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Pet Therapy Use in Pediatric Hospitals: an Internet Based Pilot Study

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**SAN JOSE STATE UNIVERSITY
SCHOOL OF NURSING
MASTER'S PROGRAM PROJECT OPTION (PLAN B)
PROJECT SIGNATURE FORM**

STUDENT NAME: Kara Potter RN BSN MSN/FNP candidate

SEMESTER ENROLLED: Spring 2004

TITLE OF PROJECT:

“PET THERAPY USE IN PEDIATRIC HOSPITALS: AN INTERNET BASED PILOT STUDY”.

NAME OF JOURNAL: The Journal of Pediatric Health Care

The project and the manuscript have been successfully completed and meet the standards of the School of Nursing and University. The project demonstrates the application of professional knowledge, clinical expertise, and scholarly thinking. An abstract of the project and two copies of the manuscript are attached.


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Please submit the form to the Graduate Coordinator. Attach abstract, two copies of the manuscript, and the documentation of submission to the journal (i.e., postal receipt)

**PET THERAPY USE IN PEDIATRIC HOSPITALS:
AN INTERNET BASED PILOT STUDY**

A Research Proposal

Presented to

The Journal of Pediatric Health Care

By

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ABSTRACT

Introduction: In a technologically advanced health care system, health care providers continue to care for the physical, emotional, and spiritual well being of their patients. Alternative therapies, such as massage, music, and aroma therapy, are often included in such holistic care. Pet therapy is another form of alternative therapy that appears to be beneficial.

Method: Child life coordinators and play therapists from 100 pediatric hospitals in 44 U.S. states were sent an email invitation to participate in the study by completing an online survey.

Results: From the children's hospitals responding, it appears that pet therapy is used in the majority of the settings, and with most age groups, excluding infants. The majority of respondents had favorable attitudes towards pet therapy, although the preliminary data show a lack of knowledge about pet therapy among health care providers.

Discussion: Pet therapy is used in various hospital settings; more research is required to provide data that support the effects of pet therapy use with hospitalized children.

Introduction

In a technologically advanced health care system, nurses and nurse practitioners continue to care for the physical, emotional, and spiritual well being of their patients. In addition to their ever advancing technical skills, nurses search for therapies that better care for the whole patient and the family. Alternative therapies, such as massage, music, and aroma therapy, are often included in such holistic nursing care. The use of specially trained animals, in a therapeutic role with patients, is another form of alternative therapy.

Animals have been used to help promote humans' well-being for centuries. In the 17th century horseback riding was used to increase morale of wounded soldiers. In the 18th century, a treatment regimen that involved pets, gardening, and exercise was used to help heal psychiatric patients at the York Retreat in England (Jorgenson, 1997). Florence Nightingale used small pets with convalescents, saying that a caged bird was the only thing a convalescent could identify with (Fontaine, Briggs, & Pope-Smith, 2001).

Recent studies have demonstrated the benefits of owning pets and using pets in a therapeutic role. The most commonly used pet therapy animals are horses, dogs, cats, gerbils, and rabbits. Pets reduced anxiety, depression, and pain (Cox, 1999); acted as a buffer for stressful life events (Siegel, 2002); and lowered blood pressure and respiratory rates (Baun, Bergstrom, Langston, & Thomas, 1993).

A 1999 study found the mere presence of dogs decreased self-reported levels of pain, anxiety, and depression of adult psychiatric patients. All 72 participants in the study reported decreased pain, anxiety, and depression after a 1 hour session of playing with a dog (Cox, 1999). Pets also have been shown to provide their owners with companionship and feelings of being loved (Segal, 2002). It is also theorized that pets act as a stress buffer, as indicated by a decrease

in doctor visits in elderly persons with pets. Physical contact with animals has been shown to stabilize vital signs, showing an increase in relaxation (Baun et al., 1993).

Concerns regarding pet therapy are few. Included are the increased risk of infection due to zoonotic diseases and a risk of animal bites and/or scratches. Diseases that animals can transmit to humans via contact, bites, scratches, or droplet contact, include dermatophytosis, Q fever, capnocytophaga canimorsus, bartonellosis, toxoplasmosis, pasteuria multocidal, leptospirosis, toxocariasis, and rabies. In order to reduce the risks of infections transmitted by bites and scratches, persons interacting with the pets should be educated about provocative behaviors, such as interfering with an animal's feeding and engaging in rough play. Incidence of gastrointestinal infections can be decreased by good hand washing practices after handling the animals and by keeping cages and pens clean. Such measures greatly decrease the risk of zoonotic disease transmission (Guay, 2001).

