

A Staff Approach to Animal Assisted Therapy

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ABSTRACT

In this qualitative one on one interview study there is an emphasis on the importance of narrowing down the research done on AAT to be region specific. There is abundance in research done on AAT being biased in a fully positive or negative connotation, with an expectation to provide readers with a clear yes or no answer. The purpose of this study is to answer the question *How does the full-time inclusion of animal Assisted therapy impact medical professionals in southern Nevada?* Through the use of semi structured personal interviews with 5 medical personnel in Nevada, this research paper is able to delve into the more personal and humane aspects of AAT. There is a discussion on improvements that can be made to make the implementation of this program more likely, and a thematic analysis with emphasis on making the program field specific, its own field, or a separate addition to hospitals all together. It will mainly discuss that the best way to implement this program as a fulltime intervention in any setting would best be done with a qualitative, interview basis. It was found that the implementation of AAT into hospitals is full of opportunities and possibilities for medical staff and patients if researched region specifically.

Keywords: Animal Assisted Therapy, Therapy Dogs, Animal Assisted Therapy in Hospitals.

INTRODUCTION

Animal assisted therapy (AAT) has become a popular topic of discussion in the world of medicine. Medical researchers have quickly found a way to benefit patients who may come in contact with this intervention, and how to alter it from patient to patient. Animal assisted therapy has been experimented with for years, with different beneficial goals, different types of animals, and different medical fields. AAT is defined as a therapeutic intervention involving animals to enhance the wellbeing of individuals facing emotional, physical, or cognitive challenges (Ratschen et. al). Providing them with a less uniform but similarly effective way of going through rehabilitation, healing, or emotionally overcoming a stressful procedure (Irene et.al). While the often talked about benefit comes from the temporary program of easing anxiety, the exploration of full-time inclusion of animals into hospitals continues to come up in the research. Despite the ongoing interest with AAT, it continues to be an under-researched and unknown topic. The unpredictability of animals remains a concern, along with the difference in patient stability for it to become a medical intervention. Along with this to understand and solidify, the concern brought up

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the least is the effect on medical staff the full-time inclusion of animals in a workplace will have. While many people see the inclusion as a benefit and break spot for staff to unwind, the conditions of a hospital remain erratic, with no guarantee of a completely calm and organized environment. This poses a risk, as two unstable factors can harm each other. Potentially creating an even more stressful environment for paramedics and patients.

PURPOSE STATEMENT

The purpose of this study is to explore the impacts that a full-time inclusion of Animal Assisted Therapy may have on medical professionals in Nevada. At this stage in the research, Animal Assisted Therapy will generally be defined as dogs being included into a medical setting for a patient's recovery or mental support during their visit. Both require the inclusion to become a fulltime program in a hospital. While the inclusion of dogs in the medical field can provide an unconventional treatment option for patients, the concern of its effects on the staff remains unanswered. Despite AAT continuously progressing, the implementation of it in its current state includes its underdevelopment, which can generate a stressful addition to medical staff (Daley;Steinburg).While many hospitals plan a specific program with additionally trained staff members, this does not exclude the interaction between dogs and current staff. With this interaction in a medical environment a major question arises: where do medical professionals stand on the fulltime inclusion of AAT?

LITERATURE REVIEW

Animal assisted therapy is often seen as beneficial due to people's overall love towards animals and the comfortable atmosphere that they tend to create. Krawczyk (24) states that service dogs, unlike therapy dogs (AAT dogs), are often confused between each other. The confusion comes from the training the dog receives, while service dogs are trained specifically for the needs of one person, an AAT dog is trained to tend to the needs of many people. Krawczyk mentions how service dogs often come into topic when discussing animals in the medical field despite their minimal interaction with other patients and medical staff. Unlike service dogs, AAT dogs spend prolonged amounts of time in a hospital, coming into direct contact with staff and many patients that they tend to, and those they don't. Which creates the concerns of having clear and adequate policies when it comes to the inclusion of AAT.

