A Multicenter Study of Animal-assisted Activity and Anxiety Among Older Adults Hospitalized in Acute Care Settings

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Background

Hospitalizations for older adults are increasing. Hospitalizations can be a very stressful and anxiety provoking time for older adults.

Physiological changes in the older adult make anti-anxiety medication difficult because side effects may impact mobility and/or perception.

Purpose

The purpose of this study was to determine if an Animal-assisted activity (AAA) visit from a registered human-canine team during hospitalization would reduce perceived anxiety for older adults.
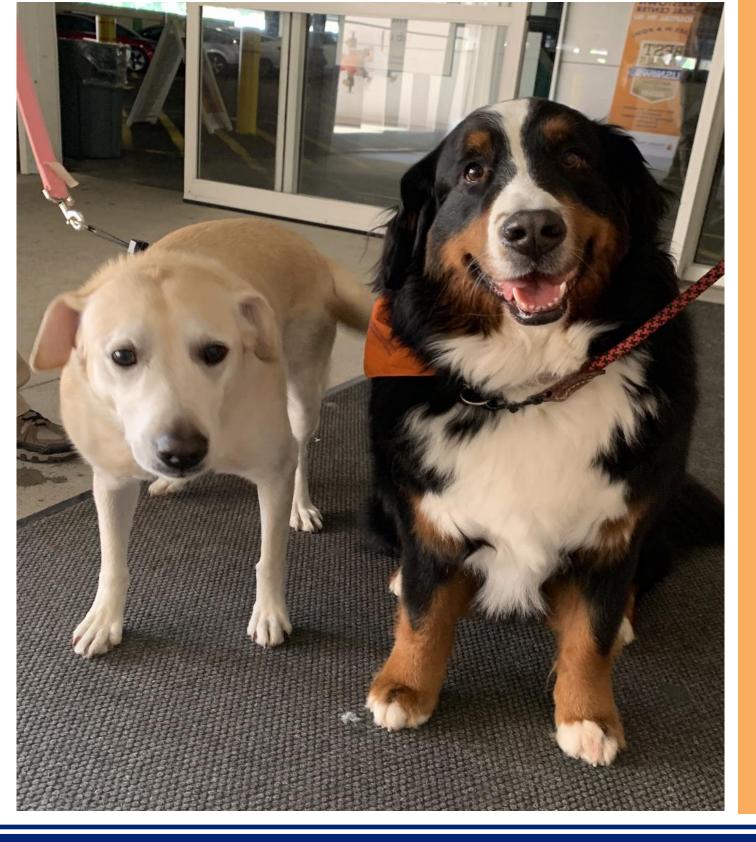
Methods

Eligible consenting participants completed a demographic questionnaire and the Spielberger State-Trait Anxiety Inventory 6-item short form (STAI-6) survey (Marteau & Bekkler, 1992; Spielberger, 1977) prior to the AAA visit. AAA visits included interaction between the canine and the patient participant. Canine visits were accompanied by their handler. At the conclusion of the visit, participants again completed the STAI-6. Demographic variables were analyzed using descriptive statistics and comparative analyses were performed using non-parametric tests to examine differences in pre-post STAI-6 scores.

Results

Demographic Characteristics

	N = 141
Age, median (IQR)	75 (70, 81.5)
Gender, n (%)	
Male	69 (49)
Female	70 (50)
Race, n (%)	
White	127 (90)
Black	6 (4)
Hispanic	5 (3)
Owns dog, n (%)	97 (69)

Kowalski, et al. (2020)

- Most participants (69%) were dog owners.
- The median duration of the visit was 12 minutes (IQR 9, 15 minutes).
- Most dogs were medium size, n = 64 (45%).
- The pre-visit median anxiety score was 14 corresponding to mild baseline anxiety.
- A statistically significant decrease in median anxiety score (-3) was observed post-AAA, using Wilcoxon Rank Statistic = 701.5, p <0.001).
- Weak associations were observed for gender, and dog ownership.

Participating Centers:
- Hunterdon Medical Center
- Valley Health System
- Inspira Health Network
- AHS:CMC, MMC, NMC, OMC

Conclusion

AAA significantly decreased self-reported anxiety in older adults with mild anxiety during inpatient hospitalization. AAA provides an alternative to pharmaceutical intervention for anxiety.
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Implications for Perianesthesia Nurses

Building on this research, consideration for AAA in the Peri-Operative area may be considered.

In the future, research may explore the use of AAA teams to reduce the patient's anxiety in the pre-operative area.

Acknowledgement

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References

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