It is widely documented that hospitalized children experience psychological stress. A 1953 study reported that 80% of the child-patient population studied showed problems in dealing with the stress of hospitalization (Prugh et al., as cited in Strickland, Leeper, Jesse & Hudson, 1987). In 1977, 20% of children studied showed severe reactions to hospitalization, such as eating, sleep, and speech disturbances, along with fear and regressive behavior, often lasting well after discharge (Jessner, Bloom, & Waldford, as cited in Strickland, Leeper & Hudson, 1987).

Pets have been used with children with positive results. Children have been found to be happier and in a more playful mood with dogs present, as opposed to as stuffed dog or a ball (Martin & Farnum, 2002). The presence of animals in therapy sessions has increased children's attention and concentration (Martin & Farnum, 2002). It has also been found that pet visitation with hospitalized children can be a pleasant distraction from the reality of hospitalization (Wu,

Niedra, Pentergast, & McCrindle, 2002). Studies done with children show the use of therapy dogs improved the functioning of severely disabled children and increased interaction in children with pervasive developmental disorders (Martin & Farnum, 2002).

Interaction with pets has been shown to provide many benefits to humans, both in the acute care setting and in everyday life. More research is needed regarding the effect of pet therapy on the hospitalized pediatric patient. Many hospitals use animals and pet therapy on their pediatric units, and clinically, the effects appear positive; however, there is little research to support this. There are few studies documenting the occurrence of infection, bites, or scratches. The purpose of this pilot survey was to describe the use of pet therapy by child life coordinators and play therapists in pediatric hospitals in the United States. This survey also documented the child life coordinators' and play therapists' knowledge of pet therapy. Child life coordinators and play therapists plan, coordinate, and facilitate activities (University of Kentucky Children's Hospital, 2004) to meet the emotional developmental and leisure needs of hospitalized pediatric patients (East Carolina University College of Human Ecology, 2004). Pediatric nurses and nurse practitioners depend on these and other ancillary resources for the care of their pediatric patients. Pet therapy is one of many available therapeutic options, and it is a responsibility of health care providers to investigate the uses, advantages, and disadvantages.

Tools

The online pet therapy survey, designed by the researcher, was created to explore pet therapy practices in the inpatient hospital setting. The survey was constructed on <http://www.questionpro.com>. The survey consisted of 14 questions; five questions pertained to the present use of pet therapy in pediatric hospitals, three questions pertained to the child life

coordinators' and play therapists' knowledge of pet therapy, and four questions related to the attitudes of the child life coordinators and play therapists to pet therapy.

Sample

A convenience sample of 33 participants included child life coordinators and play therapists from 100 pediatric hospitals in the United States. The following states were excluded in the survey due to the researcher's inability to find online contact information for pediatric hospitals: Indiana, Iowa, Mississippi, Montana, South Dakota, and Wyoming. Names and locations of pediatric hospitals across the United States were identified by an internet based search, and a list was compiled. The hospitals from the list were contacted by phone to obtain the email addresses of child life coordinators and play therapists. IRB approval and consent was obtained for this study.

Methodology

Child life coordinators and play therapists from 100 pediatric hospitals in the United States were sent an email message and requested to complete the online survey at <http://www.questionpro.com>. The survey took approximately 5 minutes to complete. Frequency data were retrieved from the makers of www.questionpro.com, based on the responses to the online survey. Some demographic data were obtained separately using the IP addresses of respondents.

Results

Of the 100 people invited to participate, 33 responded (33% response rate). Responses came from 18 of the 44 states included. Of the 33 respondents, 94% were female (n= 30). The survey results showed that 88% (n=28) of the institutions surveyed use pet therapy and a large

majority (87%, n= 28) had used pet therapy for 2 or more years. The largest response group (40% n=13) had used pet therapy for 10 or more years, on a monthly basis and more frequently.

Pet therapy was used frequently with all age groups of children with the exception of young infants (Figure 1). The age groups of children were: Infants (birth -1year), Toddlers (1-3 years), Preschool (3-5 years), School Age (5-12 years), and Teens (12-18 years). Use among toddlers, preschoolers, school age children, and teens was not significantly different.

Pet therapy was used most frequently in medical-surgical pediatric units (60%). It was also commonly used in rehabilitation, with physical therapy and with occupational therapy (Figure 2). Pet Therapy was used less in oncology units and in intensive care units. Pet therapy was also being used in pediatric orthopedics, psychiatry inpatient units, outpatient clinics, outpatient group sessions with a psychologist, hospital school programs, pediatric long term care, child life activity centers, in play rooms, and with neurology and neurosurgery patients.

