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# Development of the Healing Touch Comfort Questionnaire

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This study provided preliminary evidence for internal consistency reliability (Cronbach  $\alpha = .94$ ) of the newly developed Healing Touch Comfort Questionnaire. Fifty-six Healing Touch (HT) recipients (51 women and 5 men with a mean age of 51) completed the questionnaire. Participants with more than 4 HT treatments had higher comfort levels than those with fewer than 4. **KEY WORDS:** *comfort, Comfort Theory, energy therapy, Healing Touch, measurement, outcomes* *Holist Nurs Pract* 2006;20(3):122-129

Healing Touch (HT) is a complementary, energy-based therapy that is supportive of persons' health and healing. As the popularity of HT increases, it is essential that empirical evidence should demonstrate its effectiveness on desirable outcomes. Evidence about the efficacy of HT is in its early stages.<sup>1</sup> Theoretically, desired outcomes of HT are achieved when the client's energy system is adjusted by clearing congestion, facilitating unimpeded flow of energy, and balancing the energy field. Common reasons clients come for HT are acute and chronic pain, cancer, stress, emotional and spiritual issues, end of life, preoperative and postoperative anxiety and/or healing, low energy, and the need for personal empowerment. Healing Touch practitioners set an intention for holistic and positive change, and use specific HT techniques with a fully clothed person in his or her surrounding energy field. The practitioner is the facilitator of the client's self-healing that occurs through the intent and commitment of both the practitioner and the client. Using their hands to balance the energy field, practitioners apply techniques learned through an approved curriculum that includes an apprenticeship. Successful completion of the program results in certification.

Healing Touch is a holistic therapy that has interrelated physical, psychological, social, and

spiritual aspects.<sup>2</sup> When a positive change is produced in one aspect by the treatment, there is also a whole-person response, thus creating the well-known phenomenon described as the whole effect being greater than the sum of each singular effect.<sup>3</sup> Measuring the effects of HT with a holistic outcome would be congruent with this phenomenon and with its principles. It is essential to demonstrate the efficacy of HT and other energy-based therapies with a holistic instrument that provides a precise picture of the unique, individual, and whole-person response to HT. Therefore, the question that this research addressed was how to measure the effects of HT in a way that reflects the unique nature of this therapy. The Healing Touch Comfort Questionnaire (HTCQ) was developed to address this question. The purpose of this pilot study was to conduct a preliminary test of internal consistency reliability for this new instrument, and to determine the correlation between the number of HT sessions and comfort.

## BACKGROUND

Healing Touch was developed by Mentgen who started practicing energy-based care in 1980.<sup>4</sup> Using her knowledge about the work of healers such as Krieger, Joy, Bruyere, and Brennan and of ancient traditions such as pranic healing and shamanic practices, she organized a set of skills for healing.<sup>4</sup> From this set of practices, Mentgen and her several colleagues formulated the curriculum for the evolving practice of HT.<sup>4</sup> The major premise underlying energy-based care is that a client's subtle energy flow emits vibrations

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that practitioners can adjust when necessary. When the energy flow is blocked, congested, or diverted, there is a disruption in the state of the client's holistic harmony that results in an illness, a disease, or psychospiritual problems. Energy-based care proposes that (a) all matter has energy and (b) health results from the balance and uninterrupted flow of energy throughout the client's being.<sup>2,5-7</sup> The goal of HT is to restore harmony and balance in the energy system in order to place clients in a position to heal themselves.<sup>4</sup> Desired effects of HT include relaxation, stimulation, relief of discomforts (in all contexts), change in awareness, perception, and/or connectedness with one's Higher Power and life purpose, and harmony with earth, nature, and inherent healing rhythms.<sup>4</sup> Other desired effects include improved awareness and ability to manage stress, heightened sense of well-being, ability to care for self, and greater sense of openness and responsiveness to the inner self. The HT practitioner's noninvasive techniques consist of using the hands in specific sequences just above or on the client's body to accomplish the goals set by the practitioner and client for that session. Healing Touch complements conventional healthcare and is often used in collaboration with other approaches to health and healing. There is a need for a new instrument that will measure these unique changes in harmony and balance of the energy system, and thus better describe the effects of HT. Such description is important for clients, for third-party payors, and for research.

