must exercise sensitivity and relational competence to assess when and how to appropriately use touch. (3,13,14)

Incorporating therapeutic touch into ICU practice can enhance the quality of critical care, where patients are often surrounded by unfamiliar stimuli—harsh lighting, constant noise, and disorienting environments. Nurses may become overly focused on technology, at risk of neglecting human interaction.(3) It is essential for nurses to see beyond the machinery and recognize each patient as a whole person with unique needs, values, and preferences.(15) Communication breakdown may occur if patients are unable to understand their condition, feel a loss of control, are attended by multiple caregivers, or are disconnected from time and the outside world. Humanizing care means shifting from viewing patients as passive recipients to engaging them as active individuals embedded in a personal and social context. (3)

Environmental factors also contribute to patient comfort and care quality. These include natural light, soft color schemes, sound control, and soothing music. (6) As a core element of humanized care, touch has the potential to transform a distressing ICU stay into a more meaningful and compassionate experience. (16)

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Promoting its thoughtful use enriches the nurse-patient relationship and fosters a more empathetic, patient-centred healthcare environment. (5)

1.1 AIM

This narrative review aims to explore the significance of nurse-delivered touch in intensive care units (ICUs), and how this gesture can meaningfully influence the patient's experience of illness, ultimately contributing to their overall well-being.

2. MATERIALS AND METHODS

2.1 Study Design

This study adopts a narrative review design, which is particularly suited for synthesizing and critically discussing the literature on a specific topic. Unlike systematic or quantitative reviews, narrative reviews aim to provide an overarching and interpretative perspective, allowing for a comprehensive understanding of complex or multifaceted phenomena. This approach enables the integration of diverse sources and viewpoints to explore the depth and context of the subject under investigation.

2.2 Search Strategy

The review was guided by the following foreground questions:

- What is the value of touch in nursing care within intensive care units?
- What considerations should be made before initiating physical contact with a patient?
- What effects might patients in the ICU experience as a result of being touched by a nurse?

These research questions were developed using the **PICO** framework (Patient/Population/Problem, Intervention/Exposure, Comparison, Outcome), which also informed the selection of keywords and search strategy (Table 1).

Table 1: PICO Methodology

Population	**Intensive care unit patients**
Intervention	**Nurse-delivered touch**
Comparison	**No intervention**
Outcome	**Patient's illness experience, promoting overall well-being.**

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2.3 Article Selection Procedures

The keywords derived from the PICO framework were translated into English and used to conduct a structured literature search in the Medline and CINAHL ultimate database, accessed via the institutional proxy of the University of Padua. These databases were selected due to their recognized relevance and comprehensive coverage of healthcare and nursing literature.

The search strategy employed the Boolean operators "AND" and "OR" to combine appropriate terms. Search strings were tailored to the specific indexing systems and controlled vocabularies of each database to maximize retrieval accuracy. For instance, the following string was used: ((intensive care patient) OR (intensive care unit)) AND ((touch) OR (nursing touch)) AND (effects), with the aim of identifying studies focused on the role and impact of touch in intensive care settings.

The selection process began with an initial screening based on predefined inclusion and exclusion criteria (English language, full-text availability, publication within the last ten years), followed by a review of titles and abstracts. Articles deemed potentially relevant were retrieved in full text and assessed in depth to determine their eligibility for inclusion. The complete selection process is illustrated in the PRISMA flow diagram (Figure 1).

2.4 Inclusion Criteria and Exclusion Criteria

The following inclusion criteria were applied for the search:

- Studies involving adult patients admitted to intensive care units (ICUs).
- Studies exploring nurse-delivered touch as a component of care (e.g., therapeutic touch, comforting touch, or physical contact during nursing care).
- Studies that report on the patient's experience of illness in the ICU and/or on outcomes related to well-being or emotional response.
- Qualitative, quantitative, or mixed-method studies.
- Peer-reviewed articles published in English within the last 10 years (2014–2024).
- Studies available in full text.
- The following articles were excluded from the search:
- Studies focusing on neonatal or pediatric intensive care settings.
- Studies in which touch is part of a specific clinical intervention or therapy (e.g., physiotherapy, massage therapy, or experimental treatments).
- Articles not reporting on the subjective experience or well-being of the patient.
- Non-peer-reviewed publications, editorials, commentaries, and conference abstracts.
- Articles not accessible in full text or not published in English.