The main concern that is often analyzed by researchers seeking to understand AAT is how it will come to affect patients and their care. What often gets overlooked in the research process is the medical staff. Having to deal with inadequate policies that may overlook not only them but the patients (Krawczyk). Many hospitals have begun to experiment on how to include dogs into their hospital. Daley (20) introduces a hospital in Denver that has begun to bring in specifically trained dogs to be alongside medical staff during the span of the entire day. He explains how the presence of dogs can provide a sense

of comfort and familiarity to hospital staff after stressful situations and decisions. Daley interviews medical staff on their experience being paired up with a dog for the entirety of their shift, hoping to explain their experience throughout the day. While many staff illuminate the benefit of being able to decompress throughout the entirety of the day, they emphasize the importance of safety for both the staff and the dog in case of a sudden situation (Daley). This emphasis highlights the issue of making sure staff are comfortable in performing their daily duties without the additional weight of their environment, which could be affected by a full-time program. Allowing for AAT to stay in a positive light, while considering the factors that may affect it.

The study of Animal Assisted interventions specifically for medical staff, have been particularly limited due to the heavy focus on patient care. A major gap becomes evident when exploring the possible concerns and individual mindsets that medical professionals have for the inclusion of AAT into their workplace (Krawczyk; Steinberg). Research that focuses on staff and their personal experience with the full-time inclusion of AAT, often explores the benefits staff face during or after a stressful day in the workplace. Often only explaining the positive effects and thoughts that come up during the study, such as easing burnout and stress that comes from constantly facing stressful situations (Steinburg). But the concern from implementing AAT into medical settings that remain unstable, still stands.

Most hospital settings share the same general layout throughout different departments, or ones that can be accessed through one floor. This can introduce a risk as inadequate policies and lack of staff consideration and safety, collide with ambulatory and emergency departments of hospitals (Daley; Krawczyk). Staff being unaware of the proper way to deal with dogs in the AAT program can become a major risk factor when placed in areas with possibly high stress levels during an emergency. These factors differ from setting to setting, and the built in policies and likelihood of the full-time inclusion of AAT. This requires further research to be conducted on the in-depth feelings surrounding the newly input intervention and any suggestions that the people who will have to come into contact with the dogs may have.

Bias In Research

Research that has focused on AAT in any medical setting has often upkept a bias throughout the research. On one hand, some of the research is in full favor of including dogs in the field as an effective intervention, with little to no discussion of possible implications, or extremely limited ones discussed. On the other hand, research seemed to fall completely against AAT, listing very few positive outcomes and possibilities and focusing only on the dangers that may come with the program. Without the necessary middle ground between these two sides, previous research begins to feel heavily biased, pushing the readers to either support or dismiss AAT. This may be caused by articles being published in different time frames, positively-biased ones being more recent (1999-2000s), and negative ones being much earlier studies (1980's-1990's). Nevertheless, if this is the case, it is even more important to approach any research on AAT with a middle ground, due to the constant changes happening to improve, or disprove, the program. Recognizing this pattern has led to the development of the proposed methods.

METHODS

At this stage in the research, the inclusion of animal assisted therapy will generally be defined as dogs being included into a medical setting for a patient's recovery, or for a patient's mental support during medical procedures, both which require the program to become a full time inclusion at a hospital (Ratschen et. al). This study interviewed participants who have firsthand experience in the medical field as hospital or clinical staff. Data was collected through semi structured interviews which allowed participants to explain their opinions and concerns on the possibility of the full time inclusion of Animal Assisted Therapy into their work environment. The interviews were audio recorded and transcribed to be fully thematically analyzed and connected with others to fully understand the stance of the participants involved.

Qualitative research allows a researcher to explore and understand the impact of a specific group or individuals attributed to a social or human problem. This research requires questions, connections, and conversation. The data collected from participants is interpreted by the researcher, who is then required to interpret the participants body language and then fully analyze the impact of their answers. Following this study will allow the researcher to touch on a much more personal aspect of a researched and experimented medical intervention. This qualitative study follows through with a thematic analysis approach. This design worked to look through participants' answers to find similar themes within each interview and the similarities between them were used as the results. The main goal of this method is to allow an open discussion for medical professionals to state their opinions and concerns as research often leaves out these details. To create a middle ground which is currently missing within research on AAT, the unbiased personal experience and thoughts will be able to bridge a gap between current biases within the field. Due to the overwhelming open discussion studies conducted on the effects on patients that AAT may have, a similar approach is taken for the staff who will have to be in proximity with the program.