A systematic review of research with HT summarized 32 empirical studies.<sup>1</sup> These studies utilized a variety of questionnaires and biological markers to evaluate the effectiveness of HT therapy for various outcomes. Measurements included scales for pain, nausea, anxiety, stress, functional status, and surgical outcomes, among others. None of the above studies measured the more subtle and nuanced whole-person responses associated with HT, nor did any account for interrelated effects of one narrow outcome on another.

Two studies utilized more holistic outcome measures: the Health-Related Quality of Life (HRQOL) Scale and the Profile of Mood States (POMS).<sup>1</sup> The HRQOL questionnaire measured mood and vitality in 62 women (mean age ~50 years) receiving radiation treatment for breast or gynecological cancer who were randomly assigned to either HT or mock treatment.<sup>1</sup> The HT group had significant improvement in mood and vitality compared with the control group. The POMS measured fatigue,

anxiety, and mood disturbances in a randomized control trial of 230 outpatients with various types of cancer to compare the effectiveness of HT, massage therapy, presence alone, or usual care in reducing side effects of chemotherapy.<sup>8</sup> Both HT and massage therapy had positive effects compared with presence alone or usual care.<sup>8</sup> It was concluded that the positive effects of HT were more than could be expected from expectations and beliefs about HT alone.<sup>8</sup>

In summary, although these studies varied widely and utilized many different outcomes, overall results were positive and supported the use of HT for a wide array of health issues. However, the measures reflected either specific physical or general overall outcomes but lacked a focus that reflected the holistic and healing intent of HT for restoring harmony of the persons' energy system. The studies indicated a clear need for more consistent evidence to validate the whole-person response effectiveness of HT, and available objective measures were not adequate to measure these desired holistic effects.<sup>9</sup> The purpose of this study, therefore, was to develop and test an instrument that would reliably measure the holistic effects of HT.

## CONCEPTUAL FRAMEWORK

Kolcaba's Comfort Theory directs nurses to assess comfort needs of patients, design holistic interventions to meet these needs, and measure the effectiveness of interventions to enhance comfort compared with a preintervention baseline.<sup>3</sup> Comfort is the immediate desired outcome of intentional comfort interventions. Comfort is theoretically related to subsequent outcomes such as improved functional status, increased energy, and enhanced mood.<sup>3</sup> Comfort is defined as the immediate outcome of feeling strengthened when needs for relief, ease, and transcendence are addressed in 4 contents of experience: physical, psychospiritual, sociocultural, and environmental.<sup>3</sup> Effective interventions that are delivered consistently over time were demonstrated to be strongly correlated with increased total comfort over the same period. Interventions that have shown significant changes in comfort over time were the following: (a) guided imagery for women with breast cancer going through radiation treatments,<sup>10</sup> (b) cognitive strategies for community-dwelling persons with moderate incontinence,<sup>11</sup> and (c) hand massage for hospice patients.<sup>12</sup> The following indicators for internal consistency reliability for each



instrument was reported: (a) Radiation Therapy Comfort Questionnaire (RTCQ) (Cronbach  $\alpha = .76$ ,  $n = 53$ )<sup>10</sup>; (b) Urinary Incontinence and Frequency Comfort Questionnaire (UIFCQ) (Cronbach  $\alpha = .82$ ,  $n = 40$ )<sup>11</sup>; and (c) End-of-Life Comfort Questionnaire (EOL Comfort) (Cronbach  $\alpha = .64$ ,  $n = 38$ ).<sup>12</sup> The latter instrument demonstrated decreasing Cronbach  $\alpha$ 's with each data collection point corresponding to the patients' progressively declining cognitive status.<sup>12</sup> The consistently high reliability scores of previous adapted comfort instruments give evidence that the development of the General Comfort Questionnaire (GCQ) was based on a rigorous theoretical process, and gives confidence that future adapted instruments will perform equally well. On the other hand, the adapted instruments were not subjected to factor analysis because of their small sample size, and further testing is required to increase generalizability.

