



Paediatric nurses' attitudes to massage and aromatherapy massage

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Summary Complementary therapies have continued to increase in popularity in healthcare and it is widely accepted that they can be incorporated into the nursing role. However, this acceptance does not necessarily mean that the introduction of therapies into the nursing arena has been without confusion and without professional and legal implications. Consequently, this small-scale, qualitative study aimed to explore the perceptions and lived experiences of paediatric nurses of two therapies, namely massage and aromatherapy massage. There is a dearth of literature exploring nurses' perceptions to the incorporation of these therapies, especially in the arena of paediatric nursing where massage and aromatherapy massage are common practice. Semi-structured interviews were undertaken with qualified nurses and revealed the themes of 'benefit', 'family centred care', 'nursing care' and 'being held back'. It was found that at some stage during their professional career each nurse had performed massage and/or aromatherapy massage. All nurses were able to recall certain benefits of the therapies for the children that they had observed and many discussed the importance of involving the family as a way of including them in to the care of their child. However, for the nurses in this study, it was evident that the incorporation of complementary therapies into the nursing role was determined by the context in which they practised. Due to the dominance of the medical model, nurses faced pressures and conflicts in the realities of their nursing work, which meant they were often unable to carry out these therapies.

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Introduction

During the last 15 years growing numbers of nurses have been taking courses in massage and aromatherapy massage, nutrition, aromatherapy, reflexology and counselling.¹ Johnson² suggests that this is fuelled from the desire for nurses to return to providing 'hands on' caring when working in a healthcare context that has generally valued higher technical skills at the expense of caring skills. Avis³ emphasises

the importance of human touch and interaction in caring and therefore massage can be seen as a valuable nursing technique. Cole and Shanley⁴ state that nurses should look to complementary therapies to develop their professional practice in order to substantiate the 'caring' paradigm of nursing. It is also thought that such practice gives nurses a greater degree of autonomy and independence from doctors and thus enhance care given to patient's whilst being independent from the medical profession.^{5,6}

Despite these popularity of therapies, to date there are few national guidelines for the use of complementary therapies in nursing practice. However, Price⁷ recognises that nurses are becoming increasingly aware of the necessity for

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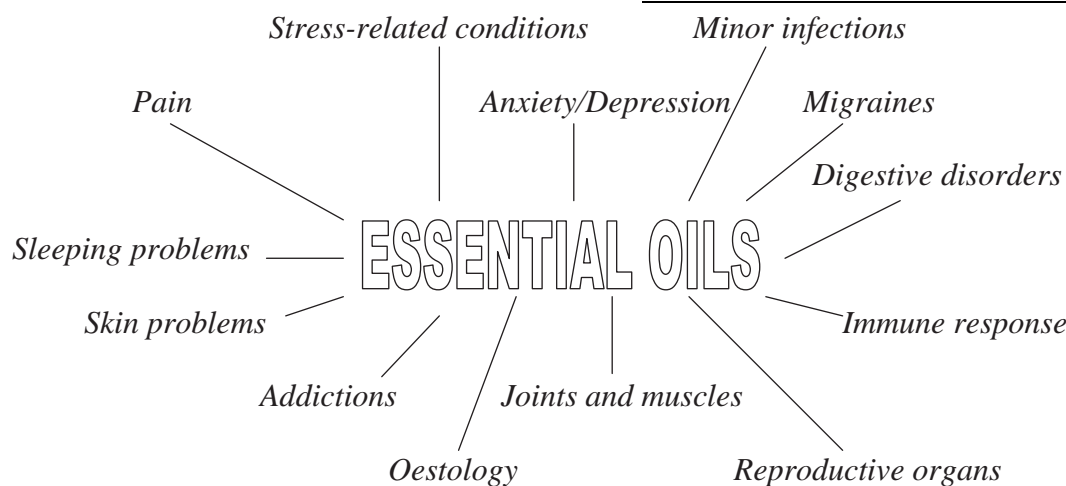
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acceptable minimal training standards and also for well-prepared policy, protocol and guideline documents from hospital managers, for the use of complementary therapies.

