

You want to touch me where?

Using intimate touch in wound care

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Providing wound care requires a great deal of knowledge and skill. To become a wound care nurse entails taking classes, gaining and maintaining certifications, and acquiring on-the-job experience. But de-

spite your education, knowledge, skills, and certifications, you may encounter problems when wound care requires you to touch the patient in a sensitive or embarrassing area. Touching the patient in these areas is called *intimate touch*.

Intimate touch can cause feelings of discomfort, anxiety, and fear—for both you and your patient. This article offers advice on how to decrease everyone's anxiety and discomfort around intimate touch.

Initiating intimate care: The right approach

To perform a thorough assessment, you must examine all areas of the skin surface. No matter where the patient's wound is located, you're responsible for addressing it and performing the required care.

But some nurses avoid examining areas that would involve intimate touch. As for patients, many feel they have no control when receiving *any* type of health care, and may be especially uncomfortable during intimate touch.

Have you ever thought about what's most important to your patients when intimate touch is required? Interviews reveal patients want to know in advance if they will be touched and, if so, why. They'd also like to be able to choose whether a male or female nurse provides this care, as well as when this care will be performed. (See *Gender preferences*.) Being able to make these choices gives them some control, reducing their sense of helplessness.



To make patients feel as comfortable as possible, strive to create an atmosphere of privacy and remain professional and purposeful at all times. Start by explaining what you need to do. Then ask when the patient would like the care to be done (if your schedule is flexible). If possible, let the patient choose how he or she would like to be positioned and covered. Is the patient too warm? Too hot? Is she concerned about exposing a particular part of her body? Asking these questions tells patients you care and want to reduce their discomfort.

During intimate touch, the patient doesn't want an audience. If you need other healthcare providers to assist you with wound care, take only those absolutely required into the patient's room—for instance, if you'll need help moving the patient, if the patient previously made you feel uncomfortable, or if you have concerns about being alone with him or her during intimate touch. Before touching the patient, ask for permission.

I don't take nursing students into the room with me when intimate touch is required unless the patient gives permission. If the patient does give permission, I try to determine if she did so because she felt obligated or if she really doesn't mind having a student in the room. Sometimes, patients think I'll be angry if they deny permission.

Intimate touch encounters

Recently, I cared for an elderly patient who had pressure ulcers on his penis stemming from edema. He and his wife were in the room when I entered. I introduced myself and explained why I was there. I told them I would be evaluating his wounds and making decisions about care. I also explained I would be looking for signs of infection or dead tissue. I asked the couple if they had any questions and if it would be okay for me to

Gender preferences

Many hospital nurses believe more patients request female nurses than male nurses. Perhaps patients regard female nurses as nurturing mother figures and feel that intimate touch is part of this role. But in the author's personal experience, many female patients prefer male nurses no matter what type of care is needed. Some state that male nurses are more sympathetic and spend more time with them.

do this. Without hesitation, they responded "Yes."

When I evaluated the patient, I found a large amount of slough and nonviable tissue in the ulcer beds. I explained the debridement process and, with the patient's permission, debrided the ulcers. Then I made a treatment plan and wrote orders for a daily dressing change along with an order for cleaning the penis well before each application.

The next week, I returned to find the patient's penis and pubic hair covered with a large amount of crust from the daily wound gel dressing change. Obviously, the penis hadn't been cleaned regularly. When I looked into the reason, I found the nurses were uncomfortable holding the patient's penis to clean it well.

The other day, I cared for a patient who'd had an erection for several weeks

How male and female nurses feel about intimate touch

Some nurses, both male and female, worry about the perceived sexual connotations of touching a patient intimately. They worry a patient may interpret their touch as sexual and think the nurse is making an inappropriate advance. Some female nurses don't feel comfortable touching another woman in intimate places; others feel less comfortable with male patients. On the other hand, some male nurses sense that male patients don't want to be touched by another male.

but was embarrassed to tell anyone. Even though the erection was painful, he waited so long to see a urologist that penis amputation was a possibility. He'd tolerated the pain (and risked possible amputation) out of fear of having someone examine, touch, or possibly make fun of an intimate body part. These two encounters provide insight into some of the issues related to intimate touch. (See *How male and female nurses feel about intimate touch*.)

Putting knowledge into action

Now that you understand the issues around intimate touch, you're better prepared to perform it more adeptly and comfortably. Keep in mind your patients' statements or preferences about intimate touch. Watch others' behaviors during intimate touch care activities so you can deepen your knowledge base. ■

Selected references

Blas A. Nursing students learn how to handle intimate situations as they prepare for the real-life profession [monograph online]. *The Beacon*. September 29, 2011. <http://upbeacon.com/2011/09/29/the-nurses-have-the-magic-touch>. Accessed May 29, 2014.

Green C. Philosophic reflections on the meaning of touch in nurse-patient interactions. *Nurs Phil*. 2013; 14(4):242-53.

Harding T, North N, Perkins R. Sexualizing men's touch: male nurses and the use of intimate touch in clinical practice. *Res Theory Nurs Pract*. 2008;22(2): 88-102.

MacWilliams RB, Schmidt B, Bleich MR. Men in nursing: understanding the challenges men face working in this predominantly female profession. *Am J Nurs*. 2013;113(1):38-44.

O'Lynn C, Krautscheid L. Original research: 'how should I touch you?: a qualitative study of attitudes on intimate touch in nursing care. *Am J Nurs*. 2011;111(3):24-31.

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positive self-care, you can start to change your behavior one step at a time. Now is the time to act. Set self-care goals and establish a self-care protocol. Then hold yourself accountable. Be creative. Let your inner child have fun by engaging in activities that make you feel good. (See *Self-care examples*.)

I've learned self-care is a way of life that enables me to truly love myself and to accept and respect myself for who I am. When I started practicing self-care daily, my energy soared and my mood changed. I developed an inner peace, tranquility, and calmness, plus a clarity of thought I'd never experienced before. I've learned self-care equals growth, self-love, and nurturance. I've chosen self-care and never looked back. I've completely trans-

formed my life and now live a life of balance, joy, happiness, pleasure, and wellness. I love myself mind, body, and soul, every day. ■

Selected references

Smith P. *To Weep for a Stranger: Compassion Fatigue in Caregiving*. Mountain View, CA: Healthy Caregiving, LLC; 2009.

Wicks RJ. *Bounce: Living the Resilient Life*. New York, NY: Oxford University Press; 2009.

Wicks RJ. *Overcoming Secondary Stress in Medical and Nursing Practice: A Guide to Professional Resilience and Personal Well-Being*. New York, NY: Oxford University Press; 2005.

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