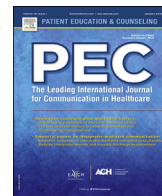




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The communicative role of companion pets in patient-centered critical care

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ABSTRACT

Objective: This study examines a personal pet hospital visitation program dedicated to preserving the human-animal bond during chronic, critical, or terminal illness to understand the novel ways companion pets facilitate meaningful communication between patients, providers, and families in hospital settings. **Methods:** I thematically analyzed data collected through a variety of qualitative methods, including participant observation, informal and semi-structured interviews, and a review of organizational materials.

Results: The presence of a patient's personal pet prompted stories and behaviors characterized by (1) compassion, (2) connection, and (3) response between patients, providers, and family members.

Conclusion: Personal pet hospital visits facilitate storied conversations, foster healing relationships, and offer alternative ways of knowing that can promote greater understandings of the patient's psychosocial context for more personalized care and improved well-being.

Practice implications: Patient-centered critical care requires meaningful consideration of a patient's health, well-being, and comfort. When appropriate, the therapeutic benefits of companion animals and the deep personal bonds between patients and their pets should be acknowledged and provided as part of this care.

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1. Introduction

Having recognized the physiological and psychosocial benefits provided by companion animals to the vulnerable, impaired, and sick, healthcare practitioners are increasingly incorporating animal-assisted therapy in counseling, hospitalization, long-term care, and palliative treatment settings [1,2]. These programs utilize the profound connection that often exists between humans and animals to promote holistic healing, foster greater quality of life or well-being, and influence meaningful communication. Indeed, research has established that animals act as compelling sources of support during illness. When interacting with companion animals, hospitalized patients commonly experience reduced stress, blood pressure, and heart rate, as well as decreased anxiety and the alleviation of depression and loneliness [1,3]. These positive effects are even more pronounced when the patient has strong attachment to the animal, thereby supporting the widely held and longstanding belief that “pets are good for us” [4,5].

Companion pets provide a source of pleasure, comfort, relaxation, and entertainment. They act as a connection to the

outside world, facilitate social interactions, and motivate their owners to engage in constructive activities. Researchers have likened these contributions to the benefits associated with human social support for buffering threats to perceived well-being, enhancing quality of life, and promoting or producing health [5–7]. Even when supportive human relationships do exist, pets can offer important nonhuman companionship and support unfettered by complicated emotions, burnout, or fears that the relationship will be damaged by displays of weakness or excessive demands [[5–7],[5–7]]. Given this intense human-animal bond, it is not surprising that many people value their pets as important members of the family. Some clinicians – having long recognized the relevance of the entire family in patient care – now realize that companion animals are important and integral parts of the family system, as well. From this perspective, pets merit legitimate – and even necessary – consideration in patient-centered care, particularly in long-term, critical, or end-of life contexts [9–12].

Patient-centered care emphasizes a respectful partnership between mindful, informative, empathic practitioners and engaged patients who are viewed as unique individuals in the context of their social worlds [13]. Communication is both an essential part of this care and a relational accomplishment by all involved, particularly for creating shared understandings, revealing the

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patient's perspective, establishing mutual trust, and attending to emotional distress [14–16]. In critical care units, where patients are often unable to communicate and/or actively participate in care decisions, patient-centered communication in a family-centered environment is especially important and complex [10,17–21]. Family members often have firsthand insight into patient preferences, can make important contributions to care decisions based on those preferences, and can help care providers “get to know” the patient as an individual [17–21]. At the same time, family members themselves have a variety of needs, including proximity, information, support, assurance, and comfort, that must be met in order to effectively support the critically ill patient [20,21]. Given the emotionally fraught context of critical care and the multidimensionality of patient-centered communication, practitioners who create or recognize opportunities for conversational spaces that facilitate partnerships, support, and rapport can ultimately extend therapeutic value for patients and their families [13–16].

Other research has offered practical suggestions, including visitation with therapy animals or pets, for implementing or improving patient-centered critical care programs [10,17–21]. This paper focuses specifically on the novel ways personal pets in hospital settings can contribute to the meaningful communication comprising this care. To that end, I explore the potential of personal pet visits for promoting individualized care and therapeutic outcomes by (1) facilitating spontaneous, informative conversations about the patient's lived values and preferences, (2) providing comfort and support to family members keeping vigil at their loved one's side, and (3) strengthening relationships among the health-care team.