The decision to include only articles published in English within the past ten years was based on the increasing prominence of the humanization of care movement in recent literature. Over the last decade, this concept has emphasized patient-centeredness and the value of empathetic, compassionate interactions—particularly the role of human touch—in intensive care settings. (15)

2.5 Data Analysis and Data Syntesis

Data analysis was conducted using a descriptive and interpretative approach, consistent with the methodological orientation of a narrative review. The structured method proposed by Godino et al (2023) was adopted to report the articles identified through the literature search, with Microsoft Excel employed for data organization and management. (17)

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This process involved the creation of structured tables to support data analysis, the identification and removal of duplicate records, and the screening of studies based on titles and abstracts for an initial selection. Subsequently, full-text screening was carried out to assess the relevance of the articles for inclusion. A comprehensive list of the selected studies was then compiled for the final review.

To ensure a systematic and consistent examination of the included studies, data extraction was conducted according to predefined criteria. Key information was analysed and synthesized in a synoptic table (Table S1), allowing for a clear comparison of the studies' main methodological characteristics and reported outcomes. The extracted data included: title and year of publication, study design, setting and population, key results, and conclusions related to the impact on patient well-being.

The synthesis followed an inductive thematic analysis, which enabled the identification of recurrent concepts, patterns, and divergences across the studies. Findings were organized into thematic areas to illustrate how touch is perceived, implemented, and experienced in intensive care settings, with particular attention to the emotional, psychological, and relational dimensions of the nurse–patient interaction. This approach allowed for the integration of heterogeneous evidence, contributing to a comprehensive understanding of the topic and offering meaningful insights for both clinical practice and future research.

3. RESULTS

3.1 Study Selection and Characteristics

The initial search across the selected databases yielded a total of 1,745 potentially relevant articles. After removing 1,200 duplicates, 545 records remained for screening. A preliminary review of titles and abstracts led to the exclusion of 529 articles, as they did not meet the predefined inclusion criteria in terms of topic relevance, methodological quality, or care setting. The final selection included 16 articles (Figure 1). The studies varied in methodological design, population, geographic setting, and evaluation tools (Table S1). The countries represented in the studies include Turkey, Saudi Arabia, the Netherlands, Iran, the United Kingdom, Greece, and Sweden. The sixteen articles included explored two main themes:

1) Types of Touch in ICU Nursing
2) Effects of Touch on Patient Well-being.

3.2 Types of Touch in ICU Nursing

In the study by Karlsson et al. (2022), the concept of "caring touch" was further explored and categorized into two types: imperative touch and emotional touch (24). Imperative touch is context-driven and necessary for clinical purposes or patient safety, such as preventing equipment dislodgement. However, it may not always be perceived as comforting. Its effectiveness depends on creating the right conditions and overcoming environmental barriers, such as the presence of protective equipment or the crowded nature of ICU rooms. Family members may also feel intimidated by the ICU environment, so preparing them for what to expect and facilitating physical closeness—e.g., lowering bed rails or uncovering the patient's arms—can promote more meaningful contact. (24)