The main goal in this study is to fill a gap that fails to recognize the medical staff which, with the full time implementation of AAT, may have to deal with dogs in an already stressful environment. The unpredictable medical field including the still-in-development intervention of AAT offers a variety of arising questions. One of the highly noticeable being the interest about the position of the nurses who have to be able to maintain a calm and safe environment for both the animals and the patients. The main focus is to provide a space for medical staff to have a voice in new interventions, and to prevent them from being forgotten. A purposeful sampling is used to select individuals and sites that can assist the researcher's understanding of the main situation. In this study, participants can be any gender and age 20-40 who work daily in a medical setting. There was no specific demographic required from participants as the main goal was to get a general idea of the issue from as many perspectives as possible. This particular group was chosen because it allows the research to focus on those individuals who may have already experienced the implementation of AAT in their workplace, or have been in discussion about it.

Participants were recruited by personal connections, interest forms, and via email to inform the purpose of the study and the main focus. Participants were informed of the type of questions about their work that they will be asked, they were informed that they can withdraw at any time with a heads up beforehand. The goal of this recruitment is to ensure that the interviewees fit the category of medical staff and are willing to share their personal perception and hardships in their workplace. This research used semistructured and open ended interview questions, allowing the participants to openly share their opinions, emotions, and personal experience. Each interview asked a few of the main questions required for the data, with questions following up on their thoughts and for clarification. This allows the researcher to collect data while keeping interviews open for the participants on the topic. All interviews were audio recorded, and notes on any specific emotions participants expressed or emphasized were taken.

INTERVIEW PROCESS

Personal interviews with open ended questions are the preferred method of conducting this research due to the personal nature of the research question and purpose. Understanding the possible effect on medical staff cannot be grouped as a survey due to differing opinions or missing details that may occur in a survey (Morse et. al). Due to this fact, providing participants with the ability to state their full opinions is incredibly important for this research. The researcher provided general structure to the interview process to make sure to stay on topic, but the participants had free range to talk about or explain their thoughts on the matter. The minimum requirement for the interview process was one hour, allowing participants to go over minimum time, but making sure to hit the goal mark. After the general structure questions have been responded to and recorded, if enough time is left, proceeding with a more open discussion on the topic in general. The discussion along with the open ended interview questions was audio recorded for transcription to be further analyzed, participants were made aware of the audio recording beforehand. The researcher also took physical notes during the interview to highlight important topics that arose during the discussion, and topics that have to be revisited when continuing the research. The aim is to be able to do this with each participant as their general opinion on the topic of AAT is important and may help with the structure, synthesization and overall view on the topic.

PREVIOUS RESEARCH METHODS

To stabilize the study's ability to fill the proposed gap, the researcher analyzed the data collection methods used in previous publications. The publications used were filtered out by qualitative and quantitative data collection methods, and their effectiveness for the research proposed. Studies like Avila-Akvarez et. al; Silva collected data quantitatively, analyzing numbers gained from a survey. While this method provided the research with more participants, therefore wider opinions, it limited the amount of their opinion that a participant could state. Most qualitative methods provide participants with close ended questions that cannot be altered, only answered, which would not effectively nor credibility allow this research to widen the middle ground. Other research publications such as Mittly;

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Maximo-Bocanegra,; Hartigan et. al; Pandey; Shen et. al, used personal interviews, varying from short interviews or prolonged ones. These publications were able to directly state the thoughts and concerns of their participants, allowing a voice to be behind the answers. Because of the difference between the two, a qualitative open ended interview process was selected to answer the proposed research question. Research about the effect of AAT on medical professionals is often done in large, quantitative methods, limiting the results to researcher bias under interpretation.