When discussing the use of complementary therapies in practice, the UKCC⁸ have stated that it is essential that practice is based upon sound principles, available knowledge and skill. However, there is scant scientific credibility of some papers that recommend complementary therapies⁹ and consequently it may be that incompetent complementary therapists or nurses practising complementary therapies, exist.

Despite this paucity of evidence based practice, there appears to be a considerable amount of subjective, anecdotal evidence by nurses and practitioners of complementary therapies supporting its use. Such literature suggests that both massage and aromatherapy massage and aromatherapy have benefit to patients. Watson and Watson¹⁰ identify the benefits of massage and aromatherapy massage as; decreasing anxiety; relaxation of muscles and pain relief. Similarly, Trevelyan¹¹ claims that aromatherapy enhances well-being, relieves stress and helps in the rejuvenation and regeneration of the human body.

Benefits of aromatherapy



The combination of these two methods, i.e. massage and aromatherapy massage using aromatherapy oils may have been found to greatly enhance and prolong the health-giving effects mentioned previously.¹²

Although therapies such as massage and aromatherapy massage appear to have been estab-

lished in the care of adults,¹³ the use of any type of complementary therapies in paediatrics has so far been largely overlooked. Literature that does exist specifically to the area of paediatrics, suggests that massage and aromatherapy massage is often used for relaxation, pain relief and relieving common childhood conditions such as eczema and asthma.¹³⁻¹⁶ We have to look at the wider topic of massage to examine whether its use is beneficial. Mathias¹⁷ suggests that infant massage is beneficial. Similarly Beyer and Strauss¹⁸ show in a small-scale qualitative study, that parental stress decreases after a month-long programme of massage.

Both therapies may be one way of counteracting the dehumanising and stressful effects that hospitalisation can have on a child and impact on their perception of pain.¹⁶ Carter¹⁹ suggests that when guided by an appropriately trained and qualified nurse, massage and aromatherapy massage can facilitate and promote the family's own confidence in their ability to manage painful situations without having to rely as heavily on external resources. The experience can help both the child and the family feeling worn out, anxious, miserable and worn down by pain, to feel positive and in control.¹⁹

Despite the reporting of such benefits, the use of these therapies requires a more robust analysis before nurses can implement therapies with confidence and competence. It is acknowledged that this paper does not comprehensively address this,

however, it does raise awareness of the issues that nurses face. It is only when these issues have been explored that the recommendations of Cleaveland and Biester²⁰ can be developed. Cleaveland and Biester²⁰ recommend paediatric nurses join forces within clinical practice and engage in ongoing education and research. Nurses will then perhaps,

have the potential to change some of the ways they practice, to empower the families who seek their care, and to impact the treatment options and associated costs.

Method

The aim of the study was:

- To investigate the perceptions of paediatric nurses towards the use of massage and aromatherapy massage in nursing practice.

A phenomenological framework, which incorporates a holistic paradigm by seeking to provide descriptions of phenomena as consciously experienced by individuals.³⁷ Biley and Freshwater (p. 101)²¹ agree with this perspective suggesting that an *'imaginative science is required to envision the potential of complementary therapies in human experience as opposed to tidy reports'*. Sadala and Adorno²² emphasise the use of phenomenology as an important methodology for understanding the nursing experience. This is because phenomenology examines the 'lived world'²³ and as such focuses on the very things that mean things to people. Sadala and Adorno²² state that this means that knowledge has its origin in experience. For this study, the framework therefore meant that we chose to approach the understanding of paediatric nurses' perceptions and lived experiences of massage and aromatherapy massage, from their viewpoint. This is clearly conducive with phenomenology as it is concerned with understanding a phenomenon rather than explaining it²⁴ (cited in²²).

Non-probability sampling strategies were used. These techniques are frequently used in phenomenology as they are designed to extend knowledge by deliberately sampling those areas which are known to be rich in the type of data required for the study.²⁵ Posters on paediatric wards in a large teaching hospital in the United Kingdom invited paediatric nurses to participate in the study. This yielded four responses. Snowball sampling, where early informants make referrals to other study participants, yielded another four participants.

