



The communicative role of companion pets in patient-centered critical care



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ABSTRACT

Objective: This study examines a personal pet hospital visitation program dedicated to preserving the human-animal bond during chronic, critical, or terminal illness to understand the novel ways companion pets facilitate meaningful communication between patients, providers, and families in hospital settings.

Methods: I thematically analyzed data collected through a variety of qualitative methods, including participant observation, informal and semi-structured interviews, and a review of organizational materials.

Results: The presence of a patient's personal pet prompted stories and behaviors characterized by (1) compassion, (2) connection, and (3) response between patients, providers, and family members.

Conclusion: Personal pet hospital visits facilitate storied conversations, foster healing relationships, and offer alternative ways of knowing that can promote greater understandings of the patient's psychosocial context for more personalized care and improved well-being.

Practice implications: Patient-centered critical care requires meaningful consideration of a patient's health, well-being, and comfort. When appropriate, the therapeutic benefits of companion animals and the deep personal bonds between patients and their pets should be acknowledged and provided as part of this care.

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1. Introduction

Having recognized the physiological and psychosocial benefits provided by companion animals to the vulnerable, impaired, and sick, healthcare practitioners are increasingly incorporating animal-assisted therapy in counseling, hospitalization, long-term care, and palliative treatment settings [1,2]. These programs utilize the profound connection that often exists between humans and animals to promote holistic healing, foster greater quality of life or well-being, and influence meaningful communication. Indeed, research has established that animals act as compelling sources of support during illness. When interacting with companion animals, hospitalized patients commonly experience reduced stress, blood pressure, and heart rate, as well as decreased anxiety and the alleviation of depression and loneliness [1,3]. These positive effects are even more pronounced when the patient has strong attachment to the animal, thereby supporting the widely held and longstanding belief that “pets are good for us” [4,5].

Companion pets provide a source of pleasure, comfort, relaxation, and entertainment. They act as a connection to the

outside world, facilitate social interactions, and motivate their owners to engage in constructive activities. Researchers have likened these contributions to the benefits associated with human social support for buffering threats to perceived well-being, enhancing quality of life, and promoting or producing health [5–7]. Even when supportive human relationships do exist, pets can offer important nonhuman companionship and support unfettered by complicated emotions, burnout, or fears that the relationship will be damaged by displays of weakness or excessive demands [[5–7],[5–7]]. Given this intense human-animal bond, it is not surprising that many people value their pets as important members of the family. Some clinicians – having long recognized the relevance of the entire family in patient care – now realize that companion animals are important and integral parts of the family system, as well. From this perspective, pets merit legitimate – and even necessary – consideration in patient-centered care, particularly in long-term, critical, or end-of life contexts [9–12].

Patient-centered care emphasizes a respectful partnership between mindful, informative, empathic practitioners and engaged patients who are viewed as unique individuals in the context of their social worlds [13]. Communication is both an essential part of this care and a relational accomplishment by all involved, particularly for creating shared understandings, revealing the

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patient's perspective, establishing mutual trust, and attending to emotional distress [14–16]. In critical care units, where patients are often unable to communicate and/or actively participate in care decisions, patient-centered communication in a family-centered environment is especially important and complex [10,17–21]. Family members often have firsthand insight into patient preferences, can make important contributions to care decisions based on those preferences, and can help care providers “get to know” the patient as an individual [17–21]. At the same time, family members themselves have a variety of needs, including proximity, information, support, assurance, and comfort, that must be met in order to effectively support the critically ill patient [20,21]. Given the emotionally fraught context of critical care and the multidimensionality of patient-centered communication, practitioners who create or recognize opportunities for conversational spaces that facilitate partnerships, support, and rapport can ultimately extend therapeutic value for patients and their families [13–16].

Other research has offered practical suggestions, including visitation with therapy animals or pets, for implementing or improving patient-centered critical care programs [10,17–21]. This paper focuses specifically on the novel ways personal pets in hospital settings can contribute to the meaningful communication comprising this care. To that end, I explore the potential of personal pet visits for promoting individualized care and therapeutic outcomes by (1) facilitating spontaneous, informative conversations about the patient's lived values and preferences, (2) providing comfort and support to family members keeping vigil at their loved one's side, and (3) strengthening relationships among the health-care team.

