

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING LAUGHTER THERAPY AMONG ELDERLY PEOPLE IN SELECTED AREAS OF HOSHANGABAD, MP

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ABSTRACT

Background : Elderly are always in need of human contact. While most of them are surrounded by likeminded peers, they still miss the bonding of a family. They need someone close with whom they can share their emotions. Laughter is the human gift for coping and for survival. "Laughter is the best medicine" is a phrase that dates back to Biblical times as an old proverb and it's still widely used today whole over the world and that's because its true laughter is the best medicine. The aim of the present study was to assess the knowledge regarding laughter therapy among elderly people in selected areas of Hoshangabad. **Methodology:** Non probability convenient sampling technique was followed to select the 30 elderly people a sample. Structured questionnaire was used to assess the knowledge of the elderly people. **Results:** the findings shows that majority 50% of elderly people were having average level of knowledge where as 40% of samples were having poor level of knowledge, 10% of samples were having good knowledge and none were having excellent knowledge regarding laughter therapy. **Conclusion:** there is a need to educate the elderly on effectiveness of laughter therapy on depression.

Key words: Knowledge, Laughter therapy, Depression, Descriptive study.

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INTRODUCTION

The world's population has been rapidly ageing in recent decades. In 2019, there were 703 million persons aged 65 years or over in the global population. This number is projected double to 1.5 billion in 2050. Globally, the share of the population aged 65 years or over increased from 6 per cent in 1990 to 9 per cent in 2019. Under this situation, some developed countries are already reaching a super ageing society. Because ageing is associated with progressive degenerative changes in not only organ function but also both physiological and psychological function, resulting in a decline in quality of life (QOL), promotion of the physical and mental health of older people to improve QOL is becoming a more important issue in an ageing society. From the viewpoint of controlling the escalating healthcare /medical cost associated with an increasing elderly population, cost free

and practical treatment is sought, in addition to established conventional therapies. The increase in the number of elderly combined with the disproportionate rate, at which they use medical resources, will require that health care providers become increasingly knowledgeable about the needs of geriatric patients and increasingly efficient in the evaluation and management of concerns unique to these patients [1]. Various strategies for health promotion of older people have already been investigated, among which laughter therapy has been evaluated in many studies and is expected to be effective. "Let go and laugh out loud, it is therapy", says Dr. Madan Kataria, founder of Laughter Yoga in the year 1995.

Laughter therapy is a type of therapy that uses humor to help relieve pain and stress and improve a person's sense of well-being. It may be used to help people cope with a



serious disease, such as cancer. Laughter therapy may include laughter exercises, clowns, comedy movies, books, games, and puzzles. It is a type of complementary therapy. Also called humor therapy. Funny books, articles, movies, comedy shows, cartoons — anything bound to make you laugh can work.

Laughter helps us roll with the punches that inevitably come our way. The power of laughter is unleashed every time we laugh. We need to laugh more and seek stress reducing humor in our everyday lives. In today's stressful world, we need to laugh much more [2].

NEED FOR THE STUDY

With ongoing economic development and resulting changes in the structure of family the elderly are left alone to face their deteriorating health status. Often the medical and social problems of the elderly are over looked and neglected by seeing them as a part of normal ageing. One of the factors affecting seniors is retirement. Many seniors feel they are not as useful after they have retired, leading to depression and mental agony. A lack of importance can create a sense of frustration and can prove to be extremely detrimental to a person's physical and mental health. Extended, hearty laughter helps people to reduce their stress level while generating a positive attitude. Laughing together in a group helps to boost the self-esteem of everyone involved while helping individuals overcome feelings of insecurity [3,4].

Laughter therapy is ideal for seniors because it provides them with the ability to laugh without a reason. It helps people to be able to laugh and live a life filled with joy. Laughter therapy each day increases a person's memory, thinking abilities, and intellectual capacity [5-7].

PROBLEM STATEMENT

A descriptive study to assess the knowledge regarding laughter therapy among elderly people in selected areas of Hoshangabad.

OBJECTIVE

To assess the knowledge regarding Laughter therapy among elderly people.

