Benefits of budgerigars

Despite infection control concerns over pets in long-term nursing environments, **Vincent Tremayne** argues the case that budgerigars can reduce stress and feelings of isolation for patients in chronic or palliative care settings.

_Florence Nightingale_, who cared for her much-loved pet owl called Athena, recognised the therapeutic value of caged birds (Hooker et al 2002). In 1860 she wrote: ‘A pet bird in a cage is sometimes the only pleasure of an invalid confined for years to the same room’ (Nightingale 1969). I believe the same dictum can be applied to today’s clinical settings, where patients in non-acute hospitals, hospices, residential and nursing homes could experience health benefits from a resident budgerigar.

The English naturalist John Gould brought the first budgerigars to England in 1840 from Australia. Considered an overnight success, these small parrots soon became the attraction of upper class English society. Today, budgerigars feature in nearly a million homes in the United Kingdom and are among the most popular pet birds in the world.

Budgerigars make inexpensive and easy pets to keep, can be great to watch and interact with and many even learn to talk. There are also a number of other benefits for those who choose to keep these small birds as pets.

Budgerigars live for an average of eight years, and during this time they can confer a number of health and social benefits. While people do not own pets for the good of their health *per se*, contemporary research suggests that pet ownership can have positive benefits such as the reduction of blood pressure (Allen et al 2001), and psychological improvement including an increase in a person’s sense of wellbeing (Miller and Ingram 2000).

The health benefits of budgerigars

For people with reduced social opportunities, the relationship with their pet can take on more importance (McColgan and Schofield 2007). A study by Mugford and McCominsky (1975) investigated the potential effects of budgerigar ownership on older people aged between 75 and 81 years who lived alone. Twelve were given a budgerigar to look after, six of these had a television, while six did not. Twelve were given a begonia (pot plant) to look after, again six of these had a television, while six did not. A further six people were selected as a control group, three had a television and three did not. The budgerigars and begonias were unconditional gifts.

Prior to the study each participant was asked to answer a 30-item questionnaire which was concerned with attitudes towards other people and self-esteem. Five months later, they answered the same questionnaire.

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22 nursing older people April vol 20 no 3 2008
While the researchers found that the television had no significant effect on questionnaire responses, the ownership of a budgerigar showed a significant difference from the begonia and control groups: those with budgerigars had generated more social contacts, and the birds had given them something to care and talk about, thus improving their social health.

While this study is more than 30 years old, the findings might serve to remind us that as well as enjoying the contribution that pets make to their life (McNicholas et al 2005), older people can have significant relationships with their pets (McColgan and Schofield 2007). This special relationship can result in decreased loneliness, improved morale and increased social interaction (Brodie and Biley 1999).

**Infection control**

When a bird or other pet is considered for introduction into the clinical environment, concerns will be raised about the risk of allergy or infection to patients.

Psittacosis is an uncommon infection originating from birds of the parrot family, including budgerigars (Brodie et al 2002). Ten cases of *Chlamydia psittaci* were reported in the first half of 2007, though no contact with birds was reported (Health Protection Agency 2007a; HPA 2007b). This infection is more commonly associated with younger people through occupational exposure such as game-keeping or bird-breeding (Brodie et al 2002). If humans become infected with psittacosis, a quarter of cases experience flu-like symptoms including headaches and joint and muscular pain, and in more severe cases pneumonia develops (Brodie et al 2002).

Department for Environment, Food and Rural Affairs (2006) states that pet birds will not catch avian influenza (bird flu) providing they do not come into contact with wild birds, their faeces or another infected bird. As long as the budgerigar comes from a reputable source and advice from a vet is sought if the bird appears ill, then the risk of infection should be minimised. Instituting sensible hygiene measures such as frequent handwashing and keeping pets away from food preparation and consumption areas should reduce the incidence of foodborne bacterial diseases (Brodie et al 2002).

There will be some patients with lowered immunological resistance, respiratory disease or known allergies to birds who may not be suited to caring for a budgerigar (Miller and Ingram 2000). For those who can, nurses and patients alike might enjoy watching and interacting with the budgie and supplementing its diet with treats.

**Budgerigars in a nursing setting**

Budgerigars will be unhappy in a regularly changing environment such as a busy ward, but patients in less acute clinical areas in hospices, hospices and nursing homes could experience health and social benefits of a resident budgerigar (Brodie et al 2002). Pets have a role to play in improving holistic health, and for those who have had to leave a pet behind during their admission for nursing care, a budgerigar might prove to be a small replacement for their loved companion. Giving a budgerigar a home could give much pleasure to the patients in your care and even to you.

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**References**


