

THERAPY DOGS INTERNATIONAL, INC,

STUDY

PERCEPTIONS OF THE IMPACT OF PET THERAPY ON RESIDENTS/PATIENTS AND STAFF IN FACILITIES VISITED BY THERAPY DOGS



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ABSTRACT

From 1996 through 1998, Therapy Dogs International, Inc. (TDI) conducted an international survey of facilities which had TDI programs, to determine the perceptions of contact staff regarding benefits of the programs to clients, residents, patients, and/or staff. Data indicated an overwhelming perception that patients benefited in a variety of ways, including increased socialization, verbalization, alertness, and positive mood alterations. Staff were reported to benefit by increased morale, using dog visits as a break in their work, and being able to observe patients interacting with the dogs. The majority of facilities desired more and/or longer visits. Few facilities expressed negative effects of the programs, or had experienced any barriers in starting them. It was concluded that, although perceptions of the respondents provided a rich source of data, there is a need for further research as to the causal effects of specific environmental variables of therapy dog visits resulting in specific benefits to patients, clients, and residents.

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PERCEPTIONS OF THE IMPACT OF PET THERAPY ON RESIDENTS/PATIENTS AND STAFF IN FACILITIES VISITED BY TDI DOGS

BACKGROUND

It has been established that with the domestication of the dog, humans and canines have bonded for over 14,000 years (Serpell, 1995). Systematic studies of the nature of that bonding, however, were not initiated until the last quarter of the Twentieth Century. Veterinarians, animal behaviorists, and animal handlers in the 1960's, 70's and 80's began to look not only at the relationships between humans and other species, particularly canines, but attempted to develop theories concerning the beneficial effects which human-dog interactions might have for individuals and groups (Beck & Katcher, 1996; Hart, 1985; Serpell, 1996). Garrity and Stallones (1998), conducted a review of scientific literature published between 1990 and 1995 to ascertain whether support had been found for a hypothesis concerning enhancement of the quality of human life because of contact with companion animals. Twenty-five empirical studies in English were found. After studying these cases in depth, Garrity and Stallones made **three tentative conclusions**:

1. "Quality of life benefits" from animal contact were in accord with previous research on human social support.
2. Benefits appear on psychological, physical, social and behavioral levels.
3. Benefits are manifest only in certain situational and conditional contexts.

Descriptions of later studies may be found in Wilson and Turner (1998). It can be noted that invariably, these studies as well as others (Fick, 1993; Harris, Rinehart, & Gerstman, 1993; and Zisselman, Rovner, Schmuely & Ferrie, 1996), express the need for further research.

To this end, in 1996, **Therapy Dogs International, Inc. (TDI)** undertook a descriptive, non-experimental study utilizing registered members of the organization and the facilities which they visited, to explore perceptions of staff about specific benefits of pet visitation on individuals with whom the therapy dogs came in contact.

METHODOLOGY

DISTRIBUTION OF SURVEY

Between 1996 and 1998, 1,000 copies of a survey were distributed throughout the United States and Canada to TDI Evaluators, Chapters, and individual registered Associate Members who had requested them. These were in turn given to the contact persons at the facilities visited by the associate members of TDI, to be filled out either by them or by an individual designated by them. The survey consisted of 13 questions, broken up into two cohesive parts: **demographics** and **perceptions**.

DEMOGRAPHICS OF VISITS

Questions 1, 2, 4, 12, and 13 concerned the **demographics** of visits. This section included such parameters as: how long the program had existed in the facility, frequency of visits, the place/nature of the visit, the type of facility, and the number of clients contacted on each visit.

PERCEPTIONS OF RESPONDENTS

Questions 3, and 5 through 11 asked for **perceptions** of the respondents concerning the desire to increase visits, the benefits of the visits to clients and staff, recommendations for other facilities, unexpected or negative effects of the program/visits, and barriers in starting the program.

Two hundred or 20% of the surveys were returned to the TDI office over a two-year period, from the end of December 1996 to the end of December 1998. The results were then recorded; most were reduced to numerical values to provide frequency and percentage statistics. In questions that called for narrative responses, answers were grouped around similar meanings using a

PERCEPTIONS OF RESPONDENTS cont/d.

technique from grounded theory which involves open and axial coding (Strauss & Corbin, 1990). In this technique, the researcher scans narrative data for common themes, creates categories, and sorts responses into the appropriate groups.