RESULTS

To fully discuss the proposed question of: *How does the full-time inclusion of animal Assisted therapy impact medical professionals in Nevada?* Five medical nurses of different professions across Nevada were interviewed through the same questionnaire process. For the purpose of maintaining full participant privacy, they will be referred to as participants (corresponding number). The researcher then interviewed each participant one on one through online video calls, in which the researcher noted body language and longer pauses between responses. Each participant was asked to answer a series of eleven open ended questions about the inclusion of AAT into medical settings, with one question being a background based question. The background based question was explained to each participant to make sure they have a thorough understanding before answering. The researcher then transcribed and analyzed the interviews by similarity in themes, thoughts, opinions, and anything else that applied to the research. Thematic analysis was peer reviewed by researchers who were new to the topic, and similar themes were discussed between peers and the researcher. The question outline used during the participant interviews are listed in the Appendix.

FIGURE 1. VISUAL REPRESENTATION OF INTERVIEW RESULTS

	Supportive of the fulltime inclusion of AAT as is now	Dismissive/ unsure about the full time inclusion of AAT as is now	Has come into contact with a persistent AAT program	Optimistic about the possible progression of AAT	Pessemestic about the possible progression of AAT
Participant 1					
Participant 2					
Participant 3					
Participant 4					
Participant 5					

After thematically analyzing every interview individually, Figure 1 was made to represent the similarities between participants. Green box represents the participant agrees fully, yellow represents a participant is on a middle ground, with an unclear positive or negative answer, red represents the participant disagrees fully. When further discussing the results, Figure 1 will be referred to and its results mentioned.

Initial Interview Results Comparisons

On question 4, 4 out of 5 participants took a longer pause before answering, then bringing up a similar theme of worry about the stress impact on the nurses working with the AAT dogs. Participants stated their concern about the effect of any issues that may arise on the nurse's license, applying it to their own workplace as an example for explanation. Following similar themes, question 9 often experienced the same response of unsure answers, in which each participant stated different issues that may arise with each type of AAT.

To ensure the correct translation of words and body language during the interviews, the participants were asked about the specific emotions experienced during the interview process, which came to the similar themes of speculation, lack of confidence, and apprehension. Other subthemes of happiness, excitement, and anticipation were also observed from the initial themes, with some interviews being dominated with either the main themes or subthemes. This led participants to have varying emotions when answering the same question, in which these instances were accounted for and considered. Out of the five participants, none showed pessimism in the program's advancement, and even provided hopeful input for how they would like to see the program advance in the future. While some participants were unsure of the benefits that medical personnel would gain from the program advancing, they did not turn down the possibility for those who may seek help from it. Referring to figure 1, column 5 shows that despite the differences in experiences, biases, and opinions, none of the participants were fully pessimistic about the progression of AAT. While participants 4 and 1 were much more optimistic about including the program now compared to participants 2,3, and 5, none depicted a full disliking to the possible inclusion.

Positive Themes

Among the participants, the first participant displayed the most anticipation for AAT, with hopes of the program becoming a full time program successfully. Participant 1 has come into contact with a weekly AAT program, in which dogs are brought to her workplace. She described her specific positive interactions with the dogs to both herself, her staff, and the patients. Participant 4 displayed especially positive thoughts about AAT, discussing the hopeful inclusion of dogs into every hospital. With first hand experience of AAT at her hospital, participant 4 displayed her happiness when she saw dogs come into her workplace. Stating that her "mood was instantly changed... it was like the room suddenly got brighter and the day got better.". Participants 2, 3, and 5 displayed hopeful themes for the possible inclusion of AAT in Nevada, stating that they could see a clear benefit that comes with the program. All participants have come into contact with at least one type of AAT before their interviews, which was prominent when each participant answered questions. However, despite the overall positive connotation that each participant

had with the program and dogs, only participants 1 and 4 were fully supportive of the program being fully implemented into the medical field.