Comfort Theory proposes that enhanced comfort is an immediate, desirable, and holistic goal of patient care.<sup>3</sup> Comfort is a positive outcome that is different from and more than the absence of discomforts.<sup>3</sup> The outcome of patient comfort has a strong theoretical foundation, is consistent with the holistic nursing philosophy, and is congruent with the principles of energy-based therapies.<sup>3</sup> Comfort Theory proposes that enhanced comfort is positively correlated with subsequent health-seeking behaviors (HSBs), which are specified as external (observable) and/or internal (not observable), or a peaceful death.<sup>13</sup> Health-seeking behaviors are those activities that persons engage in to improve/maintain their health.

For HT recipients, enhanced comfort provides relief for negative physical and psychological effects, provides a sense of overall ease and contentment, and strengthens clients for future mental, spiritual, and physical tasks related to healing and health (transcendence).<sup>3</sup> It is these elements of comfort that are measured with the HTCQ. This psychometric study is a natural extension of previous work regarding comfort interventions and measurement of their holistic effectiveness.<sup>3</sup>

Comfort is an appropriate outcome to assess the effects of HT because comfort is (a) a positive indicator of health and function; (b) a holistic outcome that is congruent with the holistic postulated effects of HT; and (c) a desired immediate outcome because it feels good and has strengthening properties. Healing Touch targets the interrelated comfort needs of many types of clients, most of whom are seeking strength to

manage, solve, or heal some physical or emotional problem.<sup>7</sup> In past studies, comfort was a moderate predictor of who succeeds in HSBs.<sup>3</sup>

## INSTRUMENT DEVELOPMENT

The prototype for the measurement of holistic comfort was the GCQ. The content domain of comfort was derived from a concept analysis of comfort and holism.<sup>14</sup> The development of the GCQ and its psychometric properties (Cronbach  $\alpha = .90$ ;  $n = 25$ ) including factor analysis were reported in 1992.<sup>14</sup> Confirmatory factor analysis supported the theoretic structure of the taxonomy depicting the content domain of comfort.<sup>14</sup> Specifically, 3 main factors were derived and were semantically consistent with the 3 types of comfort revealed in the earlier concept analysis (relief, ease, and transcendence).<sup>15</sup> The comfort instruments described previously and the HTCQ were adapted from this prototype using the taxonomic structure (TS) of the content domain as a guide.<sup>15</sup>

The TS of comfort facilitates the adaptation of comfort instruments for a variety of settings that can be used to evaluate the effectiveness of holistic interventions.<sup>3</sup> The TS is a 12-cell grid that represents the content domain of holistic comfort.<sup>3</sup> Four contexts of comfort are explicated in the grid—physical, psychospiritual, sociocultural, and environmental, and any comfort instrument or holistic intervention can be designed to target these 4 contexts.<sup>15</sup> The grid also explicates the 3 types of comfort (subscales)—relief, ease, and transcendence—revealed in the earlier concept analysis.<sup>14</sup> Each cell represents the intersection of one type of comfort and one context of comfort, such as psychospiritual relief, sociocultural ease, and physical transcendence. These intersections can be called aspects of holistic comfort. The GCQ was developed using this grid to generate items that would evenly represent each aspect of comfort.<sup>14,16</sup>

To adapt the GCQ for HT outcomes, specific terms from the HT literature and from HT practitioners, such as pain, health, energetic, exhausted, sad, weary, carefree, and anxious, were used in the item construction.<sup>4</sup> After working with possible new items for several weeks and showing versions of the questionnaire to experts, the environmental items from the final questionnaire were deleted. The reasons for this decision in this study were (a) practitioners do their therapy in a variety of settings, and these