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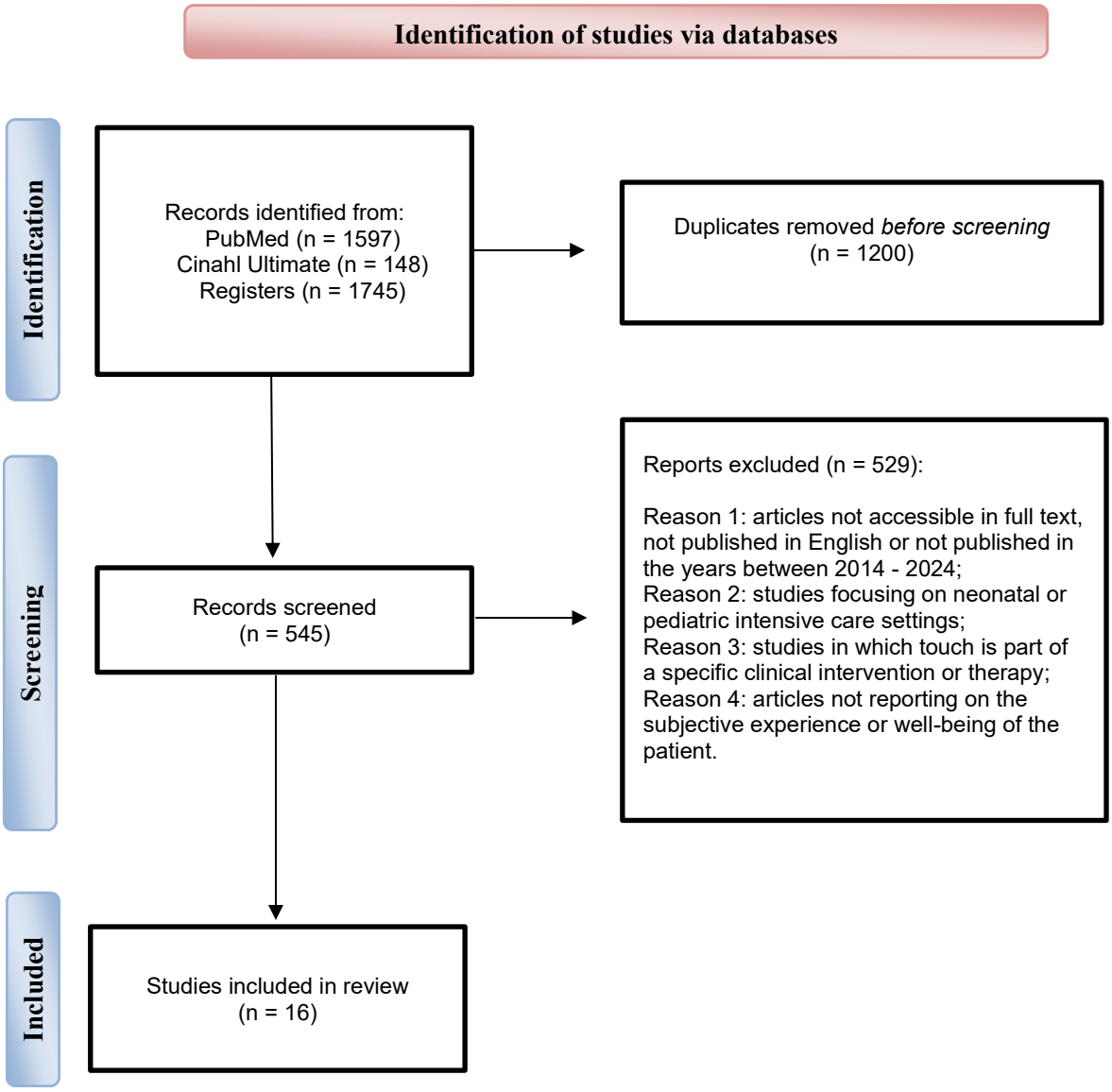

Figure 1. Prisma Flow Chart

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On the other hand, emotional touch requires attentiveness to non-verbal cues and patient preferences. Respecting bodily integrity, such as informing patients before interventions, is crucial. For sedated patients, touch may be the only way to convey safety and presence. However, time constraints and resource limitations may restrict such interactions. (24)

In the study of Sandnes L. and Uhrenfeldt L. (2024), touch is consistently described as described as a silent yet meaningful form of communication that fosters a sense of safety and care. It can complement or substitute verbal communication, especially in emotionally or clinically complex situations, helping nurses build trust and humanize the care experience. Through touch, nurses convey comfort, empathy, hope, and presence, reassuring patients that they are not alone and that someone genuinely cares for them. (18)

In the study by Sandnes and Uhrenfeldt (2022), touch was identified as a central component of the nurse–patient relationship in the ICU. "Caring touch" was often described as a spontaneous gesture that conveys hope and dignity within a technologically dominated environment. (19)

Similarly, Tengblad et al. (2023) reported that ICU nurses use touch to express empathy and emotional support, reinforcing patients' sense of being respected and acknowledged as individuals. This form of touch serves as a compassionate gesture, particularly valuable when patients are unable to communicate, as it provides both reassurance and a sense of protection. (20)

3.3 Effects of Touch on Patient Well-being

Üzar Özçetin YS. and Hiçdurmaz D. (2015) emphasized that the stressful ICU environment increases the patient's need for human contact, yet the presence of medical equipment and the clinical setting may limit opportunities for touch and alter patients' self-perception. Sensory disturbances—linked to noise, frequent interventions, lack of communication, and isolation—are common and may result in confusion, disorientation, anxiety, or agitation. Nurses play a key role in identifying and addressing these issues, though interventions are often limited to routine care. When tactile stimulation is absent, many nurses respond by offering physical contact, while others provide verbal reassurance. Still, the therapeutic potential of touch in conveying closeness, trust, and support is widely acknowledged. (21)

