

Effectiveness of Laughter therapy on Physical Problems among Institutionalized Elderly

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Abstract

Background: Estimates of health problems of the elderly in developing countries are required from time to time to predict trends in disease burden and plan health care for the elderly. Developing countries have a poor track record of equitable distribution of health care. Laughter therapy is effective in reducing physical problems and for improving health in older adults. Therefore, the investigator evaluated the effect of laughter therapy on physical health of institutionalized elderly. *Methodology:* Quantitative approach with experimental design was used. Hundred samples were collected conveniently based on inclusion criteria and divided them into experimental and control groups. Validity and reliability of tools were obtained. The assessment of physical problems in institutionalized elderly refers to a comprehensive assessment to determine the level of minor problems that older adults experience in each system. Laughter therapy is an easiest and effective method in reducing physical problems and enhances health. Experimental group alone received laughter therapy and post test was done after 8 weeks. After post test Laughter therapy were administered to control group also to avoid ethical issues. Data analysis were done by using both descriptive and inferential statistics. *Result:* Result indicated that the mean post test scores were significantly reduced than the mean pre- test score ($p < 0.001$) in experimental group. The findings of the present study indicated that the Laughter therapy was highly significant to reduce physical problems among institutionalized elderly. *Conclusion:* Investigator concluded that laughter therapy reduce the physical problems and improve general health of elderly people.

Keywords: Elderly; Laughter Therapy; Physical Health.

Introduction

Ageing people require a wide range of preventive, promotive, curative and rehabilitative care. The care of old people requires just as much skill, tact, ingenuity and patience as the care of children and perhaps more because one must keep in mind that old people cannot be treated like children. A significant role of Nurse in Geriatric Nursing care area is genuine affection, gentleness, sympathy, providing support to utilize potentialities and maximizing quality of life in the elderly along with

her generalist role in community setting. It is very important to improve the physical and mental health in institutionalized elderly, laughter therapy can be applied as an effective strategy for health promotion, and happiness in such age group. Therefore, investigator aimed to evaluate the effect of a 8-week laughter therapy program on physical health of institutionalized elderly.

Methodology

Quantitative approach with experimental design was used. Hundred samples were collected conveniently based on inclusion criteria and divided them into experimental and control groups. Validity and reliability of tools were obtained. Ethical permission was obtained from the ethical committee of Malankara Orthodox Syrian Church Medical College Hospital, Kolanchery, Ernakulam, Kerala, India. Obtained permission from the concerned authorities of selected old age homes. Informed consent was obtained from the care takers

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and samples and confidentiality of the results were assured. Those who fulfill the inclusion criteria, hundred samples were selected conveniently from the old age homes. After selecting the samples, divided them into experimental and control group with 50 samples in each group. The investigator visited the old age homes and met the care takers and explained about the study and period of data collection and sought their willingness to participate in the study.

Assessed the sample characteristics and the physical problems of the institutionalized elderly problems by using 3 point rating scale. The elderly in the experimental group received laughter therapy program consisting of forty minutes and two sessions per week for 8 weeks. Weekly follow up was carried out. The program included exercise, and structured teaching programme for the management of physical problems. The post test was carried out by the elderly after the intervention. The collected data were analyzed by using both descriptive and inferential statistics.

Section B:

Table 1: Physical problem among the institutionalized elderly before & after in control group.

(n = 50)

Physical problems	Pre Test		Post Test		Paired t Test 1.769
	Mean	SD	Mean	SD	
MSK	5.12	0.746	5.18	0.744	-
CNS	1.74	0.664	1.74	0.664	1.429
Respiratory	4.80	0.495	4.84	0.548	1.000
CVS	4.42	1.162	4.46	1.199	1.000
Urinary	11.30	1.165	11.34	1.222	1.429
GI	13.52	2.636	13.50	2.628	-
Integumentary	3.22	1.345	3.22	1.345	-
Sleeping Problems	5.76	0.517	5.76	0.517	1.769

Table 1 shows the physical problems of the institutionalized elderly persons before and after intervention were the same in control group.

Section C: Effectiveness of Laughter therapy on physical problems among institutionalized elderly in experimental group.

Table 2: Effectiveness of Laughter therapy on Physical Problem among Institutionalized Elderly.

(n =50)

Physical Problems	Pretest		Posttest		Paired 't' test	P value
	Mean	SD	Mean	SD		
MSK	5.16	0.766	3.48	0.839	14.964	.001
CNS	1.74	0.664	1.40	1.178	2.307	.001
Respiratory	4.82	0.523	3.22	0.679	13.582	.001
CVS	4.44	1.181	3.38	1.067	7.509	.001
Urinary	11.38	1.276	8.30	.909	20.808	.001
GI	13.50	2.628	10.56	2.062	20.827	.001
Integumentary	3.22	1.345	2.24	1.170	10.119	.001
Sleeping Problems	5.78	0.507	3.98	0.742	15.759	.001

Table 2 shows the mean difference of physical problems in pretest and posttest among those who received intervention and the mean difference was statistically significant at p value 0.001.

of the institutionalized elderly had no income (26%) had Rs. 2000/- as income. In relation to marital status, (46%) were unmarried, 50% were widow and widowers and only 4% were divorced. The physical health status, 62% had complaints of one or the other physical health problem. Most of institutionalized elderly (52%) were staying for less than a year and 1-3 years. Most (72%) of them came to old age home due to lack of care by family members. And 28% came to old age home due to conflicting relationship with family.

Section D: Comparison of Effectiveness of Laughter therapy on physical problems among elderly

Laughter therapy was effective in reducing physical problems among elderly.

Discussion

Investigator evaluated the effect of laughter therapy on the physical health of Institutionalized elderly. Compared the mean scores of physical health before and after in both the groups (Table 1 & 2). The results showed that the mean score of physical problems significantly decreased in the experimental group after the intervention, indicating the positive effect of intervention in this group ($p=0.001$). Findings were supported by the study conducted by Fariba Ghodsbin, MSc, Zahra Sharif Ahmadi, BS, Iran Jahanbin, MSc, and Farkhondeh Sharif, PhD on the Effects of Laughter Therapy on General Health of Elderly People Referring to Jahandidegan Community Center in

Shiraz, Iran, 2014: Study results found a statistically significant correlation between laughter therapy program and factors such as general health ($p=0.001$), somatic symptoms ($p=0.001$), insomnia and anxiety ($p=0.001$). However, there was no statistically significant correlation among laughter therapy, social dysfunction ($p=0.28$) and depression ($p=0.069$).

Conclusion

To conclude institutionalized elderly are experiencing physical problems and laughter therapy is significantly effective in reducing physical problems among the institutionalized elderly.

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