In this survey, a numerical designation is given for statistical counts. Other narrative responses, which provided context to “yes/no” answers but were unsuitable for specific grouping into common themes, are included as narrative in the results and in the discussion following the reporting of the results. These results were not included in statistical calculation. Where frequency tables and figures are given, valid percentages are shown. In figures, missing cases are omitted and valid percentages of those who actually responded are shown. Statistical analysis of data was done using the computer program SPSS-10.

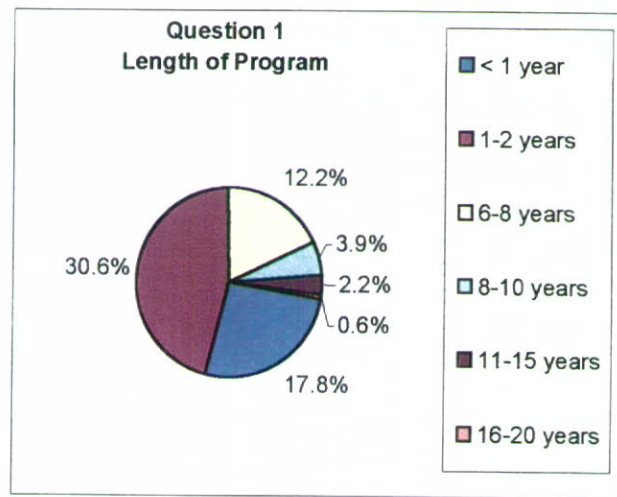
RESULTS

DEMOGRAPHIC DATA FOUND IN RESPONSES TO QUESTIONS 1, 2, 4, 12 AND 13

Question 1:

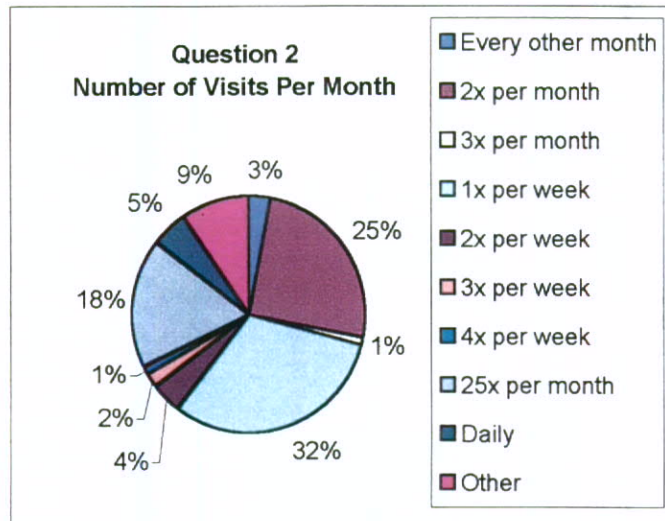
This question deals with **the length of the TDI program in the facility**. The survey showed that out of the 180 respondents who answered this question, the TDI programs ranged from less than a year to 16-20 years. Of (these), the majority centered in three categories:

1. < 1 year = 17.8%
2. 1-2 years = 30.6%
3. 3-5 years = 32.8%



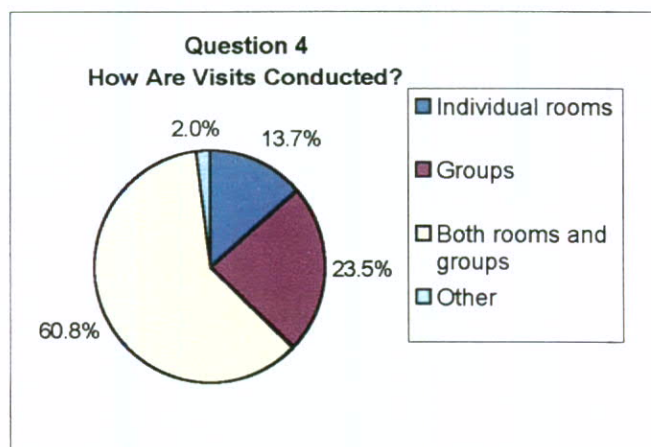
Question 2:

192 respondents answered the question as to how often TDI dogs visit. Approximately 1/3 (33.9%) indicated weekly visits, 31.8% had one visit per month, and 22.9% were visited twice a month.