In order to gain access to subjective data, semi-structured interviews were used. The flexible interview schedule thus allowed the nurses to reveal and discuss their experiences and feelings about the issues in as much depth as possible. This method allows the study to meet its own aims and objectives, while at the same time facilitating the emergence of the interviewee's own perspectives and definitions of the phenomenon.²⁶

Two pilot interviews were conducted prior to the study to allow the researcher to become familiar with the interview schedule and technique and to ensure that the questions were feasible and unambiguous.

Each interview was tape-recorded and lasted until the participant and interviewer agreed that everything has been covered. The interviews were in the clinical area. Throughout the interviews, the researcher maintained the role of data collector in order to minimise researcher bias and aid the trustworthiness of the study.²⁶

Ethical permission to proceed with the study was obtained from the NHS Local Research Ethics Committee. Participation was voluntary and participants were informed that they could withdraw from the study at any point without explanation. Pseudonyms and codes were used throughout the study to protect confidentiality of the participants.

Data analysis

Data analysis in phenomenology ensures that structured reflection elicits subjective meaning, order and structure from the mass of information so that conclusions can be made and communicated effectively.²⁷⁻²⁹ Hallet²⁸ believes that through thorough data analysis, phenomenology provides a perspective, which may illuminate and clarify many important issues within nursing. To achieve this, data analysis must be an active and interactive process, although the researcher should maintain the 'bracketing out' of their own personal beliefs, that was used during interviewing, so that they only enter the world of the participant.²⁷ Such bracketing in data analysis provides a means of objectivity allowing the researcher to produce vivid, clear meanings from the data that aim to be free from bias.^{29,30}

In phenomenological research, analysis is concerned with describing or interpreting feelings and actions by using narratives as its main focus. The researcher, therefore, scrutinised the interview transcripts for as long as was needed to ensure clear and thorough common themes emerged. This was achieved by following the steps recommended by Parahoo³¹ for phenomenological data analysis. Following this process, the researcher was then able to understand and define the phenomenon.²⁹

The stages followed were:

Stage 1: Each interview was transcribed individually.

Stage 2: Transcripts were read thoroughly so that the researcher became familiar with the data.

Stage 3: Significant statements and phrases directly relating to the phenomenon under study were identified and extracted.

Stage 4: The researcher attempted to spell out the meaning of each significant statement.

Stage 5: Significant statements are collected and organised into clusters of themes.

Stage 6: Themes are used to provide a full description of the phenomenon.

Ideally, Parahoo³¹ suggests that the researcher return the descriptions of the findings to the participants to confirm whether it accurately reflects the essence of the phenomenon. However, due to the time constraints of the research and difficulty in contacting the participants a second time, this was not carried out.

Findings

Areas of perceived benefit to children emerged from the data, with all nurses expressing the attitude that both therapies were beneficial. These benefits expanded to certain patient groups including children with special needs, children in pain and those children diagnosed with emotional and mental health problems. However, despite the perceived benefits nurses remained sceptical concerning the practice of these therapies as a nursing role. This was due to conflicting demands placed upon them by the medical socialisation of their everyday work. A conceptual framework of the main findings was devised which identifies the main themes (Fig. 1).

Benefit

For children with special needs, massage was seen to be extremely beneficial:

It is really good especially for a child who is in bed for a long time or is in a wheelchair ... it's really important

for encouraging the sensory reactions and can be really relaxing for them.

Massage and aromatherapy massage for children with special needs was perceived to be an important method of communication:

Special needs children are very aware of touch so it's probably a very good way of communicating with them and sort of being close to them...but then a lot of them don't like to be touched so it's very individual.

Every nurse interviewed, mentioned that massage and aromatherapy massage can benefit children in pain:

In pain control if you're massaging the babies they really like it and they seem more settled afterwards if they've been crying and there's no real reason why they should be crying, just for comfort.

It really helps children on traction to relax so that we can give them pain relief.

Similarly, therapy was seen to improve children's body image and self-esteem:

I once watched children with anorexia being massaged and it helped them improve their body image...I suppose because they might have real body issues and think that no-one would want to touch their body and the actual feeling of touch you get awareness of where your body is...you know how it's aligned and stuff.

