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The Effects Of Touch On Depression In Elderly Nursing Home Residents

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Abstract

This was a quasi-experimental study designed to determine the effects of touch on depression in elderly nursing home residents. The null hypothesis stated there would be no significant difference at the .05 level of significance between depressed elders who participated in touch therapy and elders who did not participate in touch therapy.

Data were collected from 10 elders, age 65 or older, who were residents of two nursing homes in Northeast Mississippi. All subjects were administered the Geriatric Depression Scale (GDS) as a pretest/posttest. These scores were then compared using the *t* test at the .05 level of significance. The *t* test was also used to determine any significant relationship among age, sex, and education. None was found.

The *t* value obtained, when the posttest GDS means were analyzed between the groups, was $t(8) = -3.51$, $p = .008$ and was significant at the .05 level. Thus, the researcher rejected the null hypothesis. One of the subject's pretest/posttest scores showed a remarkable increase in the level of depression. Therefore, it was decided to measure the dependent change of the pretest/posttest scores. The

results between Groups A and B, after Group B received 3-week group touch sessions, demonstrated a trend toward increased depression in Group B, $t(8) = 1.69$, $p = .130$.

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Chapter I

The Research Problem

Depression has been identified as one of the most prevalent psychological conditions in the elderly population primarily caused by the many interpersonal losses encountered with aging (Breslau & Haug, 1983; Davis, 1974; Ebersole & Hess, 1985; Waller & Griffin, 1984). These losses place many of the elderly in situations that are isolated from meaningful human contact (Breslau & Haug, 1983). Nursing presents a unique opportunity for human contact of a meaningful and caring nature. Touch is one method of giving this human caring contact.

There are now 20 million individuals in the United States over 65 years of age, and until the year 2030 the age group greater than 65 years will continue to rise. Out of this age group, the population over age 85 will be the fastest growing (Breslau & Haug, 1983; Carnevali & Patrick, 1986). The majority of the elderly live independently in society. The percentage of elderly in institutions accounts for only 5% of persons age 65 or above, while 87% of the elderly live and maintain themselves in the community (Carnevali & Patrick, 1986; Lubkin & Chenitz, 1985).

Depression is most common in older adults, and more common in older women than men (Davis, 1974; Ebersole & Hess, 1985). Approximately 20% of the elderly suffer from symptoms of depression (Ebersole & Hess, 1985; Waller & Griffin, 1984). Epidemic proportions of depression will occur shortly due to the increasing number of elderly in society and the fact that no single cause has been identified (Breslau & Haug, 1983).

Depression is often overlooked and estimations reveal that only 20% of the depressed elderly receive treatment (Ebersole & Hess, 1985; Furukawa & Shomaker, 1982). Depression is difficult to diagnose, comes in episodes, and usually remits naturally. Depression is extremely common, often hidden, and often denied. The elderly are thought to become depressed due to reduced self-esteem, multiple losses, and feelings of helplessness (Breslau & Haug, 1983; Davis, 1974; Ebersole & Hess, 1985). Heavy interpersonal losses, changes in social status, failing health, and loss of resources compound the difficulty. The elderly are frequently isolated and placed in dependent roles; therefore, a lack of support socially reinforces the feelings of inadequacy, which have already been generated due to physical and psychological decline (Breslau & Haug, 1983).

Davis (1974) concludes that the primary goal of treatment is to remove the depression. The rule is always treat as early as possible. Biley (1985) states that there is no

specific treatment known. Traditionally, depression has been treated with chemotherapy, psychotherapy, ECT, or a combination. In the last 20 years, many new treatments have developed, such as cognitive therapy, group therapy, and reminiscence therapy.

Rosenbaum (1980) believes that one very important means of decreasing depression is by giving consistent nursing care. This care gives the client assurance and a sense of security. Some authorities believe that the majority of depressed individuals are depressed due to a loss or lack of contact with others. Davis (1974) states that empathic understanding, active listening, and human support are desperately needed by all depressed elderly. These needs may be accomplished by family, friends, and health care givers. Touch is one method of providing human contact and support.

