

Staff Members' Perceptions of an Animal-Assisted Activity

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Animal-assisted interventions are based on recognizing the potential health benefits of the human-animal bond. Animal-assisted interventions consist of animal-assisted activities (AAAs) and animal-assisted therapies. AAAs (e.g., canine visitation programs) provide motivational, educational, recreational, and therapeutic benefits when delivered in various environments (Pet Partners, 2009). Animal-assisted therapies are interventions with specific goals and objectives in either individualized or group therapy settings. The current study implemented a volunteer AAA in an adult outpatient oncology center.

Dogs are the species used most often in animal-assisted interventions (Wells, 2009). Dogs are a familiar species that are trainable and follow commands, and most people perceive dogs as friendly and nonjudgmental. In addition, they have been considered social catalysts capable of facilitating interactions between people (Wells, 2009). This may be because of dogs' ability to elicit friendly physical touch (Kaiser, Spence, McGavin, Struble, & Keilma, 2002), which can be relaxing but is often awkward among people (Beck & Katcher, 1996). Neurochemicals associated with affiliation behavior (β -endorphin, oxytocin, prolactin, β -phenylethylamine, and dopamine) increase in humans and canines after a positive interaction (Odendaal & Meintjes, 2003). Researchers also have suggested that the efficacy of animal-assisted interventions may come from the social support they provide (Fine & Beck, 2010).

AAA includes a dog and its handler, who introduces, interprets, and manages the dog. Handlers are usually a stranger to the visit recipient, but also may provide social support. Research emphasizes that handlers play a significant and often overlooked role in AAA (Nimer & Lundhal, 2007).

Animal-Assisted Activity in Oncology

Growing evidence suggests AAA may effectively complement cancer treatments. In a pilot study by

Purpose/Objectives: To examine the perceptions of staff members toward the implementation of an animal-assisted activity (AAA) in an outpatient regional cancer center.

Design: Quasi-experimental, post-test design.

Setting: An adult outpatient regional cancer center in northern California.

Sample: 34 facility staff members.

Methods: Self-report questionnaire following four weeks of AAA visitation. Visits took place three times a week for a total of 12 visits.

Main Research Variables: Perceptions of the AAA.

Findings: Previous perceptions toward AAA influenced the perceptions of the visitation's efficacy. Direct and indirect interaction with the visiting AAA teams was positively associated with perceptions of the AAA. A disagreement occurred that the AAA had caused extra stress or work for staff. Enjoyment of interacting with the dog handler was not significantly different from interacting with the dog; however, it was more positively correlated to acceptance of the AAA.

Conclusions: The study provided evidence that the AAA was generally accepted by staff members.

Implications for Nursing: Individual staff members' perceptions of dogs and AAAs can influence their receptivity to AAA interventions. Interaction with AAA teams should be voluntary and available for patients and staff members.

Knowledge Translation: AAA may be introduced into facilities without creating the perception of extra stress or work for staff members. Providing staff the opportunity to interact with visiting AAA teams may be beneficial for the success of such programs. The human handler in AAA teams may play a vital role in the staff acceptance of such programs.

Müschel (1984), AAAs provided comfort and alleviated fears in older adult patients with terminal cancer. Orlandi et al. (2007) showed that AAAs decreased depression and were associated with increased arterial oxygen levels in adult patients with cancer during chemotherapy compared with a control group. Johnson, Meadows, Haubner, and Sevedge (2003) found that animal-assisted interventions met the National