OPERATIONAL DEFINITIONS

Assess

Assess can be defined as to judge or decide the amount, value, quality, or importance of something.

Knowledge

Knowledge can be defined as the fact or condition of knowing something with familiarity gained through experience or association [8].

Laughter therapy

Laughter therapy is considered to be useful, cost-effective and easily accessible intervention with six steps of deep breathing exercise, rhythmic clapping, ho-ho-ha-ha-ha chanting, laughter exercise, playful laughter techniques and closing technique [6].

Elderly

Elderly has been defined as, usually more than sixty years of age.

ASSUMPTION

The primary assumption in this study is that, the elderly people may have some knowledge about Laughter therapy.

METHODOLOGY

A Quantitative non-experimental approach was found to be suitable to accomplish the objectives of the study. The main goal of the present study is to assess the knowledge regarding laughter therapy among elderly people. **SETTING OF THE STUDY**

The present study was conducted in the selected areas of Hoshangabad for assess the knowledge regarding laughter therapy among elderly people [7].

POPULATION

In this study accessible population is the elderly people of the selected areas of Hoshangabad.

SAMPLE

Elderly people who are 60 years and above living in Hoshangabad district are randomly selected as the sample for this study.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

Elderly people who are willing to participate in the study.

Exclusion criteria

1. Elderly people who are not able to see and not able to follow the language are excluded from the study.
2. Elderly with severe hearing impairment and difficulty to communicate are excluded from the study [8].

DESCRIPTION OF TOOLS

For the data collection of this study, the investigator developed a structured knowledge questionnaire regarding laughter therapy.

The investigator developed the tool after updating our theoretical knowledge regarding laughter therapy. The tool has been developed after critical reviewing of literature regarding laughter therapy and also after consultation and guidance from experts.

The structured Knowledge questionnaire consists of two parts [9].



Section -A

It consists of demographic variables of elderly people, such as age, sex, religion, educational status, type of family, recreational activities. The data had been collected by interviewing the elderly people and based upon their answers a tick mark was done for the appropriate response of each item.

Section - B

The data was collected through "Multiple choice questions". It consists of 24 questions and the total score was 24. Each response was given a minimum score of 'zero' and the maximum score of 'one'.

The total score ranges from 0-24, the level of score is further divided as follows:

- Excellent Knowledge: Score 19 - 24
- Good Knowledge: Score 13 - 18
- Average Knowledge: Score 7 - 12
- Poor Knowledge: Score 0 - 6

METHOD OF DATA COLLECTION

For main study the data collection process was done after obtaining prior permission from the proper authority. The investigator collected 30 samples from the selected areas of Hoshangabad, made them comfortable and oriented them to the study. The investigator introduced herself and informed them about the nature of the study so as to ensure better co-operation during the data collection. The investigator then administered questionnaire to them, instructed them not to interact with each other and their doubts, if any, were clarified. 30 minutes were given to the samples to answer the questionnaire after which it was collected back. The data collection process was terminated after thanking the respondents for their participation and co-operation [10].

PLAN FOR DATA ANALYSIS

Data analysis is the systematic organization, synthesis of research data and testing of hypothesis using those data (Polit and Beck, 2010). It was planned to use descriptive statistics for data analysis of this research study. Collected data were organized in tabular form for analysis. The collected data was coded, tabulated and analysed by using descriptive statistics (Mean, Median, Percentage and Standard Deviation). The analysed data will be presented in graphs and tables.

ORGANIZATION OF FINDINGS

The finding of the study is organized in terms of objectives. The results of the data analysis is organized and presented under the following three sections.

Section A: Description of selected demographic variables of samples in terms of frequency and percentage distribution.

Section B: Description of knowledge scores of elderly people in terms of mean, median and standard deviation.

Section C: Description of level of knowledge of elderly people regarding laughter therapy in terms of frequency & percentage.

SECTION - A

Description of Selected Demographic Variables of Samples

This section deals with frequency and percentage distribution of elderly people according to their selected demographic variables. Sample of 30 subjects were drawn from the study population, who were selected from different areas of Hoshangabad district. The data obtained to describe the sample characteristics including age, gender, religion, educational status, type of family and recreational activities.

