FOCUSED QUESTION
What are staff member’s perceptions towards the implementation of an animal assisted activity (AAA) in an outpatient regional cancer center?


CLINICAL BOTTOM LINE:
Animal-assisted activities (AAA) aim to provide motivational, educational, recreational, and therapeutic benefits. AAA consist of a dog and its handler providing therapeutic services to others. There is growing evidence to suggest that AAA may complement cancer treatments. Research has explored how AAA have been received by professionals.

This study focused on staff perceptions toward AAA in their facility. Five AAA teams (1 handler and 1–2 dogs) visited the facility three times per week, one at a time. Fifty-five health care and administrative staff were asked to complete an investigator-developed questionnaire after the 4-week study period. The questionnaire was distributed in the break room; 34 staff members completed it. The researcher was unable to determine whether participants completed more than one survey.

The staff members overall reported agreement that AAA should continue at the facility and viewed AAA positively. The results indicate that the role of the handler is vital in acceptance of AAA. The majority of staff indicated that AAA was a beneficial addition to the facility, but there was not universal agreement. This study provides level III evidence that occupational therapists who are interested in integrating AAA into clinical settings may experience support from staff at facilities. Future research should be conducted to determine specific benefits of AAA as perceived by patients.

RESEARCH OBJECTIVE(S)
List study objectives.

Examine the perceptions of staff members toward the implementation of animal-assisted activities in an outpatient regional cancer center. The authors had 2 hypotheses: 1) Staff members with positive perceptions toward AAA would have more positive perceptions of an AAA in their facility while staff members who believed AAA were inappropriate and would increase risk of disease would not feel positively toward the facility using AAA; and 2) staff members who directly and indirectly interacted with the AAA teams would have more positive perceptions of AAA and their impact. The authors also explored the relationships among staff members’ interactions with the dog handler.
DESIGN TYPE AND LEVEL OF EVIDENCE:

Level III: Quasi-experimental, posttest design

Limitations (appropriateness of study design):
Was the study design type appropriate for the knowledge level about this topic? Circle yes or no, and if no, explain.

YES
This is an appropriate design in situations when it is not in the best interest to withhold intervention from any clients. However, with no control group, it may be challenging to determine if the intervention alone was responsible for any changes in the outcomes. Changes could be due to other factors. Additionally, the Hawthorne Effect, the potential influence upon a study participant when observed by a researcher, is an inherent limitation of self-report data. It was not in the respondents’ interest to report positive perceptions toward the intervention if they felt it was inappropriate or should not continue to do so.

SAMPLE SELECTION
How were subjects selected to participate? Please describe.

Five volunteer AAA teams comprised of an adult woman and one or two dogs visited the facility over a 4-week period. The teams were required to complete a proctoring session before visiting the facility one team at a time. The sample included 34 staff members at an outpatient cancer center in northern California. All staff members were invited to complete an anonymous investigator-developed questionnaire pertaining to the perceptions of AAA. The staff members were given 1 week to complete the questionnaire, which was distributed in the facility break room. Of the 55 health care and administrative staff invited to participate, 34 completed the questionnaires.

Inclusion Criteria
All facility health care and administrative staff who wished to participate in completing the questionnaire after the 4-week trial period.

Exclusion Criteria
NR

SAMPLE CHARACTERISTICS
Initial N= 55
Final N= 34

% Dropouts 21 (38.2%)

#/ (%) Male NR
#/ (%) Female NR

Ethnicity NR

Disease/disability diagnosis NR

Check appropriate group:

<20/study group
20–50/study group
51–100/study group
101–149/study group
150–200/study group
INTERVENTION(S) AND CONTROL GROUPS

Intervention Group: Health Care and Administrative Staff

<table>
<thead>
<tr>
<th>Brief Description</th>
<th>Staff members were encouraged to interact with the dogs informally while completing work tasks.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting</td>
<td>Outpatient regional cancer center in northern California</td>
</tr>
<tr>
<td>Who Delivered?</td>
<td>Five AAA teams, consisting of one adult woman and one or two dogs</td>
</tr>
<tr>
<td>Frequency?</td>
<td>3 times per week, one team at a time, totaling 12 visits.</td>
</tr>
<tr>
<td>Duration?</td>
<td>No set time frame. Visits ranged from 20 to 90 minutes.</td>
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</tbody>
</table>

Control Group: There was no control group for this study, as the authors aimed to provide all staff members the opportunity to interact with the visiting AAA teams.

Intervention Biases: *Circle yes or no and explain, if needed.*

Contamination

**NO**  The investigator remained anonymous throughout the research study. The AAA teams did not participate in developing the questionnaire or analyzing the data.

Co-intervention

**NO**  Only 1 intervention was utilized for this research study. All other aspects were standard operating procedures for the regional cancer center.