2. Methods

2.1. Setting

Personal Pet Hospital Visits (PPHV, pseudonym) is a volunteer-driven nonprofit organization dedicated to preserving the human-animal bond between people and their pets during periods of hospitalization for chronic and/or terminal illness. The organization first partnered with a local hospital to create a unique personal pet visitation program designed to elicit patient response, help with depression, or provide closure at end of life. Fourteen years later, the program is available to all patients, excluding those in bone marrow units, in all major hospitals within a large Southern U.S. city. PPHV volunteers facilitate approximately 40 personal pet hospital visits each month; more than 85 percent of these visits occur in the intensive care unit (ICU) with adult patients at or nearing end of life due to cardiovascular disease, respiratory failure, cancer, trauma, or other complex conditions. Visits require a physician's order, are usually arranged within 24 h (or in as little as 30 min in end-of-life situations), and typically last about an hour. All visiting pets (primarily dogs, but cats and rabbits are also permitted) are met in the hospital lobby by a PPHV volunteer and evaluated for temperament and bodily condition before being escorted to the patient's room.

2.2. Data collection

The data analyzed here are part of a larger case study of PPHV. First, I engaged in participant observation over an 18-month period in a participant-as-observer role [24]. After attending the organization's volunteer orientation, I shadowed seasoned volunteers three times and then facilitated seven pet visits on my own to patients in critical care units at two different hospitals. I also participated in community outreach events, including three benefit dinners, an area dog show, and four informal presentations

in hospital lobbies and “walkabouts.” During my period of participatory observation, PPHV members were aware of – and I readily shared with patient families and providers – my identity as a researcher. I documented all activities, brief conversations, and informal interviews in written field notes that resulted in 87 single-spaced, typed pages.

After my period of fieldwork, I conducted 12 semi-structured interviews with active, long-term PPHV personnel. In addition to the director of program services and the executive director – PPHV's only paid, full-time employees – I interviewed 10 volunteers. Eight are employed full-time in area hospitals (five nurses, one physician, one coordinator of integrative medicine, and one academic researcher). One volunteer works in an assisted living facility with community pets (i.e., dogs, birds, fish), and another has additional volunteer experience visiting hospitalized patients or long-term care residents with her own certified pet. Table 1 provides more information about these participants, including their occupation, gender, and tenure with PPHV.

The interviews were audiotaped and transcribed with participant permission, yielding 156 single-spaced, typed pages. Each interview lasted between 36 and 54 min and was narrative in nature. Topics explored included the participants' involvement with PPHV; their experiences with patients, families, and health-care providers before, during, and after personal pet visits; and ways in which personal pet visits have changed their views of healthcare from patient, family, and/or provider perspectives. Without exception, all interview participants stated that they volunteer for PPHV because they love animals, love helping people, and would want the same opportunity to be with their own pets under similar circumstances. Across the data, PPHV volunteers, patients' families, and healthcare providers shared similar sentiments in support of the program.

Finally, I collected documents produced by PPHV, including a brochure, the volunteer handbook, seven published articles about PPHV's program, and 37 patient reports submitted by volunteers after each visit. These materials gave me insight into the ways PPHV represents its practices and policies; however, for this study, I treated them as supplementary data to my field notes and interview transcripts.

2.3. Data analysis

Initially, I conducted a grounded theory analysis of the collective data. For the purposes of this study, though, I relied primarily on field notes, interview transcripts, and PPHV patient reports. Because these various types of data differ in form and perspective, I focused specifically on instances of patient-centered communication (e.g., empathy, mutual understanding) stemming from a visiting pet's presence. I employed a constant-comparison

Table 1
Interview Participants.

PPHV Role	Occupation	Gender	Years w/PPHV
Paid Employee	Executive Director	Female	14
Paid Employee	Program Services Director	Male	11
Volunteer	Neurologist	Female	9
Volunteer	Nurse, Cardiac Telemetry	Female	7
Volunteer	Nurse, ICU	Female	4
Volunteer	Nurse, ICU	Female	6
Volunteer	Nurse, Oncology	Female	3
Volunteer	Nurse, Oncology	Female	5
Volunteer	Academic Researcher, Epidemiology	Female	8
Volunteer	Coordinator, Integrative Medicine	Female	7
Volunteer	Social Worker	Female	9
Volunteer	Occupational Therapist	Female	5

approach [22] to identify and thematically analyze recurrent patterns of behavior and overarching meanings across these instances [23]. Doing so meant manually coding each transcript, field note, and PPHV patient report individually and then moving across the data to develop and continually refine preliminary categories through any similarities or differences I observed. Throughout this interpretive process, I noted emerging patterns, compared specific incidents across the data and to literature, and explicated concepts. After determining a preliminary typology, I solicited feedback from PPHV directors; these member reflections [25] helped inform the final results.