Touch is used every day in primary nursing care. Often touch is employed unconsciously. Touch is direct involvement and a coping mechanism used to handle stress and depression. Age does not affect the need for touch, but the elderly have less opportunity to be touched and to touch. This is true because of lost spouses, children, friends, and jobs, whether by death or relocation. Losses can be compensated partially by touch and closeness. Touch may be used to stimulate elderly involvement and interaction in self and

others, thereby preventing or decreasing disengagement and depression (Tobiason, 1981).

Love and trust begin through touch. Often when individuals are suddenly in an unfamiliar world, dependent on strangers and anxious, they will respond better to touch than any other means (McCoy, 1977). Touch may be very comforting and helpful to the elderly who are institutionalized and physically or socially isolated (Copstead, 1980).

The need for touch has been well documented in the young, but continues to go undocumented in the elderly (Copstead, 1980). The researcher became interested in depression and the use of touch while attending a baccalaureate nursing program. This interest was reinforced while working on a hospital geriatric floor. The utilization of touch with patients suffering from depression is consistent with the researcher's belief in the need for interpersonal relationships between the geriatric population and health care providers. Thus, the researcher became interested in whether the conceptual approach of touch, if used by the Geriatric Nurse Clinician (GNC), could reduce depression.

The GNC has a responsibility of being an advocate in the geriatric population. The GNC can encourage family, friends, and other health professionals to use touch through the use of education, demonstration, and results. The GNC can also act as a consultant to family, friends, and other

health professionals when questions arise in the use of touch or expansion to other individuals. By these means, reduced depression in the elderly should result due to enhancing the geriatric's outlook on life and society.

This study sought to determine the effects of touch on the depressed elderly. The research question this study sought to answer was: Is the use of touch an effective basis for reducing depression in the elderly?

Chapter II

Theoretical Basis of Study

Watson's Human Science and Human Care Theory is the basis for this study on touch--a form of nonverbal communication lacking in the depressed elderly. Through touch and Watson's caring theory, this Geriatric Nurse Clinician (GNC) will attempt to show that depression among the elderly can be reduced, if not reversed, by the interpersonal interaction between the GNC and the individual. By using touch, there may be decreased depression, thereby improving self-esteem in the elderly's perception of life and environment.

Watson (1985) believes the nursing profession and other sciences should look beyond the areas of verification, objectivism, set operations, and definitions. Watson believes that patterns, meanings, relationships, and content must also be studied. This researcher will look at the elderly individual's relationship with the GNC, when touch is practiced. Watson believes nursing should be interested in defining truths and developing new insights and knowledge in response to human behavior. Nursing should develop new ways to meet the client's needs, thereby the researcher is proposing to develop a new process for counseling with depressed clients by using touch. One way to do this is by

using the human caring relationship, and one way of demonstrating this relationship is through touch. Porter and Sloan (1986) report that instead of using theory and practice, Watson uses philosophy and the science of caring. This theorist believes that caring is the center of nursing practice, and that health and behavior (e.g., in touch) are task-oriented and interpersonal (e.g., the counseling relationship between the GNC and the elderly client).

Watson (1985) has adopted several common themes about the nature of nursing and views man as a valued human who will be assisted, nurtured, understood, respected, and cared for as needed. The individual is active in interpersonal relationships in society and environment. Touch used as a therapeutic means has the potential to affect the general health and healing of the depressed client.

Watson (1985) has based the Human Science and Human Care Theory on 10 caring factors but for the purpose of this study only six factors or concepts will be used. These six factors are:

1. Instillation of faith-hope.
2. Cultivation of sensitivity to one's self and to others.
3. Development of a helping-trust relationship.
4. Promotion and acceptance of the expression of positive and negative feelings.

> 5. Provision for a supportive, protective, or corrective mental, physical, sociocultural, and spiritual environment.
>
> 6. Assistance with the gratification of human needs. (Porter & Sloan, 1986, p. 163)

The researcher, through counseling and the use of touch, can enhance the trusting relationship, expression of sensitivity, and instillation of hope in the depressed client. The GNC can also encourage and accept the positive and negative feelings expressed by the depressed client. By developing this therapy and counseling, the GNC can help the client in meeting human needs and developing a more supportive and healthy environment.

