

Pet therapy for hospitalized patients



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The use of animals for comfort and support is not a new concept. According to Kamioka et al (2014), “ animals have been our companions since ancient times, and we are well aware of the many ways that some of them have aided us throughout history” (p. 2). For example, a Seeing Eye dog serves as a guide for the blind or an emotional support animal helps its owner with stress and anxiety (Kamioka et al, 2014). Pet therapy is defined as “ a goal directed intervention in which an animal, meeting specific criteria is an integral part of the treatment process” (p. 373). Recent studies have looked at the physical, emotional, and mental effects of therapy animals. This has contributed to the addition of therapy animals to the treatment plan of hospitalized patients (Harper et al, 2015). The purpose of this paper is to determine the effect of pet therapy on hospitalized patients.

Clinical Problem

Being in the hospital can be a very lonely and stressful experience for patients requiring long term hospitalization. For most patients, their hospitalization means separation from family members and pets, as well as dealing with the everyday effects of the illness they are battling. As a result, patients often rate their hospital experience as low despite the excellent care they are receiving from the nurses and doctors that work hard every day to provide them with the best possible care. According to Coakley and Mahoney (2009), there are many stressors associated with hospitalization, including pain, lack of sleep, concerns about outcomes, and unfamiliar environment (p. 2). All of these affect the patients experience, well-being, and recovery. In order to decrease this stress, some hospitals have started to incorporate complementary therapies, such as pet therapy.

Pets are therapeutic and healing animals, which is a known fact by most of the population. This is evidenced by the number of households that own a pet. According to the American Humane Association (2012), sixty-two percent of all United States households own a pet of some sort. Many of these pets may be used for pet therapy, which is an ever expanding area. According to Matuszek (2010), “ the use of pet therapy in nursing is now defined as animal-facilitated therapy. (187)” This term is further broken down into two subtypes, including animal assisted activities and animal assisted therapy (Matuszek, 2010). Animal assisted activities, refers to using an animal only for emotional support. On the other hand patients participating in animal assisted therapy, is meant to improve the patient’s physical, social, emotional, and/or cognitive function (Matuszek, 2010).

Pet therapy is not a new discovery; the use of pet therapy dates back to Florence Nightingale. Nightingale suggested that animals were good companions for those battling illness (Matuszek, 2010). However, the implementation of pet therapy in the hospitals has only been more recently. Pet therapy has been shown to have benefits on a person’s physical, emotional, and psychological well-being. Recent findings have proved that therapy animals decrease loneliness, stress, blood pressure, and heart rate (Matuszek, 2010). Therefore incorporating, animal assisted therapy into everyday practice may improve physical and psychosocial effects and improve patient satisfaction.

PICO

In evidence based practice, researchers use a model known as the PICO model to create the research questions that they are trying to answer (Schmidt & Brown, 2015). The acronym PICO refers to the population that the researchers are looking at, the intervention that they are studying, a comparison, and the outcome the researchers are trying to achieve (Schmidt & Brown, 2015). In some cases, a T may be added to the end of the acronym when the researchers are looking at a particular time frame (Schmidt & Brown, 2015). For the purpose of this paper the research question is do hospitalized patients (P) exposed to pet therapy (I) have improved patient satisfaction scores and decreased physical and psychosocial effects (O) then hospitalized patients not exposed to pet therapy (C)? In the case of this PICO statement, the population that is being studied is hospitalized patients. The intervention that the researchers are looking at is pet therapy. The outcome the researchers are looking for is increased patient satisfaction and decreased physical and psychosocial effects as a result of the pet therapy. The researchers will compare these findings with the findings of the hospitalized patients who do not receive pet therapy.

Search Strategy

In order to answer the research question a literature search was conducted. The databases that were used to conduct the literature search were CINAHL, Medline, and EBSCOhost. The search terms that were used included pet therapy, animal assisted therapy, hospital inpatients, patients, and benefits. No inclusion or exclusion criteria were used during the literature search. Six articles were found to pertain to the research question and were used in the literature review.

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Literature Review

One of the uses of pet therapy is to help decrease depression and anxiety. In a pilot study by Lynch et al (2014) eight two hospitalized pregnant women were provided pet therapy sessions. The researchers found that the long term hospitalized pregnant women had lower depression scores and lower anxiety scores after the pet therapy sessions (Lynch et al, 2014). Similarly, Coakley and Mahoney (2009) found a significant decrease in tension, anxiety, anger, hostility, fatigue, depression and dejection scores among the hospitalized patient's that received the pet therapy intervention. In addition, there was a fifty-seven percent decrease in total mood disturbance scores after the pet therapy sessions (Coakley & Mahoney, 2009). Silva and Osorio (2018) describe similar findings in their study that looked at the effects of pet therapy on pediatric cancer patients. They found that the children with cancer displayed less depression symptoms after incorporating pet therapy sessions into the child's treatment (Silva & Osorio, 2018). In addition, the pediatric patient's caregivers displayed less anxiety after the pet therapy sessions (Silva & Osorio, 2018). Not only has pet therapy been found to positively affect depression and anxiety, it has also been found to decrease pain scores.