2.4. Ethical considerations

I conducted all data collection procedures with approval from my university's institutional review board, as well as the explicit permission of all participants involved in my personal pet visits. Per organizational policy, all patient reports submitted by PPHV volunteers and provided to me do not include full names of patients or their families. I have changed identifying details, including pet names and breeds, to protect these individuals' confidentiality. Triangulating multiple perspectives, including those of volunteers, healthcare providers, and family members, helped ensure trustworthiness and rigor, as did member checks with PPHV directors [25].

3. Results

Thematic analysis of the collective discourse revealed that personal pet visits prompt genuine interactions characterized by (1) compassion, (2) connection, and (3) response between patients, providers, and family members. I elaborate on each of these overlapping findings with storied examples from the participants' own words and experiences in Table 2 and the sections that follow.

3.1. Compassion

Compassion – an important element of patient-centered critical care – was frequently referenced in a variety of ways across the data. Specifically, personal pet visits enable providers to address the emotional needs of patients and their families by conveying empathy and offering support at end of life in nontraditional ways. Providers who are aware of the PPHV program offer to make a visit possible when they (1) recognize (e.g., through family conversations or photos) the importance of the pet to the patient or (2) specifically ask the patient and/or family what could potentially help ease psychosocial burdens (e.g., depression or disorientation) during extended hospitalization or critical illness. Many providers characterize these visits as an “additional tool” to respond with compassion and “give something extra to their patients.”

Specifically, many providers noted that it is important for patients at end of life to be able to say goodbye to their beloved pets. One PPHV volunteer described in her post-visit report a patient who suffered a massive heart attack and, following multiple complications, chose DNR (Do Not Resuscitate) status. His only request was to see his German Shepherd, Juno, to which his physician, knowing death was imminent, immediately complied. When Juno entered the Critical Care Unit, he spotted his owner and profusely licked his face, which evoked a huge smile from the patient. “He removed the mask so his dog could remember him the way he was,” recalled the PPHV volunteer. “He talked about the times they would eat together and then he requested Jell-O. He would eat a little and he would offer Juno a little, and he told him, ‘Make sure you eat good when I’m gone, okay?’” The patient died the next day.

In another instance, a personal pet visit provided an opportunity for a doctor to partner with the family in a show of compassion. “One patient at end of life was in a coma, and the family and her physician were trying to arrange more time with her pet,” recalled another PPHV volunteer, who is also a nurse. “It was

Table 2
Representative Quotes.

Theme	Example	Provider
Compassion	Emotional distress is part of the suffering that comes with advanced cancer, so our care unit also offers therapy for psychosocial and spiritual suffering. Issues related to end of life come to the fore, and family distress, panic, and fear are palpable. Our interdisciplinary team uses a variety of therapies to address these multiple levels of distress, including personal pet visits. Relationships are crucial, and the relationship with the family pet is no exception. At times of crisis and despair, the visit by the family pet offers a tremendous renewal of this supportive bond and lightens the suffering.	Oncologist
	It changes their hospital experience. Seeing patients day to day with their family—yeah, they're happy to see them—but you don't see that emotion like you see when you bring their dog in the room. They just get so excited and overwhelmed and overjoyed to see their pets. For that brief amount of time, you can get their mind off the hospital and provide them with that feeling of unconditional love they can only get from their pet. I see it as soon as I go in the door. I think it's a lot closer to them being at home than just having a family member come visit.	Nurse, ICU
Connection	I think most of the people associated with PPHV are animal lovers, and so I think we see that interactive benefit in our own lives with our own pets and know how difficult it would be to not have that unconditional love and comfort when we really need it the most. So being able to help someone who's really ill reconnect with his or her pet is a very rewarding experience, and I know that it's greatly appreciated by everyone there.	Coordinator, Integrative Medicine
	Her husband was telling me stories. Often, patients just need to talk about their animal, too, but she couldn't talk. So, he was telling me how every morning she used to wake up and feed the dog a cup of coffee. And, after she had her stroke and came to the hospital, he had to learn how to make coffee for the dog because the dog was having caffeine withdrawals. And, as he's telling me these stories, the lady started sticking her tongue out over and over. I said, “I think she's missing her coffee.” And she looked directly at me. And I said, “I'm so sorry you're missing your coffee. I'm sure you would like to have some coffee right now.” And she nodded her head yes.	Nurse, ICU
Response	The animal benefits much, much more than people understand. The family benefits because they see their family member is still there. And the patient benefits because she loves this animal. The patient knows her dachshund is there, and she tries to move her left hand – her affected side – to pet him. This animal is so much a part of her life that she's trying to move part of her body that they thought she couldn't move. And, not only that, we were able to understand that she knew what was going on. We were able to ascertain that the patient understands exactly what we were talking about.	Nurse, ICU
	As the visit continued, the patient became more and more responsive and, at one point, held a can of juice and drank some without assistance. His daughter said, “Daddy, Baxter needs you. You're the only one who can take care of him.” As the visit neared its end, the patient had consumed the entire can of juice. “You don't know what you've done for my father and for me,” said his daughter.	Nurse, Oncology