Mohanasundari S.K. et al. (2023) observed that touch allows nurses to establish genuine connections, understand patients' emotional needs, and provide support during critical moments (22). The authors cautioned that excessive reliance on technology may undermine human interaction. While artificial intelligence can aid in clinical decision-making, it cannot replace the empathy, compassion, and cultural sensitivity that are fundamental to nursing care. Therefore, maintaining a balance between technological support and human presence is essential. (22)

Al-Shamaly HS. (2022) also noted that touch extends beyond patient care, providing reassurance to families and colleagues and facilitating clinical assessments such as checking temperature or heart rate—especially significant for unconscious patients, for whom touch may be the only perceptible human interaction. (23) (Figure 2)

Critically ill patients are particularly vulnerable, with rapidly evolving clinical conditions. Nurses must remain physically present and highly attentive, engaging all senses—sight, hearing, smell, and touch—to detect subtle changes, such as variations in skin texture or temperature, that may indicate deterioration or complications. (25)

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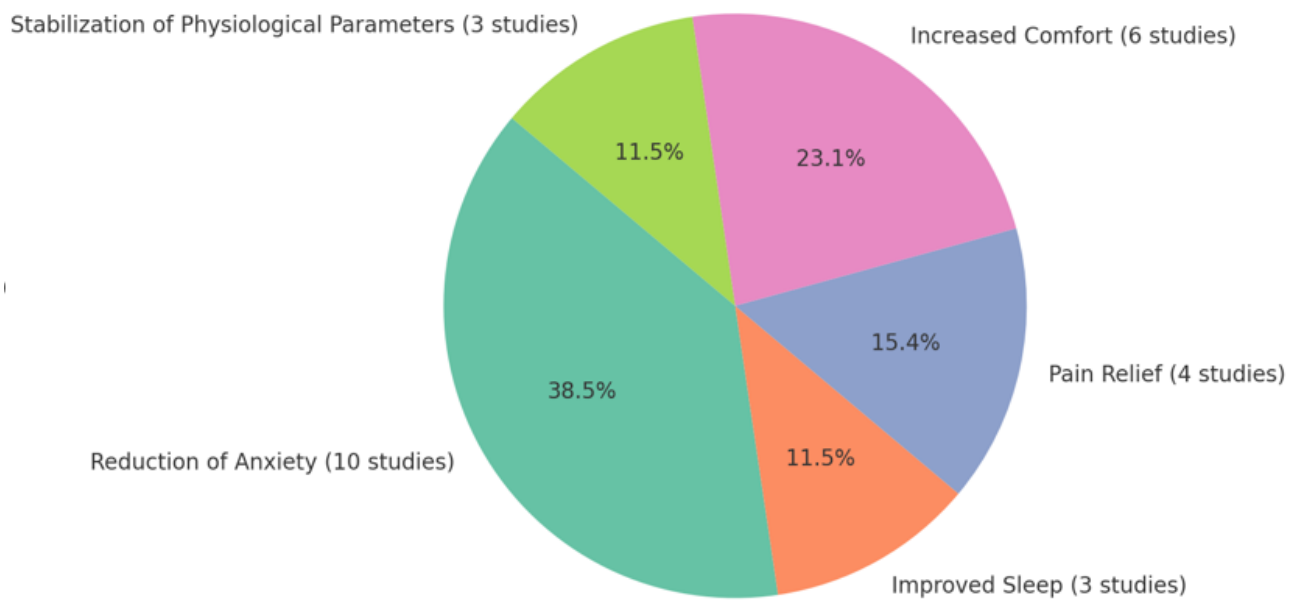

Figure 2. Positive effects of Touch: Evidence from the Literature

Nist M.D. et al. (2020) underscored the importance of preserving human touch in ICU care, despite the presence of numerous barriers, including infection control measures and increasing workloads (14). Although the universal use of gloves is essential for preventing infection transmission, it creates both physical and emotional barriers that can diminish the quality of nurse–patient interactions.