Negative Themes

The second participant found AAT to be an extremely field-specific program that would only be useful to its full extent in medical fields that were mental wellness based. She goes on to say that “for a fulltime inclusion of AAT to be fully operational... it would have to be implemented as its own field of psychology or recovery.”. Similar ideas arose in participant 5’s interview, in which she stated that “the risks of AAT as it is outweigh the possible benefits that... could come with it.”. Participant 5 discusses the constant anxiety that could come from having dogs on the medical floor at all times, no matter the field. She describes an instance which she had once seen between a service dog and an AAT dog that was visiting the hospital on a program, which had led the dogs to become hostile towards each other. Participant 3 commented on two similar issues that had happened on different occasions on hospital grounds, one between two service dogs, and another between a service dog and an AAT dog. Despite the more prominent worries in the three interviews, participants 1 and 4 agreed that AAT should not be seen as a light program, and requires rigorous planning and even an entire field to itself if possible. Each participant described at least one encounter they have had with animal assisted therapy, and why their experiences lead them to lean more positively or negatively towards the program.

FINDINGS

While each participant displayed different feelings about the program's effects on medical professionals, each interview came to the consensus of *‘for AAT to be successful, it needs to be independent.’* While the interviews were primarily left completely up to the participants to explain their opinion with only a slight framework, when specifically asked to clarify their overall feelings after questions, the abundant answer was that it was an uncompleted program. It requires training that combines both a dog trainer aspect and basic medical or emergency response training, which is often not provided to those working with AAT. The unpredictability of the program requires it to start in a calmer environment that is more emotionally based, rather than an environment that is stress based. An abundance of participants needing an additional clarification from the researcher about the difference between an AAT dog and a service dog further highlights the lack of information that staff has about the baseline of the program. This abundance is a noticeable mention to the research however does not heavily impact the results as all participants only needed a simple definition before they understood the difference.

DISCUSSION

Through the analysis of each of the themes brought to light during the interviews, a noticeable pattern emerged from participants wanting further research done on AAT and its implications on the workers who will come into contact with the program. Although the main topic at discussion was specifically the fulltime inclusion of the program, each participant brought up any further inclusion of AAT into medical settings to be considered on a smaller scale, with more consideration to the setting, people, and history of the medical personnel.

Similar Themes

Participants notably focused on the overall topic of animals in medicine to be taken lightheartedly, as a simple solution. While the specifics of each opinion differed, the stance remained that AAT is not a permanent solution and incredibly field specific. The participants agreed that although many benefits may arise from medical professionals interacting with animals as a stress relief, it doesn't automatically make it safe for everyone involved. The desire for the program to be considered its own field—if implemented full time—was prominent, and the consideration of a part time aspect to be experimented in diverse settings. Developing a field specific training, and requiring a completely new field of medicine seems like the next choice in the implementation of AAT.

THEMATIC ANALYSIS

After analyzing the interviews, it was noted that when asked about what type of AAT program would be most successful in a medical environment for both patient and staff, most participants began to stem into their own discussion. Participants 1 and 4 which were the most enthusiastic about the program, began to state their personal experiences with dogs in their field. This often led them to describe the positive emotions they felt knowing that they could unwind by interacting with an AAT dog. In addition to this, they continued the discussion by explaining their support for the program as it is now, validating that “while a full time implementation is not realistic, they would support it”. Participant 2 emphasized that while she does see the positive effect that an AAT program can have for certain patients, she could not look past the additional stress that would be caused. Similarly, participant 3 expressed that his main concern would be the way that the staff would be impacted mentally. While he saw both the positives and negatives on an equal scale, he could not look past the additional stress that would be caused for him and his staff. Participants 2 and 3 built off of the question as well, however they focused more on the mental impacts that would be caused by the program. Participant 5 began to discuss all of the factors that would need to be considered if AAT were to be implemented *not* as its own field. She not only emphasized the additional stress and pressure on medical professionals, but she also agreed with the patient bias in the study and staff being overlooked.

Patient Connections

All participants then went on to highlight their ideas of how they think their chosen type of program would need to change to attempt to be fully implementable. Participant 5 believed that the only way for AAT to be a full-time program without fully impacting medical personnel in any way would be to provide it its own training, field, and even separate building if possible. Participants 3 and 2 brought up similar ideas about a separate building and field, while participants 1 and 4 focused on training and the job as its own. Participants answered mostly in building off questions with their view on the program as it is currently progressing, and suggestions they have from their personal experiences that they believe will lead the program to its most successful state.