emotional just seeing that the family was trying to do that for her even though she couldn't express what she wanted because they knew it would mean that much to her to have the pet with her. That pet was her whole life, and they knew she wasn't going to go home to it." Likewise, an oncologist on a palliative care unit noted that PPHV has allowed "a large number of patients access to loved members of their 'family' that they would otherwise not be able to see, which has contributed enormously to the comfort of our most seriously ill patients and their families."

3.2. Connection

Across the data, PPHV volunteers, patients' family members, and healthcare providers described ways in which personal pet visits offer providers a meaningful glimpse into the lifeworld of their patients. Providers who embrace the importance of their own pets can connect to patients and their families through that mutual understanding and shared identity. According to a hospital liaison to PPHV, "It makes patients happy and reconnects them with something from home. I have dogs, and it's something I would definitely want arranged for me, so I like that I can offer it to them." One patient's neurologist was quoted in a PPHV patient report as saying, "You know, this is just normal to me. I love animals, and I love people, and this is just a natural extension of me and my care."

At the same time, reuniting patients with their pets can lead to quality of care and job satisfaction for providers wanting to connect with their patients. "As nurses, we are privileged to share many intimate moments with our patients," said an ICU nurse and PPHV volunteer. "Some of my most magical moments are seeing a seriously ill or dying patient being reunited with the animal they love most. It's such a privilege to witness." The neurologist I interviewed learned about PPHV in medical school when a professor arranged a presentation. She volunteered because she had not been exposed to patients and thought volunteering would get her into the hospital and interacting with patients. Now, as a doctor, she likes that she can offer pet visits to her patients. "I cannot imagine being separated from my boys [her dogs] for an extended period of time," she said. "I'm thankful for the volunteers that help my patients reconnect with their animals while they're in the hospital."

Providers noted that personal pets promote connection between them and their patients and family members, as well, by serving as "social lubricants" that encourage easy interactions and safer conversations in critical settings often fraught with anxiety and high emotion. One nurse recalled "an especially stoic young man" who had been in the hospital for weeks following a devastating car crash. "He started sobbing when they brought his dog in the room, and he didn't even care that we were there," she said. "Even after the dog left, he opened up more. He told us about his dog and then just kept talking. He was a totally different patient after that." Another nurse remembered an elderly patient and her adult son, who held vigil at his mother's bedside but spoke very little until her beagle came to visit. "It was amazing. He spoke more in that hour than he had in three weeks combined, and I learned so much about them both," she said.

Indeed, many of the providers quoted throughout the data said they look forward to personal pet visits as a natural opportunity to know more about their patients' lives outside of the hospital and to "talk about the patient as a person." A PPHV volunteer shared these sentiments: "I've always had a very positive experience with every healthcare provider, and I think everyone I've been in contact with has seen the benefits and view the visits as a benefit, as a way to embrace treatments that don't come out of the medical books. They've always been very accommodating and actually really glad to see us."

3.3. Response

Perhaps most importantly, personal pet visits elicit communicative responses that can contribute to personalized care and therapeutic outcomes. Across the data, I found examples of despondent patients becoming more animated, nonresponsive patients struggling to pet the dog they have loved for so long, and socially challenging patients (i.e., aggressive, noncompliant, antisocial) becoming more engaged. In one instance, a very agitated 86-year-old man who was in the ICU for a week following a heart attack softened when he saw his dog and then introduced her to his clinicians as "the girl I love." His nurses claimed he was much calmer and more talkative after the visit, and his physician arranged a visit again the following week before he passed away. Another time, a doctor noted that his 60-year-old heart/lung transplant patient, who had been in the Cardiovascular ICU for 2 months, smiled for the first time in months when her dog arrived, which he deemed "an incredible result." Another nurse recalled an elderly cancer patient in the ICU after surgical setbacks, whose chart stated she was unresponsive, not eating, and sleeping most of the time. When the patient was reunited with her dog, she became animated and "wanted everyone to meet her baby."