Timing

**NO**

Site

**NO**  Only one site participated in this research study.

Use of different therapists to provide intervention

**YES**  Five different teams of handlers and dogs conducted visits over a 4-week period. Each team had to complete a proctoring session at the facility to establish procedural adherence. The authors did not describe details about the proctoring sessions. As such, it is possible that this preparation did not account for or standardize the approach used by the handlers, which may introduce variability in the time and experience with the patients. The primary investigator was not part of the AAA team and did not have direct contact with staff members.

MEASURES AND OUTCOMES

Complete for each relevant measure when answering the evidence-based question:

Name of measure, what outcome was measured, whether the measure is reliable and valid (as reported in article – yes/no/NR [not reported]), and how frequently the measure was used.

Investigator-developed questionnaire with three sections, based on the Self Perceived Questionnaire used in a study by Johnson, Meadows, Haubner, and Sevedge (2008). Section 1, consisting of 15 Likert questions, asked about perceptions of AAA in general. Section 2,
consisting of 6 questions, addressed perceptions of the effects of AAA on patients. Section 3, 3 questions, addressed current and past pet ownership. The instrument was submitted to and approved by the Cancer Support Program Liaison and received institutional review board approval. The questionnaire’s validity was not reported, however the researcher determined very good reliability suggested from the Cronbach alpha coefficient of 0.856. This measure was used at completion of the 4-week intervention process.

Measurement Biases
Were the evaluators blind to treatment status? Circle yes or no, and if no, explain.

YES

Recall or memory bias. Circle yes or no, and if yes, explain.

NO

Others (list and explain):

No system was in place to ensure that participants had not completed multiple questionnaires.

RESULTS
List results of outcomes relevant to answering the focused question
Include statistical significance where appropriate (p < 0.05)
Include effect size if reported

**Perceptions of Animal-Assisted Activity:** The mean score for liking the idea of AAAs was 8.24 based on a Likert scale of 1 (disagree completely) to 9 (completely agree). Negative perceptions of AAAs in general were strongly correlated with negative perceptions of the facility AAA. Positive perceptions of AAA were correlated with positive perceptions of the facility AAA. These results support the first hypothesis.

**Interaction with Visiting Animal Assisted Activity Teams:** Four participants reported no interaction with AAA teams, 21 had little interaction, and 9 had a lot of interaction. Post hoc Tukey comparison indicated that staff who had a lot of direct interaction agreed significantly more with the appropriateness of AAA than those who had little or no interaction. Post hoc Tukey comparison indicated that staff members who had observed a lot of interaction agreed that AAA had been beneficial for patients significantly more than those who had observed little interaction. These results support the second hypothesis.

**Animal-Assisted Activity, Extra Stress, and Work:** The mean score of agreement that implementation of AAA would create more work was 1.88 on a scale of 1–9. Agreement that AAA caused extra stress has a mean of 2.24. In both of these instances, these results demonstrated the potential negative effects of AAA.

**Interactions With the Handler:** The mean score of 7.66 on a 1–9 scale indicated enjoying interaction with the handler. Enjoyment in interaction with the handler had a positive relationship with the perceptions of AAA’s efficacy for patients.

**Primary Outcomes:** Agreement that AAA should continue at the facility had a mean score of 8.24 on a Likert scale of 1 (disagree completely) to 9 (completely agree). The results indicate that the handler plays a vital role in acceptance of the AAA, with positive correlation between
the enjoyment of interacting with the handler and support for continuation of AAA at the facility. The results support the first hypothesis that positive perceptions of AAA were correlated with positive perceptions of the facility AAA. The second hypothesis was supported in that those who had greater interaction with the AAA team agreed that AAA was beneficial to patients as opposed to staff members who had little to no interaction with the AAA team.

Was this study adequately powered (large enough to show a difference)? Circle yes or no, and if no, explain.

YES

Were appropriate analytic methods used? Circle yes or no, and if no, explain.

YES For the study purpose the methods were appropriate; however, the researcher was unable to determine if participants completed more than one questionnaire.

Were statistics appropriately reported (in written or table format)? Circle yes or no, and if no, explain.

YES

CONCLUSIONS
State the authors’ conclusions that are applicable to answering the evidence-based question.

The results indicate support for continuing the AAA program at the facility. The results of positive correlation between the enjoyment of interacting with the handler and support for continuation of AAA at the facility suggest that the handler plays a vital role in acceptance of the AAA. The results support the hypothesis that positive perceptions of AAA were correlated with positive perceptions of the facility AAA. Staff members who had greater interaction with the AAA team agreed that AAA was beneficial to patients while staff members who had little to no interaction with the AAA team did not see benefits for patients, which supports the authors’ second hypothesis.

References

This work is based on the evidence-based literature review completed by Marlee Wheelhouse, MOTS, and Janet Jedlicka, PhD, OTR/L, FAOTA, Faculty Advisor, University of North Dakota.


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