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RESEARCH ARTICLE

Learning from the Cultural Community of Service Dog Teams: Culturally Congruent Healthcare for Individuals Teamed with Service Dogs

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ABSTRACT

Background: Individuals with disabilities have the right to be teamed with service dogs for support. Healthcare professionals must be prepared to provide culturally congruent care to service dog teams. To provide culturally congruent care attributes that describe a culture must be known. Little to date is known about the perspectives of individuals teamed with service dogs.

Purpose: This study examined characteristics of individuals teamed with service dogs, their perspectives on service dogs, benefits of their service dog, and experiences of receiving healthcare.

Method: A cross-sectional survey was conducted with individuals teamed with service dogs in the United States (N =270).

Discussion: While there is great diversity among individuals with disabilities within this culture is a community of individuals teamed with service dogs. Individuals teamed with service dogs, including those for vision and hearing, share attributes that describe them as a cultural community. This understanding is fundamental to culturally congruent care for service dog teams.

Introduction

In the United States today one in four adults are living with disabilities.¹ This is one of the largest minority groups in the US. Within this population are individuals with disabilities who chose to be teamed with service dogs to support their independence. A service dog team is the individual with the disability, known as the ‘handler’, and the canine who supports their independence by assisting them with a specific task(s) to help mitigate their disability. When an individual chooses to be teamed with a service dog, nurses and healthcare professionals must be prepared to provide care that is culturally congruent for service dog teams.

Canines have been assisting humans since ancient times, with formal recognition starting in the 1920’s when the first training program for guiding dogs for the blind was established.² In the 1970’s training of additional types of assistance dogs to support individuals as hearing dogs for the deaf, as well as those who provide support across a wide range of disabilities, such as mobility needs, medical alert, and, stability needs, to name a few, were recognized.² More recently there has been formal recognition and training for dogs to work with individuals with psychiatric/ mental health disabilities, as well as autism.² Individuals with disabilities in the United States have been given the right through the Americans with Disabilities Act (ADA) to be teamed with a service dog to support them.³ This allows them to be accompanied by their service dog in any setting where the public is allowed, which includes most outpatient and inpatient healthcare settings.

Research in the field of assistance animals with a focus on service dogs is limited. Challenges in research in this field include: definitional clarity of the type(s) of assistance dogs studied; a focus on one type of disability; such as PTSD; and/or a focus on one group, such as veterans. Additionally, it is noted that there is a large emphasis in publications related to the history of service dogs, legal and policy considerations, and the training and welfare of service dogs. Much of what is published is conceptual. Important areas identified for research in the assistance animal field include: clearly defining the type of assistance dog in the study; norms of service dog teams; experiences of individuals teamed with service dogs in receiving healthcare; healthcare provider knowledge; and, standards of care and best practices with service dog teams.²

WHAT IS KNOWN ABOUT SERVICE DOG TEAMS?

Anecdotally, individuals teamed with service dogs have expressed a basic assumption, belief, and value about service dogs.⁴ They assume that dogs can be trained to support individuals with disabilities. Service dogs they believe can help to mitigate their disabilities, and they value the work of service dogs.⁴ Additionally, they have identified similarities in receiving healthcare. These include: issues of public access; communication and interaction with service dog teams; provider understanding of their legal rights from the ADA; providers awareness of their healthcare organizations policies on service dogs; and advocacy when needed for service dog teams when receiving healthcare.⁴ These similarities can result in

individuals teamed with service dogs being misunderstood leading them to feel vulnerability, marginalization and discrimination. Cultural groups, such as service dog teams, share assumptions, beliefs, values, norms and lifeways that guide their decision making and actions.⁵ To provide culturally congruent care attributes that describe a culture, or cultural community, must be known to support and shape the care of individuals teamed with service dogs. Developing this understanding begins with learning the perspectives of individuals teamed with service dogs by transiting the anecdotal information they have shared to empirical knowledge to support culturally congruent care for service dog teams.

The goal of a service dog is to support the person's independence and to help mitigate their disability by the task(s) the dog is trained to perform for the person's primary disability need. As such there is ongoing interaction between the handler and the service dog. It is well known that humans enjoy physiological and psychological benefits through the human-canine bond. Canines offer humans a strong emotional connection that can result in feeling comfort and support. The human-canine bond has been shown to benefit humans in their emotional and psychological well-being, social connectedness, activities of daily living, and quality of life.⁶⁻¹¹

It is believed that individuals teamed with service dogs experience the benefits of the human-canine bond. This may be another area of similarities among those teamed with service dogs. Learning the perspectives of these individuals may offer insights into the needs of service dog teams when receiving

healthcare. Research specific to assistance dogs has shown that being teamed with a service dog may benefit the individual through a decrease in paid caregiver hours, and/or reduction in prescribed medications.¹²⁻¹⁴ Additionally, knowing the similarities of secondary benefits of being teamed with service dogs, from the perspective of those who are, will add to our understanding and knowledge of the community of service dog teams. This knowledge can help to support culturally congruent care.