It was acknowledged that hospitalised children often experienced low moods and massaging could counteract this:

Something to alleviate the boredom... on the oncology ward they're in and out of hospital for ages and they're feeling really crappy and having a massage and aromatherapy massage makes them feel as though someone's got time for them and they feel better.

Nurses also felt that it gave the child some 'quality time' which could be therapeutic:

If you set aside time for massage it's actually spending some quality time with your patient or your own child

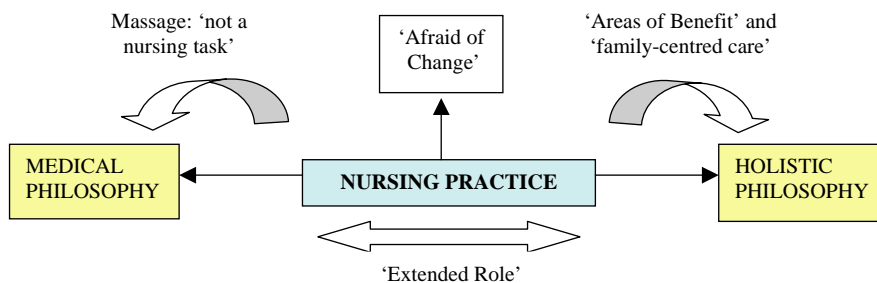


Figure 1

at a time when you know...it might give the child the chance to talk to you.

Family centred care

A family centred approach to the practice of both therapies on children's wards was evident. Three categories arose from this theme including the involvement of parents, the need to gain parental consent and giving the family to have a positive hospital experience.

Nurses felt that parents were an integral part of the child's care and as such, should be involved in any therapies that were taking place. Several nurses explained how they encouraged the parents to be actively involved in massage or aromatherapy massage:

If you encourage the parent's to do it it's really important...you're involving the parent's in their care so that they could do it whenever they wanted and they could continue to do it at home.

I teach the parents or the child if they're old enough to massage their legs or whatever every day to stop that [cramps] from happening.

It was specifically mentioned that these therapies aided relationships:

I was working with a health visitor going to a baby massage class which again was really good...getting mother's involved and improving mother-child bonding through touch.

Gaining parental consent was cited as being a major factor in whether a nurse felt it was right to massage a child:

We've used it in the cubicles with the parent's consent or their wishes...for their child.

You know you have to negotiate with parents so you have to get quite a lot of parental input and all that, to make sure that they're happy with what you were doing.

Several nurses felt that massage and aromatherapy massage was something for the child and family to focus on as it was the good side of their hospital experience:

It's something to look forward to so they [child/family] see it as part of their treatment for cancer really but it is and it isn't, they see it as the nice side of hospital, like the tender loving care side...you know exactly what you're in for, there's no hidden agenda...it's there to make them feel cosseted and comforted.

One nurse commented that:

I think it's quite lucky that I do it with children because they don't see it that way really [sexual] and

the children see that their mum's think it's a good idea and they enjoy it and see it as a fun part of hospital.

Nursing care

Nurses acknowledged that they carry out 'informal' massage and aromatherapy massage on the wards because many of them had no training to allow them to use essential oils:

I used to just do simple foot and lower back massage just with aqueous cream, hospital hand cream, because I had no training at that point.

People do it without realising, when you're touching people and stroking them, I suppose like informal massage, to calm them down and try and make them happier.

One nurse trained in complementary therapies stated:

I've never said that I'm curing anyone...it's a complementary...totally complementary, because I don't want people to think that just because a doctor has recommended this that this is going to take them off their medicines, you know it might eventually, but it's just an extra...I've had children with asthma who've been able to reduce the number of inhalers because they've calmed down...this one doctor I know, he's an anaesthetist who doesn't believe in it, fair enough, but the amount of consultants that I've had recommending patient's to me is fantastic.

It was highlighted that having medical knowledge was essential to practise because of the number of contraindications that a non-medically trained person would not be aware of:

You need to have somebody who knows what they're talking about...and have learnt to ask the right questions...I think because I've been nursing for 20 years that I've got that experience...I know when to ask somebody when they last had a blood count, what their platelets are like.