**TABLE 1.** Plot of items in the General Comfort Questionnaire on the taxonomic structure of comfort\*

	Relief†		Ease		Transcendence	
Physical	10-	12-	1-	18+	30-	21-
	17-	5+	25+	9+	24+	28+
Psychospiritual	23-	16+	2+	6-	7+	15+
	20-	22-	31+	34-	29+	26+
Sociocultural	11-	14-	3+	4+	8+	13+
	27-	35+	32-		19-	33+

\*It is permissible to have an unequal number of items generated from each cell. Just make sure the content domain is sampled in each cell.  
 †Positive items for relief often sound just like ease. Negative items for relief designate needs that have not been met.

different settings could confound responses about environmental comfort, (b) clients come from diverse sociological neighborhoods, and (c) manipulation of the clients' physical, material, and external environment is not a part of the HT. Rather the goals of HT are to strengthen individuals to work within their own environments to support optimal health. The decision to delete environmental items is congruent with previous methods of adapting comfort instruments to specific research settings. Deleting items from one specific context of comfort is sometimes necessary when elements of the context cannot be controlled by design.<sup>3</sup> (See Table 1 for plot of HTCQ items on the TS of comfort.) This table also shows which HTCQ items belong in the subscales of relief, ease, and transcendence and in the 4 contexts.

Content validity was established in 2 steps. First, 4 expert HT practitioners and/or researchers reviewed the HTCQ to eliminate items they thought were weak, to add items they thought were important, and to assure appropriateness of wording.<sup>3,17</sup> After adjustments were made, items were plotted on the TS to confirm that the content domain of holistic comfort was represented. Second, the final version was reviewed by 3 different HT practitioners who confirmed that terminology and questions addressed situations and issues that were central to HT. Table 1 depicts how each item was plotted on the 9-cell grid.

The instrument had approximately equal numbers of positive and negative items to prevent response bias. Users chose from 6 levels of agreement to each item, ranging from strongly disagree (1) to strongly agree (6). Each questionnaire was estimated to take 10 to 12 minutes to complete. After reverse coding negative items, a total comfort score was obtained.

Higher scores indicated higher comfort. The possible range for the HTCQ was 35 to 210 (Appendix).

## METHODS

The research questions for this psychometric study were (1) What is the preliminary internal consistency reliability of the HTCQ? and (2) What is the correlation between the number of HT sessions and comfort level?

### Setting

Data were collected from the clients of 10 HT practitioners. Four practitioners were certified, 2 were preparing for certification, and 4 were apprentices. They all conducted private HT practices either in their homes or in settings where they volunteered, such as at a nursing home or in a church. None were in acute care agencies.

### Sampling

Power analysis indicated that a sample size of 38 clients who had just received HT would be sufficient to establish a significant correlation between the number of HT sessions and comfort. The formula utilized a level of significance of .05 and 80% power. This would detect a moderately positive correlation ( $r \geq 0.45$ ) with a 2-tailed test (null hypothesis). Inclusion criteria for the sample were independent living adults older than 18 years, currently receiving HT from one of several HT therapists, had received at least one HT treatment, cognitively alert and competent as reported by the practitioner, and who were willing and able to complete the questionnaire. Exclusion criterion were those individuals who were unable to read or understand English.

Participants were selected because they were familiar with HT, and could relate to the unique items on the questionnaire. If participants understood the items, we expected an accurate estimate of internal consistency regardless of individual comfort levels. This expectation was reasonable because the purpose of this psychometric research was not to conduct a preintervention and postintervention study but rather to assess the appropriateness of items for HT recipients.

### Procedure

The appropriate institutional review board approved the study. Healing Touch clients were informed about the study by their HT therapists who used a script. Without asking if they intended to complete



the questionnaire, each client was given a packet that included a letter explaining the study and requesting his or her participation, the HTCQ with instructions to complete it only if he or she wished to do so, and an addressed stamped envelope to return it to the researcher. The cover letter explained that if the client returned the completed questionnaire, he or she was consenting to his or her data being utilized for the study.