When receiving healthcare individuals teamed with service dogs have anecdotally identified similarities in several areas of concern as previously noted. There are no studies to date that report on the perspectives of individuals teamed with service dogs on receiving healthcare as a service dog team. However, one study by Merk and colleagues was located on healthcare professionals' understanding of legal aspects of care for service dog teams.¹⁵ The Merk and colleagues study reports on 441 health professionals in the US. Almost 75% said that their healthcare organization had a policy on service dogs, yet 35% of this group said they were not familiar with the policy. Further, over 50% said that they were not fully prepared on this topic or to care for individuals teamed with service dogs. Health care policies and legal aspects are intertwined, and policy should be guided by the tenants of the ADA. What we learn from this study from the perspectives of healthcare professionals addresses two of the concerns anecdotally identified by individuals teamed with service dogs- provider understanding of their legal rights from the ADA, and provider awareness of healthcare organization policy on service dogs. There is

congruence between what individuals teamed with service dogs anecdotally identified and the results of the Merk and colleagues study.¹⁵ Provider lack of understanding and awareness, as well as the other care concerns identified by this group can be a challenge to culturally congruent care. To address these challenges more needs to be learned from the perspective of those who belong to the group of service dog teams.

Exploring perspectives of individuals teamed with service dogs may help to illuminate similarities to distinguish this group as a cultural community. The aim of the research reported in this article was to develop empirical knowledge of the perspectives of individuals teamed with service dogs to help shape culturally congruent care for service dog teams. This study sought to answer the following questions: Do individuals teamed with service dogs share a basic assumption, belief and value about service dogs? Do they benefit from being teamed with a service dog beyond their primary disability need?, and “What are their experiences in receiving healthcare as a service dog team?”

Materials and Methods

A cross-sectional research design was used to gain perspectives of individuals teamed with service dogs. Service dogs in this research was defined using the broad ADA definition which is inclusive of assistance dogs specifically task-trained for vision and hearing support. The aims of this study include identification of characteristics of individuals teamed with service dogs; assumptions, beliefs, and values they share about service dogs; secondary benefits of being teamed with a service dog; and their experiences

receiving care as a service dog team (Pace University IRB #0004707 approved).

PARTICIPANTS

Individuals 18 years of age and older who are teamed with a service dog were recruited to participate in this research.

MEASURES

The Singleton Service Dog Survey (SSDS) was developed to address the aims of the study¹⁶ This survey includes demographic characteristics to describe the sample (8 questions) and questions related to each of the study aims (17 questions). Survey questions were developed based on a review of the limited literature, as well as anecdotal information. Face validity was established with experts in the field, including individuals teamed with service dogs. Responses to the scaled questions utilize a Likert type 4-point scale. The SSDS has a Cronbach alpha of .82 (CI = 95%)

PROCEDURES

Qualtrics software was used to create the electronic survey. Individuals who identify as being teamed with service dogs were recruited to volunteer to participate in this survey. Volunteers were sought through Qualtrics’ targeted database, and through two service dog organizations that sent the electronic survey to their client lists. The survey was anonymous. Respondents were informed when they opened the survey, prior to completing any survey questions, that, “By completing the following questions I agree to participate in the survey study.” No signatures were required, and they consented to participation by responding to the survey questions. No personal information was

collected. The researcher provided no incentives for participation. The survey was launched in December 2021, and closed on March 30, 2022.

ANALYSIS

Checks for multiple entries and completeness were conducted in the data analysis phase. Descriptive statistics were calculated for all questions and are reported on as frequency/ percentages.

RESULTS

Two-hundred-seventy participants met the inclusion criteria for this study. The mean age of participants was 38 years (SD 12.86) with a range of 18 to 77 years. Fifty percent of the sample were female, followed by males at 44%, and Third Gender at 2%. The sample

was predominately white, non-Hispanic or Latino. Three quarters of the sample (76%) reported the primary disability need for being teamed with a service dog as other than vision or hearing, with 17% reporting being supported by a guide dog for vision, and 7% being supported by a hearing dog. Time teamed with a service dog showed most were in the range of 1 to 7 years (27-36%), with 13% teamed with a service dog for one year or less, 11% teamed for over 7 years. Over 50% (56%) reported that their service dog was educated and trained by an ADI accredited service dog organization, while those in the self-trained category included 19% self-taught, and 25% self-taught with the assistance of a dog trainer. Please see Table 1 for summary demographics/ characteristics of this sample.