Watson's theory supports the use of touch in geriatric clients. When given, whether by the GNC or another individual, hope may be conveyed to the elderly client, thus decreasing depression. When lack of touch and verbalization is present, the individual may feel that life is unproductive and not worthwhile and that faith and hope have disappeared, thus becoming depressed. Touch may allow the client free expression. The GNC, through touch, may be able to convey, support, and protect by conveying to clients that they are accepted in the nurse-client relationship. Therefore, this researcher is planning to test Watson's theory of caring by using touch in the depressed elderly.

Chapter III

Theoretical Null Hypothesis

Theoretical Hypothesis

There will be no significant difference in depression of elders who participate in touch therapy and elders who do not participate in touch therapy.

Definitions

1. Significant difference: When analyzed, using the t test at the significance of .05.

2. Depression: As measured by the score on the Geriatric Depression Scale.

3. Elders: Persons 65 years or older who are residents of a nursing home.

4. Touch therapy: The physical contact by the Geriatric Nurse Clinician (GNC) will occur on the elder's wrist, hand, forearm, shoulder, knee, and/or lower leg five to seven times during a weekly session for 3 weeks.

Operational Hypothesis

There will be no difference at the .05 level of significance in the depression scores, as measured by the Geriatric Depression Scale, in elders age 65 or older who have been touched five to seven times on the wrist, hand,

forearm, shoulder, knee, and/or lower leg during a weekly session for 3 weeks when compared to elders who do not participate in touch therapy.

Chapter IV

Review of Literature

Copstead (1980) states that the need for touch has been well documented and demonstrated in the young, but very little research has been done or documented in the elderly. There is very little literature on the use of touch in the geriatric age group. This researcher, after an exhaustive review of the literature, was unable to find any studies conducted on the use of touch in decreasing depression in the elderly. Even though this concept is addressed in many articles, there were no research studies found on the subject of depression and touch. Therefore, this review of literature discusses studies of depression in elders and studies about the use of touch with geriatric persons.

Depression

Parsons (1986) conducted a research study about the effects of group reminiscence on the levels of depression in geriatric persons. The hypothesis stated that the elderly would have a reduction in the level of depression after group reminiscence therapy for a 6-week period.

The Geriatric Depression Scale (GDS) was used to determine the level of depression in each individual. The scale

was used both before and after the 6-week therapy to obtain scores of depression. The sample size consisted of 9 out of 15 individuals, over age 65, who were receiving care at a nursing clinic at a government-funded housing project in Florida. Before the GDS was administered, consent was obtained from all 9 elderly women. All were found to be moderately depressed. It was noted that if two or more meetings were missed consecutively the individual was eliminated from the study. Six of the 9 females completed the 6-week sessions. The results were analyzed using the paired *t* test (*t* value = 8.03). The alternate hypothesis was supported and decreased levels of depression were found after therapy (Parsons, 1986). Parsons concluded that the levels of depression were reduced after group reminiscence therapy but that there could have been intervening variables affecting the results.

In 1984, a study was performed to explain the decreased subjective time in the elderly due to depression. All persons who participated were volunteers from a meal program in Pennsylvania. All subjects were women over age 65, lived at home, and were ambulatory. The subjective time was measured by the individual's estimate of 40 seconds, and depression was measured by the Beck Depression Inventory (BDI). The hypothesis stated that depression was related to decreased subjective time (Newman & Gaudiano, 1984).

The sample consisted of two groups, with 30 to 35 persons in each group. The statistical method used to evaluate the results was the Pearson r (coefficient of 0.35). The higher the level of depression the more decreased the subjective time. The hypothesis was supported. The researchers state that the quality of life is indicated by subjective time. The researchers believe that one way to improve the elderly's experience of time is through reminiscence (Newman & Gaudiano, 1984).

Touch

Copstead (1980) conducted a descriptive study to determine the amount of touching between institutionalized geriatric clients and registered nurses (RN). If touch to occur, then the effects on interaction and were measured. The sample consisted of 33 in geriatric clients from three nursing homes The age range was 50 to 101 years, and all were in the home for at least 3 months, all clients were alert and oriented, able to feel the touch given, able to verbally respond in English, able to read English and write, and had known the nurse for at least a month.

