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Older people’s relationships with companion animals: a pilot study

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Abstract
When older people enter residential care facilities, disruption to social networks may occur, with detrimental effects on health and well-being. This article reports on a study undertaken in an aged care facility in Melbourne, Australia, that explored the potential for a visiting companion animal programme to improve the health and well-being of residents and to promote their capacity for building relationships. Results back assertions in the literature that companion animals foster relationships by giving people opportunities to interact with others, but further study is needed to verify the link.

The ageing of Australia’s population makes the health and well being of older Australians a matter of increasing importance. The proportion of the Australian population aged 65 years and over has trebled in the 20th century, from 4 per cent in 1901 to 12 per cent in 2001 (Australian Bureau of Statistics 2002). This growth is projected to continue through the 21st century, and by 2020 the proportion of the population aged 65 or older is expected to be 18 per cent. The implications for housing and care will be important for governments and service providers, especially in view of Australia’s high level of family mobility and the decline in extended family households (Bowes and Hayes 1999).

Research indicates that 20 per cent of Australian families move home each year, and that many of these moves are to distant locations (Newton and Bell 1996). The flux of a population in this way can affect older people’s social networks and social support as they may be distanced from family, friends and local knowledge, which may result in deteriorations in health status (Wenger 1997, Zurakowski 2000).

As Australia’s population ages, the importance of ‘place’ in the lives of older people is an increasing focus of research. Kontos (1998) found that, unlike many other accommodation options, living in one’s home enables control over one’s own life to be exercised freely. People who enter residential care facilities may experience a loss of control over their lives. While the trend to accommodating older people in residential care facilities may have benefits such as regular contact with others of similar age and circumstance, unless those contacts are a matter of mutual choice, the benefits may not be realised. Ultimately, the move may prove detrimental to health.

The social environment is a determinant in ensuring the quality of life of older people (Vicent et al 2005). While residents of nursing homes

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- Interpersonal relations

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and similar institutions may not always be engaged, they do communicate and interact (Hubbard et al. 2003). Hubbard et al. (2003) describe how speech and hearing impairments are personal attributes that influence the ways in which residents interact socially, and often non-verbal behaviour is used in meaningful ways to interpret situations and share meaning.

For many older people, loneliness resulting from the loss of a partner and/or the absence of social networks has been linked to poorer levels of health. Research indicates that up to 84 per cent of the older population experience loneliness (Allen 1999). The compounding effects of multiple losses experienced by older people, including loss of sight, hearing and mobility, and of their personal sources of meaning and pride (for example, their partners, their roles in the community, their homes and possessions), contribute to poor self-esteem and interfere with the capacity to relate to others.

Given that such a large number of Australia’s older population, either currently or in the future, will live at least some time in a residential care facility, it is important to understand the extent to which their health and particularly their well-being is likely to be diminished or enhanced by the experience.

Research has shown that companion animals may help to minimise feelings of loneliness and may assist with changes and transitions related to ageing (Rogers et al. 1993; Zasloff and Kidd 1994). The presence of companion animals has been found to improve the social attractiveness of human subjects and to promote the development of relationships. As well as being something to talk to, companion animals can give a person something to talk about and offer the opportunity to attract conversation from another person. Such conversation is often lacking in old people’s care facilities (Beck and Meyers 1996). This is confirmed through observational research involving
watching people strolling through public parks. It was found that those with dogs were much more likely to experience positive encounters with other people, including prolonged conversations with people who were alone or with children (Vine 1993).

Studies indicate that older people respond more readily to touch than to verbal communication (Butts 2001; Cookman 1996), and touch has been found to enhance and improve quality of life and health (Jorgenson 1997). Bardill and Hutchinson (1997) found that companion animals can provide people with the opportunity to feel and touch in loving ways. This is particularly important for those older people who have lost their partners and those who do not have access to family or to regular displays of affection.

Recent research into the effect of companion animals on older people’s health and wellbeing was undertaken in an aged care facility in the eastern suburbs of Melbourne. This article reports on an exploratory pilot study into the potential for a visiting companion animal programme to improve the health and wellbeing of aged care facility residents and to promote their capacity for building relationships. It involved the implementation and evaluation of a visiting companion animal programme, and an assessment of whether a larger and more rigorous study might be justified.

Participants
The participants in the study lived in the care facility because of their inability to look after themselves as a result of illness and/or disability. The participants read and signed an informed consent form approved by the human research ethics committee of Deakin University, Melbourne. Participation was voluntary and they could withdraw from the study at any time.