LIMITATIONS

The discussion of AAT differs from not only state to state, hospital to hospital, but it also gets down to person to person. Because of this, the biggest limitation of researching the effect that it has on the large audience of medical professionals is the diversity and amount of people interviewed. It is difficult to come down to one conclusion on the topic no matter the size of the sample, especially when covering location specific participants. Furthermore, since the implementation of AAT has not been clearly established, the definition of AAT compared to service dogs differs from person to person. This loss of distinction is prominent not only to people outside of medicine, but especially to those who engage in it. Without the proper resources to continuously draw a distinction between the two different interventions, they often blend into one, proving to lead to more misunderstandings. While an effort can be made to delve deeper into further implications of the program, the topic of animals in the hospital will never come to a full, close-ended answer. Since this research was interpreted by one researcher with a medium overview of peers, there is a high chance that researcher bias may be evident. Nevertheless, this should not discourage researchers from continuing, but instead inspire them to research the effects of AAT on their community, rather than attempting to find a solution for the larger audience.

CONCLUSION AND FURTHER IMPLICATIONS

Future applications of Animal Assisted Therapy will be better adapted in location specific implementations. Because of the endless possible changes that occur to the program from hospital to hospital, it is crucial to provide a location specific program rather than a one fits all. Because of the interviews varying from hospital location, participant occupation, and overall bias coming into the interview, it is difficult to come to a simple conclusion.

Observing each participant's response to the proposed questions and the thoughts they brought up outside of the questions, the possibilities of AAT remain limitless. The main topic that always pops up is the use of AAT dogs in a part time therapy, while the less discussed topics are the implications of including it as its own program in hospitals. Research concerning the implementation of the program seems to be biased either fully in support of dogs in the field or completely off, with little to no middle ground that focuses both on patients and nurses that will come in contact with the program. The lack of this middle ground limits the possibilities of the therapy, which has the opportunity to grow into a medical intervention for both patients and staff. To continue establishing a middle ground, AAT needs to be approached with a region specific mindset, that focuses only on the needs of the group or hospital at hand.

In the future of this study, there needs to be a focus of researchers producing a way to implement AAT into their chosen region that will work best in those conditions. This research was done on a very small group size in a region specific process, which limits the study severely, but starts a discussion for other researchers to explore on a larger scale. Driving further research away from aiming to provide a direct yes or no answer, and emphasizing the personal level to which AAT is actually based on. Recognizing the pattern that seems to be abundant in research done on AAT is the first step a researcher pursuing this topic must understand. Breaking out of the patterned research and focusing on a method that works to provide a solution for a smaller group or audience is the second step that must be taken. Overall, the way that Animal Assisted therapy progresses in inclusion will be solely on the consensus of each community that is associated in each hospital, in each city, and each state. It is nearly impossible to prepare a solution for the entire program that will effectively appeal to every medical personnel in question.

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APPENDIX

Participant Interview questions

- Describe your place of work, any specific tasks, responsibilities
- Do you feel like your environment is mostly in control? Have there been cases where this control is lost?
- How confident do you feel about your voice in the workplace? Do you think you are heard if any concerns come up?
- Dallas study in 2023, nurses were accompanied with dogs throughout the day, (more details from researcher will be provided verbally) What are your thoughts on this inclusion of AAT, would this change your opinion on the full time inclusion of AAT?
- The gap in research that fails to mention people's negative experiences with dogs, or other negatives– how do they feel about this being left out
- Most hospitals include the program without considering meaningful policies and other important steps, because they figure it will be easy once it is done and said, how do you think this can affect medical professionals?
- While many people have a liking to dogs, other may have the opposite effect and instead feel anxiety by them, how will this affect the working conditions
- Dogs working in a hospital – diseases and transmission
- On a larger scale, which AAT would most likely be successful? Fulltime, part time, or medical professionals have them?
- Patients aside, do you feel as though the full-time inclusion of animals benefits more for stress relief ? Is the opposite effect possible?
- Do you think that there is usually less space for medical professionals to speak on new interventions if they get introduced, is it more patient based?