Table 1. Demographics/ Characteristics Summary

Demographics/ Characteristics (N=270)	%
Race	
White	72
Asian	3
Black or African American	13
Multi-racial	5
American Indian or Alaska Native	2
Native Hawaiian/ other Pacific Islander	0
Unknown	0
Prefer not to describe	0
Ethnicity	
Non-Hispanic or Latino	79
Hispanic or Latino	20
Gender	
Female	50
Male	44

Demographics/ Characteristics (N=270)	%
Non-binary / Third gender	2
Prefer to describe	2
Primary Disability for Service Dog	
Guide Dog, Vision	17
Hearing Dog	7
Service dog other than vision or hearing	76
Time-teamed	
Less than 1 year	13
1-3 years	36
3-5 years	27
5-7 years	28
7+ years	11
Type of Training	
Self-taught	19
Accredited Organization: ADI	56
Self-taught with Dog Trainer	25

Note. Due to rounding errors, percentages may not equal 100%.

Scaled questions one to three related to basic questions of assumptions, beliefs, and values of service dogs. In assumptions about service dogs participants strongly agreed that dogs can be trained to assist humans (91%) and had an overall agreement response of 97% (91% strongly agreed + 6% somewhat agreed = 97% overall agreement). When asked about the belief that service dogs can lessen disabilities they reported high levels of overall agreement (71% strongly agreed, 22% somewhat agreed = 93% overall agreement). In sharing the value of being teamed with service dogs participants had high levels of overall agreement to valuing the task(s) service dogs perform to help mitigate disabilities identified (84% strongly agreed,

6% somewhat agreed = 91% overall agreement).

Benefits of being teamed with a service dog included the scaled survey questions four to ten. These questions identify secondary benefits beyond the primary disability need that is supported by their service dogs. Respondents reported high levels of overall agreement on question four through eight. Secondary benefits of being teamed with a service dog include community participation (71% strongly agreed, 24% somewhat agreed = 95% overall agreement), physical activity (73% strongly agreed, 20% somewhat agreed = 93% overall agreement), psychological well-being (81% strongly agreed, 16% somewhat agreed = 96% overall agreement), and quality

of life (80% strongly agreed, 15% somewhat agreed = 95% overall agreement). Question nine addressed decreased prescribed medications and question ten asked about decreased paid care hours. While both questions had an overall agreement of 85%, strong agreement on decreased medications was at 53%, and decreased care hours was at 48%.

Scaled survey questions 11-17 focused on the participants experiences receiving care as a service dog team. Overall agreement across these seven questions ranged from 85% to 92%, but there were lower responses to the strongly agree choice. Less than 50% of respondents strongly agreed that their healthcare provider recognizes them as an expert in being teamed with a service dog and communicates with them regarding meeting

their healthcare needs. Only 57% strongly agreed that their healthcare providers know how to interact with a service dog team. While only 64% strongly agreed that their healthcare providers are aware of their legal protections from the ADA, just 56% strongly agreed that their healthcare providers were aware of their healthcare organizations policies on assistance animals. The last of the scaled questions on the survey asks individuals teamed with service dogs if their healthcare provider advocates for them as a service dog team if needed. Although there is a 90% overall agreement response to this question, only 63% strongly agreed that their healthcare providers advocate for service dog teams as needed. Please see Table 2 for summary statistics on all scaled survey questions.

Table 2. SSDS Summary Results

SSDS Questions	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Dogs can be trained to assist humans	91%	6%	0%	3%
Service dogs can lessen disabilities	71%	22%	2%	3%
I value the task(s) that service dogs perform to help individuals with visible and invisible disabilities	84%	9%	3%	3%
My service dog helps to improve my emotional connections to others	76%	17%	3%	2%
My service dog helps me to participate in my community	71%	24%	2%	3%
My serviced dog helps me to be physically active	73%	20%	3%	1%
My service dog helps me with my psychological well-being	81%	15%	0%	3%
My service dog helps me to have a good quality of life	80%	15%	1%	3%
Having a service dog has helped my health care provider to decrease my medications	49%	29%	13%	3%
Having a service dog has helped to decrease the assistance hours, paid and/or unpaid hours, for care I receive to support my needs	53%	32%	8%	3%
My healthcare providers recognize me as the expert in working with a service and communicate with me about how to best meet our needs when receiving healthcare	48%	36%	10%	3%
My healthcare providers know that my service dog I are a team, my service dog mitigates my disability	65%	27%	3%	3%

SSDS Questions	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
and lets me be independent and interact in society				
My healthcare providers make me, not my service dog, the focus when I am receiving care	63%	26%	6%	3%
My healthcare providers know that it is okay to acknowledge my service dog, to me, but not to interact with my service dog without my directing the interaction	57%	30%	7%	3%
My healthcare providers are aware of my legal protections through the Americans with Disabilities Act	64%	24%	7%	3%
My healthcare providers are aware of their healthcare organizations policy on assistance animals	56%	34%	5%	3%
My healthcare providers advocate for me and my service dog should this be needed	63%	27%	6%	3%

Note. Due to rounding errors, percentages may not equal 100%.