Seventy-four percent (n= 23) of play therapists and child life coordinators indicated that they had investigated and/or researched pet therapy; however, 28% (n=8) indicated that they were only generally aware of pet therapy. Twenty two percent (n=7) of the respondents had read more than eight research articles on pet therapy (Figure 3). Twenty eight percent of play therapists/ child life coordinators (n=9) had read two or fewer articles on pet therapy with children (Figure 4). This preliminary pilot data indicate a lack of knowledge about the possible positive or negative effects of pet therapy.

Most of the play therapists/ child life coordinators said that their general reaction to pet therapy was excellent (59%, n=19). Ninety-six percent (n=31) of play therapists/child life coordinators stated that pet therapy provided stimulation, normalized the hospital experience, increased patients' feelings of happiness, and increased patient interaction. Ninety-three percent

(n=30) of the play therapists/child life coordinators said that pet therapy decreased anxiety, decreased stress, and increased relaxation. While 87% (n=28) believed that pet therapy increased playfulness and distracted patients from the reality of hospitalization, greater than half of the play therapists and child life coordinators believed that pet therapy increased patients' functioning. Fewer than half of the respondents (n=14) believed that pet therapy prevented depression, increased cooperation with care providers, decreased fear of procedures, and decreased pain (Figure 5).

Limitations

Limitations of this descriptive online pilot study affect the generalizability of the findings. This study included responses from only 18 states. Of those responses four were from Florida, 4 were from Ohio, 4 were from California, 3 were from Texas, and 3 were from Virginia, 2 were from both Tennessee and New Jersey. Although the 4 responses from Florida were from different respondents, they originated from the same hospital. Three of the 4 Ohio responses also originated from the same hospital although they were from different respondents. Persons who were aware of pet therapy and were using pet therapy seemed more likely to respond to the survey, as shown by only four responses from a hospital not using pet therapy.

Discussion

Of the 33 respondents, 43% or less believed that pet therapy decreases depression and, pain, and increases cooperation with care providers. Studies indicate that pet therapy may decrease pain and depression with adult psychiatric patients, but it appears that the majority of play therapists and child life coordinators do not believe that it has the same effect with hospitalized pediatric patients. Although one study found that the effects of pet therapy with children increased cooperation of pediatric patients with pervasive developmental disorders

(Martin & Farnum, 2002), it appears from these data, that child life coordinators and play therapists do not believe that is their experience. This extreme variation in responses indicates the need for further study with hospitalized children.

The need for more research remains, as it appears from the respondents, that pet therapy is used in the majority of their settings. More data are needed to support the effects of pet therapy use with children.

Alternative therapies, such as massage, music, and aroma therapy can be included in holistic nursing care. Pet therapy is another form of alternative therapy that is available and appears to have benefit. As essential members of the healthcare team, nurses and nurse practitioners are responsible for awareness, knowledge, and understanding of alternative therapies. With this knowledge and understanding, nursing strengthens its role as a resource, and is better able to assist patients and their families with informed decisions on the effects of Pet therapy with their hospitalized child.

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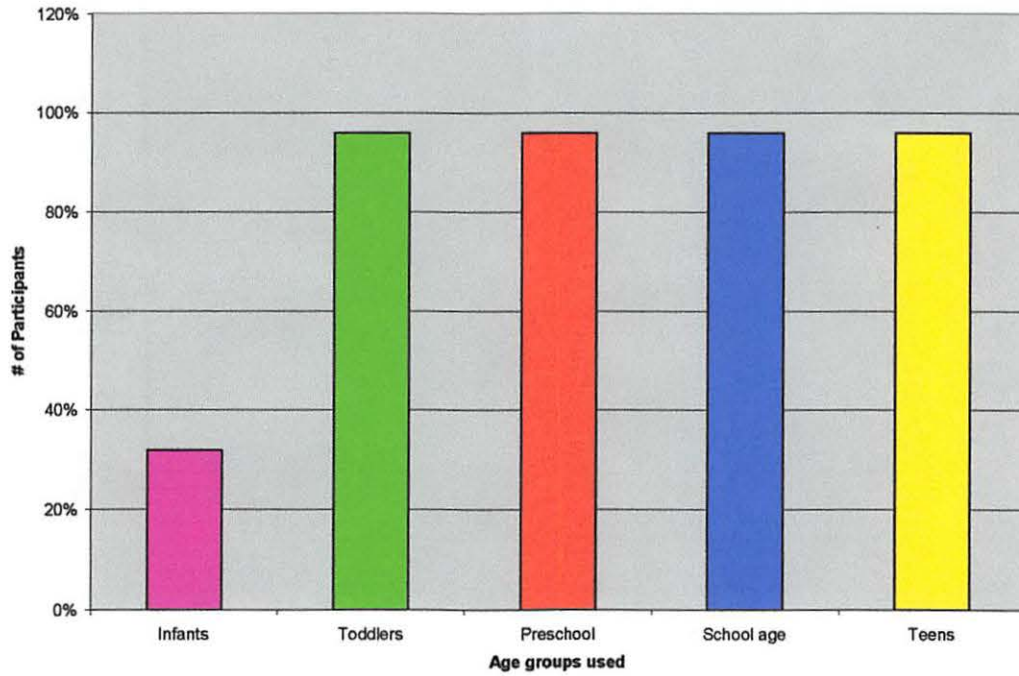