Moreover, nursing education often focuses on procedural or task-oriented touch, while the significance of comforting touch remains insufficiently explored. The authors advocate for future research to address how human touch can be integrated with safety protocols to improve patient outcomes without compromising protection. (14)

3 DISCUSSION

Based on the findings of this narrative review, touch emerges as a significant added value in intensive care nursing—a gesture with both psychological and physiological impact on patients. Often described as a silent form of communication, touch conveys safety and compassion, complementing or even replacing verbal language in complex emotional and clinical contexts. (20,25) It is widely recognized as a central element in the nurse–patient relationship in the ICU and a vital means of establishing authentic connections. (14,19, 20,22,25)

ICU nurses frequently refer to "caring touch" as a spontaneous act capable of offering "a glimpse of hope in what may seem hopeless". (19) Across the included studies, touch was reported to serve several essential functions:

- Provide emotional support (20);
- Convey empathy, comfort, hope, strength, compassion, safety, protection, motivation, reassurance, closeness, and attentiveness (14,18,19,20-22,25);
- Support patients during vulnerable and difficult moments (19,21,25);
- Humanize the clinical environment (18);

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- Communicate presence, especially to unconscious patients for whom touch may be the only way to feel that someone is there (14,21,25);
- Reinforce the patient's dignity and affirm their value as a person (21,25);
- Uphold dignity in a technology-driven environment (19);
- Detect clinical changes and assess physical health. (14,23)

Despite its value, several studies highlight significant barriers to therapeutic touch, including high-tech environments, the use of protective equipment, infection prevention protocols, time constraints, and increased workloads. (18,20,22,24) While technology is essential in managing clinically unstable patients, it may hinder meaningful communication and reduce opportunities for family closeness. Preparing relatives for the ICU environment and encouraging them to engage in non-invasive touch—for example, by folding down bed rails or uncovering the patient's arms—can help facilitate these interactions. (19,22)

One study emphasized that while artificial intelligence can support decision-making, it cannot replace the empathy, cultural sensitivity, and human presence that characterize quality nursing care. Maintaining a balance between technological assistance and human connection is therefore crucial. (22)

Infection prevention measures such as the universal use of gloves, though necessary, introduce physical and emotional barriers to touch. Further research is needed to explore the risks and benefits of gloveless touch in ICU settings, with the aim of preserving human interaction without compromising patient safety. (14)

Caregivers are also a valuable resource. Given nurses' limited time and heavy workloads, involving and instructing family members in the use of therapeutic touch may enhance patient comfort and help transform the clinical environment into a more familiar and reassuring space. (26) However, open visitation policies in ICUs, while potentially beneficial, also raise concerns regarding infection control, patient privacy, care coordination, and increased staff workload.

As this review suggests, cultural factors—including religion, age, gender, illness severity, and personal history—significantly influence responses to touch. For example, in some religions, physical contact with non-family members is not acceptable. (23) Furthermore, touch can evoke both positive and negative responses. While it is often experienced as calming, it may, in some cases, trigger discomfort or even agitation. Nurses must therefore interpret non-verbal cues carefully: a tense or anxious expression may indicate receptiveness, while a withdrawn or distressed demeanour may suggest the need to refrain. (19)

Numerous studies highlight the psychological and physiological benefits of touch in ICU care (Figure 3). In one study, patients described touch as comforting, calming, and relaxing. It helped them feel protected, respected, less isolated, and more connected to their body and to reality—counteracting the depersonalizing effects of the intensive care environment. Touch helped them feel more "alive," connected to their body, and grounded in reality, countering the dehumanizing effects of the highly technological ICU setting. (8)

Touch has also been associated with reduced stress and agitation (9), including in patients with traumatic brain injury and impaired consciousness. (10)Additional benefits include reductions in pain, anxiety, and social exclusion, as well as lower levels of psychological and physiological stress. (27)

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Physiological outcomes following therapeutic touch have been reported, such as decreased blood pressure and heart rate (11,23,28), increased oxygen saturation and reduced oxygen consumption—both linked to lower stress hormone levels and enhanced comfort (26) and even increased haemoglobin concentrations. (28)