Completion of the instrument was to occur within a convenient 1- to 3-day period after the HT session because the balancing and strengthening effects of HT usually last for several days or more.<sup>7</sup> Also, we were not determining the effectiveness of the treatment compared with a previous baseline. Moreover, we were not assessing long-range stability because comfort is an immediate state and can change rapidly with any given incident. However, a trend for increased comfort given repetition of an effective intervention is consistent with the Comfort Theory.<sup>3</sup> A demographic datasheet was also completed to gather data about age, gender, ethnicity, number of HT treatments received at best they could remember, and reasons for receiving HT currently and in the past. No identifying data about either the therapist or the client were requested.

#### Data analysis

Statistical analysis included construction of frequency distributions of demographic variables for the sample, calculation of Cronbach  $\alpha$  as a measure of internal consistency for the new instrument, and calculation of the correlation between the number of HT sessions and comfort. Internal consistency is an overall measure of how well responses to individual items correlate with one another.<sup>18</sup> It was set a priori that a Cronbach  $\alpha$  of .70 or higher would be considered acceptable to demonstrate preliminary reliability.<sup>18</sup> The level of significance to answer the correlation question about the relationship of number of treatments and level of comfort was .05.

## RESULTS

### Description of sample

Fifty-six HT clients, 5 males and 51 females with an average age of 51 (range = 21–72), completed the HTCQ and a brief demographic questionnaire and returned them in the provided envelope. This was more than the minimum number of data sets determined in the power analysis. One hundred packets were distributed to practitioners who did not

report the number of packets given to clients. Ninety percent of the clients were white, 6% African American, and 4% other (American Indian and Asian). Thirty-nine percent had 1 to 4 HT sessions, 31% had 5 to 10 sessions, 22% had 11 to 25 sessions, and 8% had more than 25 sessions. The reasons for receiving HT were pain relief (48%), stress reduction, anxiety and panic attacks (46%), low energy and depression (37.5%), cancer (6%), emotional nurturance and increased focus (12.5%), and other (12.5%). The total is more than 100% because many persons listed several reasons for seeking HT. The actual range for the HTCQ score was 77 to 202, the mean was 164, and the standard deviation was 26.30. The convenience sample was heterogeneous, which could account for the large deviation. However, a heterogeneous sample is congruent with the requirements of a psychometric study because it is desirable to have an instrument that is valid for different types of samples.<sup>18</sup>

### Data analysis

*Research question 1: What is the preliminary internal consistency reliability of the HTCQ?*

The Cronbach  $\alpha$  for the HTCQ was .94 for the 35-item scale. Item-total analysis revealed that one item, "I need to be better informed about my health," had a low correlation with the total scale before it was dropped. (See Table 2 for this correlation.) It was not included in subsequent statistical tests, nor is it in the instrument found in Appendix. Item-total analysis revealed high and consistent correlations of each item with the total instrument except for item 34, which had a correlation to total of 0.14 (see Table 2). The reliability of the total scale is emphasized because Comfort Theory is holistic, meaning that the comfort instruments assess whole-person responses and individual items and scales are interrelated. While we performed an item analysis for each question on the instrument, items and subscales are not discreet but rather are parts of a greater whole. Therefore, subscales and individual items are not analyzed further.

*Research question 2: What is the correlation between the number of HT sessions and comfort level?*

Because the data for the total comfort scale was not normally distributed, the Wilcoxon rank sum test was performed to compare total comfort (HTCQ total) between individuals with 1 to 4 HT sessions and those with 5 or more HT sessions. Those who had received 5 or more HT treatments had comfort scores of 13.7 points higher than those who had received 1 to 4 treatments