The list was collected by direct observation, a questionnaire, and a tape recording. The 29-item Second Jourard Self-Cathexis Scale was the questionnaire used. The researcher designed a touch assessment tool that was used in the study for the purpose of listing all possible acts of

touch and levels of intensity. Touch was defined as any physical contact in any time period between the client and RN. A diagram of the human body was used to show when contact occurred, the location, and the intensity of touch. The scoring consisted of tally marks (Copstead, 1980).

The sample consisted of 22 individuals who experienced touch and 11 individuals who did not. Touch was mostly given on the wrist or hand of males and on the back, neck, or wrist/hand of females. The hypothesis was supported indicating individuals who were touched did experience positive self-appraisal and interaction; whereas, nontouchers did not. Therefore, touch does appear to foster positive self-feeling in elderly nursing home residents (Copstead, 1980).

McCoy (1977) conducted a study on the effects of touch on rapport between nurse and client in an emergency department. During the assessment interview, 20 experimental clients were touched and 20 control clients were not. All individuals had to be awake, alert, oriented, have no neurological impairment, no sensory deprivation, and no hearing/speech problem.

Five objective categories were set up to measure the clients' responses. The categories were: eye contact, facial expression, body movement, verbal interaction, and general response of the client. These categories were further divided into positive, negative, and neutral

responses. The hypothesis that touch would increase rapport between the nurse and client was supported. Over 85% of the total positive responses came from the clients who were touched. The nurse by showing interest, approval, respect, and self-confidence toward the clients, through the use of touch, was viewed as a caring person. Clients responded cooperatively and willingly to the nurse (McCoy, 1977).

Bassenmaier (1982) reports that 15 RNs were selected to participate in a study of touch. All participants were elders over 70 years of age, able to communicate, and receiving care in the RN's hospital unit. The units were 4 medical-surgical units in a large teaching hospital. The tools used for this study looked at touch, communication, physical care, and control. The tools, Category Identification Sheet, Clinical Observation Sheet and Data Gatherer, and The Category Identification, were developed for this study.

Over a 3-week period, the care given by the RNs was observed 15 times. The observations were conducted in the morning and lasted from 10 to 25 minutes. The researcher found touch was used in slightly over half the observations with approximately half being adequate. Touch was usually given when giving physical care and communicating. The researcher found that the opportunities for touch were not being used other than help with activities of daily care (Bassenmaier, 1982).

Tobiason (1981) conducted research into the use of touch with infants and the elderly by baccalaureate nursing students, ranging in age from 18 to 50 years. The researcher found that many students expressed excitement when rotating through the maternity units but were anxious and concerned by rotating through geriatric units. These feelings, expressed toward the elderly, may in part be due to students' attitudes concerning the aging process and about touching the fragile, frail, and wrinkled bodies of elders.

Tobiason (1981) designed a questionnaire to express the students' feelings concerning touch before and after clinical experiences in the maternity and geriatric units. The student selected 5 words to describe the experience in four situations. None of the words were suggested to the students. The first questionnaire asked the sensations and feelings expressed and experienced when touching the infant and also when touching the elder. The second questionnaire asked the same questions but in the past tense. Out of 75 female students, 52 returned the first and second questionnaires. If a word was used more than 10 times on either questionnaire, it was listed. More positive words were used when working with infants than elders, both pre- and post-touch. The results of this study show that either students were unsure of feelings when touching the elderly or were unable to express feelings in general.

In conclusion, this researcher found many studies discussing either depression or the use of touch, but no studies were found about the use of touch in alleviating depression. Institutionalized elders have been shown to experience positive self-appraisal and interaction when touched. When touch is employed, individuals view nurses as more caring, and the clients are more cooperative toward the nurses. Many touching opportunities are being missed or neglected by nurses. Therefore, this researcher believes that research should be conducted to determine the need and intervention of touch in depressed elders.

Chapter V

Research Design and Methodology

Research Approach

The researcher described the effects of touch on depression in elderly nursing home residents. The effects of touch were determined by the differences noted in the scores (pretest/posttest) of the Geriatric Depression Scale. According to Polit and Hungler (1983), in a quasi-experimental study, "the investigator plays an active role: he or she does something to participants in the study and then observes the consequences" (p. 44). This research was not truly experimental because it was not randomized, but it will remain valuable as a quasi-experimental study because of feasibility, practicality, generalizability, and use in the natural setting.

