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Methodology
This study was designed as a literature review to help bridge the gaps in areas of research relating to nurses in oncology, hospice care and AAT. During the integrative literature review, a problem statement was developed using knowledge of what was lacking in current literature that would benefit from being solved. Next, search of literature and finding relevant data to support aspects of the problem statement and assessment of the data were performed. Lastly, results were interpreted and discussed, including limitations and implications for future nurses.

Theoretical Framework
This integrative literature review used Katherine Kolcaba’s Theory of Comfort as the guiding force for the theoretical framework.

Three forms of comfort:
• Relief
• Ease
• Transcendence

Environments in The Theory of Comfort:
• Individual
• Family
• Community
• Global

Results
All patients deserve comfort, however end-of-life care necessitates comfort and dignity. If there are more ways to induce comfort during hospice care, all options should be explored. AAT has shown to be a potential non-pharmacological tool in the realms of palliative care, oncology care, and hospice care that can offer as a way to enhance the patient’s health in a variety of ways.

The following aspects of AAT in relation to hospice and oncology care were noted in this integrative literature review:
• AAT can provide “enhancements of human physical, psychological, emotional and spiritual well-being” and possibly aid in symptomatic relief of pain, fatigue and psychological distress (MacDonald & Barrett, 2015).
• Patients described the effect of the animals on them as restorative, beneficial, enriching and positively emotional” (Schmitz et al., 2017).
• Increased levels of relaxation and reassurance during AAT sessions, with some linked association to pain reduction (MacDonald & Barrett, 2015).
• AAT can reduce pain without the side effects of pharmacological interventions, using patient self-reports, staff responses and staff observations (Engelmann, 2013).
• Both patients and staff can benefit from interactions with AAT sessions in the in-patient setting, with no reports of negative consequences from both parties (Ginex et al., 2018).

Conclusion
AAT is an underutilized tool that should be implemented more in healthcare settings. It has been shown that AAT can provide a patient with decreased stress and anxiety as well as increased feelings of well being, relaxation and reassurance. Pain could potentially be decreased with the use of AAT, however more research specific to the effect of AAT and pain should be performed.

Recommendations
Based on the evidence in this integrative literature review, AAT proves to be a beneficial alternative therapy for oncology hospice patients. Nurses who received AAT had increased feelings of restoration, positive emotions, relaxation and reassurance. Patients also had decreased levels of fatigue, psychological distress, anxiety, and stress along with the potential effect of symptomatic pain relief. Overall, more studies should be performed to view the effect of AAT as a non-pharmacological source of pain management in oncology patients that transitioned to hospice care. Nurses in a variety of fields and settings should be able to utilize AAT as an alternative therapy for their patients. Nurses can implement AAT for any patient that is in a stressful situation or needs help relaxing, as well as the potential benefit of decreasing pain. Additionally, nurses can use the AAT for themselves to help decrease anxiety and increase energy levels during their shift. Once again, more research should be conducted to determine the effect of AAT on pain, ideally using pain scales, but until then AAT should be used as an alternative therapy by nurses to empower and advocate for their patient’s well being and health.

References

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