Pain is known as the fifth vital sign and is often poorly controlled during a patient's hospital stay. In a recent study by Harper et al (2015), fifteen minute pet therapy sessions were implemented thirty minutes before the patient was supposed to have physical therapy sessions. All of the patient's had undergone some sort of joint surgery (Harper et al, 2015). The study found that patient's that received the pet therapy intervention had pain

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scores two points lower than those who did not receive pet therapy (Harper et al, 2015). Similarly, Nepps, Stewart, and Brukno (2014) found that patient's on a mental health unit had lower pain scores post one hour group pet therapy sessions than those that only received a stress management group session. Another study by Silva and Osorio (2018), observed the effect of pet therapy on pediatric patients with various cancers. The study showed that there was increased pain relief among pediatric cancer patients who received the pet therapy intervention.

In addition to decreased pain scores pet therapy has also been found to have an effect on the patient physiologically. Coakley and Mahoney (2009) found that the patient's that were exposed to pet therapy had a decrease in respiratory rate and an increase in their energy level. Further supporting this claim, Nepps, Stewart, and Bruckno (2014), describe a decrease in pulse rate among the mental health patients that received pet therapy in their study.

Patient satisfaction is another area that is affected by pet therapy. Increased emphasis is being placed on patient satisfaction scores, due to the fact that patient satisfaction scores now determine whether or not the hospital will get paid. Harper et al (2015) found that hospital satisfaction scores were higher among the patient's that received the pet therapy intervention. More specifically, patient satisfaction scores were higher in the areas of nurse communication, pain control, and hospital rating for the patients that received pet therapy as a part of their treatment plan (Harper et al, 2015).

Practice Recommendations

Recommendation #1: Surgeons should ask about the use of pet therapy animals in the immediate post-operative period and give their patients the option to use pet therapy simultaneously with medical therapies in the immediate post-operative period.

Patient's undergoing surgery start rehabilitation the day after surgical procedures. Physical therapy sessions often occur twice a day on day one post-op. These sessions contribute to a lot of pain. In addition, due to the long period of time the patient is in the hospital and the amount of time that surgical patients are confined to their room with little to no visitor's, patient satisfaction scores are often poor. Both pain scores and patient satisfaction scores could be improved with the inclusion of pet therapy simultaneously with traditional rehabilitation methods. A recent study by Harper et al (2015), revealed that implementing a fifteen minute session with a pet therapy dog and handler thirty minutes prior to therapy sessions had positive effects on patient's pain and satisfaction scores. Patients that received pet therapy rated their pain score two points lower than the patients that did not receive pet therapy (Harper et al, 2015). In addition, patient satisfaction scores on the HCAHPS were better in the areas of nursing communication scores, pain control, and hospital rating among the patients that received the pet therapy sessions (Harper et al, 2015).

Recommendation #2: Patients should be given the option to participate in pet therapy sessions two times a week during their admission in the hospital.

There are many benefits of implementing pet therapy as a complementary therapy for patients that are in the hospital. These benefits span across all

different patient populations. These patient populations include, antepartum, mental health, medical/surgical, and pediatric patients. A pilot study conducted by Lynch et al (2014), revealed that antepartum patients that had to be hospitalized long-term due to pregnancy complications had decreased scores for both depression and anxiety when they were given the opportunity to participate in pet therapy sessions. Similar findings were revealed in a study by Nepps, Stewart, and Bruckno (2014), who found that mental health patients in the hospital had decreases in depression, anxiety, heart rate, and pain when exposed to pet therapy sessions. Coakley and Mahoney (2009), found that there was a decrease in pain and respiratory rate as well as an increase in energy level after pet therapy sessions. In addition, patients showed improvements in tension, anxiety, anger, hostility, fatigue, depression, and dejection (Coakley & Mahoney, 2009). In the pediatric population, the children that received pet therapy showed decreased pain, irritation, stress, and decreased depression symptoms (Silva & Osorio, 2018). Caregivers of the pediatric patients had decreased anxiety, stress, and mental confusion as a result of the pet therapy sessions (Silva & Osorio, 2018).

Recommendation #3: Hospitals should develop policies for pet therapy and develop a pet therapy program to be used across the various units within the hospital.