Variables

The dependent variable was the degree of depression as measured by the Geriatric Depression Scale (see Appendix A). The independent variable was the use of touch. The controlled variables included persons greater than 65 years of age; residents in home more than 6 months; alertness and orientation to time, place, and person; ability to speak,

read, and write English; and sensation to touch. The intervening variables may have included sex, race, education, chronic health problems other than those related to the sensation of touch, the time of testing, time of group sessions, and dishonesty on depression scale.

Setting, Population, and Sample

The setting for this study was two nursing homes located in two rural communities in Northeast Mississippi. Nursing Home A was located in the larger community and had a population of 60,500 with an annual income of $9,764. The racial distribution was 79.3% white and 20.7% nonwhite. Of the total population over 25 years of age, 58.7% had completed 4 years of high school. There were 5,125 white and 1,108 nonwhite elders living in the community (Chamber of Commerce, personal communication, June 16, 1987). Nursing Home B was located in the smaller community and had a population of 20,482 with an annual income of $5,625. The racial distribution was 94% white and 6% nonwhite. The educational level and number of elders living in the community was unavailable (M. Leary, personal communication, June 16, 1987).

Each nursing home consisted of 120 residents. Both homes were public institutions who admitted persons of any race, age, sex, culture, or religion. The population for this study consisted of residents who met all controlled variables as determined by the Director of Nursing in each

home. The sample consisted of the first 5 residents who were willing to participate in the research. The control group was selected from Nursing Home A and the experimental group from Nursing Home B. A total target of 5 subjects from each home was set.

Data Gathering Process

The researcher contacted the Director of each nursing home to set up an appointment for explanation of the research and methodology of the study (see Appendix B). The Institution Agreement (see Appendix C) for permission to use the facility and consent for residents to participate in the study was signed by the researcher and an appropriate person of the institution. Each Director was contacted for assistance in selection of the sample and in deciding the appropriate time for pretest administration of the tool. The researcher explained the study to both groups of subjects, emphasizing confidentiality. After the subjects agreed to participate in the study and the legal guardian was notified of participation, each signed an Informed Consent (see Appendices D and E). These forms were then collected by the researcher. The researcher then distributed a short demographic sheet (see Appendix F) and the questionnaire. All tools were coded with no names appearing on them to maintain confidentiality. Questions from the subjects were answered by the researcher. The

length of time for the administration of the tool did not exceed 15 minutes.

The pretest Geriatric Drepression Scale (GDS) was given to both groups during the same week. The experimental group participated in group sessions each week for 3 weeks. After the 3-week period, both groups completed the GDS as a post-test.

The experimental group was asked to choose a time for the weekly sessions. These group sessions did not exceed 45 minutes. During the session, all participants were touched five to seven times by the researcher on the wrist, hand, forearm, shoulder, knee, and/or lower leg during conversation. The researcher arranged the subjects in a circle with the researcher in the center close enough to administer the touch as planned. Touch was consistent with all participants. The researcher thanked all subjects for participation. Data were collected between May and June of 1987.

Instrumentation

The researcher used the GDS. This tool was developed specifically for elders over age 65 years. The elderly expressed their feelings through a yes/no answer. The highest score is 30 and the lowest score is 0. The reliability and validity were demonstrated by comparing the GDS with the Hamilton Rating Scale for Depression (HRS-D) and the Zung Self-Rating Depression Scale (SDS). The

reliability of the GDS was determined by the alpha coefficient of internal consistency, which was 0.94. The values of the HRS-D and SDS were 0.90 and 0.87, respectively. The validity of the GDS was also determined when correlated with the HRS-D and SDS. The results were 0.83 and 0.84, respectively. Therefore, this tool has been found to have both reliability and validity in detecting depression in the elderly (Yesavage et al., 1983).

The demographic sheet provided the researcher with information which could have influenced the depression scores and which may have demonstrated indications for future research.

Statistical Analysis

The *t* test was used to compare the effects of touch on depression scores of elderly nursing home residents. The *t* test is the basic parametric statistical procedure used to test differences in group means where group size is under 30 (Polit & Hungler, 1983).