Question 4:

Respondents were asked **how visits are conducted** at the facility. 60.8% of the 198 respondents indicated that visits are conducted both in individual client rooms and in group settings; 23.5% had visits in group settings only; and 13.7% had individual room visits. The remaining 2% were conducted in the corridor, in a family setting, or in a therapist's office.



Question 12:

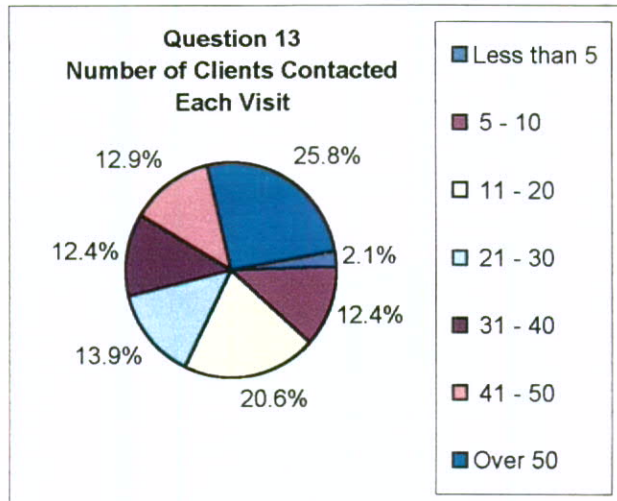
All 200 respondents answered this question regarding the **type of facility visited**. The original survey offered four choices of setting/environment to respondents: (1) Nursing Home; (2) Assisted Living; (3) Psychiatric Hospital; and (4) Other. As a result of this categorization, there were a very large number of responses in the “Other” category. In addition, a number of respondents gave multiple answers. In an effort to be more descriptive, seven additional categories were added for the purpose of reducing numbers in the “Other” category, although it still was calculated for 88 respondents (44%).

Table 1 provides the percentages of those who responded in each category relevant to the number of respondents. As shown, the largest percentage of facilities was *Nursing Homes* (52.5%), followed by *Rehabilitation Settings*, whether hospitals or units (38.5%). *Facilities* left in the “Other” category included such diverse settings as a pediatric dialysis unit, pediatric hospital, emergency children’s shelter, federal prison medical center, speech therapy office, wellness center, social services counseling center, and pet loss support group.

| Table 1 – Question 12 | | |
|---------------------------------|-----------|---------------------|
| Type of Facility Visited | Frequency | % of 200 Responding |
| Nursing Home | 105 | 52.5 |
| Assisted Living | 13 | 6.5 |
| Psychiatric Unit or Hospital | 14 | 7.0 |
| School | 8 | 4.0 |
| Hospice | 2 | 1.0 |
| Alzheimer Unit or Hospital | 3 | 0.9 |
| Acute Care | 30 | 15.0 |
| Rehabilitation Unit or Hospital | 77 | 38.5 |
| Other | 88 | 44.0 |
| Day Care | 9 | 2.6 |
| Long Term Care | 1 | 0.3 |

Question 13:

This question asked about the **number of clients contacted on each visit**. The majority of the respondents (25.8%) see over 50 individuals per visit, while only 2.1% see fewer than five.



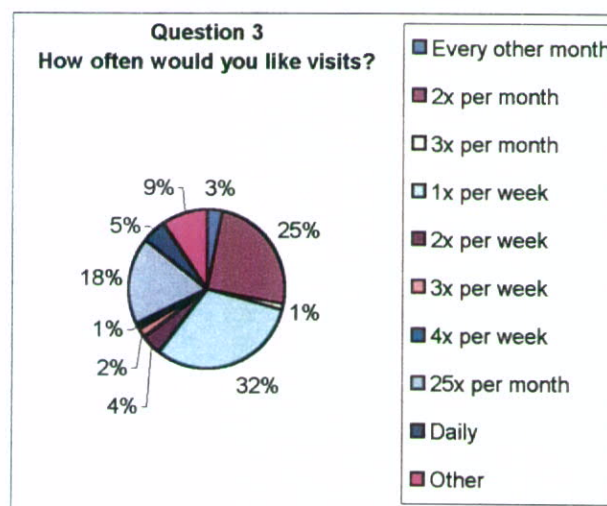
PERCEPTIONS OF RESPONDENTS FOUND IN QUESTIONS 3 AND 5-11

This grouping of questions focused on the perceptions of the respondents as to **benefits** of Therapy Dog programs, **suggestions** for improvement, **negative effects**, and **barriers** to start-up.