Figure 1. Patient Age Groups (n=27). Children age groups used most commonly with pet therapy institutions. Significantly less use with infants.

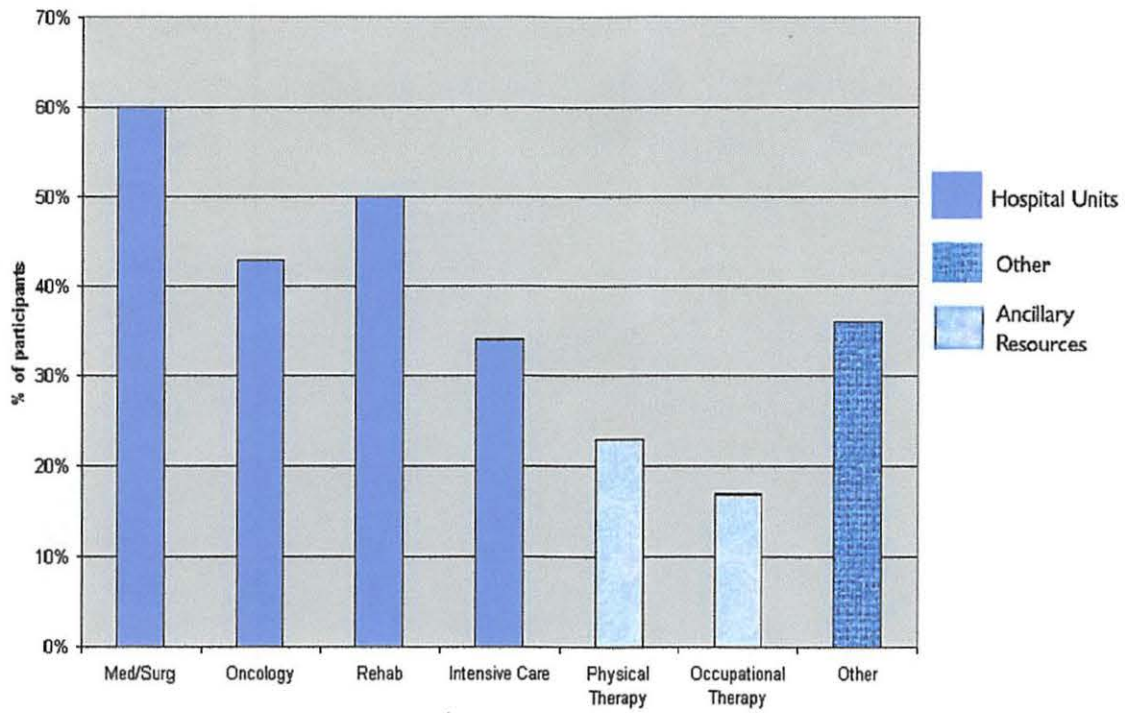


Figure 2. Hospital Care Units and Ancillary Hospital Resources that most commonly use Pet therapy (n=28). Most commonly used on Medical-Surgical Units, Rehabilitation Units; least used on Intensive care units and occupation therapy.