There are many healthcare providers and health care facilities that are against pet therapy in the hospitals. There are many reasons for this including they believe that the dogs carry bacteria and diseases, they believe the dogs are dirty, and allergies. However, Silva and Osorio (2018)

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developed their study protocol with the hospital infection control team and determined that nothing in the study would be harmful to the patients or the animals that were being included in the study. In addition, all of the hospital staff members were in favor of the pet therapy intervention and the study itself was found to be realistic (Silva & Osorio, 2018). Other studies, such as the study conducted by Harper et al (2015), recognize that an allergy to dogs might be an issue and include that as one of the exclusion criteria for the study. Therefore, when implementing pet therapy in the hospital, patients with an allergy to dogs could be excluded from the pet therapy sessions. The issue of the dog being dirty or carrying bacteria or diseases can be combated by the handler and the patient washing their hands both before the pet therapy session and after the pet therapy session (Harper, 2015). Based on the recommendations of Harper et al (2015), doctors should use pet therapy as a complementary therapy in the recovery of their patients.

Conclusion

Long term hospitalization can be very stressful for patients and their family members. This includes separation from pets which for most people consider a huge part of their family. There is increasing research supporting the use of pet therapy as a complementary therapy for hospitalized patients. There are many benefits to pet therapy for hospitalized patients including decreased depression and anxiety, decreased pain, decreased respiratory rate and pulse, and increased patient satisfaction scores. As evidenced by the research, a pet therapy program should be developed by hospitals and

pet therapy sessions should be offered to patients during their hospitalization.

References

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Appendix A

Individual Evidence Summary

Databases

Used: CINAHL, Medline, EBSCOhost

Search Terms Used: Pet Therapy, Animal Assisted Therapy, Hospital inpatients, patients, benefits

Filters Used: None

#	Author	Year	Evidence Type	Sample Size	Results Recommendation	Limitations	Strength/Quality
1	Coakley, A., & Mahoney, E.	2009	Quasi-experimental	61	<ul style="list-style-type: none"> The results of the study are positive and indicate 	<ul style="list-style-type: none"> Lack of a control group Small sample size Convenience 	Level II/ B

there are benefits of pet therapy visits.

- Further research should allow for longer therapy time and multiple pet therapy sessions to see if the results were stronger.

- sample
- Potential for subject bias due to short time between the two surveys

2 Harper, 2015
 C., Dong, Y.,
 Thornhill, T.,
 Wright,

Randomized Control Trial

72

- Animal assisted therapy resulted in improved pain scores and

- On dog and one handler used for treatment group
- Handler was a hospital

Level I / A

<p>J., Ready, J., Brick, G., Dyer, G.</p>			<p>HCAHPS scores.</p> <ul style="list-style-type: none"> Surgeons should inquire about pet therapy programs at their hospital and not hesitate to use animal assisted therapy as an adjunct therapy. 	<ul style="list-style-type: none"> employee No control of amount or timing of analgesic administration Not possible to blind patients to treatment group because of the interactive nature of the intervention 	
<p>3 Kamiok a, H., Okada, S., Tsutani, K., Park, H., Okuizu</p>	<p>201 Systematic 4 Review of Randomized Control Trials</p>	<p>11</p>	<ul style="list-style-type: none"> Due to poor methodology reporting quality, and heterogeneity there is insufficient evidence in 	<ul style="list-style-type: none"> Bias due to differences in the inclusion and exclusion criteria Only used English and Japanese 	<p>Level A</p>

mi, H.,
Handa,
S...
Mutoh,
Y.

studies of
animal
assisted
therapy to
draw clear
conclusions
about the
effects of
Animal
assisted
therapy

- Further
research
should use
a
randomized
control trial
design,
state the
reasons
that
patients
choose not
to
participate,
describe

articles

- Small sample
size

the amount of time the intervention is used, and any adverse effects or withdrawal of participants .

<p>4 Lynch, C., Magann, E., Barring, S., Ounpraseuth, S., Eastham, D., Lewis, D., Stowe,</p>	<p>2014 Quantitative</p>	<p>82</p>	<ul style="list-style-type: none"> • Self-report symptoms using both the Beck Depression Inventory and Spielberg State-Trait Anxiety Inventory decreased after an individual 	<ul style="list-style-type: none"> • No control group • Volunteer bias (self-selected pet therapy visit) 	<p>Level III/ B</p>
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Z. pet therapy session.

- Further research with a randomized control trial to evaluate how mood, anxiety and stress levels change with pet therapy.

5 Nepps, 201 Quantitative 218
 P., 4
 Stewart
 , C., &
 Bruckno
 , B.

- The results of the study support the hypothesis that animal-assisted activity can improve ratings of depression,
- Patients elected what treatment they received
- Short therapy sessions
-

Leve III/ C

anxiety,
pulse, and
pain.

- Further research with a non-treatment control group is necessary to determine if the effects were truly treatment effects versus placebo

6 Silva, N. 201 & Osorio, F.
8
201 Quasi-Experimental

24

- Animal assisted Therapy resulted in better adaptation to the

- Quasi-experimental design
- No control group
- Small sample

Level / A

hospital,
better
appetite,
pain relief,
better
tolerance of
invasive
procedures,
better
sense of
wellbeing,
less
suffering,
and
increased
motivation.

- Not many types of cancer patients represented

- Further research is needed to address the limitations of the study.