The above Table No: 1 is regarding the demographic variables of samples.

- Distribution of elderly people according to their age in years shows that 53.3 % of them were belonging to the age between 60-65years, 33.3% in the age of 66-70 years, 3% in the age between 71-75 and 3.3% in the age of above 75.
- Distribution of elderly people according to gender shows that 56.6% were females and 43.3% were males.
- Distribution of elderly people according to religion shows that all the samples belong to Hindu religion.
- Distribution of elderly people according to their educational status shows that majority of the samples (40%) are having primary education. 20% were having secondary education, 20% were having collegiate education and the remaining 20% are illiterate.
- Distribution of elderly people according to their recreational activity shows that majority of sample (43.3%) were interested in watching TV, 30% were interested in talking with others, 10% were using mobile and 16.6% had other recreational activities.

SECTION -B

Description of Knowledge Scores of Elderly People In Terms of Mean, Median and Standard Deviation

Knowledge of elderly people regarding laughter therapy was assessed using structured knowledge questionnaire. The mean, median, range and standard deviation were tabulated. The findings are presented in the **table-2**.

Data presented in **Table:2** show that mean of knowledge scores of elderly people regarding laughter



therapy is 7.6, median is 8, the data range is 13, mean deviation is 2.36 and standard deviation is 3.02.

SECTION - C

Description of Level of Knowledge of Elderly People Regarding Laughter Therapy

Knowledge of elderly people regarding laughter therapy was assessed using structured knowledge questionnaire. The Tool consists of 24 items and the

maximum possible score was 24. The level of knowledge is divided under following heading poor, average, good and excellent.

Table - 3 shows that majority of elderly people (50%) were having average level of knowledge, whereas 40% of samples were having poor level of knowledge, 10% of samples were having good knowledge and none of the samples are having excellent knowledge regarding laughter therapy.

Figure: 1. Schematic representation of research design.