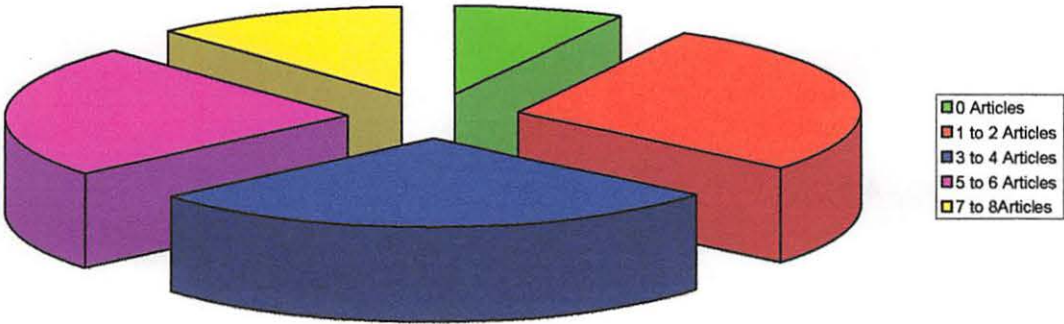


Figure 3. Research Articles Read—Related to Pet Therapy, (n=32)

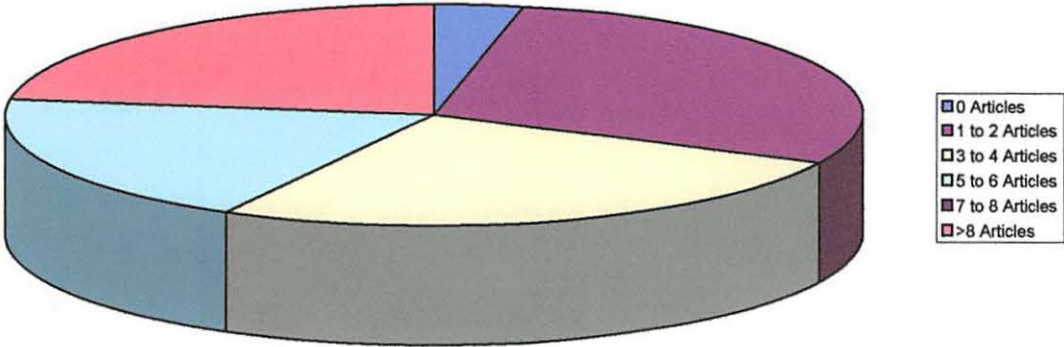


Figure 4. Pet Therapy Research Articles (with Children) Read (n=32)

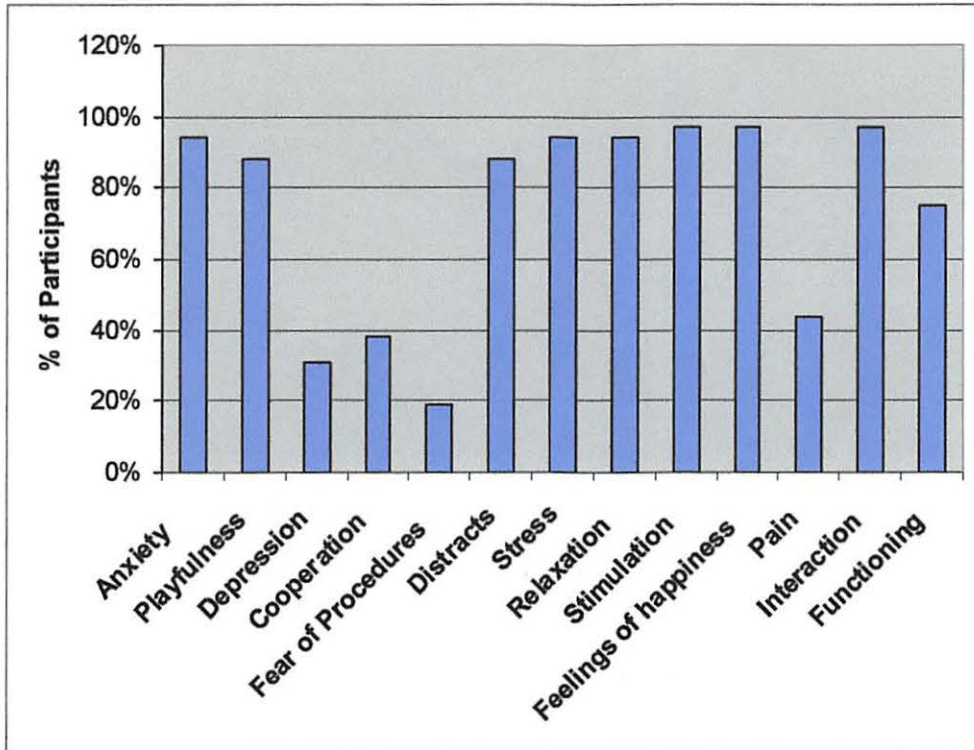


Figure 5. Effects of Pet Therapy (n=32)