**TABLE 2.** Item analysis before item 34 was removed

Label	Standardized variables	
	Correlation with total	$\alpha$
HTCQ1	0.355784	0.943948
HTCQ2	0.676552	0.941282
HTCQ3	0.550740	0.942337
HTCQ4	0.559789	0.942262
HTCQ5	0.709608	0.941003
HTCQ6	0.486313	0.942873
HTCQ7	0.659290	0.941428
HTCQ8	0.648653	0.941518
HTCQ9	0.772394	0.940470
HTCQ10	0.284178	0.944532
HTCQ11	0.509074	0.942684
HTCQ12	0.465728	0.943043
HTCQ13	0.545273	0.942383
HTCQ14	0.671586	0.941324
HTCQ15	0.366792	0.943858
HTCQ16	0.640279	0.941588
HTCQ17	0.418296	0.943435
HTCQ18	0.636947	0.941616
HTCQ19	0.450187	0.943172
HTCQ20	0.391628	0.943654
HTCQ21	0.532109	0.942493
HTCQ22	0.526052	0.942543
HTCQ23	0.639109	0.941598
HTCQ24	0.652556	0.941485
HTCQ25	0.583375	0.942065
HTCQ26	0.586464	0.942039
HTCQ27	0.587162	0.942033
HTCQ28	0.551430	0.942332
HTCQ29	0.745209	0.940701
HTCQ30	0.580787	0.942087
HTCQ31	0.677922	0.941271
HTCQ32	0.385533	0.943704
HTCQ33	0.515594	0.942630
HTCQ34	0.134726	0.945738
HTCQ35	0.494041	0.942809
HTCQ36	0.761358	0.940564

( $P = .037$ ). Further analysis showed that there was a trend toward a linear relationship between the number of treatments and comfort up to 20 treatments. Comfort seems to increase slightly as the number of treatments increases until about 20 treatments. Then, comfort levels off and may decline, although data beyond 20 treatments are scarce (5 questionnaires).

## DISCUSSION

Findings from this study demonstrated strong but preliminary internal consistency reliability (0.94) for this new instrument. According to Nunally,<sup>19</sup>

reliabilities beyond 0.80 are influenced very little by measurement error. This result was similar to previous psychometric reports regarding the other comfort instruments that were adapted for research in other settings and described earlier in this article.<sup>10,11,20</sup>

There were trends in the data that indicated that more HT sessions are associated with higher comfort. That is, comfort increased slightly as the number of treatments increased until about 20 treatments had been reached when improvements in comfort then leveled off.

This preliminary indication of a positive correlation between the number of HT sessions and increasing levels of comfort reinforces the value of HT. These findings also indicate that comfort is an appropriate measure for the holistic effects of HT.

The HTCQ can empirically demonstrate the efficacy of HT and contribute toward a scientific body of knowledge about whole-person outcomes related to HT. Increasing knowledge about HT provides evidence for practice.<sup>21</sup> Furthermore, continued testing of the relationship between HT, immediate comfort, subsequent HSBs, and long-term effects of HT is important for the advancement of nursing science. The preliminary psychometric properties of the HTCQ offer promise for a rich program of HT outcome research.

## LIMITATIONS

This instrumentation study was conducted with a small population in a midwestern area. To provide additional reliability data, performance of the instrument should be assessed in a variety of persons who seek HT. Another limitation is that the period over which the sessions occurred was not documented. Concurrent validity was not addressed because we did not find another holistic instrument that was suitable for HT.

Also, every client filled out the HTCQ one time, several days after the treatment and no baseline comfort data were collected. With this single data collection design, we could not determine how comfort changes over time in clients who receive HT compared with those who do not receive HT. These limitations provide fruitful sources of ideas for future empirical research about the effectiveness and efficacy of HT for enhancing comfort of specific populations.

## IMPLICATIONS FOR FUTURE STUDIES

Healing Touch practitioners believe that balancing their clients' energy fields is a way of enabling



self-healing.<sup>2</sup> Theoretically, the strengthening property of comfort, implicit in its definition, is particularly cogent for HT recipients because the goal of HT is to strengthen recipients so they are at their best to heal themselves.<sup>2</sup> Enhancing comfort is perhaps *the pathway* through which HT facilitates this process of self-healing, and this pathway could be tested through causal modeling.