Intervention
The visiting companion animal programme was conducted in a group room once a week for one-and-a-half hours over a six-week period. The study was completed as a pilot study for additional research. The timeframe therefore was short. Throughout the six-week intervention there were 18 participants (two male). Each session involved a visitation from a variety of companion animals (dogs, puppies, cats, kittens, rabbits, guinea pigs) from the Lort Smith Animal Hospital. The companion animals were managed by two experienced volunteers. Also present at the intervention sessions were the researcher and two nursing staff.

Design and procedure
Baseline data were collected via pre-intervention questionnaires administered to the sample of residents participating in the study. The structured questionnaire focused on the mental health and wellbeing of participants. Pre-intervention questionnaires were also distributed to staff at the facility and sought staff perceptions regarding the mental health and general wellbeing of residents involved in the study. An additional aim of the study was to assess depression experienced by participants. The survey instrument chosen to measure symptoms of depression was the Geriatric Depression Scale (Burns et al 2002). This scale was chosen due to its validity and applicability to the study participants.

Participants were observed throughout the six-week intervention. This included, for example, listening to their conversations about the animals and watching their reactions during the sessions. The researcher completed a journal entry of her reflections and observations after the intervention sessions as overt note-taking may have altered behaviour (Angrosino and Mays de Perez 2000). Following the completion of the six-week intervention, post-intervention questionnaires were distributed to participants, asking similar questions to the pre-intervention questionnaire regarding their wellbeing in addition to questions related directly to the companion animal programme. Post-intervention questionnaires were also distributed to staff, and included questions on staff perceptions of the effect of the companion animal programme on the participants’ general health and wellbeing.

Results/discussion
The Geriatric Depression Scale did not suggest any significant difference following the programme but this may be due to the small sample size used for the study. The authors suggest that a different scale be used in the sample population that is simpler to apply to the population group. For this article, we will focus on presenting some of the qualitative data from the study.

It was observed that there was an increase in social interactions between the older people involved from the first week of the companion animal intervention to the last week. Nursing staff who attended each session commented on how responsive the participants were in the intervention, often talking ‘endlessly about the animals’. Participants engaged in conversation regarding the animals without prompting and reminisced about past pets, even bringing along photographs to share their stories with the group.
In comparison, data collected pre-intervention from staff questionnaires indicated that the participants demonstrated a declining enjoyment of life, and a low interest in activities they once enjoyed. It was noted that before each session, participants had limited conversation and spoke extensively about health complaints. Interestingly, throughout the duration of each intervention session, no complaints regarding poor health were identified by the researcher or nursing staff.

Post-intervention questionnaires showed that residents wanted the visiting companion animal programme to continue and said that they would like to stay involved. Reasons given by the participants for the continuation of the programme focused on three main themes:

- their enjoyment of the contact with the animals
- that the programme had prompted communication and social interaction both with the animals and other participants
- the variety it brought to their lives. As one resident put it, the programme ‘made me feel good – a highlight in a predictable life’

From this pilot study and from previous research it appears that visiting companion animal programmes may assist older people during their transition into an older people’s care facility by helping them build relationships, hence optimising their personal wellbeing. This is in keeping with the definition of wellbeing provided by Furnass (1996), which specifies that the components of wellbeing include satisfactory human relationships, meaningful occupation, opportunities for contact with nature, creative expression and making a positive contribution to human society.

Although the results of this pilot study are not generalisable due to the small sample size, the findings back the need for a much larger and rigorous study to be conducted in a similar setting. Such a study would determine the nature of the relationship between contact with companion animals and human health and wellbeing, the extent of the benefits, and the sustainability of the outcomes of such programmes.

Despite the limitations of this pilot study, for those interested and involved in bringing enjoyment to older people, it offers some promise of an effective means of improving the health and wellbeing of the older population.

Implications for Practice

The findings from this pilot study suggest health and wellbeing benefits from the implementation of a visiting companion animal programme. Such programmes are based on voluntary help but it would be beneficial for staff in older people’s care facilities or hospital environments to investigate opportunities to provide companion animal visits for residents and patients. Proactive interventions by staff will allow patients to benefit from such initiatives.

Nursing staff and other health professionals can develop protocols for these kinds of programmes. A resource to assist with designing and implementing a protocol can be found on the Delta Society website (www.deltasociety.org).

References