2. Methods

2.1. Setting

Personal Pet Hospital Visits (PPHV, pseudonym) is a volunteer-driven nonprofit organization dedicated to preserving the human-animal bond between people and their pets during periods of hospitalization for chronic and/or terminal illness. The organization first partnered with a local hospital to create a unique personal pet visitation program designed to elicit patient response, help with depression, or provide closure at end of life. Fourteen years later, the program is available to all patients, excluding those in bone marrow units, in all major hospitals within a large Southern U.S. city. PPHV volunteers facilitate approximately 40 personal pet hospital visits each month; more than 85 percent of these visits occur in the intensive care unit (ICU) with adult patients at or nearing end of life due to cardiovascular disease, respiratory failure, cancer, trauma, or other complex conditions. Visits require a physician's order, are usually arranged within 24 h (or in as little as 30 min in end-of-life situations), and typically last about an hour. All visiting pets (primarily dogs, but cats and rabbits are also permitted) are met in the hospital lobby by a PPHV volunteer and evaluated for temperament and bodily condition before being escorted to the patient's room.

2.2. Data collection

The data analyzed here are part of a larger case study of PPHV. First, I engaged in participant observation over an 18-month period in a participant-as-observer role [24]. After attending the organization's volunteer orientation, I shadowed seasoned volunteers three times and then facilitated seven pet visits on my own to patients in critical care units at two different hospitals. I also participated in community outreach events, including three benefit dinners, an area dog show, and four informal presentations

in hospital lobbies and “walkabouts.” During my period of participatory observation, PPHV members were aware of – and I readily shared with patient families and providers – my identity as a researcher. I documented all activities, brief conversations, and informal interviews in written field notes that resulted in 87 single-spaced, typed pages.

After my period of fieldwork, I conducted 12 semi-structured interviews with active, long-term PPHV personnel. In addition to the director of program services and the executive director – PPHV's only paid, full-time employees – I interviewed 10 volunteers. Eight are employed full-time in area hospitals (five nurses, one physician, one coordinator of integrative medicine, and one academic researcher). One volunteer works in an assisted living facility with community pets (i.e., dogs, birds, fish), and another has additional volunteer experience visiting hospitalized patients or long-term care residents with her own certified pet. Table 1 provides more information about these participants, including their occupation, gender, and tenure with PPHV.

The interviews were audiotaped and transcribed with participant permission, yielding 156 single-spaced, typed pages. Each interview lasted between 36 and 54 min and was narrative in nature. Topics explored included the participants' involvement with PPHV; their experiences with patients, families, and health-care providers before, during, and after personal pet visits; and ways in which personal pet visits have changed their views of healthcare from patient, family, and/or provider perspectives. Without exception, all interview participants stated that they volunteer for PPHV because they love animals, love helping people, and would want the same opportunity to be with their own pets under similar circumstances. Across the data, PPHV volunteers, patients' families, and health-care providers shared similar sentiments in support of the program.

Finally, I collected documents produced by PPHV, including a brochure, the volunteer handbook, seven published articles about PPHV's program, and 37 patient reports submitted by volunteers after each visit. These materials gave me insight into the ways PPHV represents its practices and policies; however, for this study, I treated them as supplementary data to my field notes and interview transcripts.

2.3. Data analysis

Initially, I conducted a grounded theory analysis of the collective data. For the purposes of this study, though, I relied primarily on field notes, interview transcripts, and PPHV patient reports. Because these various types of data differ in form and perspective, I focused specifically on instances of patient-centered communication (e.g., empathy, mutual understanding) stemming from a visiting pet's presence. I employed a constant-comparison

Table 1
Interview Participants.

PPHV Role	Occupation	Gender	Years w/PPHV
Paid Employee	Executive Director	Female	14
Paid Employee	Program Services Director	Male	11
Volunteer	Neurologist	Female	9
Volunteer	Nurse, Cardiac Telemetry	Female	7
Volunteer	Nurse, ICU	Female	4
Volunteer	Nurse, ICU	Female	6
Volunteer	Nurse, Oncology	Female	3
Volunteer	Nurse, Oncology	Female	5
Volunteer	Academic Researcher, Epidemiology	Female	8
Volunteer	Coordinator, Integrative Medicine	Female	7
Volunteer	Social Worker	Female	9
Volunteer	Occupational Therapist	Female	5

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