Assumptions

1. Depression can be measured in the elderly population.

2. All subjects will answer the questionnaire honestly.

3. The tool is valid and reliable within the confines of this study.

Limitations

1. Limiting the study to Northeast Mississippi prevents generalization to other areas in the United States.

2. Limiting the study to persons over 65 years of age prevents generalization to persons between 55 and 65 years of age.

3. Limiting the study to subjects in nursing homes prevents generalization to subjects living in other situations.

4. The small sample size and lack of randomization may affect the generalization of findings.

5. The lack of control of intervening variables may affect the depression scores.

Chapter VI

Analysis of Data

The purpose of this study was to determine how the use of touch affected depressed nursing home residents. A total of 5 elders, age 65 or older, from each of the two nursing homes in Northeast Mississippi participated in the study. Group A was the control group and did not receive touch. This group of subjects consisted of 5 elders, 4 were female and 1 was male. The age range was from 75 to 92 years. Group B was the experimental group and received touch in three weekly sessions. This group of subjects also consisted of 5 elders, with 4 being female and 1 male. The age range of these elders was 70 to 86 years. In both groups, all elders were white, 9 were Baptist and 1 was Church of Christ, and 9 were widowed with 1 being married. The educational range was from fifth to 12th grade. Of the experimental group, 3 participants attended the three sessions 100% of the time and 2 participants attended 67%.

The subjects' pretest scores on the Geriatric Depression Scale (GDS) from Group A ranged from 5 to 19 with a mean of 8.4. Subjects from Group B had scores which ranged from 2 to 23 with a mean of 14.0. The posttest scores on the GDS for Group A ranged from 2 to 15 with a

mean of 7.6. Subjects from Group B had scores which ranged from 17 to 24 with a mean of 17.6 (see Table 1).

Hypothesis

The researcher hypothesized that when elders' scores on the GDS were compared, after touch, there would be no difference in the groups at the .05 level of significance. To test this hypothesis, data were subjected to the *t* test at the .05 level of significance. The *t* value obtained, when the pretest GDS means were analyzed between the groups, was $t(8) = -1.23$, $p = .253$ and was not significant at the .05 level. The *t* value obtained, when the posttest GDS means were analyzed between the groups, was $t(8) = -3.51$, $p = .008$ and was significant at the .05 level. However, one of the subject's pretest/posttest score showed a remarkable increase in the level of depression. Therefore, it was decided to measure the dependent change of the pretest/posttest scores between Groups A and B. The *t* value obtained was $t(8) = 1.69$, $p = 1.30$ indicating a trend for those receiving touch to become more depressed. Thus, the researcher rejected the null hypothesis (see Table 2).

Table 1

Demographic Variables and the Geriatric Depression Scale Pretest/Posttest Scores

ID	Group[a]	Age	Sex	Race	Religion	Marital Status	Education	Sessions Attended	Pretest Score	Posttest Score	Change
1	A	77	Female	White	Baptist	Widowed	9th	-	5	2	+3
2	A	82	Female	White	Baptist	Widowed	10th	-	19	15	+4
3	A	92	Male	White	Baptist	Widowed	6th	-	5	9	-4
4	A	75	Female	White	Baptist	Widowed	9th	-	6	6	0
5	A	82	Female	White	Baptist	Widowed	8th	-	7	6	+1
6	B	70	Female	White	Baptist	Widowed	10th	67%	16	17	+1
7	B	78	Female	White	Baptist	Married	7th	67%	19	19	0
8	B	80	Male	White	Baptist	Widowed	5th	100%	23	24	-1
9	B	86	Female	White	Church of Christ	Widowed	12th	100%	2	14	-12
10	B	84	Female	White	Baptist	Widowed	8th	100%	10	14	-4

[a]A = Control. B = Experimental.

Table 2

Comparison of Depression Scores Using the t Test

Variable	n	M	SD	t
Pretest				
Control	5	8.4	5.983	-1.23
Experimental	5	14.0	8.216	
Posttest				
Control	5	7.6	4.827	-3.51*
Experimental	5	17.6	4.159	
Dependent Change				
Control	5	.8	3.114	1.69**
Experimental	5	- 3.6	4.930	

*$p \leq .05$. **Signifies trend.

Additional Findings

The t test was also used to determine any significant relationship among age, sex, and education. None was found.