Question 3:

This question pertained to whether facilities would like to **increase the frequency of Therapy Dog visits**. Out of 185 respondents, 113 or 61% said “yes.” The number of visits desired by these respondents ranged from every other month to daily, with the largest percentages at two times per month (25%); once a week (31.3%); and 25 times per month, or six times a week (17.7%).

| Table 3 – Question 3 | | |
|----------------------------------|-----------|---------------------|
| How Often Would You Like Visits? | Frequency | % of 200 Responding |
| Every other month | 3 | 3.1 |
| 2x per month | 24 | 25.0 |
| 3x per month | 1 | 1.0 |
| 1x per week | 30 | 31.3 |
| 2x per week | 4 | 4.2 |
| 3x per week | 2 | 2.1 |
| 4x per week | 1 | 1.0 |
| 25x per month | 17 | 17.7 |
| Daily | 5 | 5.2 |
| Other | 9 | 9.4 |



Question 5:

This question specifically asked about **benefits to clients from Therapy Dog visits**, as noted by the respondent. A category of “No benefits noted” was included as the tenth response; however, none of the respondents chose this as an answer. All 200 respondents answered this question, most with multiple answers. The smallest number of respondents checked “Decreased blood pressure” as an answer (34 or 17%), while large numbers indicated “Increased alertness” (160 or 80%); “Increased verbalizations” (172 or 86%); and “Increased socialization” (173 or 86.5%). “Positive mood alteration” was checked by the largest number of respondents (184 or 92%).

| Table 2 – Question 5 | | |
|---------------------------------------|------------------|----------------------------|
| Benefits of Therapy Dog Visits | Frequency | % of 200 Responding |
| Increased physical movement/mobility | 127 | 63.5 |
| Decreased blood pressure | 34 | 17.0 |
| Increased alertness | 160 | 80.0 |
| Increased verbalization | 172 | 86.0 |
| Increased socialization | 173 | 86.5 |
| Positive mood alterations | 184 | 92.0 |
| More cooperative | 96 | 48.0 |
| Less negative | 99 | 49.5 |
| More positive responses | 153 | 76.5 |

Question 6:

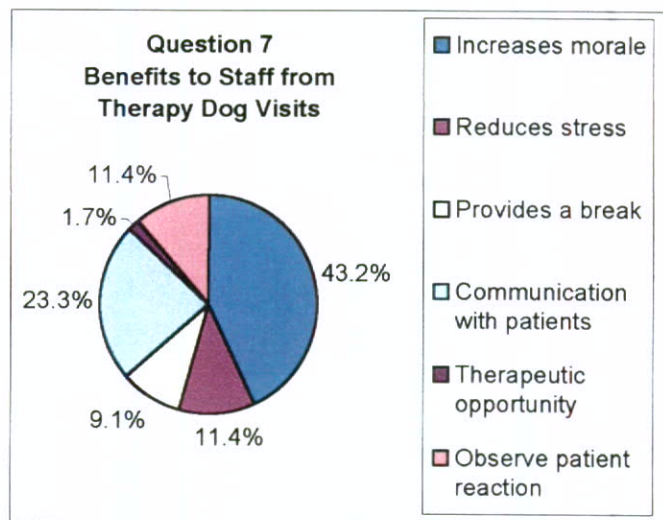
The next question dealt with **other possible benefits not listed in Question 5**. A representative list of responses to this statement follows:

1. Sparks memory; helps residents reminisce; pleasant memories.
2. Reduces focus on pain; makes dialysis treatments seem to go more quickly.
3. Dogs give unconditional love to all.
4. Something to look forward to.
5. Combats loneliness; fills a need; new experience.
6. Provides visual and tactile stimulation.
7. Children learn how to treat animals.
8. Reduces anxiety, confusion.
9. Reduces aggressive, hostile behavior.
10. Offers comfort.

Question 7:

The respondent was asked to indicate whether there were any **benefits to staff from Therapy Dog visits**, and to explain what these might be. Of the 179 who responded to this question, 178 or 99.4% replied that there were benefits, while only one responded in the negative. Responses to the second half of the question were given in narrative form. Using open and axial coding, these were grouped in six categories:

1. Cheers staff; gives a lift; happier, better morale.
2. Reduces stress; breaks routine.
3. Release time for staff/a break; occupies residents.
4. Increased communication/socialization between staff and patients.
5. Creates therapeutic opportunities for staff.
6. Staff can enjoy and observe client/patient reactions.