It was also felt that being a nurse helped the children and parents to have faith in nurses:

The parents and the children, they seem to be a little bit more relaxed when they know you're a qualified nurse...it's like they trust you...even lavender can trigger off an asthma attack so it's good not to just dabble, it's good to know your facts.

Despite this, documentation of the use of therapies was rarely written in to the care plan:

On the odd occasion it is written in to the care plan but it is written in to care plans for sort of play provision rather than going under pain or anything like that.

Recommendations were that it should be incorporated in to the care plan more so that nurses were encouraged to view the child's care from a holistic perspective:

If it was incorporated more in to the care plan, you would be looking over the course of the day at doing 10, 15 min for that child...maybe in the morning or after tea, before they go to bed or whatever...so much in nursing is to do the physical side of things such like giving the pain killers rather than necessarily looking at the whole thing.

It totally depends on the named nurse, if they were interested then it would be high on their list of priorities...it's just informal, when we're giving the babies a bath...not written in to the care plan or anything.

Being held back

Data analysis found reasons holding nurses back from practising massage and aromatherapy massage on the wards. These are a lack of training, time constraints, safety and accountability issues, fear of change and believing the therapies not to be part of the nurses' role.

Several of the nurses felt that pre-registration training in therapies would have been very beneficial:

It's like anything if you have the skill it's there but if you're not trained about it at all then you might use it inappropriately as supposed to if you knew a bit more about it during the course it would be good.

However, one nurse stated:

I don't know how it could fit in because there is so much to learn already when you're going through training, I don't know how it would fit in with everything else.

Other nurses talked about training options after qualification:

I'd have no problem in allocating her [a nurse] time to do it [training] but I've got a friend who's doing a course and hers is a whole year and full-time so I don't know when you could do it off on your own steam...it would be silly to lose all our nurses to it.

The majority of nurses stated that they are worried about using such therapies because of safety and accountability issues within paediatrics, acknowledging the dangers of certain essential oils:

The number of children you get with anaphylatic reactions to nuts and all that sort of thing and if you're mixing oils and all sorts of other things like peanut oil or stuff like that then you have got to be so careful...you're entering a minefield.

I know they [parents] might say to you 'well why don't you use baby lotion' but you can't just go and do an aromatherapy massage with oils or whatever if you've never done it.

Because there's no pre-registration training then how do you do it because you're accountable and it wouldn't be right...especially if you cause some injury or whatever...you have to be so careful.

With children you have to be so careful as to what you can use and what you can do so we haven't got such free range as perhaps you would in adults.

Many nurses raised the issue of time as being a major factor in preventing them being able to carry out such care:

It's a time thing...I find it really frustrating when people always think you can give a quick massage or do some aromatherapy but you can't because the phone's going to go or somebody's asking if you've got the keys, or to check a drug or whatever.

In acute care one nurse was worried that she wouldn't be able to gain the child's trust to touch them in such a short period of time:

It's difficult with patients that are in and out because I think that people have got to feel comfortable with you and gain your trust before you start touching them.

Short-staffing impacted on practice but it was recognised that therapies may actually save time in the long-term:

We're short-staffed anyway and adding in massage and aromatherapy massage would be another time constraint...but if the benefits meant that we were using less pain relief for instance then, you know there's pros and cons for these things, if you put something in place that then relieves something else it may mean that time will be better spent.

Overwhelmingly nurses felt complementary therapies were not integral to nursing care as they were non-essential and did not fit well with the medical model:

It's not seen as part and parcel of the nurse's role because it's not been there through training and it's not been discussed as part of what a nurse does so you know you're just taught the conventional way of working alongside the doctor's and sometimes you feel it's difficult enough with that than it is doing other bits on top.

It's people's lack of knowledge and feeling that there's a need for it, it hasn't been very well promoted really as a nursing task because it's a luxury...I still don't really associate it with my role as a nurse.

It's necessary for people to have IV antibiotics and it's necessary for people to care for the central lines, they're sort of necessary roles but it's not essential that they have complementary therapies.

There's no reason why it has to be a nurse, there's no reason why the play specialist couldn't have training and do it in a spare five minutes...there's no reason why it has to be a nurse's role.