The researcher would like to note several observations of events that took place during the period of data collection. The sample size was small. There was no distribution in race. An extreme change was noted in one of the experimental subject's pretest/posttest score. In addition, an experimental subject experienced the death of a friend between pretesting and posttesting. The control group

participated in a birthday party the day the posttest was administered. Two of the experimental subjects, one of whom had a much higher depression score, shared a room and it was not possible to control for the extraneous effect of one's depressive state on the other; thus, making the roommate's posttest score higher.

Chapter VII

Summary, Conclusions, Implications, and Recommendations

Summary

This was a quasi-experimental study designed to determine the effects of touch on depression in elderly nursing home residents. The null hypothesis stated there would be no significant difference at the .05 level of significance between depressed elders who participated in touch therapy and elders who did not participate in touch therapy.

Data were collected from 10 elders, age 65 or older, who were residents of two nursing homes in Northeast Mississippi. All subjects were administered the Geriatric Depression Scale (GDS) as a pretest/posttest. These scores were then compared using the *t* test at the .05 level of significance. The experimental group experienced an increase in depression. Based upon this finding the null hypothesis was rejected. However, due to the fact that the sample was small and one subject in the experimental group experienced a dramatic increase in depression, the researcher decided to further analyze the data by calculating a change score for each group and subjecting these to analysis with the *t* test.

Conclusions and Implications

The data from this study would seem to indicate there is increased depression in elders who participate in touch therapy. However, there are several factors that may have influenced this finding. One subject shared a room with another subject who had a higher depression pretest score, and then she in turn exhibited an increase in the depression score posttest. The researcher was unaware of any interpersonal activities which might have accounted for this. One subject experienced a death of a friend, and this may have affected her depression score posttest. The control group, who exhibited lower posttest depression scores, participated in a birthday celebration just prior to administration of the posttest. The Directors of Nursing in the two homes selected the elders based upon given criteria. The finding of increased depression with touch may have occurred because of sampling bias.

The findings are inconsistent with the literature which documents touch can have a positive impact upon interpersonal relations (Tobiason, 1981). The literature further indicates elders do experience positive self-appraisal and interaction when touched. When touch is employed, the elderly also view nurses as more caring (Copstead, 1980; McCoy, 1977). Possible reasons for the results of this study may be the uncontrolled intervening variables (e.g.,

nonrandomization of subjects and the participation in the birthday celebration).

Watson's theory of Human Science and Human Care emphasizes the importance of interpersonal relationships, assistance with human's needs, and the need for a caring attitude involving touch in man's maintenance of interpersonal activities and self-concept (Watson, 1985). Possible reasons for the fact that this study did not support Watson's theory may have been the limited time frame in the development of the trusting interpersonal relationship between the Geriatric Nurse Clinician (GNC) and subject, and the demand of each participant for the GNC's undivided attention during the group touch sessions. Therefore, Watson's theory could possibly have been supported if the GNC had allowed a longer time frame for data collection and used touch with each individual in a group setting.

Based upon these findings, the researcher would recommend future studies involving a larger sample size, randomization of subjects in groups, and more control of intervening variables. Also, since Northeast Mississippi was the geographic area for this research, future studies might be conducted in different geographic locations.

Recommendations

Based upon the findings of this study, the following recommendations are made:

Research

1. Replication of this study using randomization.

2. Replication of the study using elders from a random sample of nursing homes covering a broader geographic area than Northeast Mississippi.

3. Replication of the study using more control of intervening variables.

4. Conduction of a similar study with a larger sample size either by the longitudinal technique or with more experimental groups during the same period of data collection.

Nursing

Until further research is conducted which documents that touch is detrimental to depressed elders, the GNC will continue to use and encourage others to use touch whenever possible in providing care to elderly clients.

Appendix A

Geriatric Depression Scale

Administration:

Will be presented in written format and answered by a yes/no. Time frame approximately 5-10 minutes.