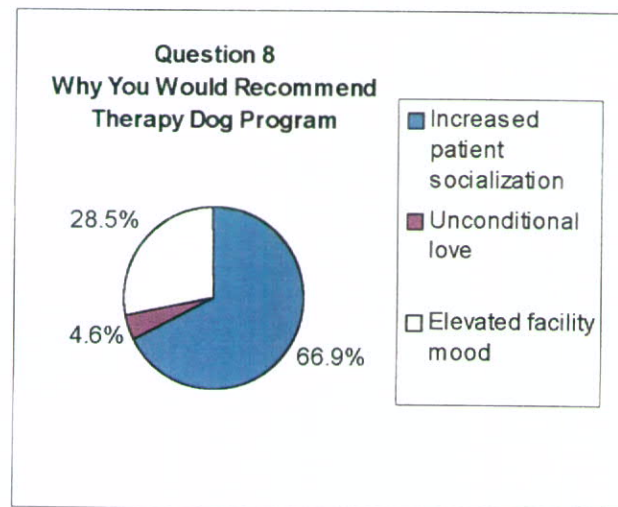


The greatest number of responses related to category (1), staff morale, at 43.2%.

Question 8:

Respondents were asked if they would **recommend the Therapy Dog program** to other facilities, and if so, why. All of the 196 respondents to the first part of this question answered in the affirmative. On the “why” portion of the question, answers were sorted into three categories:

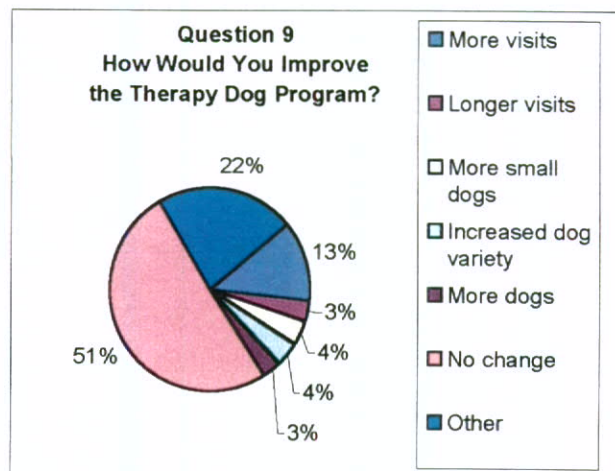
1. Could have positive effects on patients, clients, residents, increased responsiveness and socialization.
2. Dogs offer unconditional love, allow residents to feel and express love.
3. Can elevate facility mood, affect everyone positively, including staff.



Of the 151 narrative responses of which 66.9% were grouped in Category (1), 4.6% in Category 2, and 28.5% in Category 3.

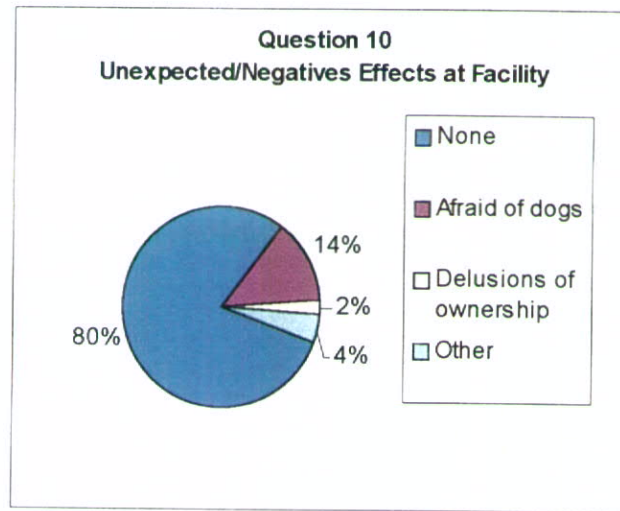
Question 9:

This question asked how the respondent would **improve the Therapy Dog program**. 91 (50.8%) of the 179 respondents indicated that they were unable to make any improvements either by making positive comments in the space provided or by leaving the question blank. 88 Respondents (49.2%) suggested improvements of which the largest number, 23, asked for more visits; six respondents asked for longer visits; seven for more small dogs; seven requested more of a variety of dogs; and five wanted more dogs. Other answers included working with staff on specific goals, better scheduling and more organization. Several suggestions were beyond the scope of the TDI program (i.e., having a resident dog, bringing a dog to work every day, or bringing a variety of animals, including cats and birds).