Although most items were constructed specifically for HT, we believe that the HTCQ would be appropriate for testing with other energy therapies such as Massage, Therapeutic Touch, and Reiki, perhaps, with minor modifications.

If findings about trends hold in subsequent studies with larger samples, they would demonstrate the cumulative value of HT. Likewise, trends in our data indicated a leveling off point of comfort up to 20 sessions. These two trends, when examined together, begin to show the dose effect of HT. Another topic for future research is the determination of norms for change in comfort levels that practitioners would like to see their clients achieve compared with baseline.

While this pilot test was only a psychometric study, we cannot help thinking about testing the relationships between the immediate outcome of comfort and subsequent HSBs relevant to the symptoms of HT clients. A randomized design would develop stronger support for the subsequent effects of HT. Further research is required to test the correlations between the immediate outcome of comfort and success with subsequent HSBs, such as decreased pain, improvement of mood, and other indicators of self-healing.

## SUMMARY

The holistic effects of HT were reliably captured by the HTCQ, demonstrating the conceptual appropriateness of the HTCQ for HT recipients. Thus, comfort is a fitting research outcome to measure the effects of HT. The HTCQ is a sensitive instrument that can provide a way to meet the American Holistic

Nurses Association goal to gather empirical evidence to demonstrate the safety, efficacy, and outcomes of holistic therapies.<sup>22</sup>

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# Appendix

Date \_\_\_\_\_

Code \_\_\_\_\_

## Healing Touch Comfort Questionnaire

Thank you VERY MUCH for helping us understand your COMFORT. Below are statements that relate to your comfort. Six numbers are provided for each item; please circle the number you think most closely matches your feeling. Your responses should describe ~~your~~ comfort *right now*. It is important to complete *every* item. Thank you.

	<b>STRONGLY DISAGREE</b>			<b>STRONGLY AGREE</b>		
1. I dislike physical activity	1	2	3	4	5	6
2. I feel well-balanced	1	2	3	4	5	6
3. I have enough time for myself	1	2	3	4	5	6
4. There are those on whom I can depend when I need help	1	2	3	4	5	6
5. I take care of myself	1	2	3	4	5	6
6. I lack confidence	1	2	3	4	5	6
7. My life is worthwhile right now	1	2	3	4	5	6
8. I am strengthened by knowing that I am loved	1	2	3	4	5	6
9. I am able to think clearly	1	2	3	4	5	6
10. I am fatigued	1	2	3	4	5	6
11. No one understands me	1	2	3	4	5	6
12. My pain is difficult to endure	1	2	3	4	5	6
13. I am inspired to do my best	1	2	3	4	5	6
14. I feel alone	1	2	3	4	5	6
15. My beliefs inspire me	1	2	3	4	5	6
16. I can handle daily challenges and hassles	1	2	3	4	5	6
17. My body feels tense	1	2	3	4	5	6
18. I feel healthy	1	2	3	4	5	6
19. I do not feel accepted	1	2	3	4	5	6
20. I have many fears	1	2	3	4	5	6
21. My energy level is low	1	2	3	4	5	6
22. I feel stressed	1	2	3	4	5	6
23. I avoid making decisions	1	2	3	4	5	6
24. I can rise above my pain	1	2	3	4	5	6
25. I feel relaxed	1	2	3	4	5	6
26. I have found meaning in my life	1	2	3	4	5	6
27. I feel like I don't belong wherever I am	1	2	3	4	5	6
28. My personal care routines nurture me	1	2	3	4	5	6
29. I feel renewed	1	2	3	4	5	6
30. My condition gets me down	1	2	3	4	5	6
31. I feel personally safe	1	2	3	4	5	6
32. I feel bad about the way I interact with my family and friends	1	2	3	4	5	6
33. My traditions give me peace of mind	1	2	3	4	5	6
34. I feel out of control	1	2	3	4	5	6
35. I am able to cope	1	2	3	4	5	6