Scoring:

Count 1 point for each depressive answer.
0-10 Normal
11-20 Mild
21-30 Moderate or Severe Depression

1. Are you basically satisfied with your life?
   Yes____ No____
2. Have you dropped many of your activities and interests?
   Yes____ No____
3. Do you feel that your life is empty? Yes____ No____
4. Do you often get bored? Yes____ No____
5. Are you hopeful about the future? Yes____ No____
6. Are you bothered by thoughts that you just cannot get out of your head? Yes____ No____
7. Are you in good spirits most of the time?
   Yes____ No____
8. Are you afraid that something bad is going to happen to you? Yes____ No____
9. Do you feel happy most of the time? Yes____ No____
10. Do you often feel helpless? Yes____ No____
11. Do you often get restless and fidgety? Yes____ No____

12. Do you prefer to stay home at night, rather than go out and do new things? Yes____ No____

13. Do you frequently worry about the future? Yes____ No____

14. Do you feel that you have more problems with memory than most? Yes____ No____

15. Do you think it is wonderful to be alive now? Yes____ No____

16. Do you often feel downhearted and blue? Yes____ No__

17. Do you feel pretty worthless the way you are now? Yes____ No____

18. Do you worry a lot about the past? Yes____ No____

19. Do you find life very exciting? Yes____ No____

20. Is it hard for you to get started on new projects? Yes____ No____

21. Do you feel full of energy? Yes____ No____

22. Do you feel that your situation is hopeless? Yes____ No____

23. Do you think that most people are better off than you are? Yes____ No____

24. Do you frequently get upset over little things? Yes____ No____

25. Do you frequently feel like crying? Yes____ No____

26. Do you have trouble concentrating? Yes____ No____

27. Do you enjoy getting up in the morning? Yes____ No__

28. Do you prefer to avoid social gatherings? Yes____ No____

29. Is it easy for you to make decisions? Yes____ No____

30. Is your mind as clear as it used to be? Yes____ No____

Appendix B

Letter to Directors of Nursing Homes A and B

Dear Sir:

I am a graduate student specializing in Geriatric Nursing at Mississippi University for Women. I am conducting a research study examining the effects of touch on depression in elderly nursing home residents. This researcher hopes to show that touch can be beneficial in reducing depression, and that health care professionals will have another tool for intervention. Therefore, results of this study could enhance health care in the elderly nursing home residents. I would like to discuss conducting this study in your facility. I will call you _____, to set up an appointment.

Thank you for your time and consideration.

Sincerely,

Charlotte R. Taylor

Appendix C

Consent Form
(Institution)

Quasi-experimental Study: The Effects of Touch on Depression in Elderly Nursing Home Residents

_____
Name of Institution or Agency

_____
Name of Representative and Title

This institution grants permission to Charlotte R. Taylor, a registered nurse, to study the effects of touch on depression in elderly nursing home residents. The nature and purpose of this study have been defined. I understand that all information will be anonymous and confidential and that this institution may withdraw at any time during the data collection.

_____
Researcher's Signature

_____
Date

Appendix D

Consent
(Control)

Explanation of Research:

I am Charlotte R. Taylor, a registered nurse and graduate nurse at Mississippi University for Women. I am conducting a research study about the effects of touch on depression in the elderly. The results of this study will help health care providers give better care to older adults. If you participate in this study, you will be asked to complete a 5-10 minute test that will help the researcher understand how you are feeling. You will complete this test twice, at the beginning and the end of the program. There have been no risks identified in this study. All information will be anonymous and confidential. You may withdraw from the study at any time during the data collection, and withdrawal will in no way interfere with nursing home status.

I understand the explanation given to me.

_____Elder

_____Researcher

_____Date

Appendix E

Consent
(Experimental)

Explanation of Research:

I am Charlotte R. Taylor, a registered nurse and graduate student at Mississippi University for Women. I am conducting a research study on elderly nursing home residents. The results of this study will help health care providers give better care to older adults. If you participate in this study, you will be asked to complete a 5-10 minute test that will help the researcher understand how you are feeling. You will complete this test twice, at the beginning and the end of the program. Also, you will participate in a 3-week session of group interaction. These sessions will last from 30-45 minutes. You will be touched, as a way to convey encouragement and understanding, during the sessions, if you have no objections. You may withdraw from the study at any time during data collection, and withdrawal will in no way interfere with nursing home status.

I understand the explanation given to me.

_____Elder

_____Researcher

_____Date

Appendix F

Demographics

Age:

65-75_____

76-85_____

86-95_____

96+_____

Sex:

Male_____

Female_____

Race:_____

Religion:_____

Marital Status:_____

Educational Level:_____

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