Discussion

This is the first study to date to report on perspectives of individuals teamed with service dogs, and to distinguish this cultural community of service dog teams. Definitional clarification of assistance dogs in research is essential as language precision has an important role in knowledge development. Clarity in defining assistance dogs is a challenge in this field. Assistance Dogs International (ADI), the international organization that accredits service dog organizations, defines a service dog as providing support for other than vision and hearing¹⁷. The Americans with Disabilities Act defines a service dog more broadly and includes guiding dogs and hearing dogs.³ Individuals teamed with service dogs as defined by ADI, as well as those teamed with guiding dogs or hearing dogs all share the same right to public access with their assistance dog. This and other similarities suggest that when considering cultural aspects of service dog teams, choosing the broader, more inclusive ADA definition is appropriate.

The first question addressed in this study is, "Do individuals teamed with service dogs share a basic assumption, belief and value about service dogs?" Based on results of this study the answer to this question is, yes. Individuals teamed with service dogs strongly report basic shared characteristics of a cultural group. They overwhelmingly share the assumption that dogs can be trained to assist humans. This assumption likely influenced their choice to be teamed with a service dog. Humans move toward what has meaning for them, and that meaning can be seen in their behavior or actions¹⁸. This fundamental assumption supports participants strength of response that service dogs can help to mitigate their disabilities, and, their valuing of the task or tasks the service dog is trained to perform to help mitigate the person's disability and support their independence.

Within the larger culture of individuals living with disabilities is a cultural community of service dog teams who share a collective assumption, belief, and value about service dogs which begins to distinguish this cultural

community of service dog teams. This understanding can be applied to support therapeutically appropriate culturally congruent care.

The second question addressed in this study is, "Do individuals teamed with service dogs benefit from their service dog beyond their primary disability need?" Service dogs support the person with their independence by performing a task or tasks related to the person's primary disability needs. This study identifies that individuals teamed with service dogs report shared secondary benefits of being teamed with as service dog. These benefits include emotional connectedness, community participation, physical activity, psychological well-being, quality of life, decrease in prescribed medications, and decrease in paid care hours. All of these benefits must be considered within the care experience of this cultural community. These secondary benefits can help nurses and healthcare professionals appreciate the role service dogs have in supporting the person beyond their primary disability need. The service dog may help the person in meeting their healthcare needs more broadly and significantly than any human or assistive technology¹⁹. The secondary benefits of being teamed with a service dog represents another area of similarities among the cultural community of service dog teams.

The third question addressed in this study asked, "What are the experiences of individuals teamed with service dogs receiving healthcare?" Those in this cultural community have similarities in the challenges they experience when receiving healthcare. Key challenges include not being seen as an expert in what it means to be teamed with a

service dog and therefore not effectively being communicated with in shaping their care experience. Antecedents to this may include lack of knowledge on caring for individuals with disabilities in the education of healthcare professionals in general, and specific to this population as slightly 60% strongly agreed that their healthcare providers were knowledgeable about their legal protections though the ADA. Lack of education and preparation in the practice arena within healthcare organizations were also identified as challenges with just over 50% strongly agreeing that their healthcare providers are knowledgeable about their organizational policies on assistance animals. Healthcare policies and legal aspects are intertwined, and policy should be guided by the tenants of the ADA. Without this knowledge it is difficult to know when and how to advocate for service dog teams. In fact, in this study only 63% of individuals teamed with service dogs strongly agreed that their healthcare provider advocates for them and their service dog. Provider lack of understanding and awareness, as well as other care concerns identified are shared by participants in this study and pose challenges to culturally congruent care.

Conclusion

Holistic comprehensive approaches to providing healthcare begin with the culture of the recipient of care²⁰. Therefore, understanding the perceptions of individuals teamed with service dogs is fundamental to culturally congruent care for this community²¹. Cultural competence of healthcare providers is necessary to provide culturally competent care. Cultural competency helps to address

disparities of service dog teams, by focusing on service dog team – provider communication and interactions²². Increased understanding of the cultural community of service dog teams and their healthcare experiences can guide educational programs for healthcare professionals to put this evidence into practice and support improved health outcomes.

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Conflicts of Interest:

None

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