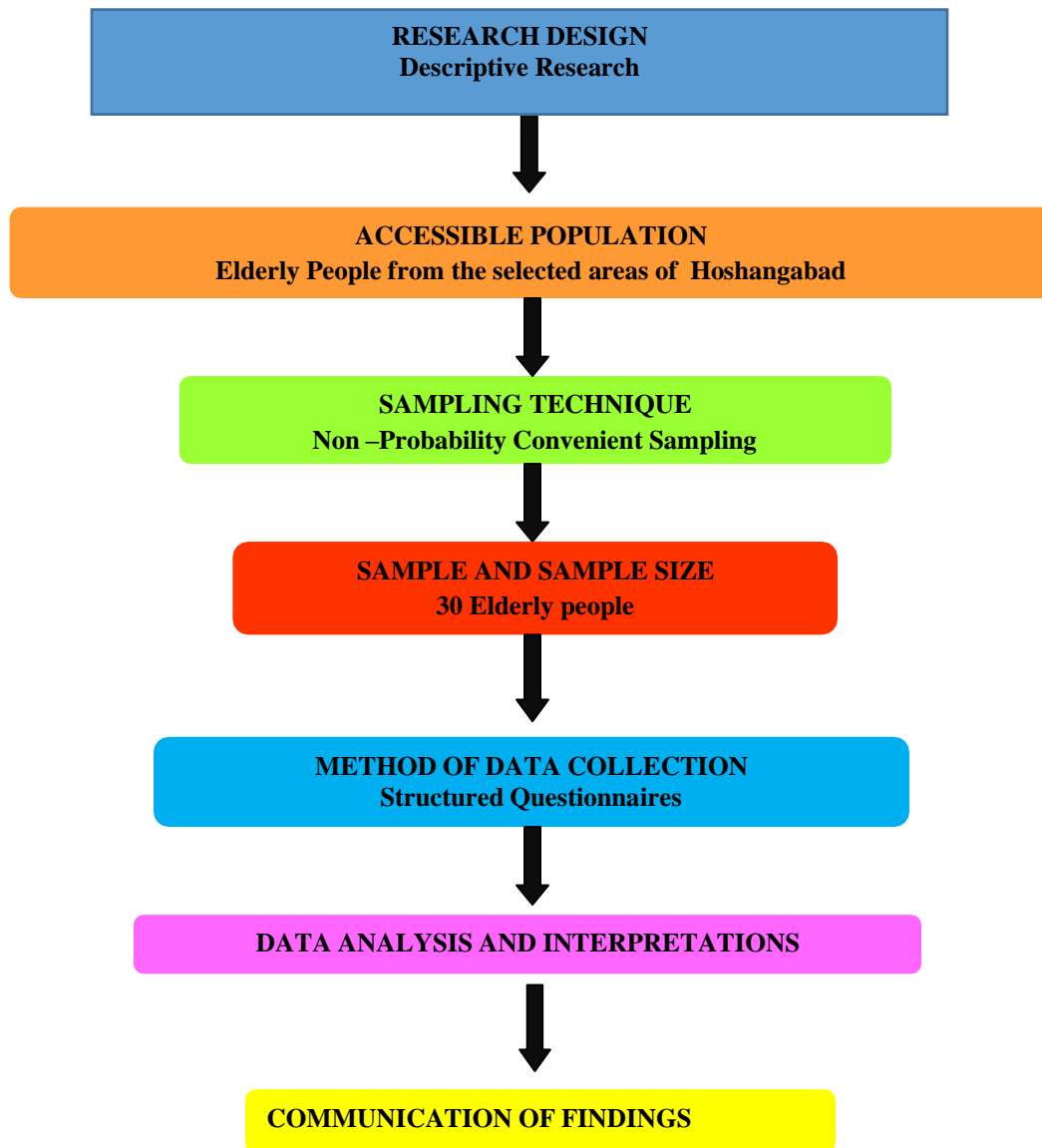


Table 1: Frequency Distribution of Elderly People According To Their Demographic Variables.

S.No	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	Age in years		
	60- 65	16	53.3%
	66-70	10	33.3%
	71-75	03	10.0%
	75 above	01	03.3%
2.	Gender		
	Male	13	43.3 %
	Female	17	56.6 %
3.	Religion		
	Hindu	30	100 %
	Muslim	00	0%
	Christian	00	0%
	Others	00	0%
4.	Educational status		
	Illiterate	06	20.00 %
	Primary education	12	40.00 %
	Secondary education	06	20.00 %
	Collegiate	06	20.00 %
5.	Type of family		
	Nuclear family	12	40.00 %
	Joint family	18	60.00 %
6.	Recreational activities		
	Watching T V	13	43.3 %
	Mobile	03	10.00 %
	Talking with others	09	30.00%
	Others	05	16.6 %

Table 2: Distribution of Knowledge Scores of Elderly People In Terms Of Mean, Median, Range, Mean Deviation And Standard Deviation.

Mean	Median	Range	Mean Deviation	Standard Deviation
7.6	8	13	2.36	3.02

Table 3: Frequency and percentage distribution of elderly people according to their level of knowledge regarding laughter therapy.

Level of Knowledge	Score	Frequency	Percentage
Poor			
Average	0 – 6	12	40%
Good	7 - 12	15	50%
Excellent	13 – 18	03	10%
	19 - 24	00	00%

CONCLUSION

The main conclusion of the study level of knowledge of the elderly people regarding the laughter therapy was calculated with measure of central tendency and dispersion. It was concluded from that statistical analysis and interpretation that maximum of the elderly people have average knowledge regarding laughter therapy.

RECOMMENTATIONS

On the basis of the findings of the study, it is recommended that the following studies can be conducted:

- A similar study on a large scale including hospitals across the country can be carried out in order to estimate the level of knowledge and practice regarding Laughter therapy.
- A study can be conducted to evaluate the Knowledge and practice on laughter therapy among people residing in the old age homes.



- A comparative study can be conducted on the knowledge and practices among nurses and teachers regarding Laughter therapy.
- Nurses can include laughter therapy as complementary therapy while caring for the patients specially in paediatric and geriatric wards.

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