Just because you're a nurse doesn't mean you're any good at complementary therapies, I don't think it should be presumed that everyone will want to do it, there's a nurse on the ward at the moment who isn't a very touchy feely person at all... not everybody likes that kind of thing.

Despite the perceived benefits of the therapies, they were not perceived to be a traditional nurses' role and several of the participants questioned the ability to change practice:

It would be nice if it was seen as a necessary part of care but it isn't because of the way we've worked for so many years and it would be extremely difficult to suddenly change that.

People don't like change, you know when you're like...you're scared of change and shy away from it so as not to be seen as difficult.

Discussion

The eight interviews conducted produced rich, important findings that have contributed to exploring this area of potential nursing practice. The findings agree with previous studies examining the benefits of massage and aromatherapy massage for both child and family.^{3,32,38} However, several of the findings under the themes 'Nursing Care' and 'Being Held Back' have not been previously mentioned in the literature.

Conflict in the findings lay in how the nurses felt perceived the importance of the therapies as part of the nurse's role. It was acknowledged that they are an ideal way to extend the role of the nurse as they are central to the caring and holistic paradigm that nursing traditionally stands for. However, it was also recognised that these therapies were a 'luxury' and that they are of little importance in comparison with other 'nursing tasks' such as administering drugs and doing observations.

Everyday care of the child involves meeting their physical, psychological, social and spiritual needs and the people best placed to carry this out are the parents. By having a child in hospital the parent may have to relinquish much of their parenting role to the nurses and may feel that they are losing their ability to protect and nurture their child (BRI Inquiry Secretariat, 1999). For this reason hospitalisation has long since been recognised as being a potentially stressful time for both children and their parents.³³ Techniques to involve the parents in care, such as massage, have been shown to

prevent avoidance and isolation.³⁴ Bond³⁵ argued that this approach also helps to normalise the child-parent relationship in hospital. It appears from the findings that the nurses appreciate this stress factor for parents and realise that massage could be one way of giving parents a 'nurturing' role in hospital that is something not 'medical'.

The nurses interviewed referred to necessary work as 'tasks' thus complementing the feeling that nurses have to look busy under a task-orientated system and feel a sense of guilt when talking to patients. Nursing as a profession is bound by hierarchy and traditionally subservient to medical colleagues.¹ Consequently, there is a potential for power struggle since nurses working with massage and essential oils are autonomous practitioners, accountable for their actions.

Cole and Shanley⁴ suggest that nurses must either:

1. take on medical tasks and become 'mini doctors' to gain status and economic imperatives, or
2. challenge contemporary pursuit of status and prestige to evolve the unique therapeutic patient centred function of nursing, therefore look towards complementary therapies.

Cole and Shanley⁴ believe that two challenging paradigms cannot operate in unison and thus in order to remain united nursing either has to assert and reaffirm its 'caring' paradigm or accept the medical paradigm which over the recent decades it has railed against. It may be that nurses appreciate this position but do not feel empowered to change practice to enable the profession to drive forward in a clear direction.

If nursing decides to wholly accept the holistic paradigm, nursing culture must be changed in order to encourage empowerment and directed progress²⁰ (Hancock, 1995). To change adequate staffing is necessary to enable nurses to treat patients holistically and to incorporate newly learned skills in to practice. There is also a need to focus on positive patient outcomes of complementary therapies such as massage and aromatherapy since hospital management demand outcome measures and cost containment.³²

Rankin-Box³⁶ believes that knowledge of the process of change is essential for the effective integration of complementary approaches to health care. Nurse leaders must encourage nurses to be proactive and thus determine the course of the profession and it is essential that anxieties, concerns, hopes, enthusiasm for new practices be openly discussed and shared among the multi-disciplinary team.

Conclusion

The findings of the study suggests that whilst nurses have witnessed the benefits of massage and aromatherapy massage for children in their care, they have many worries about the incorporation of these therapies in to everyday nursing practise. The researcher feels that there is a need for nurse leaders to be explicit about the direction the profession is taking to prevent nurses from the anxiety and confusion about what their profession actually stands for. They need to answer the question concerning whether nursing wants to be holistic and autonomous in new ways or advance in medical technologies.

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