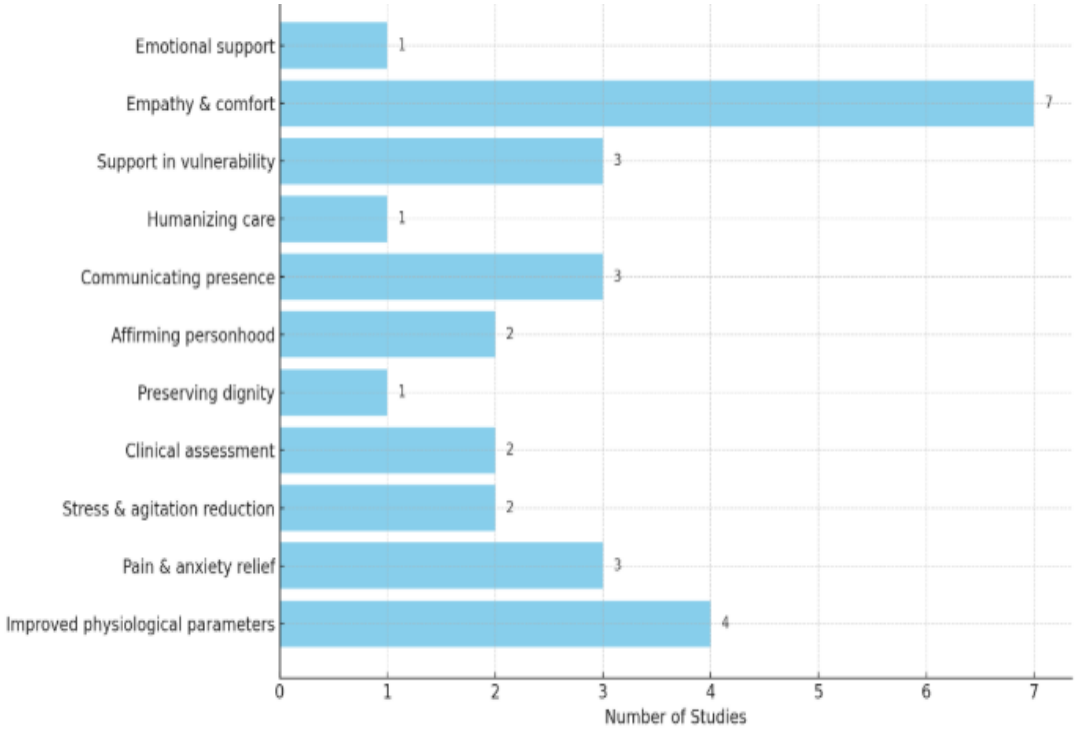

Figure 3. Observed Outcomes of Therapeutic Touch in ICU

4 CONCLUSION AND IMPLICATIONS FOR PRACTICE

This review highlights that intensive care nurses can generate a powerful therapeutic effect through the use of touch, contributing meaningfully to patients' psychological and physical recovery. Although the review emphasizes the therapeutic value of touch in intensive care, some limitations emerge. The consistent use of touch in ICU settings is often limited by multiple barriers, including highly technological environments, infection control measures, and time constraints resulting from heavy workloads. (20,22,25) Potential adverse effects such as discomfort, cultural inappropriateness, or emotional distress are only briefly discussed, limiting a comprehensive understanding of the phenomenon. Ethical aspects, including consent and personal boundaries, are also underexplored. Additionally, individual patient factors—such as cultural background, religious beliefs, and personal preferences—must always be considered, as not all patients are comfortable with physical contact. Respecting these boundaries is essential to ensure truly person-centred care.

Future research should address these gaps by involving end users, examining both benefits and risks in depth, and exploring culturally sensitive and ethically sound practices.

Based on the evidence, integrating therapeutic touch into routine nursing practice in intensive care units can enrich the patient experience and improve care

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outcomes. Nurses can also play a key role in guiding and empowering family members to use gentle, intentional touch—helping transform the ICU into a more familiar and emotionally supportive environment. This approach can help sustain emotional care even when nurses are unable to be continuously present. (14,18,24)

Incorporating the concept and value of comforting touch into undergraduate nursing curricula is strongly recommended. While students often receive training in procedural touch, the emotional and humanizing dimensions of physical contact are frequently overlooked. Expanding this knowledge to all healthcare professionals could foster a more holistic, compassionate approach to care across disciplines.

In conclusion, every nursing student, nurse, and healthcare provider is encouraged to recognize and harness the therapeutic potential of this seemingly simple gesture. When applied with intention, sensitivity, and respect, touch can truly make a difference—not only in the intensive care setting, but across all areas of patient care. (14,18,22) Therapeutic touch also raises important ethical considerations: it must always be guided by consent, sensitivity, and professional judgment. In an era increasingly shaped by efficiency and technology, nurses are called to reclaim the relational dimension of care as a professional responsibility. Embedding touch into daily practice is not a matter of "extra" care, but of essential human care—one that honors the dignity of those we serve.

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