Family members keeping vigil are often especially appreciative of little responses, even when it is just an attempt to reach out and pet the dog or a smile when the dog licks her hand. One PPHV volunteer said, "Sometimes it's more the pet visiting for the family. Families want to make sure the pet gets to be with the patient. It makes them feel better, like it's putting their heart at ease." One PPHV patient report detailed an elderly wife's joy in seeing her husband, who had a brain tumor that caused seizures and rendered him unable to speak, reunite with their family dog. "Having Cookie here was an answer to my prayers," she exclaimed, and the report noted that the visit "made a huge difference in her outlook" and "encouraged them both."

Further, providers noted instances when they could determine a patient's lucidity and abilities from a personal pet visit. According to one PPHV volunteer, who is also an RN, "During one visit, we were able to ascertain that the patient understood exactly what we were talking about. So, I explained the situation to her nurses. I said, 'Please let her know anything you're doing to her because she's there. She understands what's going on. She just can't communicate back to you.'" In that visit alone, the patient attempted to move her right hand, tried to communicate, and indicated comprehension, all due to her familial dog's presence.

4. Discussion and conclusion

4.1. Discussion

This study identifies and illustrates three types of communication resulting from personal pet visits: compassion, connection, and response. Collectively, the presence of familial companion animals prompted stories and behaviors characterized by empathy and mutual understanding between patients, family members, and providers that extended beyond the confines of the personal pet visit. Research demonstrates that rapport and support, two key aspects of patient-centered care, are strengthened when patients perceive personal similarities in beliefs, values, and communication with their clinicians, leading to higher ratings of trust, satisfaction, and quality of care [26]. Although race concordance is the primary predictor of perceived ethnic similarity, several factors can affect perceived personal similarity, including a love of pets. A shared affinity for their personal pets prompted providers to arrange visits for their patients because they "would want the same thing" and for patients and family members to express

emotions in conversations that built rapport and strengthened support.

While much research has focused on the physiological and emotional effects of pet visitation programs, this study extends therapeutic possibility by also exemplifying ways personal pets can influence meaningful communication as part of patient- and family-centered care during chronic, critical, or terminal illness. Indeed, research suggests that the primary objective of patient-centered care is to break down clinical barriers in order to support patients and work together for the best possible outcome [13,27,28]. Communicative behaviors that provide emotional support, alleviate fear or anxiety, help patients make decisions concordant with their values, and involve and address the concerns of family members have been deemed especially important indicators of quality care from the patient perspective [13,27,28]. In the intensive care unit, research demonstrates that patient- and family-centered care occurs at the intersections of collaboration, respect, dignity, information sharing, and participation, all of which are rooted in communication and require a range of dialogic behaviors from all participants [20,29–32]. As my findings suggest, these interactions arise in unexpected ways during personal pet visits. Visiting family pets sparked anecdotes and called forth feelings from family members, providers, and patients that resulted in new understandings, shows of compassion, and engagement.

Finally, the results of this study support and extend existing research documenting the strength of the human-animal bond and the particular importance of this connection for promoting health and well-being [1,32,6–8]. With the paradigm of patient-centered critical care continually evolving to meet the specific needs of patients through creative practices such as open visitation policies [32] and complementary health approaches [33], a growing number of hospital visitation programs are reuniting patients with their companion animals [34,35]. As visiting family members, personal pets extend the patient's biographical continuity, thereby offering providers novel patient information and providing patients therapeutic motivation or end-of-life closure. Furthermore, the presence of personal pets supports a family-centered critical care environment in which the needs of visiting family members are also addressed [27,29–32]. My findings demonstrate that reunions between patients and their pets facilitate communication, decrease anxiety, provide a sense of closure, and fulfill a need to be together for distressed family members. Future research should continue to explore how personal pet hospital visits can foster healing relationships and offer alternative ways of knowing for patients, family members, and healthcare providers alike.

4.2. Conclusion

While this study offers novel insight into the ways meaningful communication between patients, family members, and providers can result from personal pet hospital visits, its strengths should be interpreted in tandem with several limitations. First, due to the nature of the data collection, no causal claims or generalizations can be made beyond the PPHV program and the participants involved. Second, the data I collected and the participants I interviewed were highly supportive of personal pet visits. The specific communicative benefits from these visits may be colored by the participants' appreciation and enthusiasm for them. Finally, although the PPHV program is available in 21 hospitals, the majority of personal pet visits occur in only a few. Future research should extend these preliminary findings to different visitation programs, settings, and participants for a more comprehensive understanding of the unique benefits and challenges they might present.

4.3. Practice implications

Patient-centered critical care requires meaningful consideration of a patient's well-being, comfort, and family life. For some, that includes beloved personal pets. When appropriate, the therapeutic benefits and deep personal bonds between hospitalized patients and their familial pets should be acknowledged and provided as part of this care.

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Conflicts of interest

None.

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