Question 10:

This question refers to **unexpected or negative effects of the Therapy dog program** at the respondents' facility. Out of 191 respondents, 153 (80.1%) reported "none." The remaining 19.9% reported that there had been unexpected or negative effects. The majority (26) mentioned residents/patients who were afraid of dogs. A few mentioned allergies, staff fear of dogs, and that "a hospital is no place for animals." Four respondents mentioned that patients either wanted to keep the dog, or had delusions about the dog belonging to them.



Question 11:

183 respondents answered the question concerning **possible barriers to start-up** a Therapy Dog program at their facility. 154 (84.2%) of the respondents indicated that they either had found no barriers or knew of none because they were not on staff when the program was put in place. Answers among the 14.5% who responded that they had experienced barriers, generally reflected the facility's initial lack of knowledge about dogs related to risk management and infection control. Respondents indicated that these were usually resolved through education and establishing policies and procedures.

DISCUSSION

Respondents to the survey revealed a desire for both the continuation of the program and an increase in the number of visits. Coupled with the high response of benefits to clients and staff, this indicates a very positive response/reaction in these facilities to Therapy Dog programs. The broad range of types of facilities tallied, and the large numbers of clients visited went well beyond the traditional nursing home scenario, indicating the lengths Therapy Dogs International volunteers have gone to provide programs for a wide variety of individuals. This survey implicitly emphasizes the universality of the human need for contact with companion animals, regardless of setting/environment.

It is quite clear, from responses to Questions 5, Benefits to Clients, and 6, Benefits to Staff, that respondents perceived multiple benefits to client, patients, residents, and staff from Therapy Dog programs. The highest frequency counts for clients were on social, attitudinal, and behavioral variables, while the lowest were on variables related to physical mobility and blood pressure changes. This could indicate that, while the latter variables are easily measurable, no controlled pre-tests and post-tests had been set up to record these measurements, and respondents were hesitant to rely on perception alone.

This also points up a major problem with survey self-reporting of affective variables because, although these are more difficult to measure objectively, individuals seem to be more willing to provide subjective evaluations which may be influenced by the respondent's own feelings and attitudes. Further research in which objective scales can measure social, attitudinal and behavioral changes would provide empirical evidence to support the perceptions of benefits. This is not to say that the benefits do not accrue. Certainly the respondents, as health care professionals, are experienced in evaluating signs of increased morale or socialization. Without controlled studies, however, it is impossible to determine exactly what might constitute "improved morale" or the specific environmental changes which caused the difference. In the study by Zisselman, Rovner, Shmueli, and Ferrie, 1996, for example, it was found that there was no significant difference between a pet therapy program and a human visiting program, indicating that patients might be responding to visits in general, rather than to a particular type of visit.

CONCLUSIONS

This study explored the perceptions of facility contact persons regarding the benefits of Therapy Dog programs to clients, patients, residents, and staff of their respective facilities. It also asked for suggestions to improve programs, negative effects of programs and barriers to the establishing of the programs at these facilities. Although most suggestions focused on program expansion, a few settings desired a difference in visiting pets, e.g., more small dogs, cats, and other types such as birds. Cats and smaller dogs have the advantage of being able to be placed on laps or beds, and can be perceived as less intimidating and more “cuddly.”

The small number of facilities experiencing barriers to establishing programs could be the result of careful planning, knowledge of the literature on the effects of companion animals, and/or the structure of establishing policies and procedures for the facilities. The number who responded that fear of dogs was considered an unexpected or negative effect of the program, although small, is still clearly cautionary to those establishing programs so that they will be aware of this attitude and respect it, perhaps by asking for advanced knowledge of the identity of those individuals who fear or dislike dogs, and planning the program to accommodate their anxieties. This could be done by simply excluding them from the visitation list, or, in the case of staff members, avoiding contact with them. The study certainly supports the use of dogs to enhance the quality of life of individuals in health care and/or restrictive settings, and demonstrates the need for further research to determine how Therapy Dog programs provide specific benefits to humans.